

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.....

m zw 67
1 R. 149
1 Card

QW

2 B.P. 4-4-15

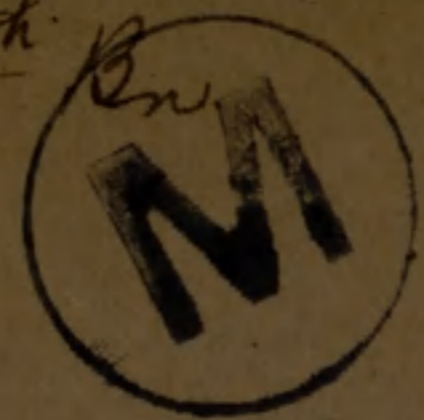
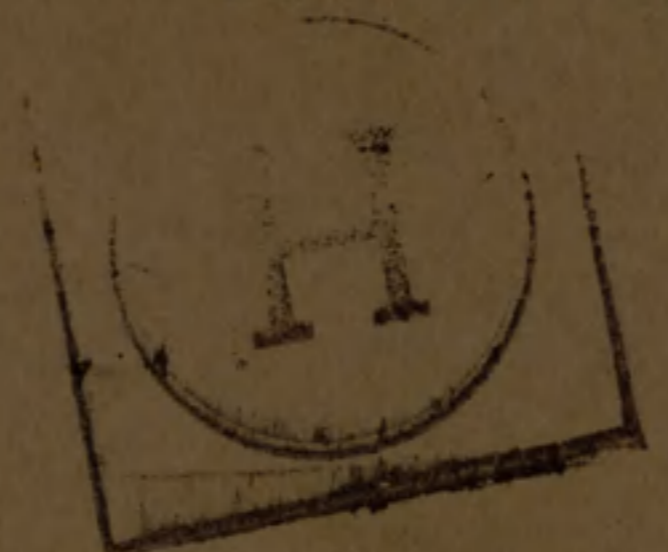
DISCHARGE DOCUMENTS

Name *Baker, William Albert.*

Regt. No. *724105* Rank *Pte.*

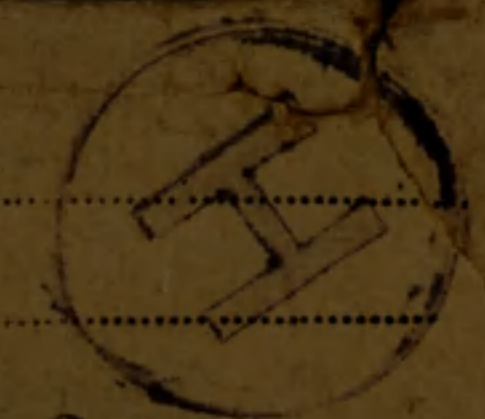
Corps *124th Bn. form. 109th Bn.*

Med. Unfit



R. O. No.

H. Q. No.



318

3184

DPG
20-4-20
Spec - 5080

R 4-5-20
Go. BPC
1/6/20
Spec-6261
mtt

5-19
19-20
2920
1

1811 1812

MAR 17 1916

6

ATTESTATION PAPER.

No. 724105.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Baker
- 1a. What are your Christian names?..... William Albert
- 1b. What is your present address?..... Lorneville Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Yorkshire England
- 3. What is the name of your next-of-kin?..... Mrs. M. H. Morrison
- 4. What is the address of your next-of-kin?..... Victoria B.C. 2035 Grandview Vancouver B.C. Canada
- 4a. What is the relationship of your next-of-kin?..... Sister
- 5. What is the date of your birth?..... June 9th 1889
- 6. What is your Trade or Calling?..... Farming
- 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?..... Three years 45th Victoria Regt.
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 Albert Baker, 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 Albert Baker (Signature of Recruit)

Date MAR 17 1916 191 . Sgt. Hall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Albert Baker, 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 Albert Baker (Signature of Recruit)

Date MAR 17 1916 191 . Sgt. Hall (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 Woodville this MAR 17 1916 day of March 1916

Ruben W. Thomas (Signature of Justice)

Description of William Albert Baker on Enlistment.

Apparent Age... 27 years 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. 10 1/2 ins.

*Two marks on left breast
 scar on lower lip*

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

Complexion Fair

Eyes Brown

Hair Brown

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* fit for the **Canadian Over-Seas Expeditionary Force.**

Date..... MAR 17 1916 1916.

Place..... Woodville

J. McCulloch Capt.
 Medical Officer.
 109th Overseas Battalion, C. E. F.

*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 Albert Baker 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.

..... Lt. Col. (Signature of Officer)

Date..... MAR 17 1916

1916 C. 109th Overseas Battalion, C. E. F.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 724105 (Rank) Pte.

(Name in Full) William Albert Baker enlisted in

109 Bn

Canadian Overseas Expeditionary Force, on the 17th Day of March

1916, and accompanied said unit to England - France

was returned to Canada, and discharged from the service at Hingston Ontario

on the 31st Day of December 1917, in consequence of Being

medically unfit for further service

DESCRIPTION ON DISCHARGE

Age 29 yrs 5 mths

Height 5' 3"

Complexion Fair

Eyes Brown

Hair Brown

Trade No Trade at all

Marks or Scars 4 Vac marks on

left arm

Signature of Man

A. T. Biddell Major

O. O. "G" Unit, M. H. C. O.

Officer in charge Discharge Depot.

Place and Date

Hingston Ont 31-12-17

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 424105

Rank Pte.

Name W. A. Baker

Unit 109th Bn

Address on Discharge Main St
London
Ont.

His conduct and character while in the Service have been :

Very good

Place Hamilton Ont

Date 31-12-17

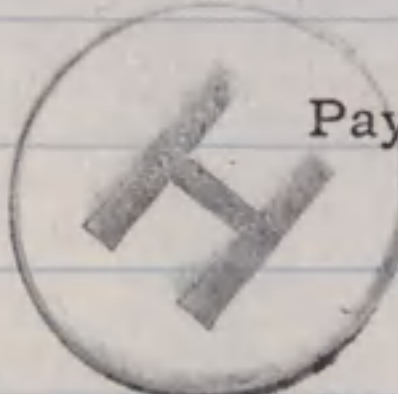
J. J. Birdsell Major
C Unit M.H.C.C.

Campaigns European War.

Medals and Decorations

A.G.R. Rank Name **BAKER, William Albert** Reg'l No. **724105**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } **Woodville,** Married or Single **Single.**
 Place and Date of Enlistment **17th March, 1916.** Place of Birth **Yorkshire, England.**
 Name and Address, Next-of-Kin **Mrs. M.D. Morrison,**
Victoria Drive, 2035 Grandview, Vancouver, B.C. Relationship **Sister.**
 Assigned Pay Monthly \$ Payable to **Canada.** Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character **LC305-R159-19**

N/E. R.B. No.
 File R.L. *Jan m n*
 Category *6006*



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.				
Arrived in England per H. M. T. 2810 31-7-16					
19.10.16	109 th Bn	Admitted to B.M. Hospital Bramshott	Bramshott	18.10.16	P ^L -II. D.O. 293. R.L. 26.
8.12.16	"	Subon transferred to 124 th Bn	Whitley	8.12.16	" " 343
11.12.16	OC 124 th Bn	Subon transferred to 109 th Bn	"	"	" " 267
2-2-17	"	D.O.S. Acc Cafe	"	2-1-17	" " 55
13.1.17	leltlb	TOS Fat in B Mil Hosp	Hastings	2-1-17	H " 41
24.1.17	CCAC	Adm to Hospital, orders to be in comm.	"	2-1-17	" " 41
15.1.17	"	TOS 4 th Bn 109 th Bn	"	26.11.16	" " 71
1-2-17	109 th Bn	Dist. Military Hospital	Bramshott	13-1-17	68 57
22.1.17	"	Having Proc to Can for his in SOS	"	13-1-17	PAIRO. 36
	Discharge Depot	To Convalescent Home	M.O. No. 3 Kingston	20-1-17	176

PRO Discarded
 PRO 41d/24/1/17

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
165.	M. P. C. C. Kingston	9-6-17	Richardson taken on boat Richardson
133	" " " "	12-5-17	Out p. taken on boat Richardson
237.	" " " "	23-8-17	Drans. Richardson
251.	" " " "	7-9-17	Out p. taken on boat " "
266	" " " "	21-9-17	S. G. Richardson
276-1	" " " "	2-10-17	Drans. Queen from Richardson
299.	" " " "	25/10/17	" S. P. taken on boat Drans
336	" " " "	31-10-17	Drans. M. J. Drans
345.	" " " "	4-12-17	Richardson taken on boat Drans
339-	M. P. C. C. Kingston	4-12-17	Drans to In Pat. Drans.

NAME Baker W. ³ A.I. H.Q. FILE No. 649-724105

RANK AND CORPS Pte. 109th Bu. FOLLOWS No.

CABLE		NATURE OF CASUALTY	FOLLOWS
No.	DATE		
7309	16-1-17	Sailed from Liverpool for Canada per the S. S. Northland Jan. 13th/17 Heat Stroke.	

Baker, W^m Albert, # 724105,

The infid man did not proceed to
France. The discharge certificate
would appear to be False. Russ'

ERANS AFFAIRS

THE DISTRICT AUTHORITY

Address.....

.....

MARK YOUR REPLY :

For attention of :

..... Service No.....

W.W. I

KOREAN WAR

THE DISTRICT AUTHORITY to determine the eligibility of the above named,
in his service.

.....

724105

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Baker Christian Name William Albert

Examined { on 17th day of March 1916
at Woodville
Birthplace { City or Town Yorkshire
County England

Approved by J. McCulloch Capt. CP
Rank 109th Overseas Battalion C.E.F.
Medical Officer

Apparent age 24 years
Trade or occupation Farming
Height 5 Feet 15/5 Inches.
Weight 115 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 34 1/2 inches.
Physical development Good
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		DEC 13 1917
		H.Q. M.O.
		CANADA M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right. None Left. Three
Number Three

Date.	Result.	VACCINATIONS.
<u>March 17th 1916</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 17th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>16.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>25.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>JAG 23.9.16</u>	<u>"</u>	<u>N. C. Boyd</u>

Enlisted on 17th day of March 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724105</u>		<u>17.3.16.</u>
Transferred to	<u>124th OVERSEAS BATTALION C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Queen's Military Hospital, Kingston.</u>	<u>October 20th. 1917.</u>	<u>Epilepsy</u>	<u>Category "E"</u>

Discharge 14.12.17
ST

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 *Baker* Christian Name *William Albert*

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				
Richardson Conv.Home. trans. Queen's Mil. Hospital	1-2-17	1-2-	17	2	10	17	Epilepsy	244			
		2	10	17		17	Epilepsy		Discharged from service with effect from December 31st., on recommendation of Medical Board dated October 20th.1917		

[Signature]
 Major, A.M.C.
 D/ A.D.M.S. Mil. District No.5
 For A.D.M.S. Mil. District No.3

11-Present Condition continued - 724105 Pte.W.A.Baker

followed by unconsciousness, this lasted 2-3 hrs. At present man does not complain of anything except dyspnoea on severe exertion. Objective Man is dull, apathetic in appearance, eyes prominent. No tremor. Knee Jerks + - Other reflexes normal. Cerebration very slow and says memory is not very ~~xxxx~~ good. Man is not clear on certain points asked. Fairly well nourished, weighs 117 lbs, 5'2-1/4" high, Heart normal, Pulse 85, no dyspnoea after exertion and pulse returns to normal in 2 mins. Has a marked slur in speech which is slow and at times stammering.

Wassermann negative Oct.10/17.

B.P.Sys 130 Diastolic 66

Urinalysis - 1018 - Acid - no alb - no sugar.

Report of Specialist on eyes -

Myopic astigmatism.

O.D. = ~~220~~ $\frac{20}{100}$: $\frac{20}{30}$ - .75-D 180°
O.S. = $\frac{20}{200}$: $\frac{20}{50}$ - 2.D 180°

Glasses have been supplied.

10/10/10

14

MEDICAL CASE SHEET.*

10

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1653	724105	Pte	Baker	W. A.
Year	Unit.		Age.	Service.
18/10/16	109 Canadians		27	4/12
Station and Date.	Disease <u>Heart stroke</u>			
Oct 23 rd	<u>Family History</u>			
1916	Father: dead - aged 45 - Diphtheria			
	Mother: dead - aged 52 - Heart trouble			
	Brother: two - living - health good -			
	Sister: one - living - poor health -			
	Sister: one - dead - Diphtheria -			
	<u>Previous Illness.</u>			
	Had measles ^{in 1913} & Scarlet Fever in childhood			
	Diphtheria in 1913 -			
	<u>Present Condition</u> -			
	Had a heart stroke - July 21 st 1916 - and another one at Borden Camp. England in August 1916 - was admitted to hospital on Oct 15 th 1916 - Complaint of pain in head - loss of appetite, Constipation Mentally dull -			
	J. H. H.			

MILITARY DEPT
 DEFENCE
 FEB 13 1917
 H.Q. CANADA
 27-11404

9

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

1/16
1/17

Station
and Date.

S 219-14/2/17

.....

217.15
1/17

103

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank.....Pte..... Name.....William A..... Surname.....Baker.....
Unit or Corps.....109th Batt'n..... (If a soldier) Regtl. No.....724105
Born at.....London, Eng..... on, (date).....Sept. 10. 1888
Signature (for identification).....W. A. Baker.....

DEPT.
MILITIA & DEFENCE
NOV - 5 1917
H.Q.
CANADA

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight.....117..... lbs. Colour of eyes.....Brown.....
Height.....5 ft. 2-1/4..... Identification Marks.....

2. NUTRITION AND DIATHESIS?

Nutrition fair - Man is a dull apathetic looking individual.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Epileptic seizure - 1st known attack in July 1916. Nocturnal seizures probably preceded. Several seizures at long intervals since

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

pleurisy 1914
pneumonia 1914

5. HEART?

Abnormal Sounds? No
Abnormal Size? no
Pulse Rate? 85 Intermittence or Irregularity? no Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure. Sys 130 Diastolic 66

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Teeth bad but under repair.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.?.....1018..... Reaction?.....acid..... Albumen?.....nil..... Sugar?.....nil.....

9. SKIN, MIDDLE EAR, EYE or any other part?

apparently good

Eyes. Myopic Astigmatism
O.D. = $\frac{20}{100}$: $\frac{20}{30}$ - 1.75 D 180°
O.S. = $\frac{20}{200}$: $\frac{20}{50}$ - 2. D 180°

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

Man is below par mentally.

Examined at.....Kingston..... Signed.....George Cooper Capt.....M. O.

Date.....Oct. 18/17..... Signed.....W. A. Baker.....M. O.

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

4/22/11

Medical Examination upon leaving the Navy

of an Officer under Special Service or a Reserve Lt. for duty

The purpose of this examination is to determine the physical condition of the applicant and to determine whether or not he is fit for the service to which he is being assigned.

Name of Applicant: _____
Rank: _____
Branch: _____
Date of Examination: _____

The examination is to be made before two of the following:

- 1. PHYSICIAN - Any physician holding or having held a license to practice medicine in the United States or in any foreign country.
- 2. SURGEON - Any surgeon holding or having held a license to practice surgery in the United States or in any foreign country.
- 3. DENTIST - Any dentist holding or having held a license to practice dentistry in the United States or in any foreign country.

After receiving special and thorough examination in any evidence found of disease or impairment of the parts indicated below, it is

3. RESPIRATORY SYSTEM: Is there a history of previous disability? _____

4. RESPIRATORY SYSTEM: Is there a history of lung trouble? _____

5. HEART: _____

6. BLOOD: _____

7. DIGESTIVE SYSTEM: (Condition of teeth and tonsils to be included.) _____

8. GENITO-URINARY SYSTEM: _____

9. SPECIAL SENSES: (Vision, hearing, taste, smell, touch, etc.) _____

10. IS THERE ANY EVIDENCE OF INJURY TO THE HEAD OR NECK? (If so, describe.) _____

11. IS THERE ANY EVIDENCE OF INJURY TO THE CHEST? (If so, describe.) _____

12. IS THERE ANY EVIDENCE OF INJURY TO THE ABDOMEN? (If so, describe.) _____

13. IS THERE ANY EVIDENCE OF INJURY TO THE LIMBS? (If so, describe.) _____

14. IS THERE ANY EVIDENCE OF INJURY TO THE SPINE? (If so, describe.) _____

15. IS THERE ANY EVIDENCE OF INJURY TO THE SKIN? (If so, describe.) _____

724105

Pte Baker W.A.

109th Bn. C.E.F.

Will removed by Regt. Paymaster

J. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

74296

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724105

Name William Albert Baker

Unit Co. C. 109 Bn. Canadian Inf.

Military Will.

I hereby give and bequeath
all my personal effects
and belongings to my
sister Miss Mary Baker
41 St John's Villas
Upper Holloway
London N.W.

W. J. Hall
Witness

Signature William Albert Baker

Rank and Regt Private 109 Bn. C.E.F.

Date October 10th 1916

100 100 100
100 100 100
100 100 100

MEMORANDUM

From

From

To

To

ANSWER

19

19

Handwritten signature: J. M. ...

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724105 Rank Pte. Name Baker W.A.

Company 109th Battalion who was* discharged

On December 31st 1917, to Class 3, Medically unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1917 to December 31st 1917, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances } by } Cheques }	No.			Regt'l Pay <u>31</u> days at \$ <u>1</u> c	<u>31</u>	<u>00</u>	
	No.			Field Allow. <u>31</u> days at \$ <u>10</u> c	<u>3</u>	<u>10</u>	
Assigned Pay No.				Other Allowances* <u>D.O. 345 Subs</u>	<u>24</u>	<u>90</u>	
Other Charges*				Other Credits* <u>Clothing</u>	<u>13</u>	<u>00</u>	
Payment on transfer or discharge No. <u>3514</u>		<u>71</u>	<u>90</u>	Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)				Total		<u>71</u>	<u>90</u>
Total		<u>71</u>	<u>90</u>	Total		<u>71</u>	<u>90</u>

*Give Particulars.

A monthly stoppage of \$ 111 (†) has (‡) been paid on account of Assigned Pay for the month of 1917 to (Assignee)

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No.

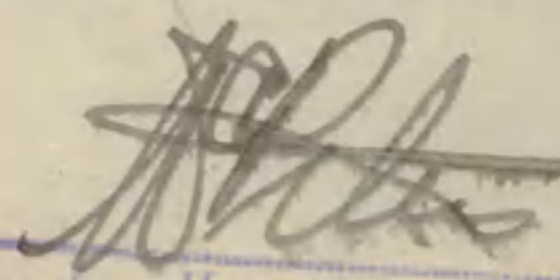
(3) cause of discharge and authority 3 MD-88-B-84.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date December 12th, 1917.

Place Kingston, Ont.


Paymaster, "O" Unit M.H.O.C. Capt.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

cheque # 3514 attached.

*1917 Dec 8 EC
29-12-17
ST*

PARTICULARS OF DISCHARGE.

1. Name *Baker William Albert.*
2. Regimental Number *724105-* 3. Rank *pte*
4. Corps *124th Bn. Form. 109th Bn.*
5. Date of Discharge *31-12-17.*
6. Place of Discharge *Kingston Ont.*
7. Place to which transport given. (Give street address where possible.)

Lindsay Ont.
Enlisted woodville 17-3-16.

8. Description at time of Discharge:—

Age *27* years — months. Descriptive marks _____

Height *5-* feet $\frac{5}{8}$ inches.

Complexion . —

Eyes —

Hair —

Trade *clerk. in store)*

9. The above named man is discharged in consequence of

"med. unfit"
"Heat Stroke"

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood? *1/2 of previous capacity*

11. Character

not stated

Date *14-12-17*

i/c Records.

G. T.

PARTICULARS OF DISCHARGE

1. Name of the person discharged
2. Regimental Number
3. Rank
4. Date of the discharge
5. Place of discharge
6. Place to which referred (when a new detail address where possible)

7. Description of the person's service
8. Remarks
9. Signature of the commanding officer
10. Date

11. The above named man is discharged in consequence of
12. (All medical certificates stating nature of disease or disability)
13. To what service will he be sent his earnings a full receipt

14. Character

15. Remarks

16. Signature of the commanding officer

17. Date

To be made out in duplicate.

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724105

(3) Full Name of Soldier... William Albert Baker

(4) Place of Birth London, England

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

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

(b) Present Postal Address..... Nil

(7) Are you a widower? No

(8) Have you any children? Nil

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

Also their names and ages..... Nil

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

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

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

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

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

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

(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.

.....Nil.....

(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.

.....Sister. Miss Mary Baker,.....

.....41 St. Johns Villas, Upper Holloway,.....

.....London, N. England......

(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.

.....Nil.....

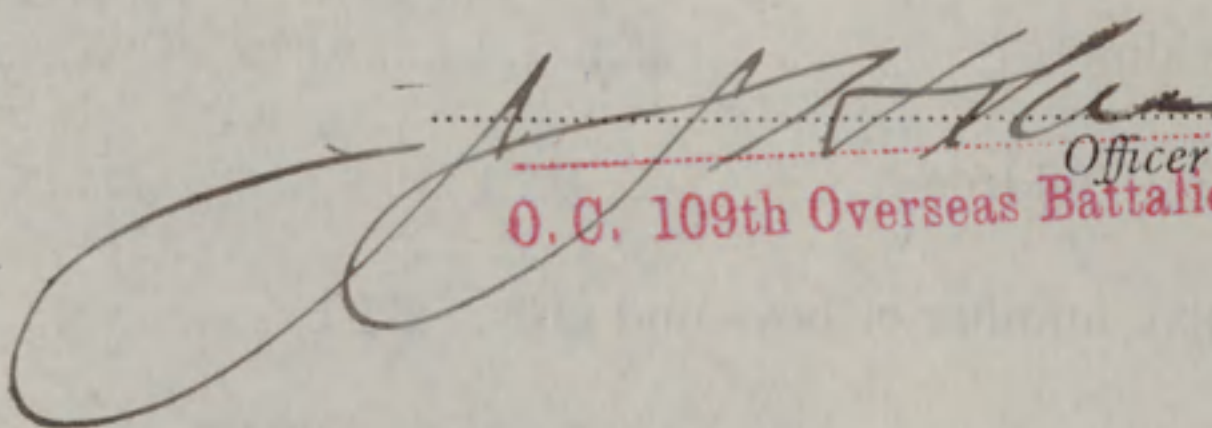
(15) Are you insured?.....No.....

If so, in what Company?.....Nil.....

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

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

Date.....4th July 1916.....

.....Lt. Col.
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

Name Daker Jt WA

1180

Regimental No. 724105

Name and address of next-of-kin

Unit 109 Btn

Hindsay
Oot.

Date of enlistment 1

Place of " 1

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ Nie

Reason for discharge

To whom payable

Character on discharge

Hq. 649-B-11404
Newland 31 1/2

D. 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
3 1/2	2 1/2	29	1.00	29	29	10	290	144.07									
	31 1/2								175.97								
								94									

Pensioned.
fr 1-1-18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

W.A. Baker

0759-W-8

Name Baker, W.A.
Surname

Christian Name

Regimental Number 724105

Rank Pte.

Address (in full) Lindsay, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 31-12-17.

P. D. P. Filing Number 16-39-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	787	31-12-17	33 00	771	31-1-18	33 00	770	28-2-18	34 10		100 10

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks:

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address \$

Dec'n No. W. S. G. File No
Award days at \$ per day \$
S. A. months at \$ per mo. \$

Less P, D. P. Credited
Less further debit balance
Net due paid as below

Pay Soldier \$ Pay Dependent \$

TO SOLDIER				TO DEPENDENT			
0	Ag. No	Ch. No	Amount	0	Ag. No	Ch. No	Amount
1							
2							
3							
4							
5							
6							
			Total				Total

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal.
or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date

No. 72410⁵ RANK *Pte.*
109th B'n.

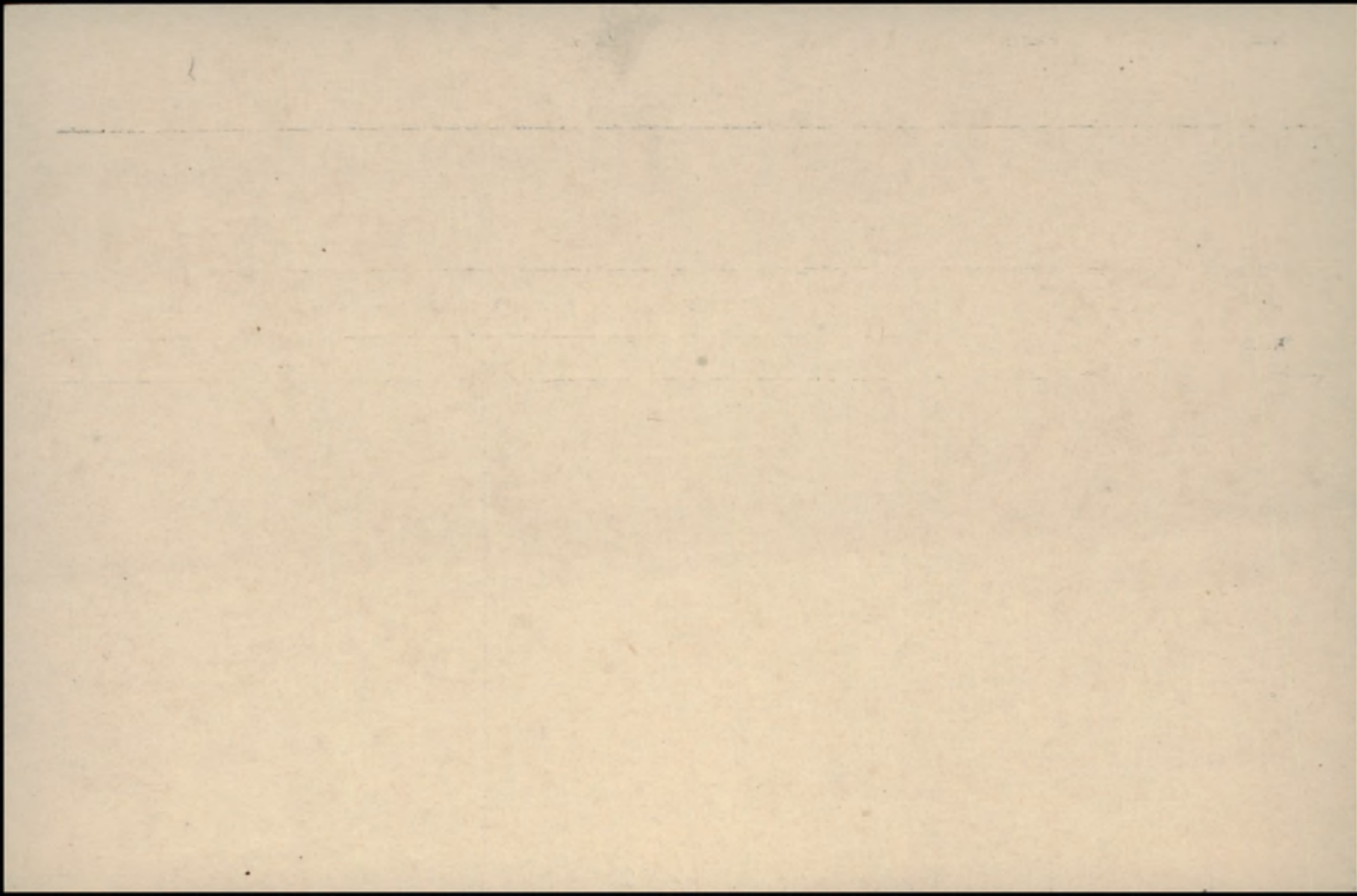
NAME *Baker J. A.*

T. O. S.

UNIT *Casualties R. E. A.*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>Feb. 1</i>	<i>1917</i> <i>Feb 28</i>	<i>m</i>		
<i>Mar.</i>		<i>m.</i>		



649-B-11404

SURNAME.

Baker,

S.O.S. DIS.

CHRISTIAN NAMES

William Albert

31-12-17.

3

REGL. No.

724105

RANK

20th

UNIT *109th*

Batt

FORMER CORPS

3 yrs. 43th Victoria Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morrison Mrs. M. S.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

*Victoria Drive 2035
Grandview, Vancouver.
B. C.*

COUNTRY OF BIRTH

England Yorkshire

DATE

June 9th 1889

PLACE OF ATTESTATION

Woodville.

DATE

Mar. 17th 1916

Sailed from Halifax 23/17 488 16 per S.S. "Olympic"

R/b. 23.1.17

*488
4*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

farming

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

27 YEARS

MONTHS

HEIGHT

5 FEET

1 5/8 INCHES

CHEST MEASUREMENT

34 1/2 INCHES

EXPANSION

2 INCHES

COMPLEXION

fair

EYES

brown

HAIR

brown

DISTINGUISHING MARKS

*Two moles on left breast
scar on lower lip.*

MEDICAL EXAMINATION.

PLACE

Hoodville,

DATE

Mar. 17, 1916th

No. 724105. RANK *Pte*

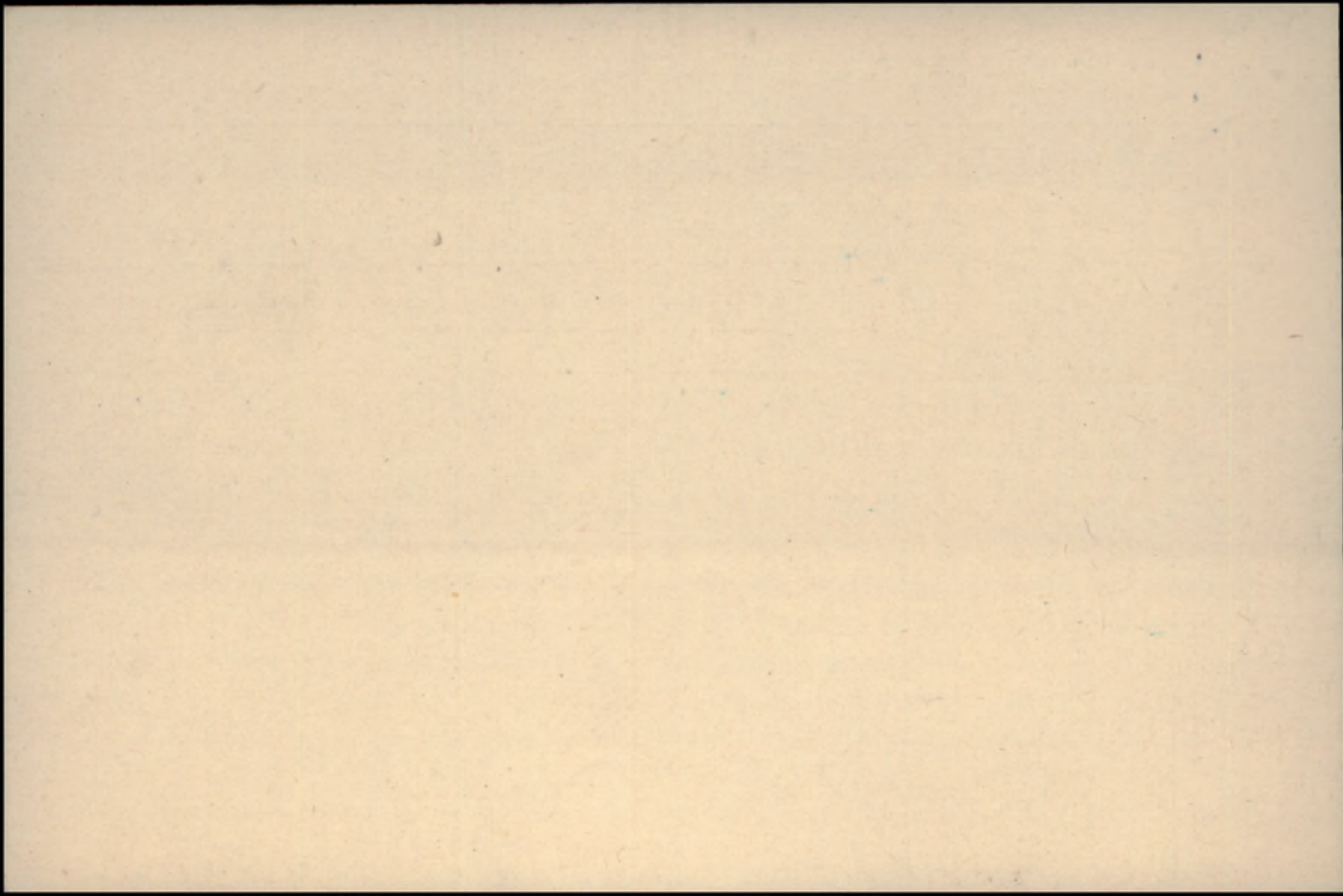
NAME *Baker W.* *A.*

T.O.S. 17-3-16. UNIT *109th Battalion*
D.O. 105. 22.2.16

M. D. *13*

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 17</i>	<i>1916.</i> <i>Mar 31</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



R. 149.

Name Baker, William
 Rank Albert
 Unit 109 Bu
 Next of Kin Canada
 Pte Reg. No. 724105

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-10-16	Mil	Branshott	N.Y.D.	26.		
13-1-17.	Dischgd.	u	Heat Stroke	57		

REG. No. 774105. NAME Baker, W.A.
(SURNAME FIRST)

RANK Pvt CORPS Dis. Depot.

AGE 27. SERVICE 10/12.

NAME OF HOSPITAL Military PLACE Inver

DATE OF ADMISSION 25. 1. 17.

DISEASE Epilepsy

DISCHARGE 31. 1. 17.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

REMARKS

Lined area for writing remarks, consisting of 14 horizontal lines.

NAME *Baker. A.*

REGT'L No. *724103*
H. Q. FILE No. 649.

RANK AND CORPS *Pte 109th Bn*

FOLLOWS
No.
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

345

M.H.C. Kingston

4-12-17

Trans. Queens. Pen. Hosp.

Surname
Baker.
Rank

Christian Name or Names

W. A.
Unit Co.

Reg. No.
724105
Troop Batty.

pte.
Hospital

109th Batt.

Date of Admission

Transferred **Bramshott. Mil**

Hosp. **19.10.16**

Hosp.

Hosp.

Hosp.

Diagnosis

Heart Stroke

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis 13.1.17

Date

10.31.10.16 # 26

1.2.17 # 57

REMARKS

A.M.D. 2 DEPT.

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

W.A.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

G.M.M. memo
Number 724105 Rank PL

Surname BAKER

Christian Name William Albert

Units 109 Bn Canadian Theatre of War France

Date of Service 31-7-16

Remarks _____

Latest Address Main St. Lindsay Ont

Roll No. B. Page 18698

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

.....

R	RANK	SURNAME	INITIALS	UNIT
.....

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

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

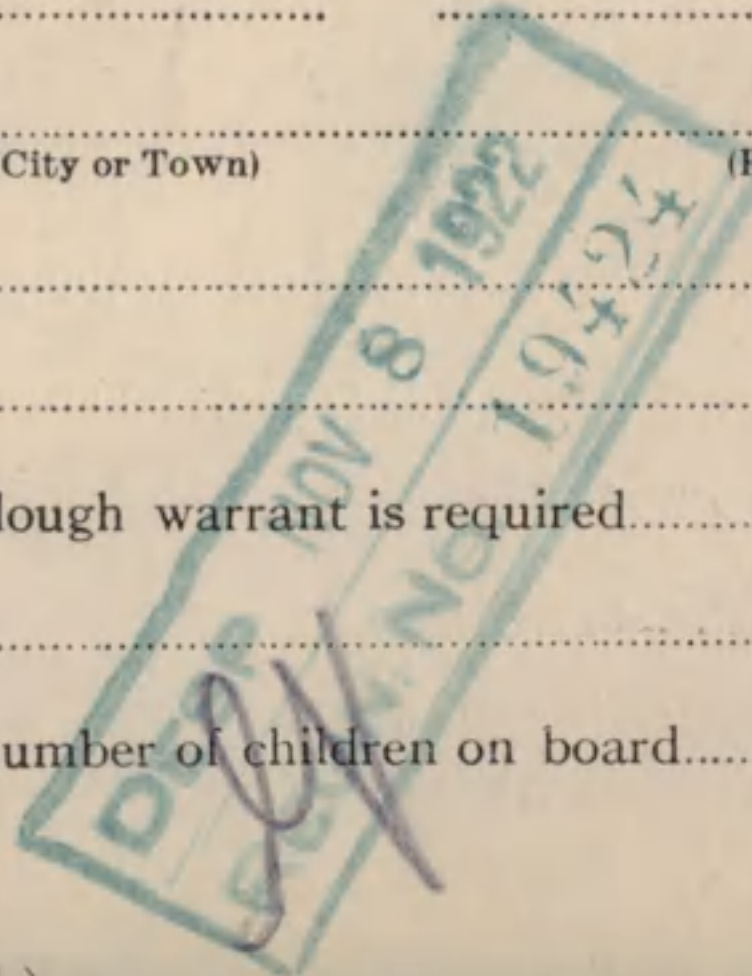
Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.)



Name BAKER W. Rank Pte. Regt. No 724105 Unit C
 Battn. 109th Camp or O.S. O. File M.H.C.C. H.Q. File 649-B-11404
 Pension awarded 150.00 6 Mos. Date of first payment 1-1-18
 Discharged to Class 3 Conduct on discharge Very Good
 Next of kin Wife, Lindsay, Ont.
 Address on discharge Do.

DATE	CLASS	REMARKS	PART 2 ORDER
1-2-17	2	Richardson, (Outpatient)	#33
15-2-17	2	RICHARDSON	#48
19-2-17	2	Richardson (Outpatient)	#51
19-3-17	2	Richardson	#83
11-4-17	2	Do (Outpatient)	#102
20-4-17	2	Richardson	#112
12-5-17	2	" (Outpatient over	#133

DATE	CLASS	REMARKS	PART 2 ORDER
25-5-17	2	Richardson	#146
4-6-17	2	Ongwanada	#156
9-6-17	2	Richardson From Ongwanada	#163
7-7-17	2	Richardson (Outpatient)	#189
18-7-17	2	SRichardson	#200
10-8-17	2	Richardson Outpatient	#223
23-8-17	2	Richardson	#237
7-9-17	2	Richardson Outpatient	#251
21-9-17	2	Richardson	#266
2-10-17	2	Queens From Richardson	#276 #277
25-10-17	2	Queens Outpatient	#299
4-12-17	2	Queens	#339
4-12-17	2	Queens Outpatient Pending Discharge	#345
31-12-17	3	DISCHARGED	#355

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scars on tongue and lip.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable.

(c) 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.

Exposure not exceptional

14. Treatment.

Hospital Eng.
Richardson Home
Q.M.H.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No definite history of Epilepsy before enlistment though nocturnal seizures probably occurred.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Probably permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/4

18. State if for discharge on account of unfitness for Service.

Yes.

George Hooper
Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes.

Recommendations :

On account of disability arising from the nature of the disease with which man is afflicted, recommend that he be placed in category "E". Requires no further hospital treatment. Man able to pass under his own control.

Signatures :—

W. J. ... Captain President.

E. C. D. ... Captain Members.

L. D. Stevenson Lieut. Members.

Station. Kingston

Date. Oct. 24/17

Date.

Approved.

Date.

Major, A.M.C.
D/ A.D.M.S. Mil. District No. 3
For A.D.M. Asst. Director of Medical Services.

Director-General of Medical Services.

NOV 3 - 1917

Home Address - Lindsay, Ont. R.R. No.1

MEDICAL HISTORY OF AN INVALID.

1. Station. Kingston Q.M.H. 8. General remarks on his:—

2. Regiment or Corps. 109th Batt'n. (a) Conduct.

3. Regimental No. and Rank. 724105 Pte. (b) Habits.

4. Name. Wm. A. Baker (c) Temperance.

5. Age last Birthday. 28 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on Mar. 17/16

at Lindsay

7. Former trade or occupation. Book-keeper Date. Oct. 20/17

DEPT. MILITIA & DEFENCE NOV -6 1917 H.Q. CANADA

9. Service. Years. Days.

PERIODS

FROM

TO

109th Batt'n. Mar. 1916 date

10. (a) Disease or disability.

Epilepsy

(b) Date of origin.

July 21/16 (man says) but likely previous to enlistment.

(c) Place of origin.

Kingston (man says)

(d) Cause.

Unknown

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Past History: July 21/16 while marching to train had a convulsion, was diagnosed as heat stroke. Was unconscious for about 10 hrs.

Man claims that this was the very first attack he had ever had, but admits that sometimes when he awoke in morning that he was very dull & felt stupid and dazed. While in Eng. from Aug. 1916-Jan. 1917 had 4 seizure Diagnosed as epilepsy and sent back to Canada. Had convulsion on board. and another in Quebec, each lasting 3 hrs. Had 2 seizures from Feb. 1917 -Oct. 1917 last one July 1917, Says that during seizure he has involuntary urination, bites tongue. Has no warning of attack. There are no signed statements of M.O. having seen him in these attacks. A nursing sister at Quebec Mil. Hosp. says that she saw him in an epileptic attack with frothing of mouth, eyes set, chattering of teeth, 412747 Pte. P.L. Smith at present in this Hosp. saw & watched him in 2 seizures which caused frothing mouth, biting tongue, so that he had to force mouth open., (See attached slip)

12. (a) Is the disability the result of service or climate?

(b) Has it been aggravated by intemperance, vice or misconduct? Aggravated by service.

No

M. F. B. 227.

200M. 8.16. 1772-39-117.

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital Arrived from

Date

Table with columns: If admitted, Index No., Date, If under treatment, Disease, How fully disposed of, Date of Discharge, &c.

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227. 200M. 8.16. H. Q. 1772-39-117.

Table with columns: Station, Corps, Regimental No., Rank, 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.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, 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
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.	(a) Proceedings on Discharge.
	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

*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).

21-3-32

No.	724105.
Rank	Private.
Surname	Baker.
Christian Name	William Albert.
<small>NOTE—The name must agree strictly with that on enlistment unless changed by authority.</small>	
Corps (Squadron, Battery or Company)	109th Battalion.
Date of Discharge	31-12-19
Place of Discharge	Kingston.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....29..... years.....3..... months.	Descriptive Marks Four Vaccination marks on left arm.
Height.....5..... feet.....2..... inches.	
Complexion Fair.	
Eyes Brown.	
Hair Brown.	
Trade Book-keeper.	
Intended place of residence } Main St., (To be given as fully as practicable.) } Lindsay, Ont.	
2. The above-named man is discharged in consequence of <i>Being medically unfit for further service</i>	
<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. 1	
<i>Very good,</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers 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.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

*Arch See
29-12-19
JT*

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 parohment 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) Kingston Ont. J. B. Buisall Major
(Date) 31-12-17 Commanding "C" Unit M.H.C.C.

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) Kingston W. A. Baker (Signature of Soldier.)
(Date) Dec. 6/1917 J. B. Buisall (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 1 years 28 days.

11. Confirmation of Discharge.

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

(Place) Kingston Ont. J. B. Buisall Major
(Date) 31-12-17 (Signature)

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.)

None
W. A. Baker

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Yorkshire Eng.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs M D Morrison
Victoria Drive Vancouver B.C.*

RELATIONSHIP OF NEXT OF KIN *Sister*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL &c			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>3/17/17</i>	<i>2/1/17</i>	<i>9th</i>	<i>St. Ann's</i>

REG'L. No. *724105* RANK *Pte* NAME *Baker William Albert*

IF IN PERM. CORPS WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *N.E. Branch* DATE *3/1/17* AUTHORITY *Pa. 59-10-30-16
Div P.M.
Aldershot Com*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO

PLACE OF ATTESTATION *Woodville Ont* TRANSFERRED TO

DATE OF ATTESTATION *Mar 17/1916* TRANSFERRED TO

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Oct 1st 1916* Entered in Error N.E. Branch

PAYABLE TO *Govt Post Office* RELATIONSHIP *Sister*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *1916 ending in Toronto Post Com*

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE *2/1/17 Canada* REASON AND AUTHORITY *Pa 59-10-30-12-16
Div P.M. Aldershot Com*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17-2-17*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index... *8.11*



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.	\$	c.	\$	c.	\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE	1	2	3	4										
<i>July 31</i>															<i>27.10</i>															<i>Bal. from Canada</i>	<i>27.10</i>	<i>Nil</i>					
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>	<i>31</i>	<i>1.00</i>	<i>31.00</i>			<i>34.10</i>	<i>20</i>	<i>9-16</i>	<i>.973</i>					<i>.973</i>					<i>973</i>	<i>51.47</i>								
<i>Sept 30</i>	<i>30</i>		<i>30</i>			<i>3</i>			<i>3</i>			<i>3</i>			<i>33</i>	<i>64</i>	<i>3-8-16</i>	<i>.730</i>	<i>.730</i>					<i>.730</i>	<i>.730</i>			<i>14.60</i>	<i>69.87</i>								
<i>Oct 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3.10</i>			<i>3.10</i>			<i>3.10</i>			<i>34.10</i>	<i>123</i>	<i>14-162</i>	<i>.973</i>	<i>.730</i>					<i>.973</i>	<i>.730</i>			<i>17.03</i>	<i>86.94</i>								
<i>Nov 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>			<i>3</i>			<i>3</i>			<i>33</i>											<i>2.44</i>	<i>117.50</i>	<i>60</i>									
<i>Dec 31</i>	<i>31</i>		<i>31</i>			<i>3.10</i>			<i>3.10</i>			<i>3.10</i>			<i>34.10</i>	<i>203</i>	<i>15-11-16</i>									<i>2.44</i>	<i>146.74</i>										
<i>1917</i>	<i>Jan 2</i>	<i>1.00</i>	<i>2.20</i>			<i>.20</i>			<i>.20</i>			<i>.20</i>			<i>2.20</i>	<i>400</i>	<i>15-12-16</i>									<i>2.44</i>	<i>144.07</i>										
	<i>Aug 1917</i>														<i>94</i>											<i>144.07</i>	<i>144.07</i>	<i>Nil</i>									
																										<i>144.07</i>	<i>144.07</i>	<i>Nil</i>									

Checked *[Signature]*

N.E. Branch

Balance transferred to N. E. Branch.

*In Note 32.117.9th Statist Hosp.
15.11.16 230.41 do
30.11.16 5283 do
Extracts from A.H.P.
9th Statist Hosp.
Discharge to Can
Pa 59-10-30-12-16
Div P.M. Aldershot Com
L.P.C. 2/1/17. Pa. Bal. \$ 144.07.
6/ Bal 144.07.
Trans to "Canada"
Disc'ge a/c
6/ 94 ct Int. Refd Pay*

Checked by *F. H. Murray*

