

726083

I.D. number

No. d'identification

BOWRON

Surname

Nom de famille

WALTER STANLEY

Given names

Prénoms

PERSONNEL RECORDS CENTRE

CENTRE DES DOCUMENTS DU

PERSONNEL

OPEN
ATIP

Location

Lieu

465



REGIMENTAL DOCUMENTS

NAME

Bowron Walter Stanley

REGT. NO.

726083

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

KA

DISCHARGE

Category

DESERTION

2-11
21-11
33-12
1

33432

WOOD ROOM
PERS JACKET
RECORDS CENTER
CANVA
SEC

402882

S

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

will
R149
car case
exp
shell
pay card

9/2/21

ATTESTATION PAPER.

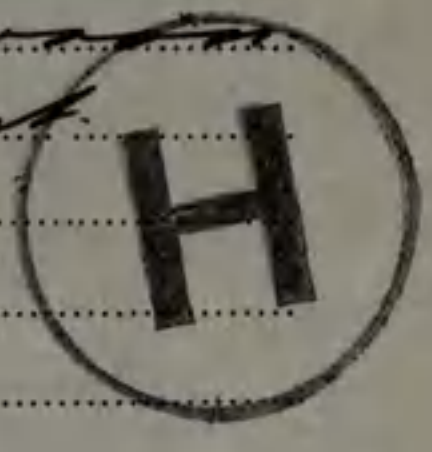
No. 726082

Folio. **DUPLICATE**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Bowson*
- 1a. What are your Christian names?..... *Walter Stanley*
- 1b. What is your present address?..... *Minster, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Ruttisworth Tp. Haliburton Co.*
- 3. What is the name of your next-of-kin?..... *Lucinda Bowson*
- 4. What is the address of your next-of-kin?..... *Minster, Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Jan 25 2, 1889*
- 6. What is your Trade or Calling?..... *Sailor*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Walter Stanley Bowson*, 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.

Walter Bowson (Signature of Recruit)

Date *DEC 26 1915* 191 . *George Jilly* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Walter Stanley Bowson*, 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.

Walter Bowson (Signature of Recruit)

Date *DEC 26 1915* 191 . *George Jilly* (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 *Minster* this *26th* day of *December* 1915.

R. H. Baker (Signature of Justice)

Description of Walter Stanley Bowson on Enlistment.

Apparent Age 26 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. 9 ins.

Chest measurement { Girth when fully expanded..... 37 ins.
 Range of expansion..... 9 ins.

Complexion Dark

Eyes Blue

Hair Black

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

Small scar on right chest.

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..... JAN 17 1916..... 191 .

Place..... London.....

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

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

..... (Signature of Officer)

Date..... FEB 2 1916..... 191 .

A.G.R. Rank Name BOWRON, Walter Stanley Reg'l No. 726083
 Unit 109th Bn. If in perm. Corps, }
 What Unit? }
 Minden, } Married or Single Single.
 Place and Date of Enlistment 26th Decr., 1915. Place of Birth Lutterworth Tp.,
 Haliburton Co., Ont., Can.
 Name and Address, Next-of-Kin Lucinda Bowron,
 P.O., Minden, Ont., Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

Discharge, Date and Place Reason Character

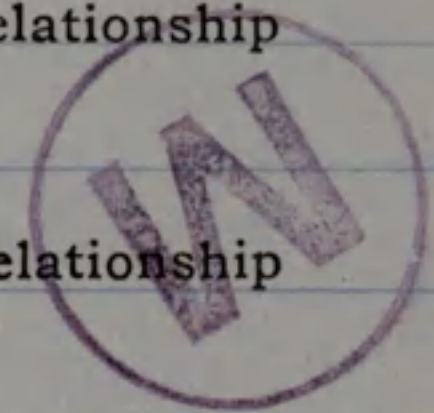
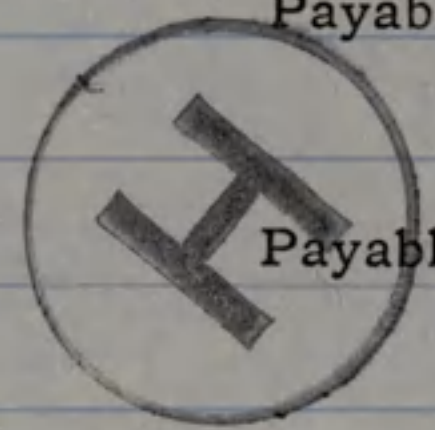
H. W. & V., Ltd.—7165-16.

REC R.B. N: 7348
 File R.L. 25-B-11095
 Category Army

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. 2310		31-7-16	
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramsholl	5-10-16	Pt II. D.O. 279 J.W.C.
11-10-16	20 th "	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
18-8-17	20 Bn	Missing Believed Killed	do	4-8-17	C.L. A 581 & P.H. 0.58d 24/8/17
3-9-17	do	Previously reported missing believed killed now reported killed in action	do	9-8-17	C.L. A 1 record & P.H. 0.60 2/31/8/17

A.F.B. 103 CHECKED 16 OCT 1916

mt
 9-2-21
 mlas



at E
7/11

Number 726083 Rank *Plt.*

Surname BOWRON

Christian Name Walter Stanley

Units 20th Bn Can by Theatre of War France.

Date of Service 6-10-16 *D.*

Remarks (M) Mrs. Lucinda Bowron

Latest Address Milden, Ont. R. (Brother)

James Henry Bowron,

Milden, Sask.

200m. -6-21. Page 19763

1911
V

DESP. DEC 17 1923
REGN. NO. 270

B & V
Returned 1923
1/2/23

DESP.
REGN. NO. 15887
JAN 3 1923

H. Q. 649-B-18333.

m

✓ ✓ ✓ ✓ ✓
BOWRON, Pte. Walter S. #726083,

20th Bn.

Med & D

(Mother)

Mrs. Lucinda Bowron,
Minden, Ont.

FEB 25 1921

Scroll Desp. _____ Reqn. No. 223438

P & S

(Mother)

Address as above.

(Serial no. 784982)

Picture Desp. _____ Ref. No. PG3421

JAN 12 1922

Mem Cross

(Mother)

Address as above.

not elig for 1914-15: Star

B.M.

B.W.M.

47750

B-

91113

1077

M 45486 FEB 16 1921

Plaque Ret. 16-1-22.

Plaque recesp. 16-1-23. E 860.

Supp card 5-1023

H.Q.649-B-18333

BOWRON, Walter S. No.726083 Pte.

M & D .brother James Henry Bowron,
M. Milden, Sask.

P & S. "

Ser # 784982

Memorial X "

"

M.

Plaque waasp .16-1-23 . E 860 .

Walter Stanley

25. B. 4075

Name BOWRON

Rank

Pte.

Reg. No. 726083

Unit 20th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
9-8	Reported					
	MISSING BELIEVED KILLED.			A581	M5906	18-8
9-8.	Now reported Killed.			A.1.M6002		3917

SURNAME.

Bowron,

CARD NO.

✓

CHRISTIAN NAMES

Walter Stanley

649-B-18333

D

FOLL.

REGL. No.

726083

RANK

Pte

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bowron, Mrs Lucinda

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Minden, Ont., Canada.

COUNTRY OF BIRTH

Canada, Lutterworth, Ont.

DATE

Jan. 25th, 1889

PLACE OF ATTESTATION

Minden, Ont.

DATE

Dec. 26th, 1915

Sailed from Halifax 23rd 7/16th 1888 per S.S. Olympic

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Sailor

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

26

YEARS

0

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

Blue.

HAIR

Black.

DISTINGUISHING MARKS

Small scar on right cheek.

MEDICAL EXAMINATION.

PLACE

Ninden, Ont.

DATE

Jan. 17th, 1916.

REGT'L. No. 726083

H. Q. FILE No. 649

NAME Bowron Walter Stanley

RANK AND CORPS Pte 20th Battal (Form 109 (B))

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
M 5906	18-8-17	Rep. missing, believed killed Aug. 9 th 1917 ✓
	29-8	
	29-8	
M 6002	5-9-17	Pres. Rep. Missing believed killed now killed in action Aug 9 th 1917
A 213	20-9-17	Killed in action 9-8-17 Pres. 25-10-17 ✓
Rauen	31-8-17	

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

95-81 ¹¹ 41	Rep from Base Missing	Believed Killed	
91.	prev. rep missing Rep Killed	9-9-17 9-8-17.	1st Cent Ont. Regt

No. 726083. RANK *Pte*

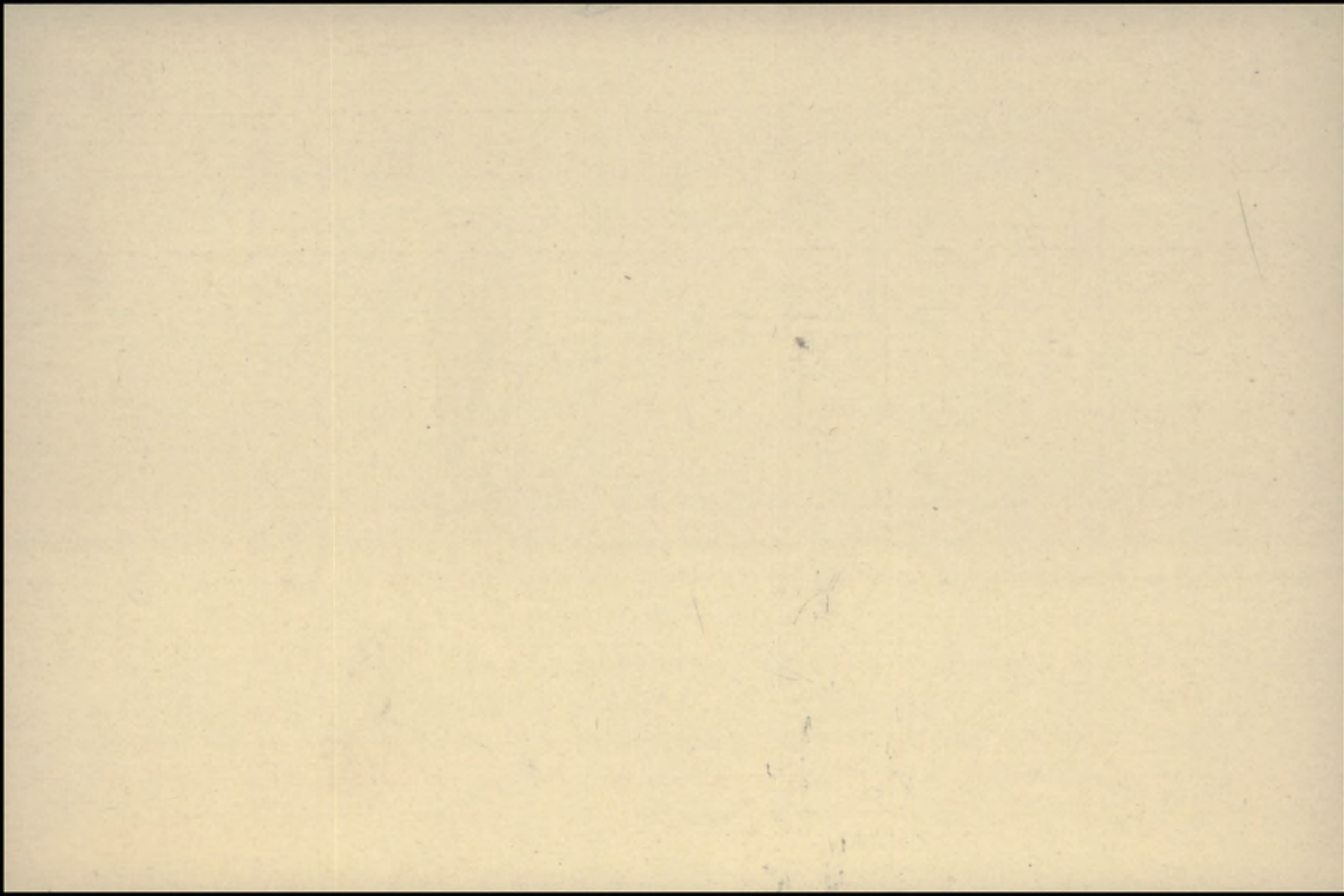
NAME *Bawson. W.* *J.*

T. O. S. 26-1-16. UNIT *109th. Battalion*
D. O. S. 25-1-16

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 26</i>	<i>1916</i> <i>Jan. 31</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar.</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



Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Prev. rept missing believed Killed now
rept Killed 9.8.17. R.

DISPOSITION

Date

6.2.18. 8.17 A581
H. 9.17 A1

REMARKS

R. F. B. missing believed Killed 9.8.17
R.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 726083 Rank Private Name Bowron Walter Stanley

Enlisted (a) 26.12.15 Terms of Service (a) D. of W. Service reckons from (a) 26.12.15

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

Extended _____ Re-engaged _____ Qualification (b) Sailor.

CERTIFIED CORRECT.

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				
			Halifax	24.7.16	
			Liverpool	31.7.16	
		Transferred for Overseas Service with <u>20th</u> Batt'n.		OCT 5 1916	<u>D. O. Pt. 11279</u> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 Os
do	do	Left for	do	20/10/16	NR No 55d11/10/16
27/10/16	20th Bn	Arrived	do	23/10/16	R213 <u>W. Assting</u> CAPTAIN.
12-8-17	do	Missing believed killed	Fld	9-8-17	DRLS File KI.16-17637.(311) Pt 2 58d/24-8-17 ADJUTANT, 109TH BATTALION CAN. INFANTRY.
			<u>Whogau</u>		Major for Lt.-Col., A.A.G. Canadian Section G.H.Q 3rd Echelon B.E.F.

(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. [P.T.O.]

No. 726083 Name Burrow, W.S. ~~Squad, Coy.,~~ } "D" Corps 109th Bn C.E.F. Date of enlistment } 26/12/15 G.C. Badges } Nil Service or Proficiency Pay } Nil
 or Company } Nil No. and date of last drunk } Nil Period not reckoning towards freedom from extra fine } Nil Sheet No. one Signature O.C. Company, etc. } aw, Gray Character good
Major

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Transferred to</u>	<u>20th</u>	<u>Battalion</u>	<u>OCT 5 1916</u>	<u>Joined 20th Bn who had</u>				<u>aw, Selting</u>	<u>CAPTAIN,</u>
				<u>24016</u>				<u>ADJUTANT,</u>	
					<u>109th Bn Capt</u>			<u>109TH BATTALION CAN. INFANTRY.</u>	
<u>Bray</u>	<u>25/1/17</u>	<u>Pte</u>		<u>Dirty on parade. Unshaven.</u>	<u>Sgt Hogg</u>	<u>Pack drill.</u>	<u>25/1/17</u>	<u>B. Mitchell</u>	
				<u>Killed in action</u>	<u>G. S. 17</u>			<u>Blueholls</u>	<u>MAJOR,</u>
								<u>Capt</u>	<u>O.S. "D" COY.,</u>
									<u>20TH CANADIAN BATTALION.</u>

Army Form B. 122

ORIGINAL

MEDICAL HISTORY SHEET ORIGINAL

726083.

Surname Bowron Christian Name Walter Stanley

Examined { on 17 day of Jan 1916
at Minden

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

Birthplace { City or Town Minden
County Hertfordshire

Apparent age 26

Trade or occupation Farmer

Height 5 Feet 9 Inches

Weight 155 Lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 37 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right no Left yes
Number one

When Vaccinated last January 26th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date	Result	VACCINATIONS.
<u>26.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>5.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>15.5.16</u>	<u>..</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>..</u>	<u>do</u>

Enlisted on 26 day of December 1915 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>726083.</u>		<u>26.12.15</u>
Transferred to.. ..	<u>C.E.F.</u>			
	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

FORM OF WILL.

I, Walter Stanley Brown (Name in full.)

Regimental Number 726003 serving in

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my mother

Lucinda Brown widow of Anthony Brown, Minden, Ontario Canada, Farmer.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

the said Lucinda Brown

Name and Address of person or persons to receive personal estate. (See note.)

In Witness whereof I have hereunto set my hand

this 16th day of October A.D. 1917

Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time who in his presence at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness 1st Canadian.

Address of Witness

Occupation of Witness Watkins Major

Name of Witness 20th Canadian

Address of Witness

Occupation of Witness.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

16th Oct. 1917.

Signature of Officer in Charge

Lieut.

for Officer i/c Estates, O.M.F.C.

----- 1-12-17. 9-8-17.

NOTE. Died 1-10-17. No. 726003 Pte. Brown, 20th Bn.

Transferred

(See in full.)

Surviving in

Testamentary

of the said testator, to be distributed to the persons named in the said will.

I, the undersigned, being a competent witness, do hereby certify that the said will is the true and last will of the said testator.

Witness my hand and seal of office at the City of New York, this 10th day of May, 1911.

Notary Public in and for the State of New York

James M. [Name] Notary Public

In witness whereof I have hereunto set my hand and seal of office at the City of New York, this 10th day of May, 1911.

A.D. 1911

Day of

Month

Signature

I, the undersigned, being a competent witness, do hereby certify that the said will is the true and last will of the said testator.

I, the undersigned, being a competent witness, do hereby certify that the said will is the true and last will of the said testator.

Name of Witness

Address of Witness

Signature of Witness

Name of Witness

Address of Witness

Signature of Witness

I, the undersigned, being a competent witness, do hereby certify that the said will is the true and last will of the said testator.

I, the undersigned, being a competent witness, do hereby certify that the said will is the true and last will of the said testator.

[Handwritten signature]

Notary Public

For Office the Notary, O.S. [Name]

Notary Public

Notary Public

FORM OF WILL

I, Walter Stanley Bowron (Name in full)

Regimental Number 726083 serving in 20th Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

bequeath
I devise all my real estate unto **my mother**

Lucinda Bowron Widow
of Anthony Bowron Ni nden
Ontario Canada. Farmer

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

the said Lucinda Bowron
.....
.....
.....

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

In Witness whereof I have hereunto set my hand

this 11 day of December A.D. 191 6

Walter Stanley Bowron Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J.H. Hannaford Lieut

Address of Witness 20th Canadians

THE TWO
WITNESSES

Occupation of Witness

MUST
SIGN HERE

Signature of Second Witness (Ineligible)

Address of Witness 20th Canadians

Occupation of Witness

I hereby certify that this document is a true copy of an original document now in possession of this office.
14/5/18
Walter Bowron
Director Military Estates.

FORM OF WILL

STATE OF CALIFORNIA

NOTICE: This form is to be used only for the purpose of making a will. It is not to be used for any other purpose. The will must be signed by the testator in the presence of two or more witnesses who are not related to the testator. The will must be read to the testator in the presence of the witnesses. The will must be signed by the testator and the witnesses. The will must be filed with the probate court in the county where the testator resides.

BRITAIN

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

Register No. DB808

WAR SERVICE GRATUITY

A.P. File No.

TO

DEPENDENTS OF DECEASED SOLDIERS

Handwritten scribble

Regt'l No. 726083 Name Walter Stanley Bowron
(Christian Name) (Surname)

Unit 20 Bu Rank Pte Date of enlistment

Date of casualty 9-8-17 B.P.C. File No. 27876

Was service performed overseas? Yes

DEPENDENT

Name Mrs Lucinda Bowron Relationship w. Mother

Address Minden, Ont.

Amount of Special Pension Bonus \$ nil Abstracted by J.M. Davidson

Eligible for Gratuity \$ 180⁰⁰

Less amount of Special Pension Bonus paid \$ nil

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ nil

Balance due \$ 180⁰⁰

Cheque No. 91894016 Date issued 23-7-20

REMARKS :
.....
.....
.....
.....

Clerk J. Lebowitz

Audited by
[Signature]
Date 7/27/20

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

86

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.-Req. 6574

Mrs L. Bowron

PAYMENTS.

Name of Soldier Bowron W. S.
 726083 (Pte.) 109 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15.00
April	1916			
May				
June				
July				
Aug.		15422	15	
Sept.		F 16482	15	
Oct.		720839	15	
Nov.		N 23576	15	
Dec.		731125	15	
Jan.	1917	A 38842	15	
Feb.		943815	15	15 R
March		B 48820	15	15 B
April		W 334	15	15 L
May		Y 6992	15	104/1630/9/17 210 Reynolds 14/9/17
June		G 13171	15	15 195.00 - 31-8-17 21 x 22-8-17
July		B 21702	15	sanguine dep acct - to volume
Aug.		E 27362	15	until Pension granted 22-8-17
Sept.		E 34145	15	
Oct.		947165	15	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

"LO" Coy
 AUG 1 1916

104/1630/9/17 210 Reynolds 14/9/17
 15 195.00 - 31-8-17 21 x 22-8-17
 sanguine dep acct - to volume
 until Pension granted 22-8-17

JER

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

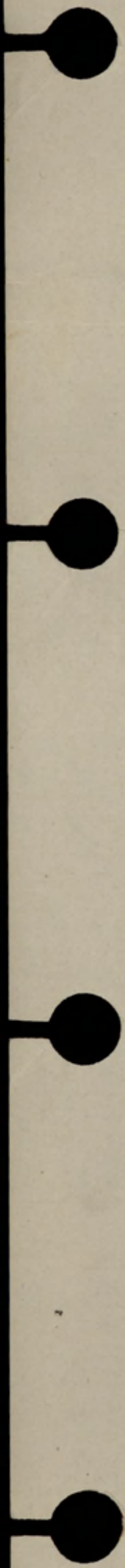
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

45. *W. Mother*
 MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

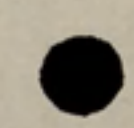
To Whom *Mrs Lucinda Bowron* By Whom Assigned *Bowron H. S.*
 Address *Minden, Ont.* Regtl. No. *726083*
 Rank *Pte.*
 Corps *109 Btn. "D" Coy*
 Rate *\$ 15.00* **AUG 1 1915**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1677 952 2480 1281" style="border: 1px solid black; padding: 5px;"> Pensions Notified Date <i>22-8-17</i> Killed in Action } Died of Wounds } Date <i>9-8-17</i> Missing } C. <i>16.19-8-17</i> Clerk <i>[Signature]</i> Date Noted <i>22-8-1917</i> </div> <div data-bbox="1898 1372 2176 1644" style="text-align: center; margin: 10px 0;"> </div> <div data-bbox="1663 1746 2467 2086" style="border: 1px solid black; padding: 5px;"> Pensions Notified Date <i>14/9/17</i> Killed in Action } Died of Wounds } Date <i>9/8/17</i> Missing } C. <i>19-6/9/17</i> Clerk <i>[Signature]</i> Date Noted <i>14/9/17</i> 1917 </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Handwritten notes in the center of the page, including the words "BENTON" and "MAY 1942".



Faint handwritten marks or scribbles in the bottom right corner.

SEPARATION ALLOWANCE

Sheet No. 2.

Mrs Lucinda Bowron *w mother*

Name of Soldier *Bowron, W.S.*

PAYMENTS. *Pl: 726083*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>P 1903</i>	<i>40</i>	<i>40</i>
May		<i>Q 6158</i>	<i>20</i>	<i>20</i>
June		<i>J 8084</i>	<i>20</i>	<i>20</i>
July		<i>E 6667</i>	<i>20</i>	<i>20</i>
Aug.		<i>A 13615</i>	<i>20</i>	<i>20</i>
Sept.		<i>C 15906</i>	<i>20</i>	<i>20</i>
Oct.		<i>B 19159</i>	<i>20</i>	<i>20</i>
Nov.		<i>C 21796</i>	<i>20</i>	<i>20</i>
Dec.		<i>C 25357</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>B 28579</i>	<i>20</i>	<i>20</i>
Feb.		<i>B 31384</i>	<i>20</i>	<i>20</i>
March		<i>B 34410</i>	<i>20</i>	<i>20</i>
April		<i>D 394</i>	<i>20</i>	<i>20</i>
May		<i>C 3962</i>	<i>20</i>	<i>20</i> <i>300</i>
June		<i>F 7329</i>	<i>20</i>	<i>20</i>
July		<i>C 10779</i>	<i>20</i>	<i>20</i>
Aug.		<i>Y 13639</i>	<i>20</i>	<i>R</i>
Sept.		<i>F 17584</i>	<i>20</i>	<i>B</i>
Oct.		<i>R 22819</i>	<i>20</i>	<i>Bo</i>
Nov.				
Dec.		<i>X</i>	<i>X</i>	<i>X P.P.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date *22/8/14*
 Killed in Action }
 Died of Wounds } Date *9/8/14*
~~Missing~~
 C. L. (6) *19/8/14* Clerk *A. Sinclair*
 Date Noted 191

Pensions Notified Date *12/9/14*
 Killed in Action }
 Died of Wounds } Date *9/8/14*
~~Missing~~
 C. L. (9) *6/9/14* Clerk *A. Sinclair*
 Date Noted 191

380
400

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

SEPARATION ALLOWANCE

Name *Mrs Lucinda Bowron*

Name of Soldier *Bowron, W.S.*

Address *Mindeu, Ont.*

Regtl. No. *726 083*

Rank *Pl.*

Corps *109th Batt³*

Relation to Soldier }
wife, child or mother } *w mother*

To what Corps belonging }
when called out } ✓

PAYMENTS

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



112031

1911

112031

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

Separation and Assigned Pay Branch

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **726083**
 Rank **Pte** Promoted Reverted Discharge
 Soldier's Name **W. S. Bowron**
 Battalion **109 Battr "D" Coy.**
 Beneficiary **Mrs Lucinda Bowron**
 Relationship **mother**
 Address **Oct 31-17 400 - 225 - 625-**

PARTICULARS OF ASSIGNMENT

Name **Mrs. Lucinda Bowron**
 Address **Minden Ont.**
 Change of Address
 1
 2
 3
 4

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

Nov	F 53584	20	15	35	
Dec	E 51561	20	15	35	
April	G. 2908	5		5	

1949-W-22

6/12/17
 Killed in action 9/14. Pensions notified 22⁸/₁₇.
 a.p.c to continue till pension granted. Est 22⁸/₁₇
 To adjust S.A. Pay S.A. + A.P. to 21/12/17 if pension claim not then settled
 for Dec. mailed 10/4/18 refer back to S.A. Board - BOK - 1949-W-9 - Ch. 5/12/17

closed

Pension Granted 1-1-18
 B.P.C. to Recover \$
 Clerk *J.P.L.* Date 6-4-18

A. CLOSED
 OVER-PAYT.
 RECOVERED BY *B.P.C.* 9-4-18
 GRANTED

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Lutherworth Sup Ont*
 NAME AND ADDRESS OF NEXT OF KIN *Lucinda Bowron*
Minden Ont. Can
 RELATIONSHIP OF NEXT OF KIN *Mother*
 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
<i>Missing believed killed</i>	<i>9/8/17</i>	<i>6XLA 581-18/7</i>

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

REG'L. No *726083* RANK *Pte* NAME *Bowron Walter Stanley*
 IF IN PERM. CORPS (WHAT UNIT) UNIT *109th Bn* TRANSFERRED TO *20th Bn* DATE *5/10/16* AUTHORITY *D.O. 279*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Subdiv 'L'* DATE *1/9/17* AUTHORITY *62LA 581-18/7*
 PLACE OF ATTESTATION *Minden Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Dec 26th 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *100* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Lucinda Bowron* MINDEN ONT. RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *27/8/17* EFFECTIVE *1/9/17* REASON *Reported missing 11/8/17 Can. LA 581-18/7 believed killed.*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Int*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
Entered on N.S. 10/20/1917
Checked by #P. Gillison



DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS														
			\$	c.						\$	c.	\$	c.	No.	DATE	No.	DATE	No.	DATE						No.	DATE	1	2	3	4	CREDIT	DEBIT							
<i>July 31</i>									<i>370</i>	<i>370</i>																													
<i>Aug 31</i>	<i>31</i>	<i>3.10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>28986</i>										<i>973</i>	<i>15</i>	<i>2473</i>	<i>1307</i>																
<i>Spt. 30</i>	<i>30</i>	<i>30</i>					<i>3</i>		<i>33</i>	<i>5931-8691</i>										<i>730</i>	<i>730</i>	<i>15</i>	<i>2960</i>	<i>1647</i>															
<i>Oct 1-5</i>	<i>5</i>						<i>50</i>		<i>550</i>													<i>15</i>	<i>15</i>	<i>697</i>															
<i>Oct 6</i>	<i>26</i>	<i>1.26</i>	<i>26</i>	<i>40</i>	<i>26</i>	<i>40</i>	<i>260</i>		<i>2860</i>	<i>4334 17/16</i>					<i>436</i>						<i>15</i>	<i>1166</i>	<i>2391</i>																
<i>Nov 30</i>	<i>30</i>	<i>1.30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>	<i>1345 3/16</i>					<i>730</i>					<i>261</i>	<i>15</i>	<i>1761</i>	<i>3930</i>																
<i>Dec 31</i>	<i>31</i>	<i>1.31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>1399 27/11</i>										<i>261</i>	<i>15</i>	<i>1761</i>	<i>5579</i>																
<i>1917</i>		<i>1530</i>					<i>1530</i>																																
<i>Jan 31</i>	<i>31</i>	<i>1.10</i>	<i>31</i>				<i>10</i>		<i>3410</i>	<i>1538 11/12/16</i>	<i>1001 12/16 97.a.</i>				<i>523</i>	<i>261</i>	<i>1134</i>	<i>15</i>		<i>3418</i>	<i>5571</i>																		
<i>Feb 28</i>	<i>28</i>	<i>1.10</i>	<i>28</i>				<i>280</i>		<i>3060</i>	<i>1633 24/11</i>	<i>17.11 1/2</i>				<i>261</i>	<i>262</i>		<i>15</i>		<i>2285</i>	<i>6366</i>																		
<i>March 31</i>	<i>31</i>	<i>1.10</i>	<i>31</i>				<i>310</i>		<i>3410</i>	<i>1804 27/11/16</i>	<i>17/3</i>				<i>261</i>	<i>573</i>		<i>15</i>		<i>2284</i>	<i>7492</i>																		
<i>Apr 30</i>	<i>30</i>	<i>1.10</i>	<i>30</i>				<i>330</i>		<i>33</i>									<i>15</i>		<i>15</i>	<i>9292</i>																		
<i>May 31</i>	<i>31</i>	<i>1.10</i>	<i>31</i>				<i>3410</i>		<i>3410</i>	<i>108 30/14</i>	<i>64 17/14</i>				<i>262</i>			<i>15</i>		<i>2023</i>	<i>10679</i>																		
							<i>33440</i>		<i>370</i>	<i>33810</i>					<i>4055</i>	<i>1776</i>	<i>23</i>	<i>150</i>		<i>23131</i>	<i>10679</i>																		

Statement of
 DEC 14 1917
 Account rendered

Statement of
 FEB 27 1918
 268
 Account rendered

A.P. ck with C.F.X. eff. 1.8.16-31.8.17. = 195⁰⁰
C.F.X. d/22.8.17. KUB *Slits open*

Carried forward

726083 Pte Bowron W.S.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE	NO.
				334.40											370	338.10							4055	17	76	23		150	231	31	106	79				
June 30	170			33											33	163	21/5						268				15	17	68	122	11					
July 31				34.10											34	10	310	2/6					268				15	17	68	138	53					
Aug. 31				34.10											370	341.0							45	91	17	76	23	15	15	67	157	63				
				42	5	60									270	229	30						195													
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPT. SER. REG. ALICE. PAY ENG.																										
Dec									157.62																											
									152.27																											
									152.27																											
Jan 18									149.59																											
Feb 18									268																											
									152.27																											
									267																											
Apr 18									5.35																											
									2.67																											
1918									267																											
Aug. In D. B. Let 1									267																											

Transcribed by L. eff 1/9/17
CHECKED
J. Woodman