

REGIMENTAL DOCUMENTS

NAME

BRAW

Walter

REGT. NO.

724264

UNIT

38th Bn

H. Q. FILE NO.

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

TESTATION 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)

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APR 25 1916

109th OVERSEAS BATTALION, C. E. F.
ATTESTATION PAPER.

No. 724 264

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Breaw*
1a. What are your Christian names? *Walter*
1b. What is your present address? *Colosauk, Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Colosauk, Ont Canada.*
3. What is the name of your next-of-kin? *Mrs Mary Jane Breaw*
4. What is the address of your next-of-kin? *P.O. Colosauk, Ont Canada*
4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *October 15th 1879*
6. What is your Trade or Calling? *Cook*
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 Breaw*, 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.

Date *APR 25 1916* 191 *Walter Breaw* (Signature of Recruit)
Wm. Warren (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *APR 25 1916* 191 *Walter Breaw* (Signature of Recruit)
Wm. Warren (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 *Lindsay* this *APR 25 1916* day of 191

Wm. Warren (Signature of Justice)

Description of Walter Breaw on Enlistment.

Apparent Age.....36 years.....5 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. 4 ins.

Chest measurement. { Girth when fully expanded.....39 ins.
Range of expansion.....5 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark Brown

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

Scar on inside of right ankle
Mole just above right
shoulder blade

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.....APR 25 1916.....191 .

Place.....Lindsay.....

W. C. Culloch Capt.
Medical Officer.
109th

*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 Breaw.....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.

.....W. C. Culloch Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.
Date.....APR 25 1916.....191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 724264 (Rank) Corp^t
Name (in full) Breuer Walter enlisted in
the 109th Bⁿ C.I.
CANADIAN EXPEDITIONARY FORCE at Lindsay on the 25th
day of April 1916
HE served in 38th Battr. C.I. in France

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

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

Age 39

Height 5-4"

Complexion Dark

Eyes Brown

Hair Dark Brown

J. Breuer

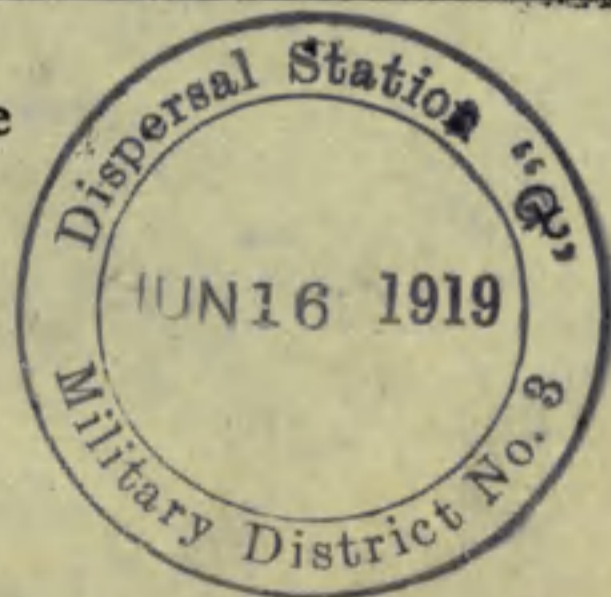
Signature of Soldier.

Marks or Scars

Scar base of Index finger L. Hand

Slight deformity little finger L. Hand.

Date of Discharge



Sidney D. [Signature]
Issuing Officer.

[Signature]
Rank

Date 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO
FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs Mary J. BeauMother
PAYMENTS.

Name of Soldier

Beau Walter
#924264

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		U 3579	44	44
July		A 9314	20	20.
Aug.		714294	20	20.
Sept.		A 15181	20	20
Oct.		D 17743	20	20
Nov.		E 21254	20	20
Dec.		E 24733	20	20
Jan.	1917	D 28384	20	20
Feb.		D 31207	20	20
March		D 34270	20	20
April		F 385	20	20
May		G 3804	20	20
June		G 7145	20	20
July		E 10609	20	20
Aug.		I 13193	20	20
Sept.		H 16760	20	20
Oct.		F 23661	20	20 \$364.00
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom Mrs M. J. Breaw
 Address Coboconk,
Ont.

By Whom Assigned Breaw Kalter

Regtl. No. 724264

Rank Pte.

Corps "B" Coy - 109 Btn.

Rate \$15.

AUG 1 1916

PAYMENTS

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



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.

PAYMENTS.

Name of Soldier

Brewster

724264

Pte. 109 Bn.

Mrs M. J. Brewster

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>15458</i>	<i>15</i>	
Sept.		<i>15378</i>	<i>15</i>	
Oct.		<i>19131</i>	<i>15</i>	
Nov.		<i>25150</i>	<i>15</i>	
Dec.		<i>34312</i>	<i>15</i>	
Jan.	1917	<i>37698</i>	<i>15</i>	
Feb.		<i>43192</i>	<i>15</i>	<i>15</i> <i>Q 43192 cancelled 2 17 m B</i>
March		<i>49823</i>	<i>15</i>	
April		<i>11339</i>	<i>15</i>	<i>15-13 Q. 239, cancelled S.H.B.</i>
May		<i>6651</i>	<i>15</i>	
June		<i>13713</i>	<i>15</i>	
July		<i>20718</i>	<i>15</i>	
Aug.		<i>27258</i>	<i>15</i>	
Sept.		<i>34330</i>	<i>15</i>	
Oct.		<i>47554</i>	<i>15</i>	<i>22251 C.B.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

SEPARATION ALLOWANCE

Name *M. H. McCallum*Name of Soldier *B. Beau W*Address *Fenelon Falls*Regtl. No. *724 264*Rank *pte.*Corps *38th Bn*

Relation to Soldier

wife, child or mother

To what Corps belonging

when called out

SPECIAL REMITTANCE

\$ 20.00

PAYMENTS

Sched 421 30.8.17

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		A 21341	20 -	Mailed 24. 8. 17
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

25/4/16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Mrs Mary J. Beau

Address

Cobocook
Ont

Relation to Soldier

wife, child or mother

} widow
} mother

Name of Soldier

Beau Walter

Regtl. No.

724 264

Rank

Otc

Corps

109th Battalion

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				



1871

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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m.—10-17.
 H. Q. 1772-39-819.

To Whom

Address

Mary, J. Breau,
 Boboconk,
 Aulonia.

By Whom Assigned

Regtl. No.

Rank

Corps

Breau, W.
 724264.
 Pte.
 38th. Bn.

SPECIAL REMITTANCE

Rate

\$50.00

P. 523.

no. 10.32.

26-18

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.		450139	50.	Mailed 18.2.18
March				

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

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

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Mary Jane Breaw**.....

.....**Cobocank Ontario**.....

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

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

(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.

35 per month rest of family are married and away

(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.

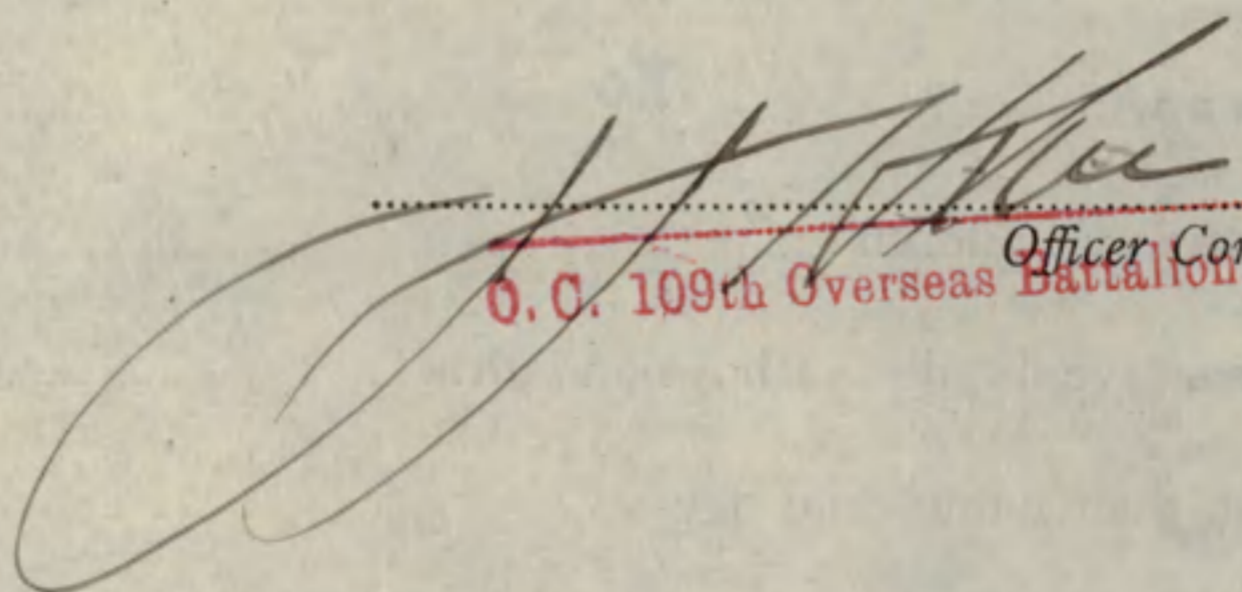
(15) Are you insured?.....**Yes**.....

If so, in what Company?.....**Oddfellows**.....

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

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

Date.....**July 18th 1916.**.....

..........**Lt. Col.**
O.C. 109th Overseas Battalion, C.B.I.
Officer Commanding.

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 Number724264.....

(3) Full Name of Soldier.....Walter Breaw.....

(4) Place of Birth.....Cobocenk Ontario Canada.....

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

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

(b) Present Postal Address.....

(7) Are you a widower?No.....

(8) Have you any children?.....

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

Also their names and ages.....

Surname Brew Christian Name Walter

724264

ORIGINAL
MEDICAL HISTORY SHEET.

ORIGINAL

Surname Brew Christian Name Walter

Examined { on 25 day of April 1916.
at Lindsay
Birthplace { City or Town Colborne
County Ontario

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

Apparent age 36 years
Trade or occupation Work
Height 5 Feet 4 Inches.
Weight 152 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 39 inches.
Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left On
Number One

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

When Vaccinated last April 25th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>25.4.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4.6.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
<u>12.6.16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>18.6.16</u>	<u>"</u>	<u>McCulloch</u> M.O.

Enlisted on 25 day of April 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Am. C.F. 7</u>	<u>724264</u>		<u>25.4.16</u>
Transferred to	<u>38th Bn</u>	<u>2/12/16</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.

RANK... *C. Corp*

A. Brew

3. Condition on discharge.

	Date	Amalgam Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyorrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination		24 14.51 18.								3.11-13.16. 17.19.20.30.32.									Rinsay Clinic Ross'	3	Cavity - 28. 8.9.10.14
JUNE 23																			Ross		
JUNE 24			3																Ross		
I hereby certify that I am satisfied with Dental Treatment received.																					

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Vertical text on the left margin, possibly a page number or reference.

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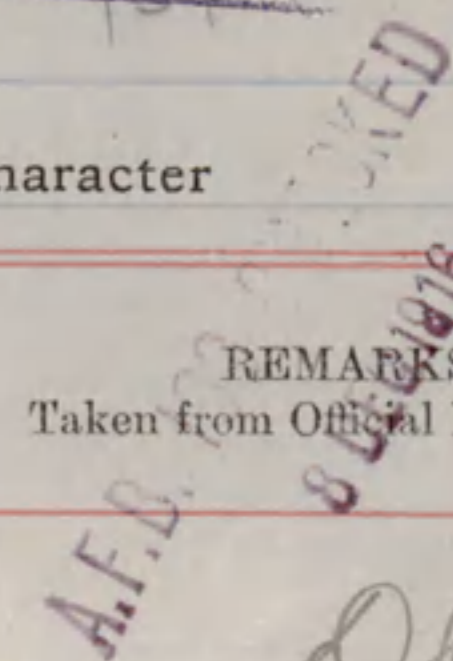
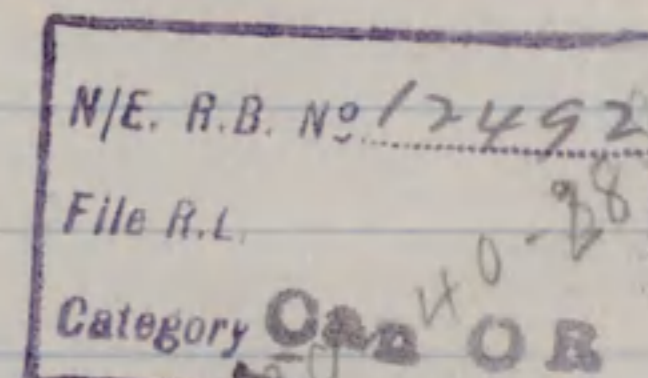
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A.G.R. Rank Name BREAW, Walter / Reg'l No. 724264 /
 Unit 109th Bn. / If in perm. Corps, }
 What Unit? }
 Lindsay, }
 Place and Date of Enlistment 25th April, 1916. / Place of Birth Coboconk, Ont., Canada. /
 Name and Address, Next-of-Kin Mrs. Mary Jane Breaw, /
 P.O., Coboconk, Ont., Canada. / Relationship Mother. /
 Assigned Pay Monthly \$ Payable to /
 Separation Allowance \$ Payable to /
 Discharge, Date and Place Reason Character

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	
4.12.16	06109 th	S/S on tfr. to 38 th Bn.	Drillay.	4.12.16	Pt II DO 339
13.12.16		38th Bn T-O-S on tfr from	Field	6.12.16	Pt II DO 242.
12.1.17	✓	Adm No 1. Can Killed Amb.	In the Field	20.12.16	C.L. A 103.
12.1.17.	✓	1fd. No 4 Stationary Hsp	Argues.	14.1.17.	C.L. A 103. Bronchitis
27.1.17.	✓	Dis ✓	✓	20.1.17	C.L. A 113 ✓
18.6.18	✓	Granted one H.C. badge.	Field	25.4.18	Pt II 55
3.3.19	✓	Appointed Lance-Cpl to C. Est	Pte "	16.2.19	Sp 14
30.4.19	✓	Promoted Cpl to C. Est	L/Cpl "	13.4.19	Sp 26
9-5-19	✓	Proceeded to England	Cpl Haure	5.5.19	— 20



D.B.M.

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.				
20.5.19	A-FW ccc	T.O.S. Pending Rtc	Brumston & Co	5.5.19	ECN DO 21.
14-6-19	—	SOS to Canada	—	6-6-19	— 24

B-2087

1532 P. 880.

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 *Walter* 2. Surname *Breaw*
3. Rank *Cpl* 4. Original Unit *109 Bn* 5. Reg. No. *724.264*
6. Address, in full, to which future payments of gratuity are to be forwarded.
Bank of Montreal, Lindsay Ont Can.
7. Date of enlistment in the C.E.F. *25/4/16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs M. J. Breaw*
9. Relationship of such dependent *Mother*
10. Address, in full, of such dependent *Mrs. M. J. Breaw, Cobourg Ontario, Can.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
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 *8 months with 109 Bn. 2 years + 3 months with 38th Bn.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

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

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

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

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

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

~~(b) Reason for discharge.~~

JUN 16 1919

S. O. S. 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. *CS & DL*

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: *A. Brean*

Place of Residence:

Declared before me at:

This *10th* day of *May* 19*19*

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

W. D. Cameron
At test

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183</i>	<i>100</i>

Certified Correct.

District Paymaster.

Allen

150M. 10-45.
H.Q. 1772-39-920

4

Extended..... Re-engaged..... Qualification (b)..... *Look.*

Date	Remarks
	taken from Army Form B. 213, Army Form A. 36, or other official documents.

[P.T.O.]

724264 Breaks 60

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				
✓ 16	C.B.D.	TAKEN ON STRENGTH 38th Havre		6 12 16	N. R. P. 110.202/13 12 16
✓ 16	"	Left for Duty FIELD		7 12 16	N. R.
✓ 16	Unit	Joined Unit FIELD		9 12 16	B. 213. DCS. 69-30 12 16
2.16	1 C.F.A.	La Grippe adm	1 C.F.A.	20.12.16	a 26/6 2015 2017 4d.
2.16	1 C.F.A.	Evac. sick	Field	20.12.16	B213 2017 3d 8.1.17
2.16	1 C.F.A.	Influenza adm	1 C.F.A.	20.12.16	a 26/6 2046 2017 4d 9.1.17
		fld to	C.R.S.	24.12.16	W3034-157.
17	4 Staty	Bronchitis adm	4 Staty	4.1.17	W3034-174
17	"	To Duty	Field	20.1.17	W3034-174
17	4 C.F.A.	La Grippe adm	4 C.F.A.	24.12.16	a 26/6 2015 2017 4d.
		to	6 C.C.S.	31.12.16	a 26/6 2015 2017 4d.
17	Unit	Joined Unit FIELD		20.1.17	B. 213. DCS. 92d 28.2.17
17		14 days leave England.	25 NOV 17		" P. 110.118-15.12.17
17		Rejoined from leave	15.12.17		Letter 11/16/35389
17		One G.C.B.	25.4.18		B213 2015-5
18	38th	14 days leave to U.K.	2.11.18		B213, D.O.119-d-1 8 NOV 18
18	Unit	Joined Unit FIELD		21.11.18	"
19		So has Lee/Carparal comp est.	16.2.19		" 20.14/19.
19	MB CAMP	Proceeded to England.		13.4.19	" 76/19.
19		s.o.s on Proceeding to Canada		-5 MAI 19	

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

No.

Date of Examination in England

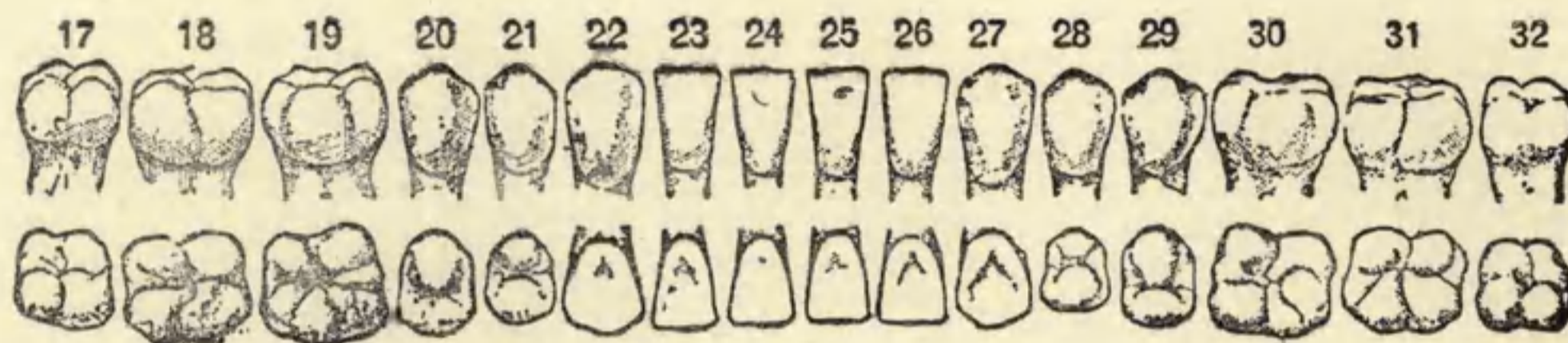
Date of Examination in France

**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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

R.H. Aejoe Corp

A. D. D. S., M. D. No. 3

10-21-1914
W. A. R. E.
11-1-1914

11-1-1914

11-1-1914

11-1-1914

11-1-1914

11-1-1914

11-1-1914

11-1-1914

9

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

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

No. 724264 Rank Corporal Cooks Surname Brewer

(Given name in full)

Unit or Corps 38th Battalion Birthplace Walter Cobocook Ontario

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique good Weight 152 lbs. Height 5 ft. 4 in. Colour of Eyes Brown

Nutrition good

Pulse regular 72

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Scar base of index finger
left hand
slight deformity of
little finger left hand when 20 years old.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Influenza 20-12-16
Bronchitis 4-1-17

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Bromschott (Overseas)

Date 11-5-1919

Signed R. V. Connor Capt M.O.

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

Signature W. Brown Opl

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

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa (Canada)

Date 16-6-19

Signed J. S. Senger M.O.

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

Signature W. Brown

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

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

Regiment or Corps 38th Gen. Inf. Bn. Regimental Number 1st Lt.

*Acting Rank _____

W. S. B. CLASS. A

[Signature] Lieutenant
For O. C. No. 3 District Depot.

Nothing to be written in this margin.

Surname

Christian Name or Names

Reg. No.

Brewer

W.

724264

Rank

Unit

Co.

Troop

Batty.

Pte.

38 B.

Hospital

Date of Admission

16 F.A.

20.12.16.

Transferred

4 Stat. Arques

Hosp.

4.1.17.

Hosp.

Hosp.

Hosp.

Diagnosis

Bronchitis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dec 20. 17

Dr. 12.1.16 G103

REMARKS

27.1.17 D113

A.M.D. 2 Dept.

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

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A-103

1 Can Fed Amb

20-1-16

Bronchitis

A 103

4 Stat Arques

4-1-17

" " "

A 113

" Discharged

20-1-17

" "

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

Name BREAW Walter Rank Pte.

Reg. No. 724264

Unit 38th Battn.

Next of Kin Canada.

[illegible]

[illegible]

NAME

*Brew**Walter*

REGT. No.

724264

RANK AND UNIT

*Cpl.**109th Bn.*

NEXT OF KIN

*Sos. Dis 16.6.19
D.O. 1777266-19
34040.*

CABLE

NATURE OF CASUALTY

No.

DATE

*RIC 13-6-19 ³⁴⁹
48. Cpl.*M. F. W. 42-100M.-8-18.
H.Q. 1772 39-893

[illegible]

No. 724264 RANK Pte.

NAME Breau. W.

T. O. S. 25-4-16. UNIT 109th Battalion.
(S. O. 135 of 26-4-16)

M. D. 3.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T1916. 1916
April 25 - April 30
May
June
JulyN.
✓
✓
✓UNIT SAILED
JUL 23 1916

6mW.
Number 724264 Rank Cpl

Surname BREAW

Christian Name Walter

Units 38th Gen Can Div Theatre of War France

Date of Service 6/12/16

Remarks Sent to

Latest Address P.O. Cobocouk

Roll No. Ant

200m.-6-21...

P.B. Page 21/186.

DESP. FEB 19 1925

REGN. NO. 10 760

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

11438

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20.	25.	1/12/17	30
-----	-----	---------	----

P.B. 3257
1-9-18
PC 2753
MO 39792

PARTICULARS OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			
----	--	--	--

ANOTHER ACCOUNT IN

Special Remittance Ledger

..... Ledger

..... Name

Discharge Ledger Address

PARTICULARS OF ASSIGNMENT

Name Mrs M. J. Breau
Address Cotoconk, Ont.

Change of Address

No. 724264

Rank *ate* Promoted

Reverted

Soldier's Name *Stalter Breau*Battalion *109 Bn. "B. boy"*Beneficiary *Mrs Mary J. Breau*Relationship *w. mother* *M.F.W. 2554-29 7/8*

Address

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31-17		364	225	589	File 2079-10-5
Nov	C 58206	20	15	35	11438
Dec	B 61980	20	15	35	M
1918.					
Jan	A 58646	30	15	45	A
Feb	6 94770	25	15	40	
Mar	A 102061	25	15	40	✓
Apr.	6 5982	25	15	40	✓
May	E 12829	25	15	40	✓ H
June	E 13035	25	15	40	✓
July	V 28578	25	15	40	✓
AUG.	C 32719	25	15	40	✓
SEP	D 39034	25	15	40	✓
OCT.	F 42849	25	15	40	✓
NOV.	B 54432	25	15	40	✓
DEC.	A 67719	45	15	60	✓
JAN.	H 70385	30	15	45	✓
FEB.	I 79294	30	15	45	✓
MAR	F 85826	30	15	45	✓
APR	8 1306	30	15	45	✓
May	S 6464	30	15	45	✓
June	6 9991	30	15	45	✓
		909	525		

AUDITED.

MD #3

A/c Closed 30-6-19

Ret'd per Olympic

Date 12-6-19 M.F.W. 187 196/19

Closed R.D. Smith

MRO #127259 Dec. 196/19

M. F. W. 128
400M-6-17-1772-39-141
L. L. 2320-M. & D. 7993.

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-39-1141
L. L. 22320-M. & D. 7993.

NUMBER

724264

RANK

NAME

Brew W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brought fwd.					87 30		
Mar.	Pvt A	34 50		Cap				15			
May		35 65						15			
	To adjut pay as Cpl 13/4 to 31/5/19 49 days	2 45							129 90		
	NE advised 14.5-19	72 60		5095 - 29/5/19 3815m (Ind 6) 2nd 331				30			
				2502 8/5/19					56 90		
					48 67						
					73 00						
					73 -						

Boobanadash. 83 m 3. 6. 6. 19

127 45
48 67
78 78

724 264. Pte Brew. 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.																	NO.	DATE
			367	40					14	10	381	50			79	42	19	83	165	32	264	57	116	93					
July	31	100	34	10							401	20/6			535				15		23	03	178	00					
Aug	31		34	10							498	4/7			268				15		35	127	10						
Sept	20		33											FRS 188				20	00	15									
			169	60					14	10	33				874	5	19	83	20	15	32	15	145	10					
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE														
1917																													
					145	10									145	10													
Oct	31	100	34	10			Assy Pay								15	164	20												
Nov			33				a.p.								15														
							AR 1119. 3/10. 38th				446																		
Dec			34	10			a.p.								15	196	84												
1918			67	10							446				30														
Jan			34	10			a.p.								15														
							AR 700 1705. 23/11. 38th				97	33																	
							" 1329. 7/11. 38th				446																		
							Rem. 6696. No date.				50	00																	
			24	10							157	79																	
Feb			30	80			a.p.								15														
							AR 1644. 4/11. 38th mile post								15	799	5												
March			30	80			a.p.								15														
			34	10			AR 2069 10/3. 38th				446																		
			34	10							446				15	945	9												

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

M. OR S.

REGT. NO.

RANK

NAME (IN FULL)

11

10/25

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE

AUTHORITY

ORIGINAL UNIT
C.E.F.

109

.....
TRANSFERRED TO

DATE _____

.....
AUTHORITY

ADDRESS

..... IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

.....
TO WHOM PAID

RELATIONSHIP

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE _____

REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

[illegible]

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
 Checked by No.....
 Date..... 8 JUN 1919



War Service Badge

Class "A" No.

SHORT FORM.

PROCEEDINGS ON DISCHARGE. Occupational Group No. 17

(Demobilization.)

1. No.	724264.	
2. Rank.	L. Cpl.	
3. Name.	BREW Walter	
4. Unit.	38 th Bn	
5. Date of Discharge	JUN 16 1919	Place Ottawa
6. Reason for Discharge	Demob	
7. Authority.	P.O. 1420	
8. Proposed Residence after Discharge	P.O. Cobocook 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 M. F. W. ? 39.</p> <p><i>W. Brew</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><i>Stanley M. G.</i> Signature for O. C. Dispersal Area Station G. (O. C. Discharging Unit.)</p>	

