

MAR 1 1916

ATTESTATION PAPER.

No. 724134

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Crozier*
- 1a. What are your Christian names?..... *William John*
- 1b. What is your present address?..... *Dorset*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Muskoka district*
- 3. What is the name of your next-of-kin?..... *William Crozier*
- 4. What is the address of your next-of-kin?..... *Dorset, Haliburton Co., Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father* *Canada*
- 5. What is the date of your birth?..... *November 10th 1896*
- 6. What is your Trade or Calling?..... *Farmer*
- 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 } *yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Crozier*, 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 *MAR 1 1916* 1916. *John Crozier* (Signature of Recruit)
Arnold R. Ginson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Crozier*, 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 *MAR 1 1916* 1916. *John Crozier* (Signature of Recruit)
Arnold R. Ginson (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 *Dorset* this *10th* day of *March* 1916.
M. G. Cassidy (Signature of Justice)

Description of Wm Crozier on Enlistment.

Apparent Age 19 years 11 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.)

mole under right breast.

Height 5 ft 10 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist Yes.....
 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 18 1916 191 .

Place Minden

[Signature]
 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 Crozier 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.

Date MAR 18 1916 191 .

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

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

47205

Name

Frazier Wm. John

Regt. No.

724/34

Rank

Pte.

Corps

109th Bn.



Permanently unfit

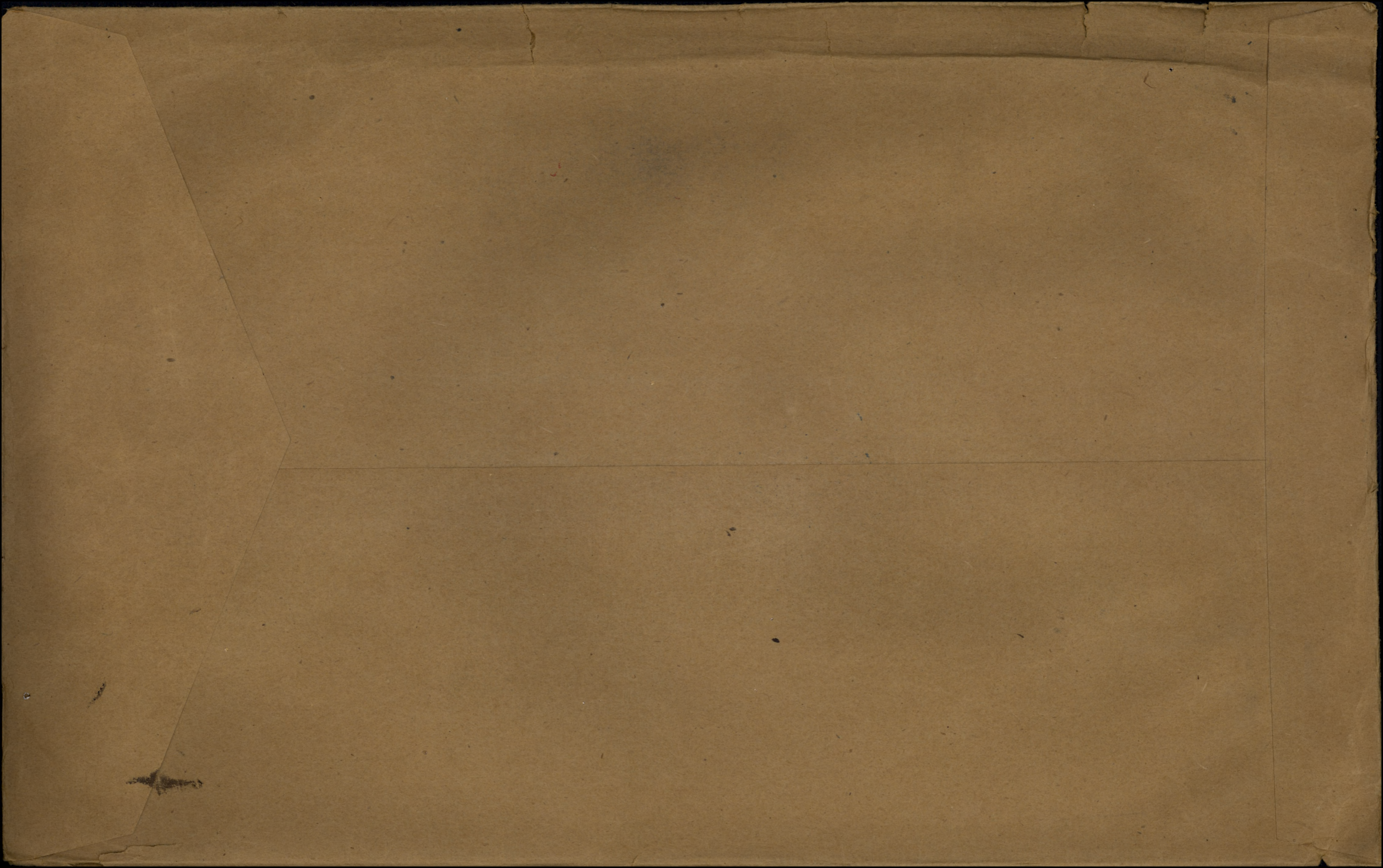


Red. 6664 - 1 Pay Cert. 5
Army Form B - 122 - 2

M. F. W. 62.
50M.-9-16.
H. Q. 1772-39-935.

404115

Imd B. 9.



PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address Tor.

Mark your reply:

For Attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: CROZIER William John Service No. 72 4134
(Surname) (Christian Names) WW1

Veteran is stated to have served during 109BN (State War or Wars)

in the following units 109BN

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

PUBLIC ARCHIVES RECORDS CENTRE
SEP 11 1964
OTTAWA, ONT. CANADA

1. THEATRES OF SERVICE

(1) South African War
Date and port of embarkation for S.A. _____
Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).
Canada - Britain
Date(s) embarked for U.K. 23 Sept 1916 24 July 1916
Date(s) disembarked in Canada 19 Jan 1917
Period(s) of desertion in U.K. _____

(3) World War II -- (If Canada only, state if with territorial limitations).
Date of embarkation _____

2. Date and place of all enlistments. 18 March 1916 - Minden, Ont.

3. Date of all discharges and reason. 21 Feb 1917 - Medically unfit.

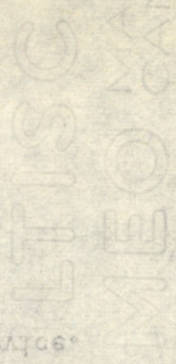
4. Date and place of birth as per attestation paper. 1 Nov 1896 - District of Muskoka, Ont

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Nil

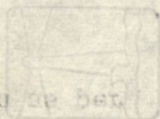
7. Decorations, if any. Nil

✓ Head, Reference Section ✓



RESOLUTIONS OF THE BOARD OF DIRECTORS

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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				

J.P.

Rank _____ Name CROZIER, William John ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single ✓

Place and Date of Enlistment Dorset. 1st. Mar. 1916. ✓ Place of Birth Muskoka. Dist. ✓

Name and Address, Next-of-Kin William Crozier. ✓
Dorset. Haliburton Co. Ont. Canada Relationship Father. ✓

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

ccac
 N/E. R.B. No. 6283
 File R.L. _____
 Category Comm

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.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
11-12-16	Ob 109 th Bn.	S.O.S. on transfer to 124 th Bn.	Witley	8-12-16	Pt II DD 344
12-12-16	Ob. 124 th Bn.	S.O.S. on transfer to 109 th Bn.	"	"	" 269.
10-1-17	"	S.O.S. having proceeded to Discharge Depot.	"	17-12-16	" 10 th Regt CCAC Letter of Appreciation 1-17
16-11-16	CCAC	S.O.S. from 109 th Bn. for P.T. Hastings	Hastings	3-11-16	" 505
20-2-17	CCAC	S.O.S. to Canada & leave until 109 th Bn.	Hastings	19-1-17	" 86
19-1-17	CCAC	S.O.S. proceeding to Canada M.U.	Buxton	19-1-17	" 116.
✓	discharge depot	Finally discharged	Quebec etc	21-2-17	7R 183 Dorset, Ont.

STATEMENT ON DISCHARGE

Handwritten notes and signatures at the top of the page.

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BY THE

COMMISSIONER

OF THE

STATE OF NEW YORK

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D
724134

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Crozier Christian Name Wm John

Examined { on 1 day of March 1916
at Munden
Birthplace { City or Town Redoubt Exp.
County Muskoka Ontario

Approved by J McCulloch Capt.
Medical Officer
Rank 109th Overseas Battalion, C. I. P.

Apparent age 19 years
Trade or occupation Farmer
Height 5 Feet 10 Inches
Weight 145 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left One
Number One

Date.	Result.	VACCINATIONS.
<u>18-3-16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 15th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/6/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>25/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>30/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

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

Enlisted on 1 day of March 1916 at Munden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724134</u>		<u>1-3-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>3 NOV 1916</u>	<u>3-11-16</u>	<u>Simple Gout</u>	<u>Discharge C.E.F. Capable for service</u>
APPROVED	<u>[Signature]</u> Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp		<u>[Signature]</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

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.

To be made out in duplicate.

D
DUPLICATE
H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 109th OVERSEAS BN., C.E.F.

(2) Regimental Number..... 724134

(3) Full Name of Soldier..... William John Crozier

(4) Place of Birth..... Dundas
Ontario

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

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

(b) Present Postal Address..... [Signature]

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

(8) Have you any children?..... no

If so, give number of boys and girls..... [Signature]

Also their names and ages..... [Signature]

(9) Is your Father alive? Yes
If so, state name and address William Crozier Dorsev Ont.

(10) Is your Mother alive? Yes
If so, state name and address Mrs. Mary Crozier
Dorsev. Ontario

(11) If your Mother is a widow? No
Are you her sole support, or not? No

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

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

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

(15) Are you insured? No
If so, in what Company?

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

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

Date JUL 11 1916

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

Casualty Form—Active Service.

Regiment or Corps C.B.A.B.Regimental No. 724134 Rank PTE Name CROZIER J W. J.DEPT
MILITIA & DEFENCE

AUG 30 1917

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
23.3.17	124 th Bn.	as established 109th Bn. on being is att. to 124 th Bn. on ceasing to be att. 109 th Bn.	Witley	8.12.16	PTE 80
28.4.17	109 th Bn.	Trans. to C.C.C.	Witley	3-11-16	" 8
---	---	Att. from C.C.C.	---	3-11-16	" 8
109th Bn. 23.3.17					
No card					

(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.

H.C.

STY

3018-17
C338

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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge. ms

Name **Crozier, Wm. John**
Surname Christian Name

4029-W-1

Regimental Number **724134** Rank **Pte.**

Address (in full) **Dorset, Ont.**

Unit **C.C.A.C.**

Original Unit

District where paid **Ottawa.**

Date of Discharge **31. 2. 17.**

P. D. P. Filing Number **19 C11**

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		
10010	2302	8/8/17	33 00	2308	8/9/17	33 00	2270	12/10/17	3410		10010

M. F. W. 127.
60M-617.
1773 39-1140.

Remarks:

File No. 4029-W-2 Passed to Inv. **WAR SERVICE GRATUITY.**

Register No. 61819

26-9-19 W 84

Reg. No. 724134 Pte Dependent _____

Name Brooks, W. S. G. Address _____

Address W. S. G. 1000 _____

Pay Soldier \$ 109.90 Pay Dependent \$ _____

Clerk McLannan _____

Dec'n No. _____ W. S. G. File No. _____
 Award _____ days _____ per day \$ _____
 _____ months at \$ _____ per mo. \$ _____
 Less P. D. P. Credited _____
 Less further _____ balance _____
 Net due paid as below _____

Days 92 Rate 70 Due 210.00
 Less P.D.P. credited 100.10
 Less further Dr. Bal. _____
 or overpayment. _____
 Net 109.90

*229.34.
1,03.
14.*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
	<u>1-10-19</u>	<u>3-10-19</u>						
<u>1</u>	<u>33994</u>	<u>528786</u>	<u>109.90</u>		<u>1</u>			
<u>2</u>					<u>2</u>			
<u>3</u>					<u>3</u>			
<u>4</u>					<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by
C.B.P.
 Date 1-10-19

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

116

To Whom Mrs Wm. Crozier
Address Dorset
Ont

By Whom Assigned Crozier, W. J.
Regtl. No. 724134
Rank Pte
Corps 109th Battrn.

Rate \$15.00

AUG 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop 17/17.3 m 9/17. 50m 16/17 P.D.P. 30/17/17 #15.
Sept.				
Oct.				
Nov.				Acct Closed.
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
FOR
4
CASUALTIES!

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Wm Brozier

PAYMENTS.

Name of Soldier

Brozier, W. J.
724134
Plt. 109th Baltn

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>N 15255</i>	<i>15 -</i>	
Sept.		<i>B 15954</i>	<i>15</i>	
Oct.		<i>B 20309</i>	<i>15</i>	
Nov.		<i>G 25556</i>	<i>15</i>	
Dec.		<i>G 33458</i>	<i>15</i>	
Jan.	1917	<i>F 36986</i>	<i>15</i>	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$ 15.00

AUG 1 1916

AMB

W.B.

Stop 1/2/17

Returning Pretegama 19/1/17 FX SPS 24/1/17

W.

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.				

SURNAME.

Crozier

CARD NO.

CHRISTIAN NAMES

William John

S.O.S. line 31/2/1915

REGL. No.

724 134

RANK

Pte.

UNIT

109th

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Crozier, William

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Dorset, Ont.

COUNTRY OF BIRTH

Canada, Muskoka District

DATE

Nov. 1st 1896

PLACE OF ATTESTATION

Dorset, Ont.

DATE

Mar. 18th 1916

o/s 23-9-16, 488/10.

M/S 19-1-17.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

-

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dr. Brown

DISTINGUISHING MARKS

mole under rt. Breast.

MEDICAL EXAMINATION.

PLACE

Minden, Ont.

DATE

Mar. 18th 1916

REGT'L NO 724134

NAME Crozier, William-Charles.

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 14th Bn.

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

7310

21-1-17

Sailed from Liverpool for Canada per the S.S. Metagama - Jan. 19th 1917. Gaitre.

LIST No

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



No. 724134 RANK Pte

NAME Crozier, W. 2.

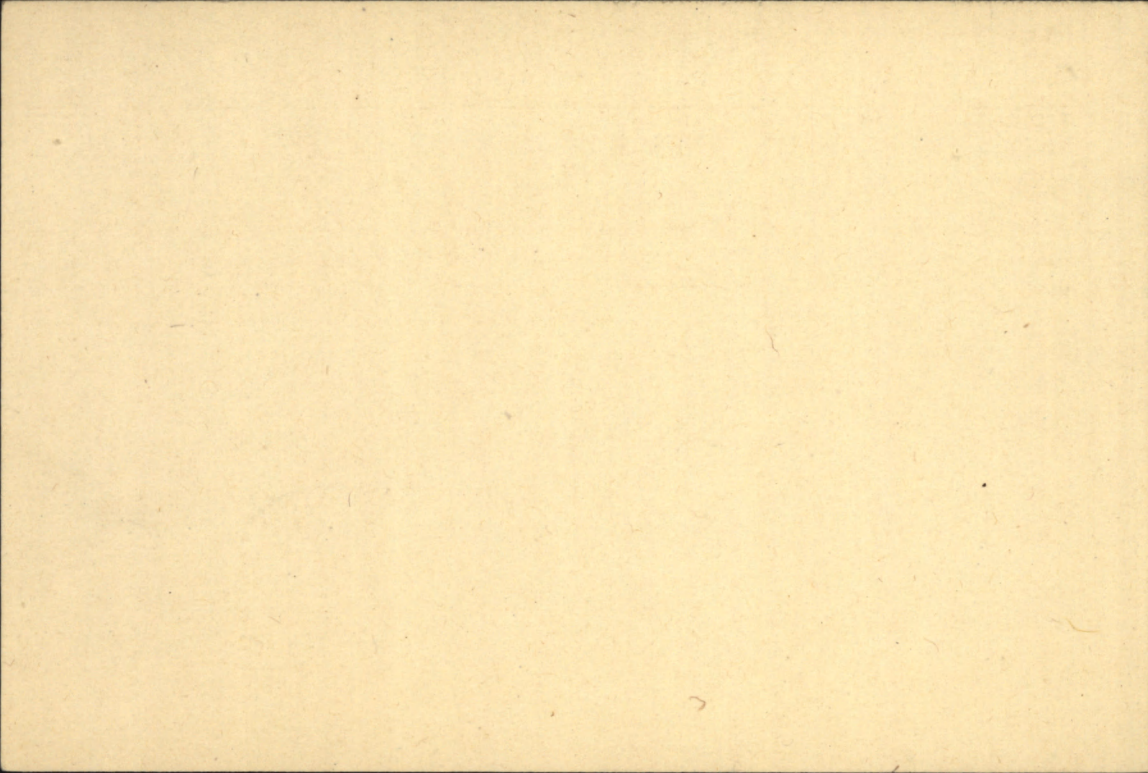
T. O. S. 1-3-16.
D.O. 111. 29-3-16

UNIT 109th Battalion

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Mar 1.	1916 Mar 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



No. 724134 RANK

Pte:

NAME

Crozier W.

L.

T. O. S.

UNIT

Discharge Depot. Lubec

M. D.

5.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

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OR
REC'T

PARTICULARS

AUTHORITY

1917
Jan 101917.
Feb. 21

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109 ch.



u. m. m.

Number 724134 Rank Pte. *[Signature]*

Surname CROZIER

p

Christian Name William John

Units 109th An. Can. Div. Theatre of War England

Date of Service 31-7-16

Remarks

Latest Address Worsley, Chd.

Roll No. *A Page 4165*

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

DESP. FEB 24 1923
REGN. NO. 38490

METAGRAM CERTIFICATE OF DISCHARGE DOCUMENTS

Name in Full Crozier, William Charles John Reg'tl No 724134
 Rank Pte
 Reserve Unit 109th Bn 29172 Present Unit C. C. A.
 Place of Residence in Canada Dorset, Ont.
 Military District 2 Classification of Disability 1
 or Reason for Discharge Permanently Unfit.

Commandant, C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked and enclosed, if original documents, initial in column on the left, if original documents not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals)	List of documents required to complete discharge, checked and enclosed.	Initials of Commandant, C.D.D. (Originals not available)
<i>W.C.J.</i>	Proceedings on Discharge (B.268) (Must be original)	
<i>W.C.J.</i>	Proceedings of Medical Board. (B.179) (Must be original)	
<i>W.C.J.</i>	Medical History Sheet. (A.F.B. 178) (Must be original)	
<i>W.C.J.</i>	Last Pay Certificate. (Must be Original)	
<i>W.C.J.</i>	Certificate of Discharge. (A.F.B. 2039)	
<i>W.C.J.</i>	Casualty Form. (A.F.B. 103)	
<i>W.C.J.</i>	Attestation Paper. (A.F.B. 54)	
<i>W.C.J.</i>	Field Conduct Sheet. (A.F.B. 122)	
<i>W.C.J.</i>	Company Conduct Sheet. (A.F.B. 121)	
<i>W.C.J.</i>	Reg'tl Conduct Sheet. (A.F.B. 120)	
<i>W.C.J.</i>	Inventory of Kit. (A.F.B. 3058)	
<i>W.C.J.</i>	Declaration from Dischargees.	

Signature: *William Crozier*
 Officer Commanding,
 (Commandant)
 CANADIAN DISCHARGE DEPOT,
 Lieut.-Col.

STANDARD

1917

1000

Nov 10, 1917

3

Nov 10, 1917



1917



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>424134</u>	Army Rank <u>Private</u>
Name <u>Brozier, William John</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>C.C.A.C.</u>	
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge <u>FEB 21 1917</u>	
Place of discharge <u>Canada</u>	
1. Description at the time of discharge.	
Age <u>19</u> years <u>10</u> months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Dark</u> Eyes <u>Brown</u> Hair <u>Dark</u> Trade <u>Farmer</u> Intended place of residence (To be given as fully as practicable) _____	Descriptive marks. <u>Scar on left side of head.</u> <u>1 1/2 mark Lt Amr</u>
2. The above-named man is discharged in consequence of _____ <div style="text-align: center;"><u>Para. 392, Sec. 16, K. R. & O. 1912.</u></div> <u>Being no longer physically fit for war service.</u> (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— <u>Good</u> <u>Station</u> CAPT & ADJT for O. C. Discharge Depot Quebec.	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">I</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">CANADIAN DISCHARGE DEPOT</div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. <div style="text-align: right; margin-right: 50px;"> <u>Lieut.</u> <u>Officer Commanding</u> Initials of Commanding Officer. </div>	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____
(Date) _____

DISCHARGE DEPOT
DEC 20 1916
FILE

Lieut.-Col.,
Commanding _____ Battn. _____ Regiment.
Officer Commanding.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____
(Date) _____

DISCHARGE DEPOT
FEB 6 1917

W J Crozier (Signature of Soldier.)
Guthbert (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for FEB 21 1917 (date)

(Place) _____
(Date) _____

DISCHARGE DEPOT
FEB 7 1917

Signature *Warrior Major*
Comd'g. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

(To be signed)

None
to

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.
to J. Cozier

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DEPOT,
Lieut.-Col.,
Regiment.
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e of Witness.)
for signature, a

of Soldier.)

days.
"
"

Major.
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ea Board,
Secretary,

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

115254

Medical Report on an Invalid.

Station Bramfott

Date 21.10.16.

- | | | | |
|-------------------|-----------------------------|----------------------|--|
| 1. Unit. | <u>109th Bn.</u> | 5. Age last birthday | <u>19 years.</u> |
| 2. Regimental No. | <u>724134</u> | 6. Enlisted | { on <u>1st March 1916.</u> |
| 3. Rank | <u>Pte.</u> | | { at <u>Minden</u> |
| 4. Name | <u>Crozier W.J.</u> | 7. Former Trade | { <u>Farmer.</u> |
| | | or Occupation | |

8. Disability.

Simple Goitre

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 1911. i.e. about 5 years ago.
10. Place of origin of disability. Dorset. Co. of Haliburton Ontario
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- Nothing on Medical History Sheet bearing on case.
Father, brother and sister all troubled with goitre. This enlargement was first noticed about 5 years ago and has increased slowly. No treatment has been received from any medical man as the goitre as the goitre did not cause symptoms till lately.
12. (a) Give your opinion as to the causation of the disability. Not known, quite a few cases in the neighborhood.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
1. No.
2. No.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

This man is in good health except for pressure symptoms caused by goitre, has slight cough, difficulty in breathing when lying down at night or on exertion.

all other systems of the body are working normally.

14. If the disability is an injury, was caused

(a) In action?

Not applicable

(b) On field service?

Not applicable.

(c) On duty?

Not applicable.

(d) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

Not applicable

(b) Where?

Not applicable

(c) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

Not applicable

17. If not, was an operation advised and declined?

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

(a) Fit for duty?

No.

(b) Fit for light duty?

No

(c) Invalided to Canada?

No

(d) Discharge as permanently unfit?

Yes

H. O. Boyd, Ceph

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station

Bramsho

A. Stewart May
Officer in charge of Hospital.

Date

Oct 21st 1916

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

†Delete this word if no exceptions are to be made.

NOTES.—(i.) Board, as it is essential to have reliable information

(ii.) Expression

(iii.) The rate received or illness when assigning the Pay and Allowance

(iv.) In answer to military conditions

20. (a) State when result of injury sustained, (1) in the (2) on active service

(b) If due to what specific attribute it?

21. Has the disability

(a) Intemperate

(b) Misconduct

22. Is the disability

23. If not permanent, minimum duration

To be stated in months

24. To what extent earning a full wage in the labour market

In defining the extent of a livelihood, establish incapacity.

25. If an operation was the refusal

26. Do the Board

(a) Fit for duty

(b) Fit for light duty

(c) Invalided to Canada

(d) Discharge as permanently unfit

Station

Date

Approved

Station

Date

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no (2) no

(b) If due to one of these causes, to what specific condition do the Board attribute it?

not applicable

21. Has the disability been aggravated by

(a) Intemperance?

(a) no

(b) Misconduct?

(b) no
yes

22. Is the disability permanent?

not applicable

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

none compared to capacity in
civilian life

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not advised

26. Do the Board recommend

(a) Fit for duty?

no

(b) Fit for light duty?

no

(c) Invalided to Canada?

no

(d) Discharge as permanently unfit?

yes. not classifiable

Signatures:—

Station Bramshott

C. Loopville ^{Major} Comd President.

Date Nov 3 1916

J. A. Dickson ^{Major} Comd Members.

H. Drachman ^{Capt} Members.

Approved.

Station Bramshott.

Date 3 NOV 1916

[Signature]
for Col. Administrative Medical Officer.
Canadian Troops, Bramshott

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in Bramshott

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PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the _____ day of _____ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.

LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,

Legal Adviser.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20. (a) State whether the disability is the result of injuries received in the presence of the enemy, (1) in the presence of the enemy, (2) on active service.

21. Has the disability been aggravated by (a) Intemperance? (b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend (a) Fit for duty? (b) Fit for light duty? (c) Invalided to Canada? (d) Discharge as permanently unfit?

(Handwritten notes and signatures are present in this section, including "not applicable" and "fit for duty".)

President.
 Lt.-Col. _____ Major.
 _____ Major.
 Lt.-Col. _____