

28/1/16

109TH BN

ATTESTATION PAPER.

No. 725591

DUPLICATE

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Dunn*
- 1a. What are your Christian names?..... *William Henry*
- 1b. What is your present address?..... *Glenarm*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Bristol England*
- 3. What is the name of your next-of-kin?..... *Thos. Christian*
- 4. What is the address of your next-of-kin?..... *Glenarm R.R. No 3*
- 4a. What is the relationship of your next-of-kin?..... *Guardian*
- 5. What is the date of your birth?..... *3rd Nov 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wm Henry Dunn*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

William H Dunn (Signature of Recruit)

Date *31 Jan* 1916. *R. A. Cross* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

William H Dunn (Signature of Recruit)

Date *31 Jan* 1916. *R. A. Cross* (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 *Buelou Falls* this *31st* day of *January* 1916

Wm McArthur (Signature of Justice)

Description of Dunn, William Henry on Enlistment.

Apparent Age 19 years 2 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 1/4 ins.

Vaccination marks one mark one and one half inches long one mark three inches long one mark two inches long

Chest measurement { Girth when fully expanded..... 36 1/2 ins.
 Range of expansion..... 3 1/2 ins.

Complexion Fair

Eyes blue

Hair Fair

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist..... X
 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 Jan 31st 1916

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

Place Arden Falls

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

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

Date FEB 2 1916 1916

NAME DUNN WM HENRY (L Cpl) REGT. NO. 425591 UNIT 109th Br H. Q. FILE NO. _____

22-3-1947

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	20	H			DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)						
g 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)						
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
1 DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1 MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					DISCHARGE	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						Category
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						<i>Demob.</i>
1 LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION	
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1 A.F.W. 3997						
1 D.M.S. 1375						
1 M.F.W. 192						
1 Demob. Cert						
1 M.F.W. 1167						
1 Cas card						
1 a7B181					4.15	
1 a7B1237					22-13	
					31.16	
					1	

40734

Bar

27524



40734

725591

DUNN

WM. HENRY

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

2754

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



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

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

Rank *A/C* Name *Dunn* Surname *William H.*
Unit or Corps *109 Batt. 13 B.* (If a soldier) Regtl. No. *725591*
Born at *Wigan Eng* on, date *Nov 3. 1896*
Signature (for identification) *W H Dunn*

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

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

Weight *140* lbs.
Height *5 5 1/2* ft. *2* ins.

no

2. NUTRITION AND DIATHESIS?

good

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

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate?

Intermittence or irregularity?

no
no
no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

no

8. GENITO-URINARY SYSTEM?

no

Urinalysis—s.g.?

Reaction?

Albumen?

Sugar?

no *ac* *no* *no*

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

no

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

no

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

good

Examined at

General Ch

Signed

Josephus Cook M.O.

Date

13/1/19

Signed

P. Grouse M.O.

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

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Dr. H. H. H.
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A11

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. 725591 Rank L./S. Surname DUNN
(Give name in full)

Unit or Corps 2nd D.D. Birthplace Bristol, England
William D.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 127 lbs. Height 5 ft 5 1/2 in. Colour of Eyes Blue
Nutrition Good
Pulse 72
Condition of arteries no smudges
Vision Rt. D 20 Left D 20
Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Vacc marks one mark one & one half inches long one mark three inches long one mark two inches long - chedwood

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 Yes
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.

Urinalysis - no albumen - no sugar
no haemorrhoids - no hernia - no varicose
no varicose veins - no Gout
Diphtheria Nov 1917 - good recovery

APPROVED
MAR 1 1919
R. Richardson CAPT.
FOR A. B. M. S. M. D. 2

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.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

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

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

(2)

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps.....
 Regimental No. 725891 Rank Pvt. Name Dunn Wm Henry
 C. E. F.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 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				
JAN 29 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919 PART II D. O. 42	
					<p><i>W. C. Munn</i> Lieut. For O. C. No. 2 District Dep.</p> <p>4/3/19 S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. <u>60</u> <i>H. Sargeant</i> <i>Camp</i></p> <p>O. C. Discharge Book No. 2 District Dep.</p>

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

Forms
C. 348

MEMORANDUM.

From Paymaster,
M.C.H. Epsom.

From

To Officer i/c Records,
London.

To

ANSWER.

9th January 1918

191

725591, Pte. Dunn, W.H.
Orig. 109th Bn. (E.O.R.D.)

Marginally named man
desires next-of-kin changed
from

Mr. T.Christian (guardian)
R.R. No. 3
Glenarm, Ontario

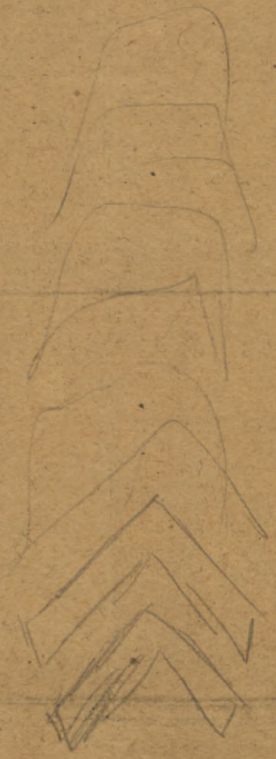
to

Mrs. W.Dunn (mother)
42, Picton St.,
Montpelier-Bristol.
England

As this soldier has now come
of age, I should be glad if
you would take the necessary
action.

A. Matthews
Captain
Paymaster
M.C.H. EPSOM.

*with 1st C.O.R.D.
noted + O.N.
R 2 A 5
11/1/18*



OFFICE OF THE
COMMISSIONER OF THE GENERAL LAND OFFICE
MONTGOMERY, ALABAMA

FILE NO. 100-1013

DATE 10 JAN 1913

RECEIVED

BY CHARLES H. BIRD

ACTED ON

CLINICAL CHART.

Army Form B. 181

Corps 20th Canadians

(To be attached to Case Sheet.)

Military Hospital 2/1 St. General. B'ham.

No. 7255-91

Rank and Name Pl. W. J. Dunn

Age 21 years Service 1 1/2 years

Disease _____ Date of admission 24th November 1917 Date of discharge 1st DEC 1917 Result _____

Dates of Observation	Days of Disease																															
	24		25		26		27		28		29		30 ^{Dec}		1		2		3		4		5		6		7		8		9	
Temperature Fahrenheit	Time																															
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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97°																																
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

On admission were with pleura
 at 11.30
 9.28

2/12/17

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
61253.	725591	Pte.	Dunn.	W. H.
Year 1917	Unit.		Age.	Service.
	20 Canadians		21 years	1 10/12 years
Station and Date.	Disease			
2/1 st S. G. Hospital Birmingham Nov: 25 th	Diphtheria - Oct 1. 17.			
	Nas, convalescent.			
	1/2 weakness of back.			
	Heart - int			
Dec. 2, 17	Rec ^d		Asst ^l Surg ^l (Canadian)	
			C.O.	
	J. J. [Signature] Capt			

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

11
 Fill in Only.—Unit, Number, Rank and Name.

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

250M.—1-16.
 H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 25591 Rank Private Name Private William Henry

Enlisted (a) 28-1-16 Terms of Service (a) D of B Service reckons from (a) 28-1-16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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.
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Embarked Canada Halifax 24-7-16
 Disembarked England Liverpool 31-7-16

Proceeded overseas for service with 20th. Btn. Witley

~~Transf'd to 20th Bn, Overseas 28-11-16. D.O. 333-28-11-16.~~

W. Aseltine Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.
 28-1-16
 14 DEC. 1916
 CAN. RECORDS, LONDON.

W. Aseltine CAPTAIN
 ADJUTANT,
 109TH BATTALION CAN. INFANTRY

29/11/16	CB Depot	Arrived taken on strength	20 Bn	29/11/16	NR. Pt. 2.0.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20th Bn	Joined Unit	do	4/12/16	B213	
21-4-17	do	Prev reported Missing now reported with Battn	20th Bn	12-4-17	B213	
1-10-17	6 CCS.	Diphtheria	adm 6 CCS	1-10-17	A36	A. 2884
2-10-17	"	"	Inf'd 32 AT	2-10-17	"	A 3178
"	46 Haly	"	adm 46 Haly	"	"	"
1-10-17	5 CFA.	"	adm & Inf'd 6 CFA.	1-10-17	A36	A 3055

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

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				
24-11-17	46 Staty Inv	(Sick) & posted to Depot, Shorncliffe per	1st Genl Ont Regl. AT Pietre De Connick	W3083 - 4433. Pt 2 88d/6-12-17.	
			Juchogan Major for Lt.-Col., A.A.G. Canadian Section, G. H. Q. 3rd Echelon B.E.F.		
1-12-17	1 st CORD	9.0 S. from 20 th Bn	E' Dandry	25.11.17 Pt #267	
		Admitted to 1 st C.O.D. from	Epome D.O. Pt. II No. 172/18-1-18	for Colonel 1/c Records	
14.5.18		17 th Res. Bn		13210.17.5.18	
23-4-18		17 th Res. Bn			
		17 th Res. Bn			
16-5-18	1st.C.O.R.D.	S.O.S.to 12th.Res.Bn.	Witley.	14-5-18	PartII 134
15-5-18	12th.Bn.	T.O.S.12th.Res.Bn.	Witley.	14-5-18	PartII 116.
15-8-18	12 th Res.	App'd A/P/cpl with pay	Witley	15-8-18	part II 193
		Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. _____		13 JAN 1919	
		Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No. 26. 31-1-19.			
		for Commanding M.P. 2. Wing, Kimmel Park camp.		29.1.19	
					Sailed from Liverpool

W.P. Sully
 CAPT.
 ADJUTANT G.M.T.
W.P. Sully

LTR

Rank _____ Name DUNN, William Henry Reg'l No. 725591

Unit 109th, Bn. If in perm. Corps, }
What Unit? } Married or Single Single.

Place and Date of Enlistment Fenelon Falls, 31st, Jan, 1916 Place of Birth Bristol, England.

Name and Address, Next-of-Kin Thos Christain Mrs W. Dunn (mother) 42 Picton St.,
Glenora, Ontario, R.R. No 3, Canada. Relationship Guardian. Montpelier
Bristol, Vt.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
R L 29 E 10-1-18

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character apt/6pl. ~~circles~~

N/E. R.B. No 18.668

File R.L. _____

Category Canon

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.				
<u>"B"</u>		<u>Arrived in England per H. M. T. 2810</u>		<u>31-7-16</u>	<u>A.F.B. 103 CHECKED</u> <u>17 DEC. 1916</u>
<u>28.11.16</u>	<u>O.C. 109th</u>	<u>S.O.S. on train to 20th Bn</u>	<u>Witley</u>	<u>28.11.16</u>	<u>Pt II. D.O. 333</u> <u>n.g.D.</u>
<u>11.12.16</u>	<u>20th Bn</u>	<u>Taken on strength.</u>	<u>field</u>	<u>29.11.16</u>	<u>" 75</u>
<u>8.10.17</u>	<u>1st Co R. (20)</u>	<u>To No. 46 Stationary Hosp.</u>	<u>Naples</u>	<u>4.10.17</u>	<u>C.L. A31(1) Diphtheria</u>
<u>24.10.17</u>	<u>"</u>	<u>No. 46 St. Hosp. reports "Improved."</u>	<u>"</u>	<u>22.10.17</u>	<u>C.L. A45(1) "</u>
<u>31-10-17</u>	<u>C.L. (20)</u>	<u>Removed from seriously ill list</u>	<u>"</u>	<u>29-10-17</u>	<u>C.L. A.51(1) "</u>
<u>28.11.17</u>	<u>1st Co R. (20)</u>	<u>To 1st So. Genl. Hosp. Dudley Rd.</u>	<u>B'ham</u>	<u>25.11.17</u>	<u>CL B 75(1) "</u>
<u>1.12.17</u>	<u>1st Co R. (20)</u>	<u>T.O.S. from 20th Bn.</u>	<u>Pb. W. N. Hwy</u>	<u>25.11.17</u>	<u>Pt II 0-267</u> { <u>20th Bn Pt II 88</u> <u>2/6-12-17</u>
<u>13-12-17</u>	<u>1st Co R. (20)</u>	<u>Mil. Convales. Hosp.</u>	<u>Epsom</u>	<u>11.12.17</u>	<u>C.L. B88 (5)</u>
<u>17-1-18</u>	<u>160RS</u>	<u>On train to 1 Co R</u>	<u>" Epsom</u>	<u>14-1-18</u>	<u>Pt II 017</u> { <u>1st Co R (20)</u> <u>Pt II 17</u> <u>4/18-1-18</u>

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.				
15 5 18	12 Res	S.O.S from 160RD	Pvt. Willey	14. 5. 18.	Pt 0116. 7. 1344/16. 5. 18. 160RD.
15-8-18	"	app. absence Cpl	-	15-8-18	No 193
6-1-19	✓	AWL 2359 % 2-1-19	✓ ✓	2-1-19	- 4
13-1-19	✓	On Com. Rinned Pk.	✓ ✓	12-1-19	- 10
17-1-19	✓	AWL - admonished & forfeits 12 days pay	✓ -	8-1-19	- 14
8-2-19	✓	ceases on Com. Rhyf ✓ SOS to Canada	✓ -	29-1-19	- 33

DEPARTMENT OF MILITIA AND DEFENCE.

DISCHARGED

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *William H.* 2. Surname *Dunn*
3. Rank *L/C* 4. Original Unit *109 Bn* 5. Reg. No. *725591*
6. Address, in full, to which future payments of gratuity are to be forwarded
Fenton Falls
Ont
7. Date of enlistment in the C.E.F. *23 Jan 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
None
9. Relationship of such dependent
10. Address, in full, of such dependent
None
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *Not applic.*
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:—
109 Bn July 1916 - Nov 1916
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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
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 *3 yrs 1 month*
109 Bn - 20 Bn
31/1/16 to 4/2/19 - 3 Years 1 Month
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? *no*

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 *not applicable*

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?

24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *4/2/19* (b) Reason for discharge *Demobilization*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *20 Bn Nov 1916 - Nov 1918*

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: *H. W. A. Dunn*
Place of Residence: *Ferrelon Falls, Ont*
Declared before me at: *Trumb*

This **FEB 27 1919** day of 19....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *[Signature]*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DENTAL HISTORY SHEET

M.F.B. 465.
200M-6-18.
1772-39-950.

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER.....

H. Wm Henry

REGIMENT.....

RANK *S/cpl*

No. *7253-91*



Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>Discharge Exam. At Exhibition Camp Date. FEB 28 1919</i>																					
																						<i>Certificate issued for Filling</i>
																						<i>Hasempfe Major</i>

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

SECRET

SECRET



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 725591 Rank app/cpl Name Dunn ^{No. 14}
(Surname first)
Unit No. 2 District Depot. who was* DISCHARGED
On MAR 4 1919 1919, to Sub 1 to MAR 4 1919 1919
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sub 1 to MAR 4 1919 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	4142	
Regimental Pay <u>32</u> days at \$ <u>1.05</u>		3360
Field Allowance <u>32</u> days at \$ <u>1.10</u>		3520
Separation Allowance		3500
Clothing Allowance		7000
Post Discharge Pay <u>way</u>		1200
*Other Credits <u>Sub</u>		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>5102302</u>	11238	
Total	15380	15380

*Give particulars.

A monthly stoppage of \$ 15 (†) has (†) been paid on account of
Assigned Pay for the month of Sub 1919 }
and Separation Allee. for month of Sub 1919 } (to) Assignee Mgr Bk of British North America
(Address) Penelon Falls Ont
(†) Insert amount to be assigned, whether it has been paid or not. (†) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

- (1) date of enlistment married or single.....
- (2) Separation Allowance, entitled or not no (3) Reason for discharge 2060
- (4) Authority for discharge or transfer

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date MAR 31 1919
Place TORONTO, ONT
Malcolm J. Cochrane CAPT.
PAYMASTER, No. 2 DISTRICT Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....
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BY RECEIVED OF AN OFFICER

has been paid by Cashier, Military District No. 2

REMARKS:

to date of settlement

to date of disbursement, entered on

to date of discharge on number

NOTE - A.A. & A.P. Card and Post Card (M.D. 2) to accompany this Report on credit.

I have carefully examined this statement of account and find it to be a correct statement from the Pay Account, the officer

Date

Signature

Rank

Position

Department

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

725591.

This is to Certify that No. 725591. (Rank) L/Cpl.
Dunn, William Henry.
 Name (in full) _____ enlisted in
109th Bn.
 the _____
 CANADIAN EXPEDITIONARY FORCE at Penlon Falls, Ont. on the 31st.
Jan. 16.
 day of _____ 19____
England and France.
 HE served in _____
 and is now discharged from the service by reason of _____
"DEMobilization."

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

Age 23.
 Height 5'4 1/2"
 Complexion Fair.
 Eyes Blue.
 Hair Fair.

Marks or Scars _____
Vacc. Scars on left arm.

W. H. Dunn
 Signature of Soldier

W. H. Pearson
 Issuing Officer
O.C. No. 2 District Depot.
 Rank

Date of Discharge Mar. 4th, 1919.

Signed at Toronto, Ont. this 4th day of Mar. 1919.
 Appointment

in Military District No. No. 2
MAR 4 1919
 File Reference No. DISTRICT DEPOT

PVC.

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

Uniform is not to be worn after
expiration of one month from
date of discharge, except by special
permission of G. O. C. district.

On demobilization the
particulars called for on
this back of this Ger-
man will not be com-
pleted.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION *MD.2*

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) *DUNN, W. H.*

REGIMENT *20th.* RANK *Lt. Col.* No. *725591*

Date of Examination in England *14.1.19.* Date of Examination in France _____



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 *8.9.32.*

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 *Yes*
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer *C. Graham Capt.*

W.D.S.

DUNN. W. H.

1882

St. L.

20th

14th St.

R. A. S.

St. L.

DUPLICATE

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725591**.....

(3) Full Name of Soldier **William Henry Dunn**.....

(4) Place of Birth **London, England**.....

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

(6) If married, state,

(a) Full name of your wife **Nil**.....

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

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

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

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

Also their names and ages.....

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

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

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

If so, state name and address **Not known**.....

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

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.

..... **Nil**.....

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

..... **Miss Greta Doherty**.....

..... **Fenelon Falls,**.....

..... **Ontario, Canada,**.....

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

..... **Nil**.....

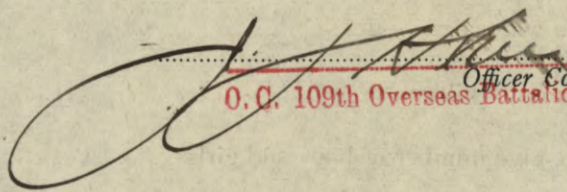
(15) Are you insured?..... **No**.....

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

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

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

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

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

725591
61253

ORIGINAL ORIGINAL MEDICAL HISTORY SHEET. D 216

Surname Dunn Christian Name William Henry

Examined { on 31st day of January 1916
 { at London Falls
 Birthplace { City or Town Bristol
 { County England

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
 Rank 109th Overseas Battalion, G.E.F.

Apparent age 19 years
 Trade or occupation Farmer
 Height 5 Feet 4 1/4 Inches.
 Weight 125 Lbs.
 Chest measurement { Minimum 33 inches.
 { Maximum expansion 36 1/2 inches.
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		28 NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left None
 { Number Three

Date	Result	VACCINATIONS.
<u>31-1-16</u>	<u>nil</u>	<u>J. McCulloch</u> M.O.
<u>29-3-16</u>	<u>nil</u>	<u>J. McCulloch</u> M.O.
<u>24-1-18</u>	<u>G.O.D.</u>	<u>Capl. G.A. ...</u> M.O.

When Vaccinated last Jan. 31st 1916
 (a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>8/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>16/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 31st day of January 1916 at London Falls

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725591</u>	<u>1</u>	<u>31</u> <u>28-1-16</u>
Transferred to..	<u>G.E.F.</u> <u>20th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>1st C.C.D.</u>	<u>17/4/16</u>	<u>nil</u>	<u>A. H. Rogers</u>
<u>2nd C.C.D.</u>	<u>F.S. 15</u>	<u>nil</u>	<u>A. H. Rogers</u>
<u>General PA</u>	<u>14-1-19</u>	<u>nil</u>	<u>As a consequence of</u>
<u>Ex camp hospital</u>	<u>Feb 28/19</u>	<u>nil</u>	<u>A. J. Crookall</u> <u>Capl. Cowley</u>

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

Surname.....

Christian Name.....

William Henry

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
St. Southern General Hospital, Dudley Road, Birmingham.											
		24	11	17	10	12	17	Diphtheria	16	Canadian Born Hoop Eroom <i>Wash</i> Captain RAME.	
M.C.H. Eroom.		10	12	17	11	1	18	do	33	On admission Pain in Back following Diphtheria & general weakness Pulse regular & 70 per min. Sound good. Massage since admitted 2/1/18. Fit for discharge. li Command Depot Col. D. <i>J. Carpeult</i> Capt <i>come</i>	

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Manager of British N.A. Bank
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

Dunnell Wm Lt
7255 91st Coy Pte 109th Batt

L. L. Job 310.—Req. 6574.

Credit

15-00

Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>2 15446</i>	<i>15-</i>	
Sept.		<i>18121</i>	<i>15-</i>	
Oct.		<i>Q 22753</i>	<i>15</i>	
Nov.		<i>224783</i>	<i>15</i>	
Dec.		<i>B 35675</i>	<i>15</i>	
Jan.	1917	<i>Ch E 38230</i>	<i>15</i>	
Feb.		<i>E 44666</i>	<i>15</i>	<i>15-#</i>
March		<i>F 44217</i>	<i>15</i>	<i>15-#</i>
April		<i>H 14711</i>	<i>15</i>	<i>15-B.</i>
May		<i>Z 8020</i>	<i>15</i>	
June		<i>U 14415</i>	<i>15</i>	<i>15-#</i>
July	<i>F 26712</i>	<i>4 41603</i>	<i>15 15</i>	<i>Pa F 21603 cancelled Feb 13/7/17.</i>
Aug.		<i>B 33131</i>	<i>15</i>	<i>Pa</i>
Sept.		<i>X 38231</i>	<i>15</i>	<i>Pa</i>
Oct.		<i>Z 43085</i>	<i>15</i>	
Nov.		<i>V 54311</i>	<i>15</i>	
Dec.		<i>H 53567</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

me

WKE

225

MILITIA AND DEFENCE
ASSIGNED PAY
 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.	1920			
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. 1772-39-319.

Credit

To Whom Manager of
 Address British N. America
Bank,
Penelou Hall

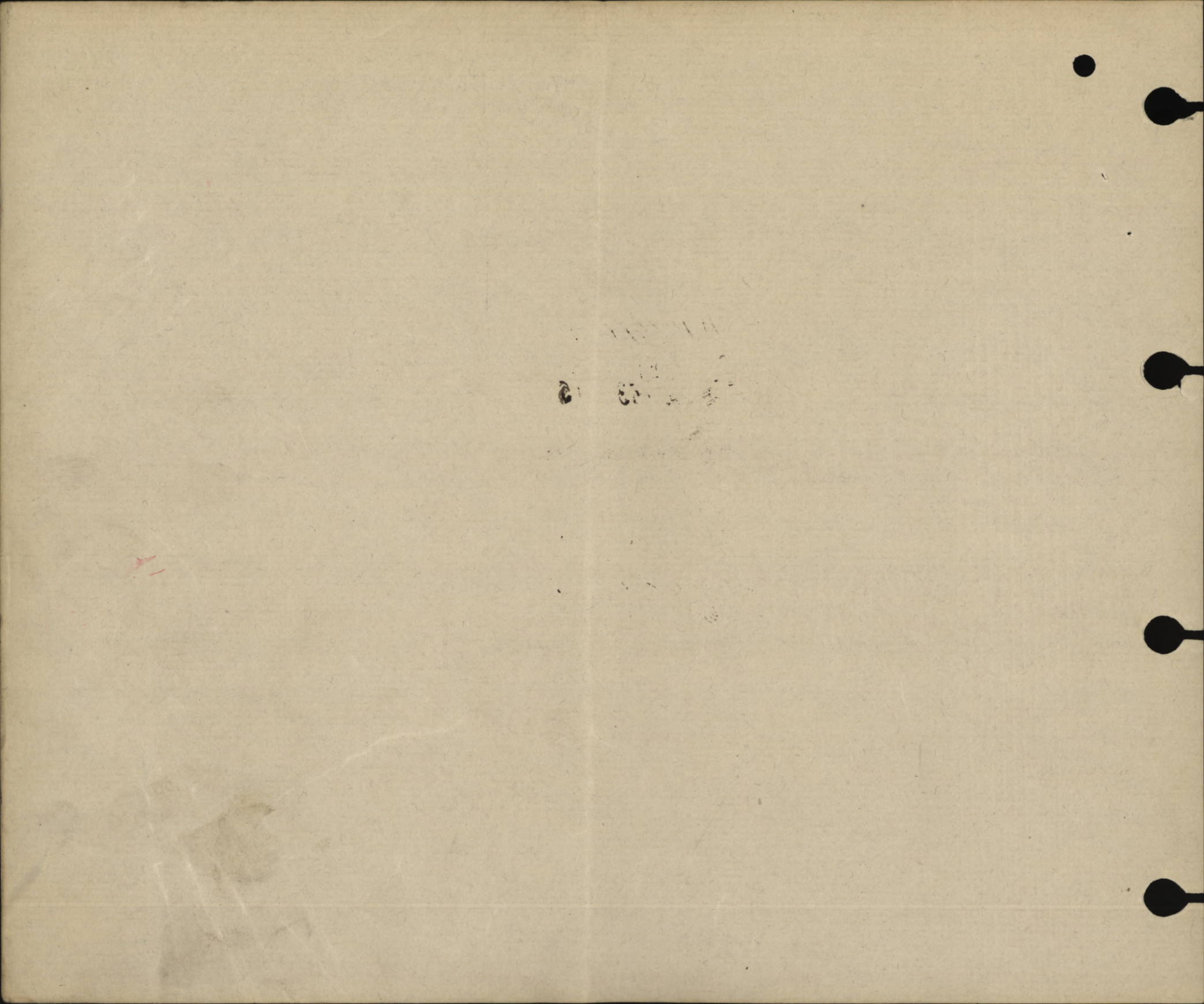
By Whom Assigned Dunn Wm H.
 Regtl. No. 42 55-91
 Rank Pte
 Corps 109th Batt. C Coy

Rate 15⁰⁰
 AUG 1 1916 Out

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				





*Name L. DUMM Wm Henry Rank A/T/C Regtl. No. 725591
 Fyle Depot 24-DU-168
 Original unit 109th Bn Present unit 109th Bn M. or S. Age 22 Religion Meth Ref. H.Q.
 Port, ship, and date of arrival Halifax Bette 6-2-19
 Next of kin Guardian Thos Christian, Glennan R.R. 3 Ont.
 Address on leave same
 Address on discharge Fenlon Falls, Ont.
 Transportation issued Yes No Date 5-3-19 Character on discharge
 Previous occupation Farmer Date and place of enlistment Fenlon Falls, Ont.
 Date of Medical Boards Fenlon Falls Jan 31-16
 Diagnosis DEMOB'N Date of Medical Boards 1-3-19

Date.	Remarks	Pt. 2 Order No.
TOS 29-1-19	Posted to C as Co Ex Camp 6-2-19	
	leave with subs from 9-2-19 to, 23-2-19	42
4-3-19	SOS DISCHARGED "DEMOB'N" ENTITLED TO W.S.G.	60

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. No.

DUNN

W.H.

725591

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

1CO. 20.

HOSPITAL

DATE OF ADMISSION

46 St. Etaples.

4-10-17.

1. 1 S. G. Hosp. Duss RS B'Ham HOSP. 25-11-17

2. Mil. Conv. Epsom HOSP. 11-12-17

3. HOSP.

4. HOSP.

DIAGNOSIS

Diphtheria. J.R.

1

2

3

DISPOSITION

Dis. 11.1.18

DATE

CL. 9-10-17 A31. Ser. 111.

REMARKS

25-10-17 @ 45
.. 1-11-17 251-1
29-11-17 B 75-1
14-12-17 B 88-3
16-1-18 B 114(2)
Bond Improved 22-10-17
Remt from Ser. 2nd
list. 29-10-17.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Dunn,

649-D-9454

CARD NO.

Sas demob: 4/9/19

CHRISTIAN NAMES

William Henry

Abc. FOLL.

REGL. No.

725591

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil

also notify -

~~NEXT OF KIN.~~

NAMES IN FULL

Christian, Thomas

RELATIONSHIP TO SOLDIER

Guardian.

AD

R. R. #3 Woodville Ont

*next of kin.
CHANGE OF ADDRESS
Mrs. M. Dunn (mother)
42 Picton St,
Montpelier, Bristol
Eng.
auth 5-4-21-38
5-2-18*

S 649-D-9454 12/10/17.

COUNTRY OF BIRTH

England, Bristol.

DATE

Nov. 3rd 1896

PLACE OF ATTESTATION

Denelon. Falls, Ont.

DATE

Jan. 31st 1916

S 23-7-16 $\frac{488}{12}$



R/b. 5-2-19. $\frac{262}{30}$. L/b pl.

Sailed from Halifax per S.S. "Olympic" 23-7-16

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

19

YEARS

2

MONTHS

HEIGHT

5

FEET

4 1/4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Fair.

DISTINGUISHING MARKS

Vaccination marks, one mark
1 1/2" long, one mark 3" long, one mark
2" long.

MEDICAL EXAMINATION.

PLACE

Fenelon Falls.

DATE

Jan. 31st 1916.

No. *725 591* RANK *Pte*NAME *Dunn. W.**24*T. O. S. *28-1-16.*

UNIT

*109th Battalion.**S.O.B. 2-2-16.*M. D. *3*

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 28</i>	<i>1916</i> <i>Feb. 29</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



REG'T L No. 7255-91
 H. Q. FILE No. 649.

NAME Dunn William Henry

RANK AND CORPS pte 20 Bu (form 109) Gen

FOLLOWS
 No. _____

 FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
²⁻² M6187	7-10-17	Seriously ill 46 Gen Hosp Etaples Oct 4th 1917. ✓
M6251 ¹⁻²	24-10-17	Condition improved 46 Stat Hosp Etaples Oct 22 nd 1917. ✓
M6246 ^{WSM}	25-10-17	Improved
M6283 ¹⁴⁻¹	3-11-17	Removed from seriously ill list. 46 th Stationary Hosp. Etaples, Oct. 29 th 1917 ✓
M6290 ^{WSM}	5-11-17	46 Stationary Hosp. suffering from diphtheria progressing favourably

LIST No.	SERIOUSLY HOSPITAL ill	DATE OF ADMISSION	REMARKS
a 31	46 Stary Etaples	4-10-17	Diphtheria (1 st Cent-Ent)
a 45 ¹¹	" " "	22-10-17	Ser ill " improved (11)
a 51-1	Removed from seriously ill list.		
	46 Stat. Etaples	29-10-17	Diphtheria.
B. 75-1	1 st South, ^{Birmingham} Gen. Studley Rd.	25-11-17	" (1 st Cent-Ent)
B 88 ³¹	to Mil. Lane, Epsom	11-12-17	" " "
B. 114-2	discharged	11-1-18	" (1 st Cent-Ent)

Name *DUNN.* ✓

Rank

PTE. ✓

Reg. No. *7253-91.* ✓

Unit *20th Batt.* ✓

Next of Kin

Canada

N.Y.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917.</i>						
<i>7-10-17.</i>	<i>6 Cas. bly. Stit.</i>		<i>Diphtheria</i>			<i>4478.</i>
<i>4-10</i>	<i>46 Sty. Hos. Etaples Ser. Ill</i>		<i>do</i>	<i>231</i>	<i>M616</i>	<i>P84642</i>
	<i>SERIOUSLY ILL</i>					
	<i>Sp. Improved (No 295387)</i>					
	<i>15/10 do do 866797</i>	<i>WSH</i>				
	<i>22/10 do do 881227</i>					
<i>22-10</i>	<i>Improved</i>	<i>P8818V</i>		<i>A45</i>	<i>M6281</i>	
<i>29-10</i>	<i>Removed from seriously ill list</i>			<i>A51</i>	<i>M6283</i>	
	<i>(auth. W.O. Tel. 789433.)</i>					
<i>25-11</i>	<i>1st S.G. H. Dudley R. Bitham</i>		<i>Diphtheria</i>	<i>875</i>		<i>6887</i>
<i>11-12</i>	<i>Mil. Gen. Hosp. Jefferson</i>		<i>do</i>	<i>1388</i>		<i>8142</i>
<i>11-178</i>	<i>Discharged</i>		<i>do</i>	<i>13114</i>		<i>2491</i>

A. Number 725591 ✓ Rank A/L/Cpl ✓
 Surname DUNN ✓
 Christian Name William Henry ✓
 Units 20th Bn. Can. Inf. ✓ Theatre of War France ✓
 Date of Service 29-11-16 ✓
 Remarks _____
 Latest Address ~~Front Street~~ ✓

 Roll No. 9 SUSSEX ST. S.
LINDSA Y. Ontario
 200m.-2-21.M. B. Page 15899 10/4/57
 DATE _____ HISTORY _____

CASUALTY BRANCH

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DESP.	JAN 21 1927
REGN. NO.	9 F 705

~~1918. Nov. 9, 1927~~

10/4/57

DATE

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Bristol Eng.*
 NAME AND ADDRESS OF NEXT OF KIN *W. H. Christain*
RA#3 Glenann Ont Can
 RELATIONSHIP OF NEXT OF KIN *Guardian*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs D. Dunn*
42 Picton Street, Montpelier Bristol
 RELATIONSHIP OF NEXT OF KIN *Mother* *SO. 42 1000 11/11/18*
 SEPARATION ALLOWANCE MONTHLY \$
 EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

REG'L. No. *725591* RANK *Pte* NAME *Dunn William Henry*
 IF IN PERM. CORPS | UNIT *109 Bn* TRANSFERRED TO *20th Bn* DATE *1-1-17* AUTHORITY *20333*
 WHAT UNIT |
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1st BOD* DATE *1/1/18* AUTHORITY *28.11.16*
 PLACE OF ATTESTATION *Fenelon Falls Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Jan 31/1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1/16*
 PAYABLE TO *Mgr Bank of British North America* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Fenelon Falls Int*
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON *476*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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.																						
<i>July 31</i>																<i>16 35</i>								<i>16 35</i>										
<i>Aug 31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>										<i>34 10</i>		<i>21 98</i>	<i>16</i>					<i>15</i>		<i>24 73</i>	<i>25 72</i>							
<i>Sept 30</i>			<i>30</i>			<i>3</i>										<i>33</i>		<i>53 31</i>	<i>85</i>	<i>15</i>				<i>15</i>		<i>29 60</i>	<i>29 12</i>							
<i>Oct 31</i>			<i>31</i>			<i>310</i>										<i>34 10</i>		<i>24 50</i>	<i>162</i>	<i>15</i>				<i>15</i>		<i>32 04</i>	<i>31 18</i>							
<i>Nov 30</i>			<i>30</i>			<i>3</i>										<i>33</i>		<i>90 3/10/16</i>						<i>15</i>		<i>62 25</i>	<i>38 82</i>						<i>04005-147-12/1/16</i>	
<i>Dec 31</i>			<i>31</i>			<i>3 10</i>										<i>34 10</i>		<i>269 30</i>	<i>116</i>					<i>15</i>		<i>28 25</i>	<i>01 47 91</i>						<i>04005-322-26-11/16</i>	
<i>1917</i>			<i>15 30</i>			<i>15 30</i>																												<i>04005-322-26-11/16</i>
<i>Jan 31</i>	<i>1</i>	<i>10</i>	<i>34 10</i>													<i>24 10</i>		<i>149 4 1/2</i>	<i>12/16</i>					<i>15</i>		<i>27 21</i>	<i>54 90</i>						<i>04005-322-26-11/16</i>	
<i>Feb 28</i>	<i>1</i>	<i>10</i>	<i>30 80</i>													<i>30 80</i>		<i>1700 4/2</i>						<i>15</i>		<i>17 62</i>	<i>67 98</i>						<i>04005-322-26-11/16</i>	
<i>Mar 31</i>			<i>34 10</i>													<i>34 10</i>		<i>1873 3/2</i>						<i>15</i>		<i>22 85</i>	<i>79 23</i>						<i>04005-322-26-11/16</i>	
<i>Apr 30</i>		<i>10</i>	<i>33</i>													<i>33</i>								<i>15</i>		<i>15</i>	<i>97 23</i>						<i>04005-322-26-11/16</i>	
<i>May 31</i>			<i>34 10</i>													<i>34 10</i>		<i>9 174</i>						<i>15</i>		<i>20 22</i>	<i>111 11</i>						<i>04005-322-26-11/16</i>	
<i>June 30</i>			<i>33</i>													<i>33</i>		<i>133 2/5</i>						<i>15</i>		<i>17 67</i>	<i>126 44</i>						<i>04005-322-26-11/16</i>	
			<i>367 40</i>													<i>16 35</i>		<i>383 75</i>						<i>165</i>		<i>90 257 31</i>	<i>126 44</i>						<i>04005-322-26-11/16</i>	

Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE	ENGLAND or CANADA.
EFFECTIVE DATE:-	$\frac{1}{8}$ 16	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	

NAME: **DUNN** *William Henry*
NUMBER: **725591**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mgr. Bank of B.N. America
Fenelon Falls.
Out*

Stopped off 1-2-19

*L.R. compiled 13/19.
at stopped off 2-19.
K.H. Low*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>NO. 193</i>	<i>15-8-18</i>	<i>Pto K/6pl</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bw*

DATE ACCOUNT FIRST OPENED:- *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			<i>100 R.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>5/11/19</i>	<i>3994</i>	<i>12 Res - L2</i>	<i>973</i>				
<i>19</i>	<i>Dept of 8 Res Bw</i>	<i>4th 5 Res Bw</i>	<i>114 95</i>				
		<i>Dept A.T. B. 160</i>					
		<i>(no P.O. quoted in A.S.R.)</i>					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1 05</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis. to Can. 31-1-19 with nh. 15. Willey 12/19. WD. 2. Cr. Bal. \$832/100*

DATE	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Feb 31</i>	<i>Bal. Fwd</i>								<i>1918</i>		
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>AR 241-14/4/18-10 Res</i>	<i>1460</i>			<i>15</i>			
				<i>ban AP</i>							
				<i>AR 737 July</i>	<i>973</i>						
		<i>33</i>		<i>7 days J.P. 2. Gambling 1098</i>		<i>770</i>			<i>6515</i>		
				<i>1000</i>	<i>2433</i>	<i>770</i>		<i>15</i>			
<i>May</i>	<i>P.P.</i>	<i>3410</i>		<i>AR 1183 14 May. 1000</i>	<i>973</i>						
				<i>6 RAC 5011-6/5/18-10p</i>	<i>243</i>						
				<i>AR 667-23/5/18-12 Res</i>	<i>2433</i>						
		<i>3410</i>		<i>bal. P.</i>		<i>3649</i>		<i>15</i>	<i>4776</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>AR 895-14/6/18-12 Res</i>	<i>2433</i>			<i>15</i>			
				<i>bal. P.</i>							
		<i>33</i>		<i>AR 1065-26/6/18-do</i>	<i>1460</i>			<i>15</i>	<i>2683</i>		
					<i>3893</i>						
<i>July</i>	<i>P.P.</i>	<i>3410</i>		<i>bal. P.</i>				<i>15</i>	<i>4593</i>		
				<i>AR 878-16/7/18-12 Res</i>	<i>730</i>				<i>3863</i>		
		<i>3410</i>		<i>AR 1448-26/7/18-do</i>	<i>973</i>			<i>15</i>	<i>2890</i>		
					<i>1703</i>						
<i>Aug.</i>	<i>P.P.</i>	<i>3410</i>		<i>bal. P.</i>				<i>15</i>	<i>4800</i>		
	<i>Diff between 24p/18 pay. Aug 18</i>	<i>15</i>		<i>AR 1584 2-8-18 12 Res</i>	<i>1460</i>						
				<i>" 1737 14-8-18 "</i>	<i>730</i>						
				<i>" 1975 27-8-18 "</i>	<i>243</i>				<i>2367</i>		
		<i>34 95</i>			<i>2433</i>			<i>15</i>	<i>2452 Bal.</i>		
<i>Sept</i>	<i>L.P.P.</i>	<i>3450</i>		<i>bal.</i>				<i>15</i>	<i>4402</i>		
				<i>AR 2259 12/9</i>	<i>973</i>						
				<i>" 2416 25/9</i>	<i>973</i>				<i>2456</i>		
		<i>3450</i>		<i>Forward</i>	<i>1946</i>			<i>15</i>	<i>16-11-18</i>		

*Comp. Low
Ch. M.*

NUMBER 725591 RANK

L/bpl NAME DUNN W. H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									24 56		
Oct	Lepl Pay	35 65		bal				15	45 11		
				ab 2619 9/10 12 Re	12 17						
				✓ 2956 28/10 ✓	17 03				16 01		
		35 65			29 20			15			
Nov/Dec		70 15		ab 3063 11/11 ✓	34 07						
1919	Jan	35 65		bal				30			
				✓ 3580 9/1 ✓	4 87						
				✓ 3711 16/12 ✓	4 89						
					43 81						
		108 60			43 81			15	33		
								15			
				A.W.L. 2359 3-900 7/10							
				Pay issued for 9-12-19							
				PP. 58 Pay. 18-0-16 17-12-19							
				3994 9/1 ✓	9 73						
				3137 26/1 Jan 29 25.6	4 87						
					14 60			5 75	12 65		

S.O. A Canada
S.L. 8 29/1/19

725591

Pte Dunn W. H.
109th Bn. C. E. F.

Will removed by Regt. Paymaster

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

725591

No 725591
Name. William Henry Dunn
Unit "B" Coy. 109th Bn Can Inf

I hereby give and bequeath
all my personal belongings
and effects to Miss Greta
Doherty, Fenelon Falls,
Ontario, Canada

Witness
W. H. Dunn.

Rank & Unit Pte. 109th Bn Can Inf
Date 10th Oct 1916

509 25 11 100
1916-1918
REGISTRY C. F.

MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19

Faded handwritten notes on a yellowed paper insert, including the number 122701 and other illegible text.

Handwritten signature or initials.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D

821: *Aug. 1/16*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *725591*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Wm H. Dunn*
 Battalion *109th Batt. C. Coy.*
 Beneficiary
 Relationship
 Address

Credit

PARTICULARS OF ASSIGNMENT

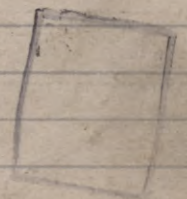
Name *Manager of British N. America,*
 Address *Bank Finlon Falls,*
 Change of Address *Ont.*
 1
 2
 3
 4

*328
A
A
5*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>File 05129-w-49</i>
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>1918 Jan 31</i>	<i>A 57997</i>		<i>15 00</i>	<i>15 00</i>	<i>S</i>
<i>Feb.</i>	<i>E 49394</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 128461</i>		<i>15</i>	<i>15</i>	
<i>April</i>	<i>A 7466</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>May</i>	<i>O 19872</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>June</i>	<i>K 22974</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>July</i>	<i>O 88882</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>Aug</i>	<i>K 37576</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>Sept</i>	<i>R 48236</i>		<i>15</i>	<i>15</i>	<i>X</i>
<i>Oct</i>	<i>O 51660</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Nov.</i>	<i>K 59830</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Dec</i>	<i>T 67902</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Jan</i>	<i>O 75168</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Feb</i>	<i>S 81308</i>		<i>15</i>	<i>15</i>	<i>T</i>
			<i>465</i>	<i>465</i>	<i>M.R.O. 69426-M.D.-7</i>

M. F. W. 128
40M. 6-7-17233-1141
L.L. 22240-M. & D. 1982

A/c Closed 28-2-19
Ret'd per. Police.....
Date 6-2-19. M.F.W. 18711-2-19
Closed N. Leung



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4006. G. 17-1772-35-1141
 L. L. 22320-M. & D. 1953.

"BALTIC" 6-2-19

No. 2 DISTRICT DEPT 2-865

AUDITOR

PAYMASTER

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

REGT. No. 725591

RANK A/L/Cpl. NAME (IN FULL) DUNN, W.H.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY	

Handwritten notes in form:
 ORIGINAL UNIT: Co.R.
 IF IN P.F. WHAT UNIT?: Lenelon Falls Ont.
 DATE OF ATTESTATION: 23-1-16.
 ASSIGNED PAY, \$: 15.00
 DATE EFFECTIVE: 1-3-19
 PAYABLE TO: Manager of Bank of British N. America
 ADDRESS: Lenelon Falls, Ont.
 DISCHARGED: TORONTO, ONT. MAR 1919
 REASON: Demob.
 AUTHORITY: 2060
 IF ENTITLED TO POST DISCHARGE PAY: Yes

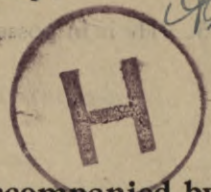
MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT			
31-1-19	#15					832																			
1-2-19-32	15	36 80	35 12	70	15 380	3137-20-11-19				4 87										4974	41 42				
4-3-19							30-1-19			4 87															
							6-2-19			5 00															
							6-2-19			20 00			15 00												
183 days		420				420																			

Handwritten notes in table:
 Balance from previous account
 183 days
 USG
 420
 9 20 / 429 20
 70
 350
 280
 210
 210
 140
 210
 280
 359 20
 429 20
 429 20
 Due
 Soldier
 350
 280
 210
 140
 210
 140
 210
 280
 359 20
 429 20
 429 20
 W.S.G. PAID IN FULL
 CAPTAIN J. W. MOORE FOR PAYMASTER WAR SERVICE GRATUITY



War Service Badge.
 Class
 No. 234915 issued

5-5-39



This space to be for numbers.

Proceedings on Discharge.

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

EVC.

No. 725591.	
Rank L/Cpl.	
Surname DUNN, WILLIAM HENRY.	
Christian name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 109th Bn.	(#2 D.D.)
Date of discharge Mar. 4th, 1919.	
Place of discharge TORONTO, ONT.	

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23. years..... months.	Descriptive marks Vaccs. Scars on left arm.
Height 5 feet 4 1/4 inches.	
Complexion Fair.	
Eyes Blue.	
Hair Fair.	
Trade Farmer, Falls, Ont.	
Intended place of residence Fenlon Falls, Ont. (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of

ON GENERAL DEMOBILIZATION

Authority for discharge **#2 D.D. D.O. Pt. II. #60.**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
 200M.—5-18.
 H. Q. 1772-39-113.

(OVER)

See Rudy

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

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

6. Medals and Decorations.....

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

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

(Place) **TORONTO, ONT.**.....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **TORONTO, ONT.** *William Henry Dunn*..... (Signature of Soldier.)

(Date) **Mar. 4th, 1919.**..... (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) **TORONTO, ONT.**.....

(Date) **Mar. 4th, 1919.**.....

(Signature) *[Signature]*

O. C. Discharge Booklet, No. 2 District Depot

Reservations referred to at Para. 8.
 (When there are none it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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