

"D" Coy. # 726038

ATTESTATION PAPER
109th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE
No. _____ Folio. _____
TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name?..... William Henry Embury
 2. In what Town, Township, or Parish, and in what Country were you born?..... Tweed Hastings Co
 3. What is the name of your next-of-kin?..... Bertha May Embury
 4. What is the address of your next-of-kin?..... Wetumok Oklahoma
 5. What is the date of your birth?..... Aug 6th 1882
 6. What is your trade or calling?..... Laborer
 7. Are you married?..... No
 8. Are you willing to be vaccinated or re-vaccinated?..... 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
- W. H. Embury (Signature of Man.)
..... A. W. Gray (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, W. H. Embury, do solemnly declare that the above answers made by me to the above questions 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 Dec 21st 1915 W. H. Embury (Signature of Recruit.)
..... A. W. Gray (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W. H. Embury, 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 Dec 21st 1915 W. H. Embury (Signature of Recruit.)
..... A. W. Gray (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 Naburton this 21st day of December 1915

..... Frederick Freeman (Signature of Justice.)
..... Frederick Freeman

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

DESCRIPTION OF Wm Henry Embury ON ENLISTMENT.

Apparent Age 23 years 9 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. 6 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 1/2 ins.

cut on inside and front of right foot.

Complexion Rose

Eyes Gray

Hair Dark Brown

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

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 Dec 21 1915

Place Halifax

J. McCulloch
 Medical Officer. Capt.
 Medical Officer

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Wm Henry Embury 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 JAN 25 1916 1916 O. G. 108th Overseas Battalion, C. E. F. Lt. Col. (Signature of Officer.)

"D" G # 726038

ATTESTATION PAPER
109th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No.
Folio.

QUADRUPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? William Henry Embury
 2. In what Town, Township, or Parish, and in what Country were you born? Tweed, Hastings County
 3. What is the name of your next-of-kin? Bertha May Embury
 4. What is the address of your next-of-kin? Wetumka Oklahoma
 5. What is the date of your birth? Aug 6th 1882
 6. What is your trade or calling? Laborer
 7. Are you married? No.
 8. Are you willing to be vaccinated or re-vaccinated? Yes.
 9. Do you now belong to the Active Militia? No.
 10. Have you ever served in any Military Force?
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.
- W. H. Embury (Signature of Man.)
A. W. Gray (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, W. H. Embury, do solemnly declare that the above answers made by me to the above questions 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.

W. H. Embury (Signature of Recruit.)
Date Dec 21st 1915 A. W. Gray Cpt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W. H. Embury, do make Oath, that I will be faithful and bear true Allegiance to His Majesty ~~King~~ 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.

W. H. Embury (Signature of Recruit.)
Date Dec 21st 1915 A. W. Gray Cpt (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 Haliburton this 21st day of December 1915

Fred Dart Fred Tinsman (Signature of Justice.)
Rev. D. S. S. ...

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

DESCRIPTION OF Wm. Henry Embury ON ENLISTMENT.

Apparent Age 33 years 4 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.

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion Pale

Eyes Gray

Hair Light Brown

(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.)

cut on inside and front of right foot.

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

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 Dec 21 1915

Place Halifax

J. McCulloch Capt.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of 100th Overseas Battalion, C. E. F. and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Wm. Henry Embury 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 JAN 25 1916 1916 [Signature] Lt. Col. (Signature of Officer.)
O. O. 100th Overseas Battalion, C. E. F.

C.E.F.

EMBURY WILLIAM H.

726038

109 BN

06092

DEMOB.





121614

E

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 726038 Rank Pte Name Embrey W. H. 28-11 1916.
Local Unit 109 Bn Overseas Unit — Age 33

Examination held at Bramshott, Hants.

DISABILITY. Thyroid Enlargement

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Re-board
No change in condition since last
Board.

Board recommends:

1. Fit for Duty. Class C iii
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Members { C. G. ... Pres.
... ..
... ..

Approved.

Bramshott Nov. 28- 1916.

... ..
for A.D.M.S. F. G. C.
Canadian Troops, Bramshott.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT

Name: _____

Local Post Office: _____

Residence: _____

DISABILITY

Occupation: _____
Strength: _____

PRESENT CONDITION

1. How long has the disability lasted?
2. How long has the disability lasted?
3. How long has the disability lasted?
4. How long has the disability lasted?
5. How long has the disability lasted?

Signature: _____

Name: _____

Address: _____

For A.B.M.S. V.V.V.
Central Post Office, Bramshott

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

Aug 28 1916.

No. 726038 Unit 109th Bn Rank Plt

Name Embury Wm H. Age 34

Examination held at Bramshott, Hants.

DISABILITY. Enlarged Thyroid Gland
Small Inguinal Hernia
Small Hydrocele

~~Overseas~~—Local.
(scratch one out)

Present Condition: This man has considerable enlargement of Thyroid gland
small left inguinal hernia which can be kept up with a proper fitting truss.
very small hydrocele.
States he has choking sensation on exertion. No cardiac symptoms
Requires dental treatment

Board recommends:

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for Base duty.....weeks.
4. Fit for Permanent Base Duty. yes
5. Discharge.

Signatures:

	<u>A. Stewart Maj</u>	Pres.
Members	<u>H. MacLaren Capt</u>	
	<u>D. McKay Capt</u>	

Approved.

Bramshott 28 AUG 1916 1916.

Embury Major.
D.A.D.M.S. for A.D.M.S. & for G.O.C.
Canadian Troops, Bramshott.

EXAMINATION

TRAINING MEDICAL BOARD BRANSON

1900
1901

[Faint, illegible handwritten text]

1900
1901

726038

4/7/17 B

D

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Embury Christian Name William Henry

Examined { on 21st day of Dec. 1915
at Salisbury

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

Birthplace { City or Town Dweed
County Hastings Co.

Apparent age 33 years

Trade or occupation Laborer

Height 5 Feet 6 Inches

Weight 140 Lbs.

Chest measurement { Minimum 33 inches

Maximum expansion 37 1/2 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right none Left none
Number One

When Vaccinated last Feb. 10th 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
light hydrocele

Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT,
<u>11.8.14</u>	<u>BU</u>	<u>JW</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>10.2.16</u>	<u>Md</u>	<u>J. McCulloch</u> M.O.
<u>7.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>12.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 21 day of December 17th 1913 at Salisbury

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u>	<u>726038</u>		<u>21</u> <u>7.12.15</u>
Transferred to..	<u>C. E. F.</u> <u>Co. B. Bramshott</u>			<u>31-1-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>28/8/16</u>	<u>quite small</u>	<u>permissible</u>
<u>Approved Bramshott</u>	<u>28 AUG 1916</u>	<u>Leucina et</u>	<u>P. Stewart Maj</u>
			PRESIDENT,
			MEDICAL BOARD, BRAMSHOTT.
			<u>Class C</u>
			<u>Cooper</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.

APPROVED.
100
H. Q. 1172 39-43

13. Previous at 16-7-19 A L. Inguinal Hernia
B. Cochrane

W. J. M. Moore
Major Cochrane

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 726038 (Rank) Pte

Name (in full) William Henry Embury enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Haliburton on the 21st
day of December 1915

HE served in England with C. A. S. C.

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

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

Age 37

Marks or Scars

Height 5' 6"

Complexion Dark

Eyes Grey

Hair Dark Brown

W H Embury
Signature of Soldier

W H Draper
Issuing Officer
Capt. for Lt. Col.
C. C. Clearing Services Command.

Date of Discharge



Rank

Date SEP 21 1919 1915

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**

THIS IS TO CERTIFY that No. 726002 (Rank) Pvt

Name (in full) William Charles ...

the 100th Battalion

CANADIAN EXPEDITIONARY FORCE at St. John's on the 31st

day of December 1917

He served in Company ...

and is now discharged from the service by reason of Demobilization

Medical Certificate

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

<p>Age <u>21</u></p> <p>Height <u>5' 10"</u></p> <p>Complexion <u>Fair</u></p> <p>Eyes <u>Blue</u></p> <p>Hair <u>Dark</u></p> <p>Signature of Soldier <u>W. C. ...</u></p> <p>Date of Discharge <u>31st Dec 1917</u></p>	<p>Rank or Grade <u>Pvt</u></p>
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N.B.—As no duplicate of this Certificate will be issued, any person having same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 426038 Rank Private Name Embury, William Henry

Enlisted (a) 21-12-15 Terms of Service (a) D of W. Service reckons from (a) 21-12-15

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

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

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				
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Transferred to C. C. A. C.	Beamsbottom	15.9.16	Part II <u>Adjutant</u> 266. 109th Overseas Battalion, C. E. F.
2/12/16	109 th	Transferred to 124 th B. C.	Witley	2/12/16	Part II No. 43.
9.1.17	06.124 th Bu	attached to no. 3 Depôt C. A. S. C.	Witley	8.1.17	Part II 09. <u>Adjutant</u> ADJUTANT 109th Overseas Battalion, C. E. F. <u>Keating</u> CAPT. & ADJ. NO 3, DEPÔT, C. A. S. C., WITLEY,

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

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				
31-1-17	OC C.A.S.C. Witley	Transferred to Lt Col Bramshott	Bramshott	31-1-17	Part II O #31 F. K. Witley
31-1-17.	OCCASC	Attached to C.A.S.C.	Bramshott.	31-1-17.	Part II D.O. 26. 2-2-17.
26.5.17	alt. case.	J.O.S of case.	Bramshott	26.5.17	Part II O. 126.
26.8.18	oc case	On command to Freshman Group on June 26 8 18	Bramshott	26.8.18	Part II D.O. 200 26/8/18.
11-9-18	case	been to be "On command" to Freshman 10 9-18	Bramshott	11-9-18	Part II D.O. 214
9-12-18.	case.	SO5 to case. Witley	Bramshott	9-12-18	Part II 290 Witley
10-12-18	case.	SO5 from Bramshott	Witley	10-12-18	Part II 230 Lieut: & Adjt., C.A.S.C.
10-1-19	do	SO5 to case London area	do	10-1-19	Part II Stanley Rich Lieut adj. case SO
13-1-19	case la.	SO5 from case. DO Witley	London	13-1-19	Part II D.O. 11
4.7.19	DO	Employed as Car driver will draw 3 rd Class Wkg pay	DO	1.1.19	Part II 152
21.8.19	DO	SO5 to 1 st CSD Buxton	DO	28-8-19	Part II 191 Johnston Lieut + adjt case London area

CAPT. & ADJ.,

No 3 DEPOT, C.A.S.C., WITLEY,

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 109th Am Regimental Number 726038

*Substantive Rank Plt Surname Embury Christian Names Wm Henry

*Acting Rank Plt
(*To be entered in pencil to facilitate alteration.)

(A) Report.		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversal, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
		<i>Arrived in England</i>				
22.9.16	109 th	266	Trans as Rec. Cas C.C.C.	B. Shott	21.7.16	
22.9.16	"	266	Att from C.C.C.	"	28.8.16	
16.9.16	C.C.C.	400	T.O.S.	Isstone	"	
26.5.17	Case 9.	126	T.O.S. from C.C.C.	B. Shott	26.5.17	
16.11.17	"	274	Granted promotion to Major	"	16.11.17	
9.12.18	"	290	S.O.S. to Case. Wittey	"	9.12.18	
10.12.18	Case D.D.	230	T.O.S.	Wittey	9.12.18	
10.1.19	"	8	S.O.S. to Case London	"	7.1.19	
13.1.19	Case	11	T.O.S. from Case D.D.	London	10.1.19.	

Certified true copy.

D J D Jones

LIEUT.
FOR LT: COL: I/C RECORDS. C.O.M.F

To be folded on this line.

Nothing to be written in this margin.

(520383.) Wt. W. 9833-P. 2088. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
29/8/19	T.O.S.	C.D.D. Buxton for return to Canada, Part 11 Order No.				200.
9-9-19	S.O.S.	C.D.D. Buxton on proceeding to Canada, Part 11 Order No.				207
			S.S. METACAMA EMBARKED LiverPool 9.9.19			
9/9/19		T. O. S. Quebec Depot Clearing Services Command Part 11. Order No. 263 5/20/1919				
21/9/19		S. O. S. Quebec Depot, Clearing Services Command, on being discharged from the Service under Domestic RO 1420 Daily Orders Pt. II No. 263 5/20 9.19				

W. Lock. CAPT.
For OFFICER COMMANDING
CANADIAN DISCHARGE DEPOT

Lawood
capt. & adjut.

M. H. T.
OFFICER IN CHARGE
CLEARING SERVICES COMMAND

Nothing to be written in this margin.

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. 726038 Rank P/S- Surname EMBURY
(Given name in full)
WILLIAM HENRY
 Unit or Corps C A S C. Birthplace Tweed. Hastings Co. Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 168 lbs. Height 5 ft. 6 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 78
 Condition of arteries Normal
 Vision Rt. 6/9 Left 6/9
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Tattoo marks on R fore-
 arm and back of left
 hand.

Opinion as to general health and physical condition In good health & condition.

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 Sytem yes Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

Varicocele. left side (slight)

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed *W. H. Embury* M.O.

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

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

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

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Embury, R.H.
 REGIMENT C.O.S.C. RANK Pvt No. 726038
 Date of Examination in England 9/7/19 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper 6
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada yes
- (b) In England yes
- (c) In France no

Signature of Dental Officer Asst. M. K. ... Capt.
B. A. B.

19608

Embroidery

G. D. G.

EM

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

EM BURY KIH

REGIMENT

C.A.S.C.

RANK

PTE

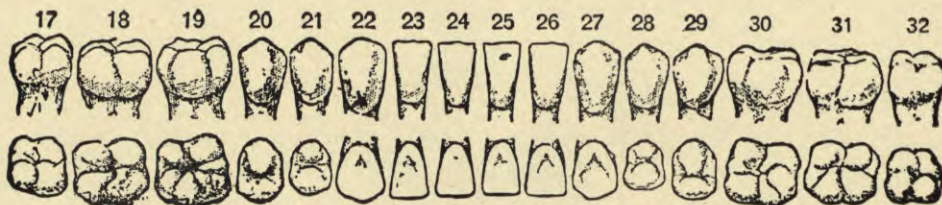
No.

426038

Date of Examination in England

8/9/49

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS # *21*

2. EXTRACTIONS *nil*

3. CROWNS *nil*

4. DENTURES

(a) Full Upper

(b) Part Upper *Six Teeth*

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

NO

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

(a) In Canada *YES*

(b) In England *YES*

(c) In France *NO*

Signature of Dental Officer

J. A. G. [Signature]

25

049

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
OFFICE OF THE CHIEF OF THE GENERAL INVESTIGATIVE DIVISION
WASHINGTON, D. C.

Name: EMERY, W. H.
Rank: C.A.2.C.
PTE
Address: [illegible]

W. H. EMERY
Private
[illegible]

W. H. EMERY
Private
[illegible]

10/1/41

YES
YES
NO

[illegible signature]

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names WILLIAM HENRY 2. Surname EMERY
3. Rank PTE. 4. Original Unit 109th Batt. 5. Reg. No. 726038
6. Address, in full, to which future payments of gratuity are to be forwarded
9 P.O.
Lindsey Ont.
7. Date of enlistment in the C.E.F. 17/12/15
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Marie Emery.
9. Relationship of such dependent wife
10. Address, in full, of such dependent 9 P.O.
Lindsey Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no.
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
no.
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 from 17/12/15 with until
5/12/16 with 109th Batt. from 5/12/16 until
dismobilized with B.A.S.C.
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. *no.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on ~~your~~ arrival in England? *no.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *yes.* If not, give:—(a) Date of discharge
 (b) Reason for discharge
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. *C. A. S. C.*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *no.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no.*
 (b) If so, are you in receipt of full pay and allowances from that Department? *no.*

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:

Place of Residence:

Declared before me at:

This.....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 under
 P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

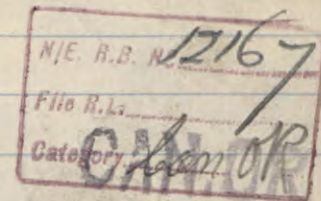
Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct

District Paymaster.

TLH. Rank Name **EMBURY, William Henry, ✓** Reg'l No. **726038. ✓**
 Unit **109th. Bn.** If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Haliburton, Decr. 21st. 1915. ✓** Place of Birth **Tweed, Hastings Coy. ✓**
 Name and Address, Next-of-Kin **Bertha May Embury, ✓**
P.O. Wetumka, Oklahoma, U.S.A. Relationship **Daughter. ✓**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character **X 219**

H. W. & V., Ld., -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.				
→ C.A.S.C. ←					
		Arrived in England per H. M. T. 2810		31-7-16	
22.9.16	109 th Bn	Trans on Loc. Cas. C.C.-A.C.	Bramshill	28-8-16	PT II D.O. 266 } PT II D.O. 400 X 50.293 } C.C.-A.C. 16-9-16
22.9.16	do	All from C.C.-A.C. for P.B.D Ret. Adv. Pay, Equip. Clothing & Quarters	"	28-8-16	PT II D.O. 266 } 16-9-16
16.9.16	ccae	T.O.S. on comd 109 th Bn	P. Stone	28.8.16	400
8-12-16	109 th	Att'd to 124 th Bn	Behott	8-12-16	343
	109 th	On Command C.A.S.C. 3	"	8-1-17	82.
8-12-16	ccae	Att'd for 109 th to 124 th Bn	Hastings	8-12-16	-
9.12.16	06124	Attached for all purposes bease to be att'd & att'd to 3 rd Depot C.A.S.C.	Witley	8.12.16	265.
9.1.17			"	8.1.17	9.
9.1.17	C.A.S.C. } N 2, 3. }	Att from 124 th Bn. for clothg. dis. pay ans. & pens.	"	8.1.17	9.
31.1.17	"	Ceases to be att'd	"	31.1.17	PT II D.O. 31.

426038 Embury William Henry

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.				
2.2.17	case #2	Att ^d for R.G. S.D. C. E. Spay B, Shott.		31.1.17	Pt. # 50.29
26-5-17	"	ceased to be attached & taken on strength from 6 Barb	"	26-5-17	Pt. # 0.126
16.11.17	"	Granted Permission to MARRY	"	16.11.17	Pt # 274.
16.5.18	case	On Com Shouha Camp.	"	16.5.18	DO 115-
5.6.18	C.A.S.C.	On Command to Frensham Camp	R Shott.	4.6.18	- 131.
6.6.18.	"	Pt # 131	"		
6.6.18	"	Pt # 131. Canceled. should read .. ceases to be shown on Command	"	4.6.18	Pt # 132.
8.7.18	C.A.S.C.	On Com to Frensham Camp ..	"	8.7.18	- 158
26-8-18	"	On Comm to ..	"	26-8-18	- 200.
9.12.18	C.A.S.C.	S.O.S to base Witley Pt.	B Shott	9.12.18	- 290.
10.12.18	case	T.O.S from case B Shott.	Witley	9.12.18	- 230.
10.1.19	"	S.O.S to base Bordon ..	"	7.1.19	- 8
13.1.19	C.A.S.C.	T.O.S from case Witley ..	Bordon	10.1.19	- 11.
22.8.19	C.D.D.	T.O.S from case.	Buxton	28.8.19	DO 194
		748 - I - 3.		9.9.19.	
9.9.19	C.D.D.	S.O.S to Canada	Buxton	9.9.19	DO 209

FORM OF WILL.

I, William Henry Embury (Name in full)
Regimental Number 726088 serving in 109th OVERSEAS BN., C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

.....
.....
.....

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

absolutely, and my personal estate I bequeath to

Bertha May Embury
Wetumka
Oklahoma. U.S.A.

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

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 18 day of July. A. D. 191 6

William Henry Embury Signature of Soldier.

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

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

THE TWO
WITNESSES
MUST
SIGN HERE

Signature of First Witness James Leckey
Address of Witness 179 Queen St Kingston Ont
Occupation of Witness Lieutenant 109th Bn CEF
Signature of Second Witness G. C. Fairfull
Address of Witness 426 Gladstone Ave. Ottawa
Occupation of Witness Lieut. 109th Bn CEF

FORM OF WILL

1. I, James Henry Richardson, of the County of York and Province of Ontario, do hereby certify that I am of sound mind and memory, and am not suffering from any legal disability, and I hereby declare that I am of legal age and I am not married, and I hereby declare that I am not under any legal disability.

I hereby declare that my true name is James Henry Richardson

Name and Address
of Person to
be Named
in the Will
as Executor

Name and Address
of Person to
be Named
in the Will
as Beneficiary

Richardson, Mrs. Mary
123 St. James

IMPORTANT

This will is
registered in
the
Province of Ontario

Name and Address
of Person to
be Named
in the Will
as Beneficiary

2. I hereby declare that I am not under any legal disability, and I hereby declare that I am not suffering from any legal disability, and I hereby declare that I am not under any legal disability.

3. I hereby declare that I am not under any legal disability, and I hereby declare that I am not suffering from any legal disability, and I hereby declare that I am not under any legal disability.

To be made out in duplicate.

H.Q. 54-21-23-53

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 BN., C.E.F.

(2) Regimental Number..... 726038

(3) Full Name of Soldier..... William Henry Lumbury

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

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

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

(b) Present Postal Address.....

(7) Are you a widower?..... Yes

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

If so, give number of boys and girls..... 1 girl

Also their names and ages..... Bertha May Lumbury 2 years

Wetumpka
Oklahoma
U.S.A

(9) Is your Father alive?.....

Yes
William Henry Cusbury Cooper Ont.

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

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

No

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

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

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

(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.

Yes

(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**.....

[Signature]
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 726038 (Rank) Private

Name (in full) William Henry Emery enlisted in
the 109th Battallion

CANADIAN EXPEDITIONARY FORCE at Haliburton Ont. on the 14th
day of December 1915

HE served in England with the C. A. S. C.

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

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

Age <u>37</u>	Marks or Scars <u>3 scars on</u>
Height <u>5'6"</u>	<u>right instep</u>
Complexion <u>Dark</u>	
Eyes <u>Blue</u>	
Hair <u>Dark Brown</u>	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19.....

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO. 156037 (Rank) Private

Name (in full) William Henry Bennett

of 109 St. Patrick Street

CANADIAN EXPEDITIONARY FORCE at Halifax

day of December 1919

HE served in England with the B. O. C.

and is now discharged from the service by reason of (Medical Certificate)

THE DESCRIPTION OF THE SOLDIER ON THE DATE below was as follows:

Age	37
Height	5' 6"
Complexion	Black
Eyes	Blue
Hair	Black & wavy
Build	Slender
Mark of scars	None

Signature of Soldier

Ranking Officer

Date

Place

Date

Place

As to the date of this certificate will be signed and personal possession is returned to the soldier.

Printed and published by the Government Printer, Ottawa, Canada.

BRITISH ARMY

1919

R & O 6036

Canadian Casualty Assembly Centre

Sub-Office Bramshott

11-9-16.

From - Officer i/c Sub-Office
Canadian Casualty Assembly Centre
Bramshott Camp.

To - Officer Commanding
109th Battalion.

726038 Pte.
Embury W.H.

The marginally noted soldier is transferred
attached to the Unit under your Command. He is Boarded as

P.B.D.

Kindly acknowledge receipt of the man, and
documents as enumerated, on the duplicate copy of
this letter.

Medical History Sheet	(A.F. B. 178)
Medical Board Papers	(do 179)
Attestation Paper	(R. 144)
Field Conduct Sheet	(do 122)
Casualty Form	(do 103)
Transfer Clothing Statement	(A.F.W. 3069)

A.B. King Captain
Officer i/c
Canadian Casualty Assembly
Centre, Sub-Office
Bramshott Camp.

Receipt of man and documents as above is
acknowledged please.

Adjutant

11-8-10.

Joseph Ballou.

The memorially noted holder is entitled to the full value of the same. It is located in

Y26 38 100.
Embury 11.

Highly honorable records of the man, the records are preserved in the original copy of

- (1811-1812)
- (1813-1814)
- (1815-1816)
- (1817-1818)
- (1819-1820)
- (1821-1822)
- (1823-1824)
- (1825-1826)
- (1827-1828)
- (1829-1830)
- (1831-1832)
- (1833-1834)
- (1835-1836)
- (1837-1838)
- (1839-1840)
- (1841-1842)
- (1843-1844)
- (1845-1846)
- (1847-1848)
- (1849-1850)
- (1851-1852)
- (1853-1854)
- (1855-1856)
- (1857-1858)
- (1859-1860)
- (1861-1862)
- (1863-1864)
- (1865-1866)
- (1867-1868)
- (1869-1870)
- (1871-1872)
- (1873-1874)
- (1875-1876)
- (1877-1878)
- (1879-1880)
- (1881-1882)
- (1883-1884)
- (1885-1886)
- (1887-1888)
- (1889-1890)
- (1891-1892)
- (1893-1894)
- (1895-1896)
- (1897-1898)
- (1899-1900)

Assembly

and documents to be preserved

1-3-16

MILITIA AND DEFENCE

L 83

SEPARATION ALLOWANCE

Name *Mrs. Victoria Atkins* Name of Soldier *Embury, Wm. H.*
 Address *Wetumka,* Regtl. No. *726038*
Oklahoma Rank *Plt*
U.S.A. Corps *109th Batt^{2d}*
 Relation to Soldier }
 wife, child or mother } *Guardian* To what Corps belonging }
 when called out }

PAYMENTS

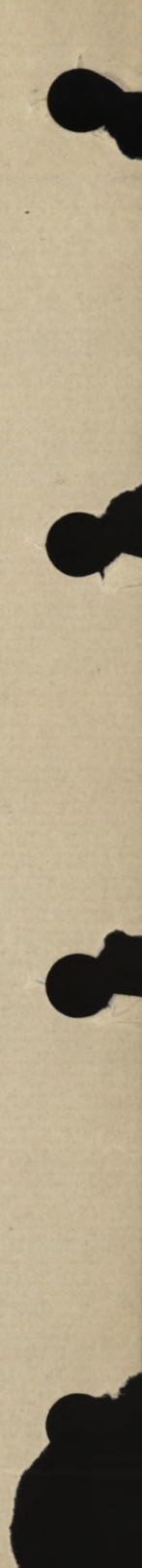
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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Handwritten text in the middle of the page, possibly a date or a specific reference.

440
10311
Handwritten numbers and possibly a date or code.



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

I. L. Job 89002.-Req. 6213.

Mrs Victoria Alkias

PAYMENTS.

Guardian
Pls.

Name of Soldier

Embury, Wm H.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	944	40	20 40 ⁰⁰ O.K.
May		H 4846	20	20
June		B 1806	20	20
July		J 9929	20	20
Aug.		A 11347	20	20
Sept.		P 17812 C 4298	20	12 Cancelled to 14795
Oct.		U 21183	12	12
Nov.		Y 24631	12	12 Y 24631 Remailed 5.12.16 T.H.
Dec.		H 27438	12	12
Jan.	1917	6 28508	12	12
Feb.		C 31396	12	12
March		P 35088 E 34573	68 68	68 P 6345736 am, H.A.S. Rewrite
April		I 924	20	20 I 924 cancelled RE-WRITE
May		I 4065 A 227	20	20 I 4065 cancelled RE-WRITE
June		B 5779	20	20
July		M 7769	20	20
Aug.		Q 10937	20	20
Sept.		Q 14636 Q 14635	20	20 Q 14635 cancelled
Oct.		X 17013 P 17360	20	20 P 17360 cancelled RE-WRITE
Nov.		T 19561	20	20
Dec.		W 22500 F 27327	20	20 F 27327 cancelled RE-WRITE
Jan.	1918		44	44 H 40.00
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

1-3-16
MILITIA AND DEFENCEsee under letter *a.*
M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mrs. Victoria Alkiss* Name of Soldier *Embury, Wm H.*
 Address *Wetumka* Regt. No. *726038*
Oklahoma Rank *Pvt.*
U.S.A. Corps *109th Batt²*
 Relation to Soldier } To what Corps belonging }
 wife, child or mother } *Guardian* }
 when called out }

PAYMENTS

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

Under Check

RESEARCH REPORT
ON THE HISTORY OF THE
CITY OF NEW YORK

CHAPTER I
THE EARLY HISTORY OF THE CITY OF NEW YORK
FROM 1609 TO 1624


CHAPTER II

Year	Event
1609	Discovery of Manhattan Island by Henry Hudson
1614	First Dutch settlement on Manhattan Island
1624	First English settlement on Manhattan Island
1625	First Dutch settlement on Manhattan Island
1626	First English settlement on Manhattan Island
1627	First Dutch settlement on Manhattan Island
1628	First English settlement on Manhattan Island
1629	First Dutch settlement on Manhattan Island
1630	First English settlement on Manhattan Island
1631	First Dutch settlement on Manhattan Island
1632	First English settlement on Manhattan Island
1633	First Dutch settlement on Manhattan Island
1634	First English settlement on Manhattan Island
1635	First Dutch settlement on Manhattan Island
1636	First English settlement on Manhattan Island
1637	First Dutch settlement on Manhattan Island
1638	First English settlement on Manhattan Island
1639	First Dutch settlement on Manhattan Island
1640	First English settlement on Manhattan Island
1641	First Dutch settlement on Manhattan Island
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1643	First Dutch settlement on Manhattan Island
1644	First English settlement on Manhattan Island
1645	First Dutch settlement on Manhattan Island
1646	First English settlement on Manhattan Island
1647	First Dutch settlement on Manhattan Island
1648	First English settlement on Manhattan Island
1649	First Dutch settlement on Manhattan Island
1650	First English settlement on Manhattan Island

HEB
Number

726038

Rank

Pte. 

Surname

EMBURY

Christian Name

William Henry

Units

109th Gen Inf Theatre of War

England

Date of Service

31-7-16

Remarks

Latest Address

Gen Inf. Lindsay Det.

Roll No.

A Page 3057

200m.-2-21.M.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

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

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY	DATE

SURNAME.

Embury.

CARD NO.

2-9. ✓

CHRISTIAN NAMES

William Henry

REGL. NO.

726038

RANK

Pte.

UNIT

109th

Nil.

Batt.

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Embury, Bertha May

RELATIONSHIP TO SOLDIER

R. W. S.

AD

Murley. Mo., U.S.A.

arr. La. P. 23/2/18. 26.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Tweed, Ont.

DATE

Aug. 6, 1882

PLACE OF ATTESTATION

Haliburton, Ont.

DATE

Dec. 21st 1915

o/s 23-7-16

488
13

RIC 18-9-19 410
5

Sailed from Halifax Per. S.S. Olympic 23/7/16

MARRIED SINGLE *Yes.* WIDOWER

TRADE OR CALLING *Labourer.* RELIGION *Baptist.*

DESCRIPTION.

APPARENT AGE *33* YEARS *4* MONTHS

HEIGHT *5* FEET *6* INCHES

CHEST MEASUREMENT *37 1/2* INCHES EXPANSION *4 1/2* INCHES

COMPLEXION *Dark.* EYES *Grey.* HAIR *W. Brown.*

DISTINGUISHING MARKS *Cut on inside and front of right foot.*

MEDICAL EXAMINATION. PLACE *Haliburton, Ont.* DATE *Dec. 21st 1915*

No. 726038 RANK

Pte

NAME

Embassy W. H.

T. O. S. 18-12-15. UNIT

D. O. 29, 23-12-15. 109th. Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 18	1915 Dec. 31	✓		
1916 Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916



* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- EMBURY W.H
NUMBER:- 426038

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
UNIT AND TRANSFERS			
ORIGINAL UNIT:-			
DATE ACCOUNT FIRST OPENED:-			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO

of Sheet

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

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE

PARTICULARS OF RENDERING NON-EFFECTIVE:- to Jan 1/9/19.											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Sept.	Prob Forwards			AR 6918 3/9/19 Endorced C.A.R.B.	973				5202		
					973				4229		

SOS. 9/9/19 SL 48

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: EMBURY <i>William Henry</i>							
EFFECTIVE DATE: <i>1-1-18</i>		EFFECTIVE DATE: <i>1-10-19</i>		NUMBER: <i>726038</i>							
AMOUNT: <i>15⁰⁰</i>		AMOUNT: <i>Stopped effective</i>		PARTICULARS OF RANK OR APPOINTMENT							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>Miss Bertha May Embury (Daughter)</i> <i>Wichita</i> <i>Wichita Road.</i> <i>OKlahoma. U.S.A.</i>				AUTHORITY							
				DATE EFFECTIVE							
				RANK OR APPOINTMENT <i>Private</i>							
UNIT AND TRANSFERS											
ORIGINAL UNIT: <i>109th Battalion</i>											
DATE ACCOUNT FIRST OPENED: <i>1-8-16</i>											
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS <i>L.P.B. Rendered 1-9-19 Credit Bal. 52.02. 1-9-19</i> <i>Richard Stobanada 1-10-19 N 12808. 1-9-19 102 Buxton & Buxton.</i>				AUTHORITY							
				DATE EFFECTIVE							
				DATE LEDGER SHEET T 5P'D							
				UNIT TRANSFERRED TO							
				<i>Debit notes 21-4-17 C.A.S.C. B'scott</i>							
				<i>NK 1-2-19 CAP</i>							
				<i>Doll 10-1-19 Ball Lad.</i>							
				<i>Doll 29-8-19 POS</i>							
DAILY RATES OF PAY AND ALLOWANCES											
AUTHORITY				PAY							
				F.A.							
				P.F.A.							
				SUBSCE ALL'CE							
				<i>1 10</i>							
				<i>1 10 150</i>							
				<i>100 10 50 150</i>							
				<i>100 10 50 150</i>							
PARTICULARS OF RENDERING NON-EFFECTIVE:-											
MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal. forw.								156 96	255	
April	P.P.	33		cap				15	174 96		
				Apr. 21 bal. 1214	3	9 73			165 23		
				104 294	17	7 30			157 93		
		33						15	157 67		
May	P.P.	34 10							192 03		
				Apr. 182 bal. 1315	3	9 73			182 30		
				bal.				15	167 30		
		34 10						15	200 30		
June	P.P.	33		cap				15	185 30		
				Apr. 296 ✓ ✓ ✓ 1/6		9 73			175 57		
				3 ✓ 327 ✓ ✓ 14/6		9 73			165 84		
				8 ✓ 409 ✓ ✓ 28/6		7 30			158 54		
		33						15	151 67		
July		34 10		cap				15	192 67		
				Apr. 520 ✓ ✓ 15/7		9 73		15	147 67		
				13 ✓ 545 ✓ ✓ 29/7		7 30			167 91		
		34 10						15	160 61		
		32 10		cap				15	179 91		
Aug				Apr. 605 ✓ ✓ 15/8		9 73			169 98		
				9 ✓ 4686 Trensham 28/8		7 30			162 68		
		31 10						15	155 38		
Sept		33		cap				15	180 8		
				Apr 782 Cas B'scott 13/9		4 81			175 27		
				15 ✓ 1897 ✓ 26/9		9 73			166 08		
		33						15	157 67		

NUMBER 126038

RANK Pte

NAME

EMBURY

W.H.

New asptd #124698 2019

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Oct.		3410							16608	157	
								15	18518		
				AR 999 Anscht. 14/10	973				17545		
				39 v 824 ✓ ✓ ✓ 27/10	973				16572		
		3110			1946			15			
Nov.		33						15	18373		
				AR 855 ✓ 15/11	973				17399		
				924 ✓ 29/11	1103				15696		
				83521 Lan 14/12	2920				12776		
Dec		3110						15	14686		
Jan		3410						15	16596		
		10120			536			45			
Feb	Law Suballu 2019 to 31/9/21	1800		AR 2060 8-1-19	973						
	Polg.	7280		BP 11945 21-1-19	2920				21783		
				G. C.P.				15	20283		
				C.P. 32208 12/19	4867				15416	157	
				C.P. 34263 12/19	3407				12009		
				C.P. 41468 26/19	3407				8602		
Mar	Pa.	8060						15	16667		
				G. C.P.				15	15167		
				AR 48813 12/19	2920				12242		
				AR 55664 26/19	2920				9322		
		17140			31414			30			
Apr	Pa.	78						15	17122		
				G. C.P.				15	15622		
				AR 60730 9/19	3407				12215		
				AR 65790 25/19	2920				9295		
May	Pa.	8060						15	17355		
				G. C.P.				15	15855		
				AR 69947 14/19	3407				12448		
				AR 71943 29/19	10220				2228		
		15860			19954			30			
June	Pa.	78						15	10028		
				G. C.P.				15	8528		
July	Pa.	8060		C.P. July				15	15088		
				AR 94130 11-6	3407				11981		
				AR 96146 27-6	4867				7114		
		106							17114		
		26460			8274			30			
				AR 78975 9-7	3893				13521		
				AR 79659 14-7	8760				4761		
				AR 81049 24-7	4380				381		
					17053						
Aug	Pa	8060						15	8441		
	WP	1550							9991		
				G. C.P. Aug				15	8491		
				AR 93885 13-8	4380				4111		
				Results 29-318. 30/8				450	3661		
				AR 94606 21-8	3893				732		
					8273			450			
Sep	Pa	8060						15	3068		
	WP	1500		Sep Pa				15	5202		
	WP	2136		69.34							

6-6

69.34 69.34
 2.32
 67.02
 15.00 15
 32.02

MARRIED OR SINGLE *Widowed*
 PLACE OF BIRTH *Duced Hastings Co. Ont*
 NAME AND ADDRESS OF NEXT OF KIN *Bertha May Embury*
Wetumka Oklahoma U.S.A
 RELATIONSHIP OF NEXT OF KIN *Daughter*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$
 EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

W.S.
CASE FILED

REG'L No. *726038* RANK *Pte* NAME *Embury William Henry*
 IF IN PERM. CORPS | WHAT UNIT | UNIT *109th Bn* TRANSFERRED TO *C.C.A.C.* DATE *1/10/16* AUTHORITY *80266*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *CASE Branch* DATE *11-4-17* AUTHORITY *Delhi India*
 PLACE OF ATTESTATION *Haliburton Ont* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *Dec 21st/1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1/1/18*
 PAYABLE TO *Miss Bertha May Embury, Wetumka, Okla* RELATIONSHIP *Daughter*
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____
 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.																				No.	DATE	No.
<i>July 31</i>															<i>14.20</i>	<i>14.20</i>														<i>Bal. from Canada</i>		<i>14.20</i>		
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3.10</i>								<i>34.10</i>	<i>29.9816</i>					<i>9.73</i>			<i>9.73</i>		<i>38.57</i>						<i>80266 Trans C.C.A.C. 15/16</i>		
<i>Sept. 30</i>	<i>30</i>	<i>30</i>				<i>3</i>									<i>33</i>	<i>60.31/16</i>					<i>7.30</i>			<i>7.30</i>		<i>64.27</i>								
<i>Oct</i>	<i>31</i>	<i>31</i>				<i>3.10</i>									<i>81.30</i>																			
<i>Nov</i>	<i>1-30</i>	<i>30</i>				<i>3</i>									<i>34.10</i>						<i>100th 1st 15/10</i>		<i>1.30</i>		<i>17.03</i>		<i>24.33</i>	<i>74.04</i>						
<i>Dec</i>	<i>1-31</i>	<i>31</i>				<i>3.10</i>									<i>33</i>						<i>101st 15/9</i>		<i>7.30</i>		<i>9.73</i>		<i>9.73</i>	<i>97.31</i>		<i>60</i>		<i>37.31</i>		
<i>1-31</i>	<i>31</i>	<i>31</i>				<i>3.10</i>									<i>34.10</i>						<i>102nd 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>1917</i>						<i>15.30</i>		<i>15.30</i>							<i>34.10</i>						<i>103rd 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>Jan 31</i>	<i>31</i>	<i>31</i>	<i>24.10</i>												<i>34.10</i>						<i>104th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>Feb</i>	<i>1-28</i>		<i>20.80</i>												<i>34.10</i>						<i>105th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>Mar</i>	<i>1-31</i>	<i>31</i>	<i>34.10</i>												<i>34.10</i>						<i>106th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>Apr</i>	<i>1-30</i>	<i>20</i>	<i>1.10</i>	<i>2.20</i>											<i>22</i>						<i>107th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>21-30/10</i>															<i>11</i>						<i>108th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>		<i>Trans to Base Branch Delhi India</i>		
<i>May 31</i>			<i>34.10</i>												<i>34.10</i>						<i>109th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
<i>June 30</i>			<i>33-</i>												<i>33-</i>	<i>10.30/5</i>					<i>110th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
			<i>367.40</i>											<i>14.20</i>	<i>381.60</i>						<i>111th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				
															<i>14.20</i>	<i>381.60</i>					<i>112th 15/9</i>		<i>4.87</i>		<i>9.73</i>		<i>12.17</i>	<i>119.24</i>		<i>75</i>				

726038 Pte Embury William Henry R.P. mil

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 \$	C.	No. OF DAYS	RATE				AMOUNT \$	C.	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE				AMOUNT \$	C.				1
			367.40					14.20	381.60							26.76		116.80			143.56	238.04				
July 31	10		34.10					34.10	34.10			152	15/6				9.73					272.14				
Aug 31			34.10					34.10	34.10			153	30/6				12.17					21.90	284.34	195.00		
Sept 30			33.-					33.00	33.00			218	15/7	291	15/8	112	28/5	14.60	7.30	7.30		58.64	258.70			
								482.80	482.80			329	30/8	221	31/7	6	14/4	9.97	12.17	7.30		22.47				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- RED. PAY	SEP- ALLC. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- RED. PAY	SEP- ALLC. ENG.
	Contract			258.70					258.70														
Oct	1st P.P.	34.10		55-28/17 case B's debt	9.73				250.95														
				2/12 347.87/17	14.60				67.10														
				2/12 349.15/17	7.54				318.05														
				2/12 347.20/17	9.98				323.55														
Nov	130 P.P.	33.00		AR 432 4/10/17 Balott	5.11				285.70														
Dec	P.P.	34.10		459 29/10/17 "	9.97				319.80														
				577.87 15/3/17 "	7.30				323.35														
				" 485 14/11/17 CASE	9.97				285.70														
Jan	P.P.	67.10		l.a.p.	32.35				319.80														
		34.10		AR 522 27/11/17 Balott	7.54				139.34														
				AR 557 15/12/17 "	19.47				180.46														
				24/12 24/12/17 "	97.33				30.80														
Feb	P.P.	34.10		" 553 13/12/17 "	124.34				21.26														
		30.80		l.a.p.					36.90														
				AR 653 14/1.18	12.17				174.36														
				753 30.1.18	9.73				34.10														
		30.80		813 14/2	4.73				208.46														
		34.10		871 24/2	9.73				51.50														
				948 2/3	20.47				156.96														
					36.50				15														
			34.10		36.50				15														

Auth to draw from deferred pay £ 20.0-0-0 acq. 161-3-3
11.21.17

Registered, 29.8.19
Sailed 9.9.19

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	726038	
2. Rank	Pte.	
3. Name	EMBURY W. H.	
4. Unit	P.A.S.C.	
5. Date of Discharge		Place
6. Reason for Discharge	Demobilization	
7. Authority		
8. Proposed Residence after Discharge	Lindsey Ont.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
	Place	
	Date	
	Signature	
	(O.C. Discharging Unit.)	

1919
1919
1919

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name		2. Rank		3. Unit	
4. Branch		5. Reason for Discharge		6. Proposed Residence after Discharge	
7. Signature of Soldier		8. Signature of Officer		9. Signature of Discharge Officer	
10. Date		11. Place		12. Remarks	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undersigned place and date I received my discharge.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Signature

100 Discharge (Inf)

LIST OF DISCHARGE DOCUMENTS

Attention Paper Trilliant	Medical History Sheet
or Particulars of Record	Proceedings of Medical Board
Field Conduct Sheet	Final History Sheet
General Form	Medical Report
and Post Certificate	Technical Conduct Sheet
Get these last missing documents and substitute	Company Conduct Sheet
Medical History Sheet	
Proceedings of Medical Board	
Final History Sheet	
Medical Report	
Technical Conduct Sheet	
Company Conduct Sheet	

Medical Form W-100
 Medical Form W-101
 Medical Form W-102
 Medical Form W-103
 Medical Form W-104
 Medical Form W-105
 Medical Form W-106
 Medical Form W-107
 Medical Form W-108
 Medical Form W-109
 Medical Form W-110
 Medical Form W-111
 Medical Form W-112
 Medical Form W-113
 Medical Form W-114
 Medical Form W-115
 Medical Form W-116
 Medical Form W-117
 Medical Form W-118
 Medical Form W-119
 Medical Form W-120

LIST OF DISCHARGE DOCUMENTS.

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

726038 Pte Embury W.A.
109th Bn. C.E.F.

Will removed by Regt. Paymaster

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

71684

Perforated sheet for Will from Pay Book of Reg.
No. 726038

Name *W. H. Embury*

Unit *109. Batt. P. Co.*

Military Will.

I William H. Embury no
726038. Serving in the 109 Bn.
C. E. F. do hereby revoke all
former wills by me made and
declare this to be my last
will. I declare this to be my last
will. I bequeath all my Real Estate
unto Bertha May Embury
Wetumka Oklahoma U.S.A.
and my personal Estate the
same. Witness J. Graydon

Signature *William H Embury*

Rank and Regt. *Private. 109 Bn.*

Date *OCT 4 H. Murray*

FOR THE
OFFICE
OF THE
REGIMENTAL
PAYMASTER

MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

3, SOUTHAMPTON STREET,

STATION.....LONDON..... DATE.....JULY 14TH. 1919.....

1. 1 (a) Unit.....**C.A.S.C.**..... (b) Regimental No.....**726038**..... (c) Rank.....**PTE.**
 (d) Surname.....**EMBURY**..... (e) Christian name.....**WILLIAM HENRY**
 (f) Home address.....**LINDSAY, ONT. CANADA.**
 (g) Next of Kin.....**Mrs. Marie Embury**..... (h) Relationship.....**WIFE.**
 (i) Address of Next of Kin.....**SAME AS 1 (f)**

2. Age last birthday.....**37**..... Date of birth.....**AUGUST 6th. 1881**

3. Enlistment, or Appointment (if an Officer) (a) Place.....**HALIBURTON, ONT.**..... (b) Date.....**21.12.15**

4. Personal description:
 (a) Height.....**5'7½"**..... (b) Weight.....**150**..... (c) Complexion.....**DARK**
(stripped)
 (d) Colour of hair.....**GRAY**..... (e) Colour of eyes.....**BROWN**..... (f) Identification marks, Scars, etc.....
SEVERAL TATTOOES ON RIGHT FOREARM AND BACK OF LEFT HAND.

5. Former trade or occupation.....**LABOURER.**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years 3	Days 206
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MAN'S STATEMENT.	PERIODS	
	From	To
Canada.....	21.12.15	20.7.16
England.....	20.7.16	14.7.19
France or other theatres of War.....		

7. Original disease, or injury..... (a) **GOITRE.**
 (b) **INGUINAL HERNIA LEFT.**

(a) Date of origin.....**(A & B) CANADA.**
(A & B) PRIOR TO ENLISTMENT (b) Place of origin.....
 (c) Cause.....**(A & B) NOT KNOWN.**

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(A) (GOITRE) (PARTIAL LOSS OF FUNCTION OF THYROID GLAND)

(B) (INGUINAL HERNIA LEFT) (SLIGHT WEAKNESS OF INTERNAL ABDOMINAL RING)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(a) Considerable enlargement of thyroid gland. No cardiac symptoms.

Man ~~states~~ complains of choking sensation after only slight exertion, also states he has pains in chest frequently.

(b) Very small left inguinal hernia.

Man states he has pain in this region after doing heavy work or walking long distances.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No. Cardio-Vascular System..... No. Genito-Urinary System..... Yes.
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... No. Respiratory System..... No. Integumentary System..... No.

Disturbances of Mentality..... No. Digestive System..... No. Muscular System..... No.

Osseous and Joint Systems..... No. Any other general condition..... No.

Small hydrocele left. Man complains of dragging sensation in left testicle, and says it is tender on pressure. Condition is of many years standing and in my opinion not to be classified a disability.

10. (a) History (of the condition referred to in Section 9 (a).)

(a) Thyroid gland enlarged prior to enlistment. It has not increased in size during the war, but man states his breathing has become more difficult during the past year or so.

(b) Left inguinal hernia, also pre-war. Has never worn a truss. Condition remains much the same.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Typhoid Fever (severe) 1907. Recovered.

(c) (Here give a description of wounds, scars and deformities.)

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? (a) Yes. (b) Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(a) No. (b) No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a & b) No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (a) Permanent. (b) Until operation, which patient refuses.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

No M.H.S. entries.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (a) No. (b) Truss. Should be worn if doing heavy labour. Sh

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why)

17. Recommendations

J. P. Pandoz capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *William H. Embury* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H.B.

W. H. Embury, M.D. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

CONCUR.

19. Is the invalid fit for

- (a) General service, (Category A) ~~(Yes or No.)~~ No.
- (b) Service abroad, not general service, (" B) ~~(Yes or No.)~~ Yes. "Biii"
- (c) Home service (Canada only), (" C) ~~(Yes or No.)~~ N.A.
- (d) Temporarily unfit. (" D) ~~(Yes or No.)~~ No.
- (e) Unfit for service in Categories A, B and C (" E) ~~(Yes or No.)~~ No.

20. It is certified that the invalid

(a) ~~Does require~~ treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Inguinal hernia Lt. Hospital - six months.

- (b) ~~Does not require treatment.~~
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that ~~the invalid be discharged~~ (When not for discharge add special recommendation.)

"Biii" - Boarded for return to Canada. Auth. A.G. Tel. 9083 of 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd.) HAROLD BUCK, Major CAMC President.
 PLACE 13, Berners St. London. W.1. Jno. MACCOUN, Major CAMC
 DATE 16-7-19. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Wm Henry Embury understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Jno MACCOUN MAJOR CAMC Signed W.H. Embury

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

Refusal considered unreasonable.

(Sgd.) HAROLD BUCK, Major CAMC President.
 PLACE 13, Berners St. London. W.1. Jno. MACCOUN, Major CAMC
 DATE 16-7-19. } Members

APPROVED BY [Signature] APPROVED BY [Signature] Assistant Director of Medical Services.

CERTIFIED TRUE COPY

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. JUL 17 1919 13 BERNERS ST. LONDON, W.1

Captain, C.A.M.G. for A.D.M.S., Canadians, London Area.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

2 M. 26/12/17 Eff 28/12/17

1/1/18

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 726038
 Rank ptc Promoted Reverted Discharge
 Soldier's Name W. H. Embury
 Battalion 109 Bth
 Beneficiary
 Relationship
 Address

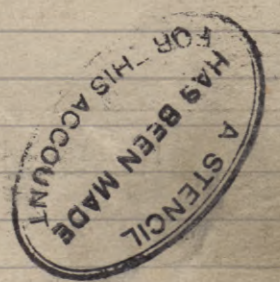
PARTICULARS OF ASSIGNMENT

Name Miss Bertha May Embury *Daughter*
 Address Watawaka Oklahoma
 Change of Address Watawaka
 1 Hurley Mo. U.S.A.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					5489-W-9
Jan	E 60033		15	15	MRO Brend 13/2/18 for ch. of add. Imo 12/4/18
Feb	F 90832		15	15	Spa Going to Mrs Victoria Alkiss "Guardian"
Mar	A 130731		15	15	Watawaka Okla. USA
Apr	A 2686		15	15	A.P. acct. suspended per S.B. ruling see folio 39 5489-W-9
May			15	15	MRO a rend. 25/4/18 Eff 1/5/18 Imo 5/4/18
	<u>Destroy</u>		<u>60</u>	<u>60</u>	MRO Brend off 1.6.18 Imo 4.6.18

A/c Closed 30-4-18
 Ret'd per... metagama
 Date... 1899... M.F.W. 187... M.D.#
 Closed Alford 26-9-19

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



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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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
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch E1868

1-1-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
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1-12-17 1-9-18

RATE OF ASSIGNMENT

15			
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See Overlay

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *726038*

Rank *PC* Promoted Reverted Discharge

Soldier's Name *Wm H Embury*

Battalion *109 Br*

Beneficiary *Mrs Victoria Elphire*

Relationship *Guardian*

Address *Hurley MO, U.S.A*

Name *Mrs Victoria Embury*

Address *Hurley Mo U.S.A*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
30-6-19	—	945	270	1215	<i>5489-w-9</i> A/P from 1-1-18 to 30-4-18 paid to Daughter <i>Bertha May Embury</i>
July	Z 24939	30	15	45	
Aug	Z 24340	30	15	45	
SEP	Z 25592	30	15	45	
		1035	255		

A/c Closed *30-9-19*

Ret'd per *Metagama*

Date *18-9-19* M.F.W. 187

Closed *Byrd 26-9-19*

MRO 251612 destroy and 26-9-19

AUDITED

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 1593.

Date of Enlistment

1-3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

E

1863

Date of Assignment

11/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
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RATE OF ASSIGNMENT

15		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 726038
 Rank *pte.* Promoted Reverted Discharge
 Soldier's Name *W. H. Embury*
 Battalion *109 Battn*
 Beneficiary *Mrs. Victoria Ekiss*
 Relationship *Guardian* MFW 2554 1.8.18
 Address *Wetumpka Okla. U.S.A.*
Hurley Mo.

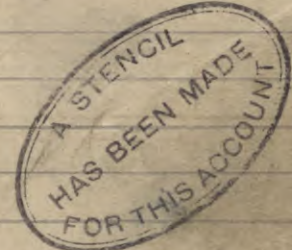
PARTICULARS OF ASSIGNMENT

Name
 Address *Hurley MO USA*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec.	31	440		440	
Jan/18	D 64154	30		30	F <i>D 64154 Cancelled</i>
Jan.	E 60032	30		30	to
Feb'y	F 90819	25		25	
Mar	R 13078	25		25	
Mar	U 82784	25		25	22/3/18 <i>adj. ch. 2451 rend. 21/3/18 for 25⁰⁰</i>
Apr	X 13684	25		25	<i>Sub ruling S.A. acct. suspended per folio 29 in file 5489 - W-9 mos 1/8</i>
May		25		25	<i>MARRA rend. 25/4/18 eff. 1/5/18 mos 5/4/18 see</i>
Apr 18.			60	60	<i>a-p. was paid to Bertha May Embury daughter from 1.1.08 to</i>
May	Z 17369	25	15	40	<i>20.6.18 30-H-188 trans to above assignee See 5489 - W-9 mos 4/18</i>
June	Z 984	25	15	40	<i>#7584 tradj. for May mos 4 6-18</i>
July	Z 20860	25	15	40	<i>MARRC rend. eff. 1.6.18 mos 6-18</i>
July	Z 33027	25	15	40	<i>MARRB rend. eff. 1.6.18 mos 5.6.18 to include a.p.</i>
Sept	Z 46381	25	15	40	<i>MARRB " " 1.7.18 ch. ass. name. 12.6.18</i>
Oct	Z 60993	25	15	40	
Nov	Z 75538	25	15	40	
Dec	Z 88709	45	15	60	
Jan	Z 106349	30	15	45	
Feb	Z 119488	30	15	45	
Mar	Z 132324	30	15	45	
APR	Z 2417	30	15	45	
MAY	Z 11032	30	15	45	
JUN	Z 17662	30	15	45	

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7183.

See Overleaf



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

M. OR S. *726038* REGT. NO. *726038* RANK *Plt* NAME (IN FULL) *Embury William H.*
 NEXT OF KIN *Mrs. Victoria Elkins* ADDRESS *Sturley Md.* RELATIONSHIP *USA* PARTICULARS *William H Embury* EFFECTIVE DATE *1-10-19* AUTHORITY *S.O.*
 IS SEPARATION ALLOWANCE PAID? *yes* TO WHOM PAID *as above* RELATIONSHIP *Guardian* ANY CHANGE IN ASSIGNEE OR ADDRESS
 DISCHARGED *Kingston* PLACE *USA* DATE *20-9-19* REASON *Demol* AUTHORITY *Lindsay Ont.* IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$		C.
<i>30-9-19</i>	<i>16</i>			<i>35</i>	<i>70</i>	<i>52 02</i>	<i>52 02</i>				<i>9 73</i>	<i>9 87</i>	<i>137 42</i>			<i>16 00</i>	<i>157 02</i>	<i>16 00</i>	<i>16 00</i>	<i>52 02</i>	<i>Returned Melagama 407</i>
																					<i>1st pay't of Bas above</i>
<i>183</i>	<i>Days Min</i>		<i>420 00</i>	<i>180 00</i>	<i>600 00</i>						<i>70 00</i>	<i>3000</i>			<i>16 00</i>	<i>100 00</i>	<i>350 00</i>	<i>150 00</i>		<i>1st pay't of Bas above</i>	
											<i>54 00</i>	<i>20 00</i>			<i>10 00</i>	<i>250 00</i>	<i>250 00</i>	<i>120 00</i>		<i>1st pay't of Bas above</i>	
											<i>70</i>	<i>30</i>				<i>300</i>	<i>210</i>	<i>90</i>		<i>1st pay't of Bas above</i>	
											<i>70</i>	<i>30</i>				<i>400</i>	<i>140</i>	<i>60</i>		<i>1st pay't of Bas above</i>	
											<i>70</i>	<i>30</i>				<i>500</i>	<i>70</i>	<i>30</i>		<i>1st pay't of Bas above</i>	
											<i>70</i>	<i>30</i>				<i>600</i>				<i>1st pay't of Bas above</i>	

