

H-445

Staff C. Coy.

ATTESTATION PAPER.

No. 724665

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

TRIPPLICATE

(ANSWERS).

1. What is your surname? *Heffernan*
- 1a. What are your Christian names? *William John*
- 1b. What is your present address? *to Babcocks Store William St North Lindsay Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Toronto Canada*
3. What is the name of your next-of-kin? *Susie Heffernan*
4. What is the address of your next-of-kin? *to Babcocks Store William St Lindsay*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *22 April 1879*
6. What is your Trade or Calling? *Carriage Painter*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *75 Rgt Lindsay*
10. Have you ever served in any Military Force? *as above*
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, *William John Heffernan*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date. *22 Nov* 191*5* *Wm J Heffernan* (Signature of Recruit)
 *R. J. Regan* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William John Heffernan*, 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. *22 Nov* 191*5* *Wm J Heffernan* (Signature of Recruit)
 *R. J. Regan* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *22nd* day of *November* 191*5*.

..... *R. J. Regan* (Signature of Justice)

Description of *William John Heffernan* Enlistment.

Apparent Age *26* years *7* 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. *3 1/2* ins.

Scar across toes left foot.

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

Complexion..... *Dark*

Eyes..... *Blue*

Hair..... *Black*

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

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 declares that he is not subject to fits of any description.

I consider him* *Fit*..... for the **Canadian Over-Seas Expeditionary Force.**

Date *3 or 22*..... 191 *6*

Place *Lindsay, Ont.*

James [Signature]..... Capt.
 Medical Officer.
109th Overseas Battalion, C. E. F.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date **JAN 17 1916**

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 1
- Medical Report for Invalids..... 1
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate..... 1

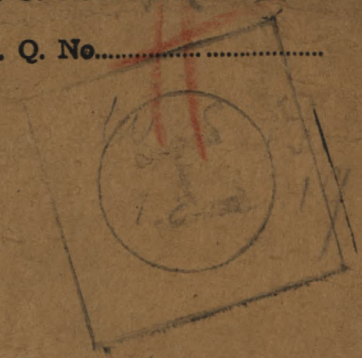
Name Hefferman William John.

Regt. No. 72465 Rank.....

Corps 109th. Br.

Med Unfit

M
18470



R 2/1-90

Award 11-3-58

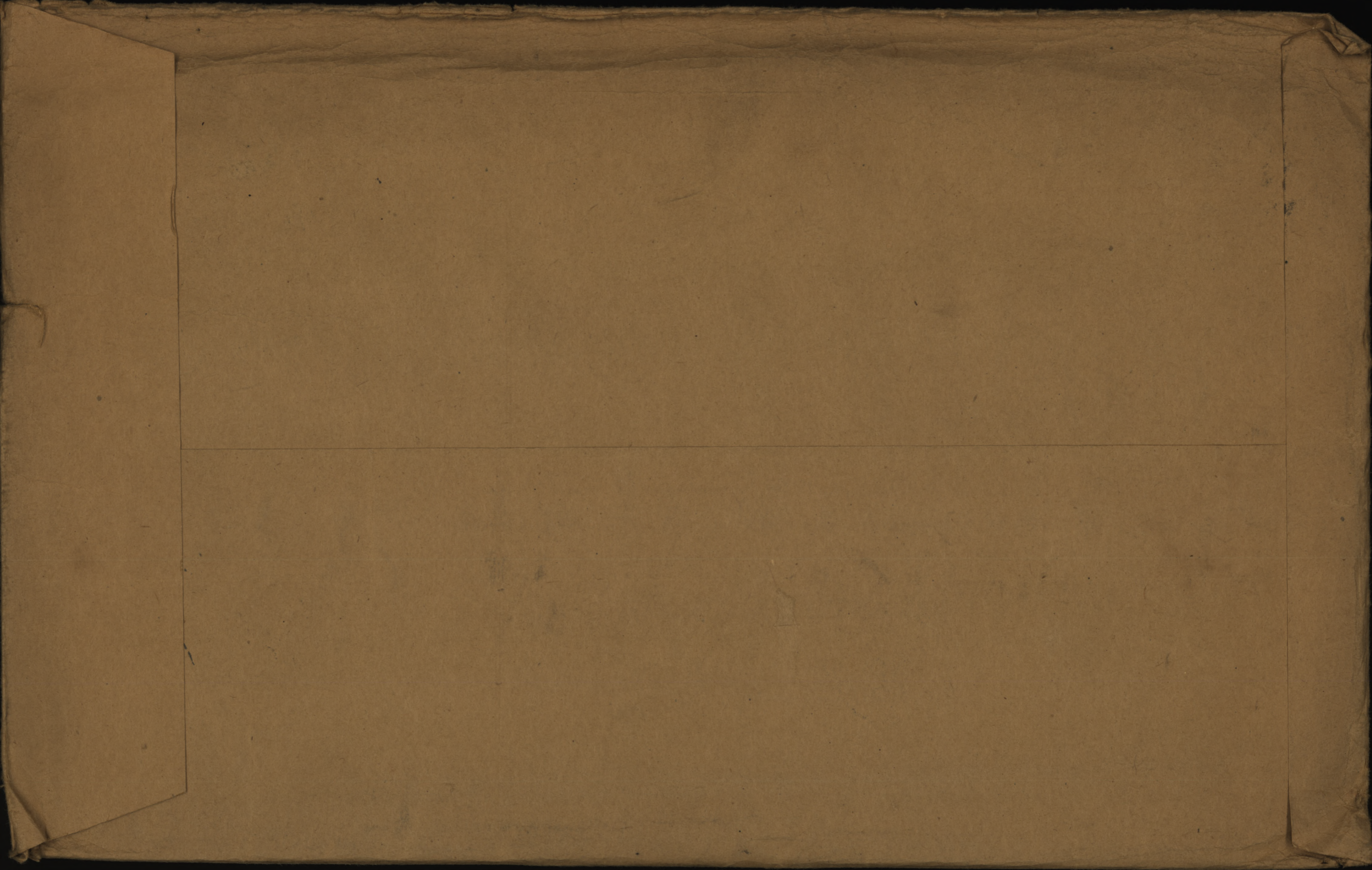
A. S. B. 122 - 2
Recd card

42 - 12
18 - 12
29 - 12

AFI-1237-1



X
JP



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 ~~724665~~ **724665**

(3) Full Name of Soldier **William John Jeffernan**

(4) Place of Birth **Toronto Ontario**

(5) Are you married, or not? **yes**

(6) If married, state,

(a) Full name of your wife **Susan Jeffernan**

nee Susan Jeffrey

(b) Present Postal Address **Lindsay P.C. 422**

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

(8) Have you any children? **yes**

If so, give number of boys and girls **2 Boys 2 girls**

Also their names and ages **William 15 Edna 6**

Ethel 4 Arthur 15 months

(9) Is your Father alive?..... yes.
If so, state name and address..... Edward Heffernan 203 Bolton ave Toronto

(10) Is your Mother alive?..... yes.
If so, state name and address..... 203 Bolton ave Toronto. Ont.
Louisa Heffernan

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

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

(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?..... yes.
If so, in what Company?..... Prudential
Have you made arrangements for payment of your Insurance premium..... yes.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... July 18th 1916
[Signature]
O. C. 109th Overseas Battalion, C. E. F.
Officer Commanding.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-59-920.

Casualty Form—Active Service.

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

Regimental No. 24665 Rank Private Name Safferman William John
C.E.F.

Enlisted (a) 22.11.15 Terms of Service (a) 3 of 16 Service reckons from (a) 22-11-15

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) Carrriage Painter

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Halifax	24.7.16	
			Liverpool	31.7.16	
			Exney	5.8.16	Part II Order 216.
8.12.16	OC 109 th	Transferred to 124 th Bn	Witley	8.12.16	D.D. Pt II #443 Adjutant CAPTAIN
9.12.16	124 th Bn.	Taken on strength of 124 th Bn. See Below.	Witley	9.12.16	ADJUTANT, 109TH BATTALION CAN INFANTRY. Part II Order 265
14.12.16	124 th Bn.	Reduced to Permanent Grade	Witley	14.12.16	Part II Orders 271
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 MAJOR ADJUTANT, 124th BATTALION C.E.F.

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

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				
18 13. 1. 17	124 th Bn.	Transferred to 187th Bn. C.C.A.C. remaining C.C.A.C. attached to 124 th Bn.	Witley	10. 11. 1. 17	Part II Orders ¹⁸ The Newbury ¹³ Batt., Adj. 124 th Battalion, Cb. 7.
15 1-17	124 th Bn. 187 th	Taken on strength 187 th Bn. and and and	Witley	13-1-17	See SO.# 13, 1917. Para. 3.
6. 2. 17.	C.C.A.C	T.O.S. C.C.A.C & att: to 124 th	Hastings	10-7-17	Pt II DO. 62.
5. 2. 17.	124 th Bn.	ceases to be attached 124 th Bn. & attached to 187 th Bn.	Witley	11-1-17	Pt II DO 36.
20. 2. 17	187 th Bn.	Attached to 187 th Bn.	Seaford	11-1-17	Pt II DO 45
20. 2. 17	187 th Bn	ceases to be att: 187 th Bn & to att: 21 st Res Bn.	Seaford	20-2-17	Pt II DO. 45
27. 4. 17	21 st Res Bn.	Attached 21 st Reserve Bn.	Bramshott.	20-2-17	Pt II DO. 107.
27/6/17	21 st Res Bn.	ceases to be attached to 21 st Res Bn. on return to 1 st Cent Out Reg Depot	Bramshott	27/6/17	Pt II DO 168
27. 4. 17	1st C.O.R.D.	T.O.S. 1st C.O.R.D.	West Sandling	27.4.17	Pt II D.O. No. 49
29. 9. 17	4	att to 1st C.O.R.D. Brighton	"	28.9.17	Pt II DO 204

Lieut. & Asst. Adjt.
21st. Reserve Battalion (Australia).
W. Matton
Lieut. & Assist. Adjt.
for O, C, 1st C, O, R, D,

Casualty Form—Active Service.

Regiment or Corps 109th BattalionRegimental No. 724665 Rank Pte Name Hefferman William JohnEnlisted (a) 22.11.15 Terms of Service (a) D of War Service reckons from (a) 22.11.15Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } _____ to lance rank } _____ roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (i) _____

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				
29 SEP 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11	ORDER No.	231	
<i>6/11/17</i>		EMBARKED FOR CANADA FROM LIVERPOOL			<i>Wine Lt.</i> Commanding Lt. Col. Canadian Discharge Depot. <i>Wine Lt.</i> Commanding Lt. Col. Canadian Discharge Depot.

(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.

[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				

Temporary
MEDICAL HISTORY SHEET

Surname Nefferman Christian Name William John

Examined on 22 day of Nov 1915
at Lindsay Ont

Approved by _____
Rank _____ M.O. _____

Birthplace { City or Town Toronto
County Ontario

Apparent age 38

Trade or occupation Mechanic

Height 5 feet 5 Inches

Weight 160 lbs.

Chest measurement { Minimum 38 inches
Maximum expansion 2 inches

Physical development _____

Small-pox Marks _____

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 17/12/15

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

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

Enlisted on 22 day of November 1915 at Lindsay Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>109 Bn.</u>	<u>724665</u>		<u>22 Nov 15</u>
Transferred to	<u>124 Bn.</u>			<u>7 Dec. 16.</u>
	<u>187 Bn.</u>			<u>12 Jan 17</u>
	<u>21st Res.</u>			<u>10 Feb 17</u>
	<u>1st C.A.D.</u>			<u>9 Sept 17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>East Sandby</u>	<u>18.9.17</u>	<u>Acute Infectious C III</u>	<u>Hygienic Capt Clerk</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.

724665

DUPLICATE.

MEDICAL HISTORY SHEET

DUPLICATE

Surname *Kefferman*

Christian Name *William John*

Examined { on *4th* day of *December* 191*5*
at *Lindsay*
Birthplace { City or Town *Toronto*
County *Ontario*

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

Apparent age *36 years*
Trade or occupation *Carriage Painter*
Height *5* Feet *3 1/2* Inches.
Weight *150* Lbs.
Chest measurement { Minimum *35 1/2* inches.
Maximum expansion *37 1/2* inches.
Physical development *Good*
Small-Pox Marks *None*

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

Vaccination Marks { Arm Right *None* Left *Two*
Number *Two*
When Vaccinated last *February 7th 1916*

Date	Result	VACCINATIONS.
<i>7-2-16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
		M.O.
		M.O.

(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.
<i>2-5-16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>10/5/16</i>	<i>"</i>	<i>J. McCulloch</i> M.O.
<i>18/5/16</i>	<i>"</i>	<i>J. McCulloch</i> M.O.

Enlisted on *22nd* day of *November* 191*5* at *Lindsay*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Batt C.E.F.</i>	<i>724665</i>		<i>22-11-15</i>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

W. J. Kefferman
4/2/15

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

ORIGINAL

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Kingston, Ont. DATE Feb. 18/18

1. (a) Unit 724665 109th Batta. Regimental No. 724665 (c) Rank Pte.

(d) Surname Hefferman (e) Christian name William J.

2. Age last birthday 41 Date of birth 1877

3. Enlisted at Lindsay on Nov. 22/15

4. Personal description:—

(a) Height 5'6" (b) Weight 150 (c) Complexion dark

(stripped)

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks

See No. 10

5. Address after discharge (for the use of the Board of Pension Commissioners)

William St. S. Lindsay, Ont.

6. Former trade or occupation

7. (a) Service Years Days

	PERIODS	
	From	To
109th Battn.	Nov. 22/15	Dec. /16
124th Battn.	Dec. /16	Feb. /16
187th Battn.	Feb. 1916	date

(b) Has he been overseas? yes - never in France.

8. Present disease or disability (use authorized nomenclature if possible) 1. Effects of injury to both ankles. 2. Valvular disease heart.

(a) Date of origin 1-May 29/17 2-unknown (b) Place of origin 1-England. 2-unknown

(c) Cause* Injury from fall from a roof. 2-unknown.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

(1) This man enlisted as bandmaster. Went to England July 1916. Fell from the roof of a building from height of 35 feet. He was trying to reach one of his bandsmen who was under the influence of liquor & had climbed out on the roof; he slipped & fell to the ground dislocating both ankles. Was in hospital from May 29/17 to Sept. 7/17. At present man complains of soreness & stiffness in both ankles after walking about 1/2 mile.

Examination The right ankle is tender on pressure & shows considerable swelling, particularly below the internal malleolus. The foot is inverted & weight falls on outside of foot. There is some swelling also at the back.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

24

10. History:

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

linear scar 2" long across bridge of left metatarsal bones.
2 vaccination marks on right arm.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

1. one year - then re-examination. 30% - 1 yr - then re-examination.
2. 20%

12. Did the disability arise on or off duty? 1. On duty. 2. On duty.

13. Was a Court of Inquiry held? 1 & 2. No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

1 & 2. Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2. No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. one year then re-examination. 2. Permanent.

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

2nd Eastern Genl. Hospital Brighton.
Queen's Military Hospital, Nov. 21/17

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

19. Can the former trade or occupation be resumed?

20. Recommendations That this man be discharged as unfit for further service.

H. Langford Capt Aime
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned W. J. Heffernan have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. J. Heffernan
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

Yes.

23. It is certified that the soldier

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

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

TO BE COMPLETED WHEN TREATMENT IS REFUSED

W. G. Gibson ^{President}
E. D. McCallum ^{Member}
L. N. Armstrong ^{Member}

STATION Kingston

DATE Feb. 21/18

APPROVED BY

DATE FEB 28 1918

APPROVED BY

DATE

W. C. Gray ^{Captain A. M. C.}
Assistant Director of Medical Services.
 For A. D. M. S. M. District No. 3.

Director-General of Medical Services.

of the right heel. All movements of toes & ankles normal. X-ray shows
 Fracture of right navicula which has been partly displaced towards
 the dorsum of the foot. The bone has been considerably comminuted.
 Incomplete fracture of the Os Calcis. Left foot-The L. foot is flat & there
 is some swelling at the back of the heel.
 (2) Man complains of some shortness of breath on exertion. Large
 Says this first began to trouble him on route marches in England.
Examination. There is a systolic murmur heard best at the apex &
 transmitted to the axilla. The apex is in the 5th interspace just inside
 nipple line. Pulse 72 - on exercise 110 coming back to normal in 5 min.
 Lungs normal. B.P.S. 130 B.P.D. 93
 Urine:- S.G. 1020 - R. acid - Alb. nil - sugar nil.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.
801
Year
1917

Regimental No.	Rank.	Surname.	Christian Name.
724565	Sgt	Hefferman	W. J.
Unit.	Age.	Service.	
21 Reg. Canadian	40	1 1/2	

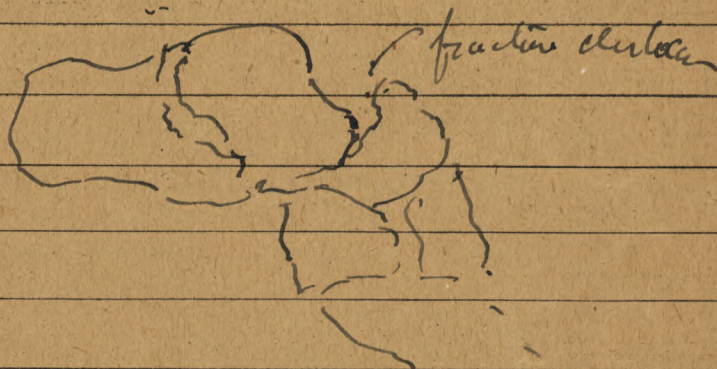
Station
and Date.

30. 5. 17

Disease Dislocation Rt. intertarsal joint - fracture
left lower tibia.

He fell from a height about 30ft and
landed on his feet. The Rt foot was shorter than left
and inclined to the in. Anesthetic reduction
attempted. X Ray showed no special changes
to an iller anesthetic given. Left leg no dislocation
or deformity.

7/9/17



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

Station
and Date.

QUEEN'S MILITARY HOSPITAL—REPORT OF ADMISSION.

Date Local Injury

No. 724665 Rank Pte Name H. J. Nefferson

Corps 109 Battalion

Address Wellton St. South, Lindsay Ont.

Next of Kin Wife

Occupation Musician

Age 40

Enlisted Nov 1915.

Examined by _____

Height 5 ft 6 ins.

Chest 40"

Complexion Dark

Hair Dark

Eyes Blue

Religion Methodist.

History:— Had been England from July 1916 till Nov 6/17.
Had Rheumatism and Lumbago even at the time of enlistment
but was kept on strength because of his services as
bandmaster.
Marching aggravated the Rheumatism and Lumbago.
Had an injury on May 29/17. Fell from a building
and dislocated the bones of both feet.
Was in hospital till Sept 7, 1917

Complains at present of pains in back across
lumbar muscles. Says he strained his back
lifting a weight 10 years ago.

Complains of swelling of his feet and with
great difficulty in walking on account
of the condition of his feet.

Observation:—

No tenderness on pressure over the
lumbar muscles.

There is considerable swelling around the
heel of the both feet as more
marked in the right one, just behind
the malleoli

There is a systolic murmur heard at the apex
Apex in 5th intercostal just inside nipple line.
Lungs normal
his - effects injury to both ankles. 30% - 1 yr re Exam 1917

2 V H H. 20% - on duty, permanent

Pay

On Boat

At Quebec

Cheque

Bat 8, Discharged from H.M.S. Mar 13-18

Received

W. Angus Esq. Capt.

A 39130

Date

Name

Rank

No.

Corps

Address

Next of Kin

Occupation

Age

Enlisted

Examined by

Height

Weight

Complexion

Hair

Eyes

Religion

History

Occupation

THE

JACKSON PRESS

Printed at
Quebec
Chapin

This space to be for numbers.

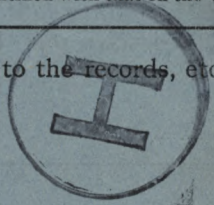
11-12-30

Proceedings on Discharge.



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

No. <i>24665</i>	
Rank <i>Pte</i>	
Name <i>Hefferman W. J.</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>109th Bn.</i>	
Date of Discharge <i>11-3-15</i>	
Place of Discharge <i>Kingston Ont</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>41</i> years..... <i>9</i> months.	Descriptive Marks <i>One Vaccination mark Right arm. Scar on left foot</i>
Height..... <i>5</i> feet..... <i>6</i> inches.	
Complexion <i>medium</i>	
Eyes <i>Blue</i>	
Hair <i>Dark</i>	
Trade <i>musician</i>	
Intended place of residence } <i>Lindsay 3-58</i> (To be given as fully as practicable.) } <i>Ont. 11-3-15</i>	
2. The above-named man is discharged in consequence of <i>Being medically unfit for further service arising from injury</i>	
<small>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.</small>	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very good.</i>
	<i>Very good.</i>
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	



Recd 3/12/19

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.....

Three horizontal dashed lines for listing 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) Hampton

J. B. Birdsell Major
O. O. "C" Unit, M. H. O. C.

(Date) 11-8-18

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.

(Place) Hampton W. J. Heffernan (Signature of Soldier.)

(Date) Feb 28-18 A. Hoedt (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) 2 years 4 days.

Total 2 years 4 days.

11. Confirmation of Discharge.

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

(Place) Hampton

(Signature) J. B. Birdsell Major

(Date) 11-8-18

O. O. "C" Unit, M. H. O. C.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Paid up to end of Feb. 18,
W. J. Heffernan.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724665 Rank Pte. Name Hefferman, WJ.

Corps. 109th Battalion who was* Discharged

On March 11th 1918, to Class 3, Medically unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1st 1918, to March 11th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by Cheques } No.....			Reg'tl Pay..... <u>11</u> days at \$ <u>1</u> c.....	<u>11</u>	<u>00</u>
} No.....			Field Allow. <u>11</u> days at \$..... c <u>10</u>	<u>1</u>	<u>10</u>
Assigned Pay and Sep'n Allice. No. <u>9401</u>	<u>16</u>	<u>00</u>	Separation Allowances* (Monthly).....	<u>9</u>	<u>00</u>
Other charges.....			Other Allowances*.....		
Payment on transfer or discharge No. <u>9402</u>	<u>13</u>	<u>10</u>	Other Credits*..... <u>Clothing</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	34	10	Total.....	34	10

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has Emp. Rate (‡) been paid on account of Assigned Pay for the month of March 1918 and Sep'n Allice. for month of 1918 (to) Assignee. Mrs. S. Hefferman,
(Address) c/o Babcocks Store,
Lindsay, 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:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted pd to date discharge
- (3) cause of discharge..... authority 3MD 83-H-202
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date March 9th, 1918

Place Kingston, Ont.

W. Peter 2 Capt
Paymaster, "C" Unit M. H. C. C.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque # 9402 attached

CANADIAN CONTINGENT EXPEDITIONARY FORCE

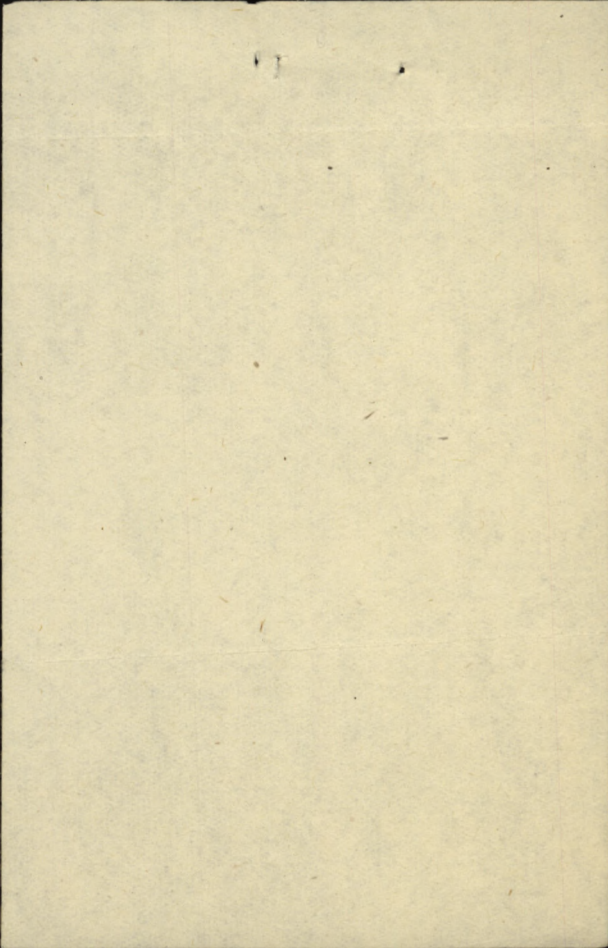
PAY CERTIFICATE

3

Faint, illegible text throughout the page, likely representing a pay certificate or official document. The text is mirrored across the fold.

Faint text at the bottom right corner, possibly a date or signature area.

accident 6
Dislocation 6
sore 1
Lower leg 9
ankle 5



W. J. H.

Number

724665

Rank

Sgt.

Surname

HEFFERNAN

Christian Name

William John

Units

109th Bn. Can. Inf

Theatre of War

Eng.

Date of Service

31-7-16

Remarks

Sent to 14 Durham St. E.

Latest Address

Lindsay.

Ont.

Roll No.

at Page 3011

200m.-2-21.M.

W. J. H.

W. J. H.

DESP DEC 27 1922

REGON

10307

101

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L No.

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

Sailed from Liverpool per
 S. M. Olympic 6-11-17. Dis of
 A. G. Class C 3. M. D. # 3.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

59	2nd Eastern Gen Brighton	6-17	July to Sep X
C 44 ¹	Disch	7-9-17	July left Reg.
328	M.S.C.C. Kington	21-11-17	Disg Depot Halifax. posted as outpatients of Queens. Mil Hosp.

A 39130

REG. NO. 724665 NAME Hefferman W. G.
(SURNAME FIRST)

32 ✓

RANK Pte. CORPS 109 BATT.

AGE 40 SERVICE 8 15/2

NAME OF HOSPITAL Queens Mil. PLACE Kington

DATE OF ADMISSION 21 11 17

DISEASE (Injury to foot Dislocation Ankle)

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD 17-3-18

REMARKS

A series of horizontal dashed lines for writing remarks.

No. 724665 RANK

Pte

NAME

Stefferson, W. J.

T. O. S. 25-11-15. UNIT

109th Battalion

D.O.G. 20-11-15.

M. D.

13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Nov. 25	Nov. 30	✓		
	Dec.	✓		
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓	App. Sgt. Drummer.	D.O. 109. 27-3-16.
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



Surname

Hefferman

Christian Name or Names

W. J.

Reg. No.

724665

Rank

Sgt

Unit

21st Res Bn

Co.

Alb. Rec.

Troop

Batty.

Hospital

2.E.G.H. Brighton 1-6-17 Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Inj. Leg. *jl*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 7-6-17 59

Discharged - 7-9-17

REMARKS

24-10-17 C. 44(1)

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

TLH. Rank Name HEFFERNAN, William John, Reg'l No. 724665
 Unit 109th.Bn. If in perm. Corps, }
 What Unit? } Married or Single Married.
 Place and Date of Enlistment Lindsay, 22nd.Novr.1915. Place of Birth Toronto, Canada
 Name and Address, Next-of-Kin Susie Heffernan,
c/o Babcock's Store, William Street, Lindsay, Relationship Wife.
Ont.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No.	<u>9.626</u>
File R.L.	<u> </u>
Category	<u>Cancel</u>

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7265-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5-8-16	O.C. 109 th	App'd Prov. Sgt. Drummer	Oweny	5-8-16	Pl. II D.O. 218 & D.O. 255
8-12-16	"	S.O.B. on trip. to 124 th Bn	Whitely	8-12-16	PT D.O 343
9-12-16	O.C. 124 th	S.O.B. on trip. to 109 th	"	"	" 265
14-12-16	"	Reported to Open Grade for absence without leave.	"	14-12-16	" 271
18-1-17	"	S.O.B. on trip to 187th Bn	"	11-1-17	" 18
14-1-17	O.C. 187th Bn	D.O.S. on trip from 124th Bn	"	11-1-17	" 18. Cancelled by D.O. 39.
18-1-17	124 th Bn	D.O. 13. cancelled.	"	"	" 18
"	"	S.O.B. 124 th Bn on transfer to cease	"	10-1-17	" 18
5-2-17	"	ceases to be held to 124 th Bn and is attached to 187 th Bn	"	15-1-17	" 36

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.				
6.2.17	6666	S.O.S	Hastings	10.1.17	11062
13-2-17	OL. 187 th	Pt. II. 00.13 is cancelled	W. etting	13-2-17	Pt. II. 10.39.
20-2-17	" "	" " " " " " " "	Seaford	20-2-17	" " " 44
20-2-17	" "	Att for D. cis. R. 7 P.C. etc	Seaford	11-1-17	" " " 45
20-2-17	" "	Trans 600 att for D. cis R. 7 P.C. etc	Seaford	16-2-17	" " " 45
5.3.17	CCAC	Ceas att 17 th 9 th of Jan 187 th	Hastings	8-1-17	108
21.4.17	GCAG.	S.O.S. on transfer to 1 Cent Cont Regiment remains on com'd 21 st Div	Hastings	10.3.17	Pt. II D.O 158 (Not C.D.P.D) D.O. 49 ^d 27-4-17 P.FE
7.6.17	2nd Res. B.L.	Adm 2nd Cont. Gen. Sup.	Brighton	1.6.17	62.59, dying to by
27.6.17	"	ceases to be attached 26 th Co on return to 1 st B.O. R. S.	B. plott. Pt.	27.6.17	DO. 168 (in C.D.P.D.) Pt. II 10-17 44 DO. 186
29.9.17	6666	On Com CDD Brighton	Salvy "	28.9.17	Pt. II. 204
23.10.17	AK. B.L. 20	Discharged from Corp.	Brighton	7.9.17	62.6.44
21.11.17	6666	Leases on Com CDD & Salvy Pt.	Pt.	6-11-17	DO 257.
		So 26 Canada for disposal by abs			
		Halifax Convalescent	M.D.S. Kingston	14-11-17	Norm. Roll. 398.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

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

Susan
Sarah Hefferman
wife

PAYMENTS.

Name of Soldier

Hefferman W J
724665

Month.	Year.	Cheque No.	Amt.	Remarks.
		P656	25	
April	1916	H 1914	25	25 H. 1914 cancelled rewrite
May		S 5547	25	25
June		S 7270	25	25
July		Y 8831	25	25
Aug.		W 12218	25	25
Sept.		P 16056	25	25
Oct.		I 15262	25	25
Nov.		O 23003	25	25
Dec.		O 25894	25	25
Jan.	1917	S 28955	2.5	25
Feb.		832059	2.5	25
March		S 35197	2.5	25
April		T 1082	2.5	25
May		S 4626	2.5	25
June		V. 7M6	25	25
July		S 11073	2.5	25
Aug.		F 14899	2.5	25
Sept.		E 18132	2.5	25
Oct.		K 20511	2.5	25
Nov.		J 23096	2.5	25
Dec.		L 27063	2.5	25
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$600.00
 \$550.00
 A/c Closed 31/12/17
 Ret'd per. Olympic
 Date 6/11/17 F. X. 27/11/17
 Clerk B. Peters

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

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

1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Susan*
Sarah Hefferman

Address

*Lindsay
Ont.*

Relation to Soldier

wife, child or mother

}

wife.

Name of Soldier

Hefferman Wm J

Regtl. No.

724665

Rank

Sgt.

Corps

109 Battr.

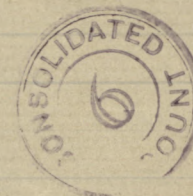
To what Corps belonging

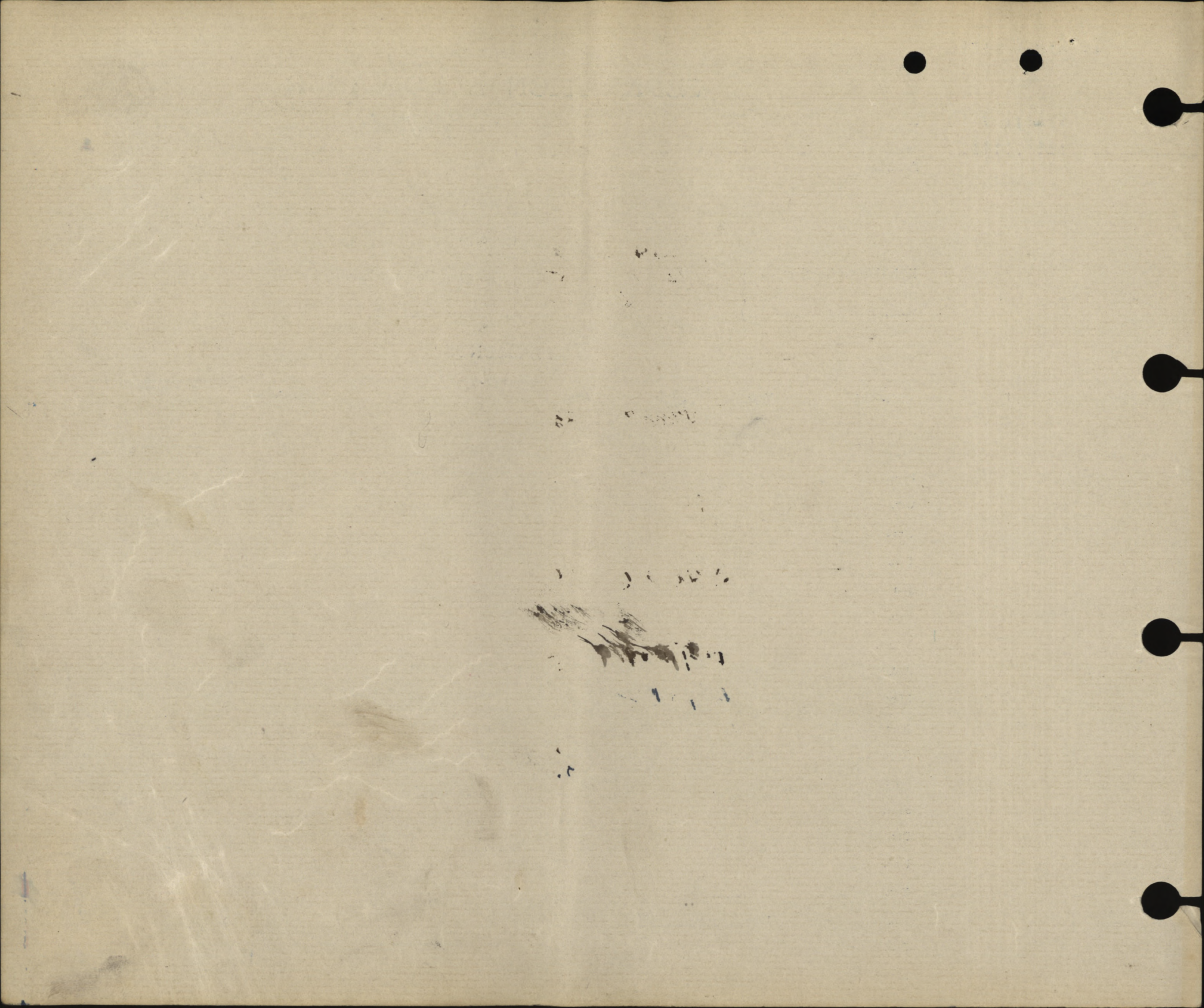
when called out

}

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		<i>M 28868</i>	<i>25</i>	<i>25</i>





MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-39-512

Sheet No. 2.

Mrs. Susan Heffernan
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

Heffernan W. J.
 # 724665 Sgt. 109 Batt.

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20. ⁰⁰
April	1916			
May				
June				
July				
Aug.		J 5146	20	
Sept.		Y 16689	20	
Oct.		S 21325	20	
Nov.		I 26432	20	
Dec.		M 32172	20	
Jan.	1917	Ch U 38592	20	
Feb.		V 40454	20	
March		U 46362	20	20-l. 46362 cancd by G. 8/2/17
April		Y 2441	20	20 w.
May		N 8581	20	
June		U 15277	20	20 cu
July		S 22669	20	cu
Aug.		V 29754	20	03
Sept.		1 36506	20	320
Oct.		T 42536	20	
Nov.		2 48372	20	
Dec.		A 48997	20	
Jan.	1918			A. 48997 cancelled
Feb.			 320..... A/c Closed 30-11-17
March				Ret'd per <u>Alypsie</u>
April				Date 6-11-17... X 26-11-17.
May			 Clerk <u>JAP</u>
June				
July				

cb

3

3500

AUG 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

178

To Whom Mrs. Susan ^{Wife} Heffernan By Whom Assigned Heffernan W. J.
 Address Lindsay, Regtl. No. 724665 **AUG 1 1916**
Ont. Rank Sgt.
of Basecocks Store Corps 109 Batt.
Basecocks **AUG 1 1916**
 Rate \$20.

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				



1. 2. 3. 4. 5.

Name *Hefferman H. J.*
 Regimental No. *724665*
 Unit *109 Bn*
 Date of enlistment *Nov 1915*
 Place of " *Lindsay*
 Married (yes or no) *Yes*
 Amount of pay assigned monthly \$ *20⁰⁰ 1/8/16 to 30/1/17 \$300⁰⁰*
 To whom payable *Mrs Susan Hefferman*
 Character on discharge *Discharge*
 Name and address of next-of-kin *Home William H Smith Lindsay Ont.*
 Date and place discharged *MD 15/11/17 Camp Howe*
 Reason for discharge *SA \$25⁰⁰ 1/3/16 to 31/12/17 - \$550⁰⁰*
Deposited 14/11/17 Lindsay O. C. Cated III HQ 649-H-16327

L. 66 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount									
<i>1/10/17</i>	<i>30/11/17</i>		<i>60¹⁰</i>	<i>60 - 60¹⁰ = 6 -</i>					<i>1778</i>							<i>Eng SPL at 1273</i>
																<i>" 13707</i>
									<i>8328</i>							<i>" Post</i>
																<i>CP Staff</i>
																<i>9447 Nov 9/17</i>
																<i>9447 Lt Crundon refer 1/17</i>
																<i>Showing of date 30/1/17</i>
																<i>Aug 25 to 30 unit</i>
																<i>Back pay credits</i>
																<i>were made at \$25⁰⁰</i>
																<i>Month. This matter is being</i>
																<i>investigated, and if you</i>
																<i>our pay credits have</i>
																<i>made you will be</i>
																<i>duly paid for same</i>
																<i>can be recovered through</i>
																<i>Post Discharge Pay</i>
																<i>10/12/17 Saabon 1/17</i>
																<i>of my 20⁰⁰ of 1/17.</i>
																<i>Eng at Camp for 1/8/16 to 31/10/17 - \$300⁰⁰</i>

*300
of 1/17*

File No. 8329-W-6
17-7-19

WAR SERVICE GRATUITY.

Register No. H 656

Reg. No. 724665 Dependent Mrs Susie Heffernan
 Name Heffernan, John Address 19 William St South
Lindsay Ont

Dep No.	W.S.G. File No.
Award... days @ \$	per day \$
S. A. months at \$	per mo. \$
Less P. D. P. credited	\$
Less further debit balance	\$
Net due paid as below	

Pay Soldier TO SOLDIER DEPENDENT Pay Dependent \$ 150
 Clerk A. Snela Days 153 Rate 70⁰⁰ Due 350
 Less P.D.P. credited 175¹⁰
 Less further Dr. Bal. sa 60⁰⁰
 or overpayment.
 Net 264.90

R.
 W102
 14/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>1267/19</u> <u>meas 28-7-19</u>	<u>2891</u>	<u>496635</u>	<u>70 00</u>		<u>125/8/19</u>	<u>8076</u>	<u>509942</u>	<u>1500</u>
<u>2 25/8/19</u>	<u>8075</u>	<u>509943</u>	<u>70 00</u>		<u>2</u>			
<u>3</u>		<u>2</u>	<u>70 00</u>		<u>3</u>			<u>Credit slip</u>
<u>16/9/19</u> <u>mtd 17.9.19</u>	<u>24502</u>	<u>319047</u>	<u>3990</u>		<u>4</u>			<u>25/11/21</u> <u>File 8329 W6</u> <u>166</u>
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

GEN'L AUDITOR
 Posting checked by [Signature]
 Date 26/11/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Erms
Wm Jm

Name **Hefferman, William John**
Surname Christian Name

Regimental Number **724665** Rank **Pte.**

Unit **109th Bn. C.E.F.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **11-3-18.**

P. D. P. Filing Number **18-81-3.**

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

F329-W 2.

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	1611	13-3-18	58 00	1579	13-4-18	58 00	1524	13-5-18	59 10		175 10

M. F. W. 127.
60M-617.
1772 39-1140.

Remarks:

Am

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1. 3. 16

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25			
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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **724665'**
 Rank **Sgt** - Promoted Reverted Discharge
 Soldier's Name **H. J. Hefferman**
 Battalion **1890 BATTN.**
 Beneficiary **Susan Hefferman**
 Relationship **wife.**
 Address **Lindsay Out.**

PARTICULARS OF ASSIGNMENT

Name **Mrs Susan Hefferman (wife)**
 Address **40 Babcocks Street**
 Change of Address **Lindsay Out.**

1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					File 8329-W-6
Dec 31		550	320	870	
		xx	xx		

closed 30-11-17
 Sgt. a.p. also closed 31-12-17 Ret² pu Olympic
 6-11-17 F 27-11-17
 Soldier reverted on 9/12/16 but
 as S/A was paid at Sgt. rate. S/A £. 14¹²/₁₇
 was overpaid 80. Refund
 requested on 15/3/18 @.

Recovered from W.S.G.
 Cr Slip issued Dec 25/17.
 JWP

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7593.

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

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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
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M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7588.

MARRIED OR SINGLE *Married*
 PLACE OF BIRTH *Toronto Ont*
 NAME AND ADDRESS OF NEXT OF KIN *Susan Hefferman
Lindsay Ont Can*
 RELATIONSHIP OF NEXT OF KIN *wife*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reservion</i>	<i>14-12-16</i>	<i>S.O. 271</i>

REG'L. No. *724665* RANK *Sgt* NAME *Hefferman William John*
 IF IN PERM. CORPS | UNIT *109th Bn* TRANSFERRED TO *124 Bn.* DATE *21-1-17* AUTHORITY *10343*
 WHAT UNIT |
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *ceae.* DATE *1-2-17* AUTHORITY *S.O. 18*
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *2nd Lt. Redn* DATE *21-1-17* AUTHORITY *10343*
 DATE OF ATTESTATION *Nov 25/1915* TRANSFERRED TO *L* DATE *2-10-17* AUTHORITY *Prof Co*
 ASSIGNED PAY MONTHLY \$ *20⁰⁰* DATE EFFECTIVE *aug 1st 1916*
 PAYABLE TO *Susan Hefferman Lindsay Ont* RELATIONSHIP *wife*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *11-1917* REASON *Discharged*
 DISCHARGE DATE AND PLACE *Canada* DATE *1-10-17* REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
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P 697. *724665-1st Lt. Hefferman W.J.*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks
		francs	£	S.	¢			
<i>12/2/17</i>	<i>136</i>	<i>2</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Reas Ballou</i>	<i>Disch 11/18</i>	
<i>10/7</i>	<i>106</i>	<i>10</i>	<i>2</i>	<i>4</i>	<i>3</i>	<i>Adm' Comd</i>	<i>Nov</i>	
<i>24/9</i>	<i>263</i>	<i>10</i>	<i>2</i>	<i>4</i>	<i>3</i>	<i>Adm' Comd</i>	<i>Nov</i>	

TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	1	2	3	4	1	2	3	4				CREDIT	DEBIT				
<i>150</i>																	
<i>4650</i>																	
<i>45</i>																	
<i>4650</i>																	
<i>13950</i>																	
<i>45</i>																	
<i>4650</i>																	
<i>23100</i>																	
<i>261</i>																	
<i>1210</i>																	
<i>3080</i>																	
<i>3210</i>																	
<i>27</i>																	
<i>36000</i>																	
<i>11</i>																	
<i>3410</i>																	
<i>40510</i>																	
<i>40510</i>																	

Sh No 49. 6-11-17 to Bal 17 28 Less £1 + £2

