

OK

"B." ~~A.~~ Coy. 1/10  
22  
1893

# ATTESTATION PAPER.

No. 724663.

Canadian Over-Seas Expeditionary Force **ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- Sergeant Hooper*
1. What is your surname? *Hooper*
  - 1a. What are your Christian names? *George Herbert Bertram*
  - 1b. What is your present address? *42 Queen St. Lindsay*
  2. In what Town, Township or Parish, and in what Country were you born? *Bakwood, Ont.*
  3. What is the name of your next-of-kin? *Mr Elizabeth Hooper*
  4. What is the address of your next-of-kin? *48 Queen St. Lindsay Ont. back*
  - 4a. What is the relationship of your next-of-kin? *mother*
  5. What is the date of your birth? *18 May 1893*
  6. What is your Trade or Calling? *Electrician*
  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? *No*
  10. Have you ever served in any Military Force? *No*
  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, G. Herbert Bertram Hooper*, 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 *4<sup>th</sup> Dec* 191*5*. *George Herbert Hooper* (Signature of Recruit)  
*A. J. Regan* Capt. (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

*I, G. Herbert Bertram Hooper*, 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 *4<sup>th</sup> Dec* 191*5*. *George Herbert Hooper* (Signature of Recruit)  
*A. J. Regan* Capt. (Signature of Witness)

## CERTIFICATE OF MAGISTRATE. C. E. F.

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 *20* day of *January* 191*6*.

*[Signature]* (Signature of Justice)

to  
OK

# Description of Herbert B. Hooper on Enlistment.

Apparent Age 22 years 6 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 5 ft. 4 1/2 ins.

*Small birthmark under right nipple*

Chest measurement { Girth when fully expanded ..... 33 ins.  
 Range of expansion ..... 2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denominations. { Church of England .....  
 Presbyterian ..... Presby  
 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 he declares that he is not subject to fits of any description.

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

Date December 4th 1915

Place Lindsay, Ont.

*J. McCulloch*  
 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.

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

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

Date JAN 20 1916

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



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

Attestation Papers..... 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 1 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate..... 1

Name *Hooper, George Herbert B.*

Regt. No. *72466* Rank *Pte*

Corps *109th Bn. C. E. 7.*

*Permanently Unfit.*



32269



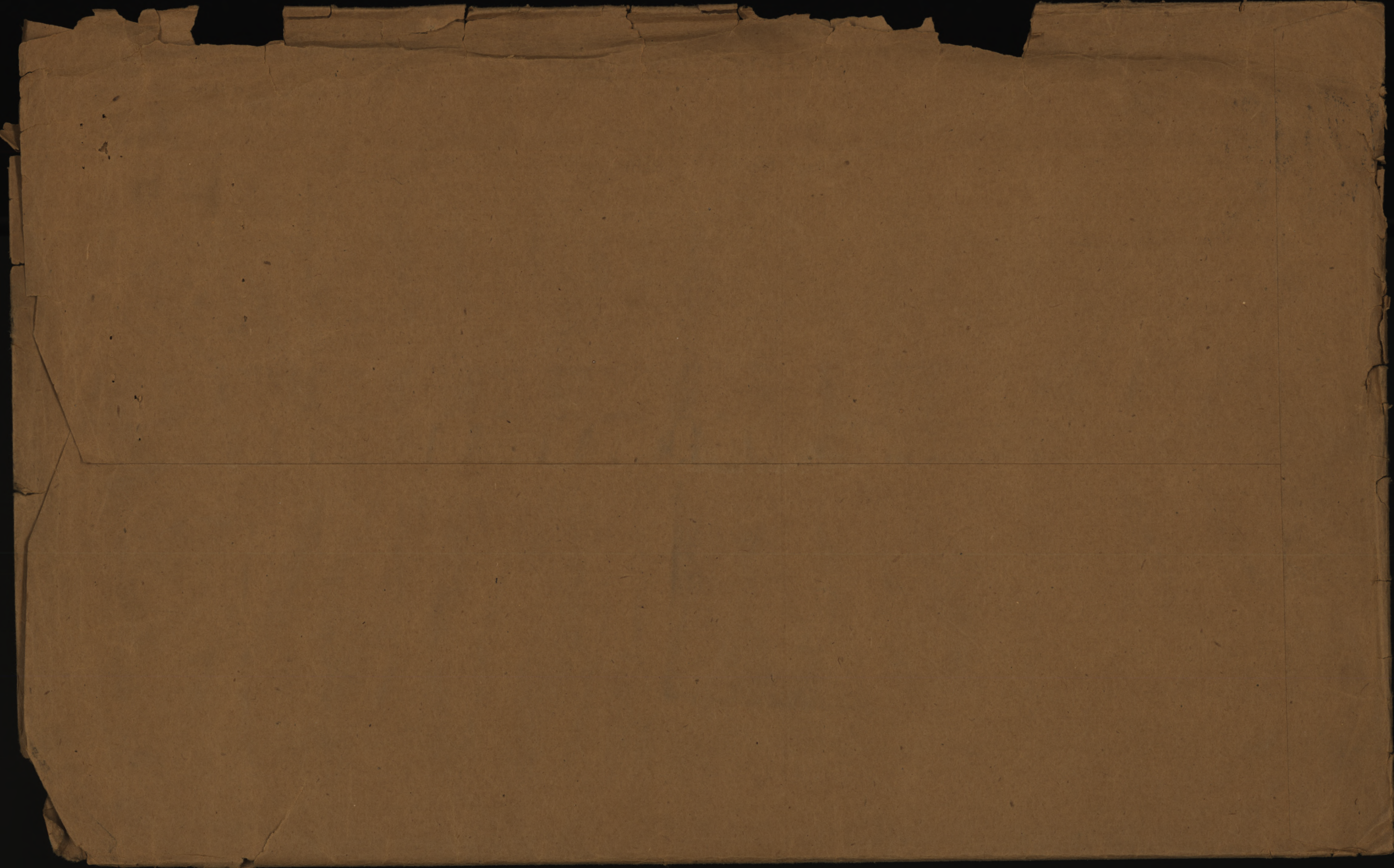
406406

*Army Form B122-1.*

*as said  
m 7 W 6 7-1*

(V)  
3-31  
22-31  
26 31

*B122-1*



DEPARTMENT OF VETERANS AFFAIRS  
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Toronto

The Public Archives Records Centre  
Tunney's Pasture  
Ottawa 3, Ontario

MARK YOUR REPLY:

Attention: Reference Section

For attention of:

Sundas  
Re: HOOPER  
(Surname)

George Herbert  
(Christian Names)

Service No. 724663

Veteran is stated to have served during S. African War ( ) World War I (✓)

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

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) 109th Bn. Pte.
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_
- (e) \_\_\_\_\_
- (f) \_\_\_\_\_
- (If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE
- (a) South African War  
Date and port of embarkation \_\_\_\_\_
- (b) World War I - (If Canada only, state if with territorial limitations).  
Canada, Britain and France  
Date(s) embarked for U.K. \_\_\_\_\_
- IF CANADA  
AND  
U.K. ONLY
- Date(s) disembarked in Canada from U.K. \_\_\_\_\_
- Period(s) of desertion in U.K. \_\_\_\_\_

3. Any other military service

4. Date and place of all enlistments

5. Date of all discharges and reason  
20 Jan 16 Lindsay Ont
6. Date and place of birth as per attestation paper  
13 Feb 17. Medically unfit

7. Marital status; If married, name in full of wife  
18 May 1893 Oakwood Ont

8. Religion single  
Presbyterian

Decorations, if any  
WVA 18.

Head, Accessions and Reference Section

Krum 11/8/80

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

TO THE DIRECTOR OF THE UNIVERSITY OF CHICAGO

FROM [Name]

DATE [Date]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

[Address]

F.L. No.: \_\_\_\_\_

WORK SHEET

724663 HOOPER George H.  
Number Rank Given names Surname

ENLISTMENT: Date \_\_\_\_\_

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ REGT. OR CORPS \_\_\_\_\_

THEATRES OF SERVICE: \_\_\_\_\_

DISCHARGE: Date \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Reason \_\_\_\_\_

CONDUCT RECORD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PC 3264: Date of AWL \_\_\_\_\_

WILLS: Search made in DOCS no will Loose Papers NO WILL

File no will Will returned Nothing on file

If one in our custody, name of beneficiary \_\_\_\_\_

Date 19/3/81

Clerk's initials K

Toronto

10 JAN 83

E.F.

WORK SHEET

Number \_\_\_\_\_  
Rank \_\_\_\_\_  
Given name \_\_\_\_\_  
Surname \_\_\_\_\_

ENLISTMENT: Date \_\_\_\_\_

BIRTH: Date \_\_\_\_\_ Place \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

THEATRE OF SERVICE: \_\_\_\_\_

DISCHARGE: Date \_\_\_\_\_ Age \_\_\_\_\_ Type \_\_\_\_\_

Reason \_\_\_\_\_

CONDUCT RECORD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PO 3204: Date of W.P. \_\_\_\_\_

WILLS: Search made in JOCS \_\_\_\_\_  
Loose papers \_\_\_\_\_

Will returned \_\_\_\_\_  
File \_\_\_\_\_

If one in our custody, name of beneficiary \_\_\_\_\_

Date \_\_\_\_\_  
Glenn's initials \_\_\_\_\_

Glenn's initials





Veterans  
Affairs

Affaires des  
anciens combattants

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

2479095

NAME — NOM

HOOPER GEORGE H

SERVICE NO — MATRICULE

468-625-652 AMY WW1  
724663

DATE OF DEATH — DATE DU DÉCÈS

12 11-82

CPC NO — CCP N°

—

WVA — AAC. N°

6927511

PLACE OF DEATH — ENDROIT DU DÉCÈS

SUNNYSIDE MEDICAL CENTRE  
TORONTO ONT

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

TELEGRAM

JLO

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

2-12-82

DATE

N/C

**DUPLICATE**

L.O. 51-21-20-53

To be made out in 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.....

**724663**

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

**George Hubert Bertram Hooper**

(4) Place of Birth.....

**Oakwood Ont. Canada**

(5) Are you married, or not?.....

**Married**

(6) If married, state,

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

**May Grace Hooper**

(b) Present Postal Address.....

**Lindsay Ont. Canada**

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

**no**

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

**yes**

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

**1 girl**

Also their names and ages.....

**Olive Ruth Hooper**

**2 year**

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

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

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

If so, state name and address.....*Elizabeth Grace Hooper*.....

*Lindsay Ont.*

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

Are you her sole support, or not?.....*no*.....

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

.....  
.....

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

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

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

.....

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

If so, in what Company?.....*Prudential of America*.....

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 18<sup>th</sup> 1916.*.....

*[Signature]*

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

**Fill in Only.—Unit, Number, Rank and Name.**  
**Casualty Form—Active Service.**

M. F. W. 54. (A. F. B. 103.)  
 250M.—1-16.  
 H. Q. 1772-39-920.

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

Regimental No. 724663. Rank Private Name Sgt. Herbert Bertram  
C. E. F.

Enlisted (a) 4-12-16 Terms of Service (a) D of W Service reckons from (a) 4-12-15.

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) Electrician

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				
	<i>Embarked Canada</i>		<i>Halifax</i>	<i>24.7.16.</i>	
	<i>Disembarked England</i>		<i>Liverpool</i>	<i>31.7.16.</i>	
	<i>Transferred to, C. C. A. C. Sub-Office-</i>		<i>Bramshott</i>	<i>10-9-16.</i>	<i>D.O. Pt. II. 270</i> <b>ADJUTANT</b> <b>109th Overseas Battalion, C. E. F.</b> <i>ab Fairbairn</i> <b>CAPTAIN,</b> <b>ADJUTANT,</b> <b>109TH BATTALION CAN. INFANTRY.</b>
		<b>DISCHARGED.</b> under <b>Para 392, Sec. 16, K. R. &amp; O. 1912.</b> Being no longer physically <b>fit for war service.</b>			
		<i>Wm. H. Halliday</i> for Commandant. Canadian Casualty Discharge Depôt, <b>BATH.</b>			

(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.]

Army Form B. 213 (Rev. 1-1-41)

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				

424663

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Nooper Christian Name G. Herbert Berham

Examined { on 4<sup>th</sup> day of December 1915  
at Lindsay  
Birthplace { City or Town Cakwood  
County Ontario

Approved by J. McCulloch Capt.  
Medical Officer  
Rank 109th Oversea Evaluation, M.O.E.F.

Apparent age 22 years  
Trade or occupation Electrician  
Height 5 Feet 4 1/2 Inches.  
Weight 117 Lbs.  
Chest measurement { Minimum 31 inches.  
Maximum expansion 33 inches.  
Physical development Good  
Small-Pox Marks None  
Vaccination Marks { Arm Right None Left Two  
Number Two  
When Vaccinated last Feb. 2<sup>nd</sup> 1916

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

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/1/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>10.5.16</u>		<u>J. McCulloch</u> M.O.

Enlisted on 4<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C. &amp; F.</u>	<u>724663.</u>		<u>4.12.15.</u>
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u> Bramshott Camp, Hants. <u>12 SEP 1916</u> <b>APPROVED.</b>	<u>28/8/16</u> <u>21/9/16</u>	<u>asthma</u>	<u>Discharged</u> <u>A. Stewart Maj</u> PRESIDENT MEDICAL BOARD, BRAMSHOTT.
<u>W. Young</u> Major,			

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.  
KINGSTON, ONT. JAN 27 1917  
150M.-8-15.  
H. Q. 1772-39-439.  
D/ A.D.M.S. Mil. District No. 3  
For A.D.M.S. Mil. District No. 3

Surname *Kooper* Christian Name *G. Herbert Bertram*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
									<p>DISCHARGED.</p> <p>under Para 392, Sec. 16, K. R. &amp; O. 1912. Being no longer physically fit for war service.</p> <p><i>Mut-karell</i> for Commandant, Canadian Casualty Discharge Depot, BATH.</p>		

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# Medical Report on an Invalid.

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102607  
NE

Station Bramshott

Date 8-9-16

- 1. Unit. **109th Battalion**
- 2. Regimental No. **724663**
- 3. Rank **Private**
- 4. Name **Hooper H.B.**
- 5. Age last birthday **23**
- 6. Enlisted { on **December 4th 1916**  
at **Lindsay Ontario Canada**
- 7. Former Trade { **Electrician**  
or Occupation

## 8. Disability.

**Cardiac Asthma.**

### Statement of Case.

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

9. Date of origin of disability.

**1912**

10. Place of origin of disability.

**Lindsay Ontario Canada**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man has had about seven attacks during the last two months. These attacks usually come on at night, the attacks starting with pain in chest, transmitted down left arm, shortness of breath, the attacks then have the appearance of ordinary asthma but the acute symptoms will pass off in a few hours.

12. (a) Give your opinion as to the causation of the disability.

**asthma and an anginal condition**

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

(1) No  
(2) No

13. What is his present condition?

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

Fair weight 122 lbs

Condition varies from day to day, depending on how soon after an attack patient is examined. Emphysema is always present whistling rales can be heard. Since coming from Canada condition has been aggravated probably due to change of climate. Has never done anything but light duty as a bandman since enlisting.

Rales on both sides of chest; marked emphysema. Chest, normal 31 ins, expanded 32 ins. Circulatory System; heart normal, pulse 80 standing. He complains of pain in chest both sides. Urine normal.

He is nervous; sleeps well; appetite fair. Asthmatic attacks come on when he goes to bed or if he inhales dust. (P.D.S.)

14. If the disability is an injury, was caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

Disability

Cardiac Asthma

Statement of Case

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

No

- If so—
- (a) When ?
  - (b) Where ?
  - (c) Opinion ?

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

No

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

No

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

No

19. Do you recommend

- (a) Fit for duty ? **No**
- (b) Fit for light duty ? **No**
- (c) Invalided to Canada ? **No**
- (d) Discharge as permanently unfit ? **Yes.**

H. A. Boyd, Capt.

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

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

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

Opinion of the Medical Board.

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

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

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

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

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

(1) No  
(2) No

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

Climate aggravating underlying disability.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

22. Is the disability permanent?

Yes for military life

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

Not applicable

To be stated in months.

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

$\frac{1}{4}$  for 3 mos.

Will improve on returning to Canada

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

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

Not applicable

26. Do the Board recommend

(a) Fit for duty?

No

(b) Fit for light duty?

No

(c) Invalided to Canada?

No

(d) Discharge as permanently unfit?

Yes

This man states he does not want any vocational training.

Signatures:—

A. Stewart Maj. President.

Station Bramshott

H. Mearns Maj.  
H. Macharen Capt. Members.

Date Sept 8th 1916

Approved.

Station Bramshott

[Signature] Major,

Date Sept 12th 1916

For G.O.C. & for Administrative Medical Officer.  
Canadian Troops, Bramshott Camp.

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

Members of Board.

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

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

*Legal Adviser.*

Proceedings.

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

20. (a) State whether the disability is the result of injuries received or illness contracted (1) in the presence of the enemy (2) on active service. (1) No (2) No

21. (a) If due to one of these causes, to what specific condition do the Board attribute it? (b) Has the disability been aggravated by Intemperance? (c) Misconduct? (1) No (2) No

22. Is the disability permanent? Yes for military life

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

To be stated in months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Will improve on returning to Canada

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(a) Fit for duty? No

(b) Fit for light duty? No

(c) Invalided to Canada? No

(d) Discharge as permanently unfit? Yes

President

Members

*President.*

Lt.-Col.

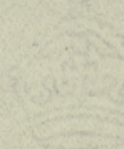
Lt.-Col.

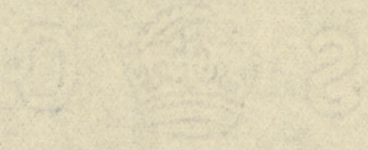
Major.

Major.

NOMINAL ROLL OF LOCAL CASUALTIES      109th. Btn. Can. Infantry.

<u>Number</u>	<u>Rank</u>	<u>Name</u>	<u>Remarks</u>
724663	Private	Hooper, G.H.B.	Desires to be discharged in Canada.

  
*A. Fairbairn* CAPTAIN,  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY.



This space to be for numbers.

# Proceedings on Discharge.

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

No. <u>724663</u>	
Rank <u>Private.</u>	
Name <u>George Herbert Hooper.</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>109th Battalion, C.E.F.,</u>	
Date of Discharge <u>February 13th, 1917.</u>	
Place of Discharge <u>Kingston, Ontario.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>23</u> .....years..... <u>8</u> .....months.	Descriptive Marks
Height <u>5</u> .....feet..... <u>4 1/4</u> .....inches.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Electrician</u>	
Intended place of residence } (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of  <u>BEING MEDICALLY UNFIT FOR FURTHER SERVICE.</u>	
<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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  <u>Very Good</u>
	<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.)	

M. F. B. 218.

50m.—3-16.  
H. Q. 1772-39-113.

(OVER)

*Handwritten:*  
Cand. in a.P.  
2-2-17.

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

N I L

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

6. Medals and Decorations.....

N I L

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) Kingston, Ontario.....

G. Hunter Gibbie Colonel

A. A. G. Military District, No. 3

(Date) January 29th, 1917.....

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) Kingston, Ontario..... (Signature of Soldier.)

(Date) January 29th, 1917..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Kingston, Ontario.....

(Signature) G. Hunter Gibbie Colonel

A. A. G. Military District, No. 3

(Date) January 29th, 1917.....



**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.)


## 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.  *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>

*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

## 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. 724663 Rank Pte. Name Hooper G.H.

Corps 109th Battalion who was\* discharged

On February 13th 1917, to Civil Life.

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1917, to February 13th 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	8	40
Advances by Cheques } No. _____			Regt'l Pay <u>44</u> days at \$ <u>1</u> c	44	00
} No. <u>3384</u>	36	50	Field Allow. <u>44</u> days at \$ <u>10</u> c	4	40
Assigned Pay No. <u>Sept 3212 &amp; 3512</u>	45	00	Other Allowances* <u>Clothing</u>	13	00
Other Charges*			<u>Subsistence D.O.</u> <u>9</u>	9	00
Payment on transfer or discharge No. <u>3513</u>	25	30	Other Credits* <u>Separation</u>	28	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	106	80	Total	106	80

\*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has \_\_\_\_\_ (‡) been paid on account of Assigned Pay for the month of January 1917 to (Assignee) Mrs. Mary Hooper  
 (Address) 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 H.Q. paid to 13/2/17  
 (3) cause of discharge and authority MD3, 88-H-46.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date \_\_\_\_\_

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

Date January 30th, 1917.

Place Kingston, Ont.

*[Signature]*  
 Captain  
 Officer Paying Returned Soldiers  
 Military District Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The undersigned hereby certifies that the following is a true and correct statement of the pay and allowances due to the member named hereon for the period from the date of his discharge to the date of his departure from the service of the Canadian Expeditionary Force.

Table with columns for Name, Rank, Service Number, and Amount. Includes entries for 'Pay', 'Allowance', and 'Total'.

On Transfer of an Officer. The undersigned hereby certifies that the following is a true and correct statement of the pay and allowances due to the member named hereon for the period from the date of his discharge to the date of his departure from the service of the Canadian Expeditionary Force.

Witness my hand and seal at Ottawa, Ontario, this 1st day of December, 1917. [Signature]

Number

724663

Rank

W/6

Surname

HOOPER

Christian Name

George Herbert Bertram

Units

109<sup>th</sup> Bn Cdn Inf

Theatre of War

England

Date of Service

31-7-10

Remarks

Latest Address

~~Lindsay Ont~~  
y. P. O.

125 Logan ave

Roll No.

A page 3772

Toronto

Ont.

200m.-2-21.M.

DESP. MAY 4 1923

REGN. NO. 1127

(649-H-5452.)

CARD No. ✓

SURNAME.

*Hooper.*

CHRISTIAN NAMES

*Herbert Bertram.*

*80.8. Dec. 13/17. 3<sup>54</sup>*  
FOLL.

REGL. No.

*724663*

RANK

*Pte.*

UNIT

*109<sup>th</sup>.*

*Batt.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Hooper Mrs. Elizabeth.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*48 Queen St, Lindsay  
Ont.*

COUNTRY OF BIRTH

*Canada, Oakwood, Ont.*

DATE

*May, 18<sup>th</sup> 1893.*

PLACE OF ATTESTATION

*Lindsay.*

DATE

*Jan. 20<sup>th</sup> 1916.*

*Sailed from Halifax.*

*23/7/16. <sup>458</sup>17. per. S. Olympic.*

MARRIED *Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Electrician*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*22.*

YEARS

*6.*

MONTHS

HEIGHT

*5.*

FEET

*4 1/2.*

INCHES

CHEST MEASUREMENT

*33.*

INCHES

EXPANSION

*2.*

INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Small birthmark under right nipple.*

MEDICAL EXAMINATION.

PLACE

*Lindsay.*

DATE

*Dec. 7<sup>th</sup>, 1915.*



NAME *Hooper, George.*REGT'L. No. *724663.*

RANK AND CORPS

*Pvt. 111th Bn.*

## CABLE

NO.

DATE

## NATURE OF CASUALTY

*J. 283.**Sailed for Canada (Oct. 20, 1916.  
(Cardiac Asthma.)*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

9	Out Patient M. H. C. C. Kingston	12/1/16	Elmhurst Conv Home <sup>12/1/16</sup>
14	Out-Patient M. H. C. C. Kingston	12/1/17	S. O. L. Elmhurst Conv. H.
54	" " " "	13-2-17	S. O. L. "C" unit from Elmhurst Cl. I Very Good <sub>C.H.</sub>

LEDGER No. 255

SERIAL No. \_\_\_\_\_

422 74073

REG. No. 724633 NAME Hooper G

RANK Wt CORPS 109th AGE 23 SERVICE 6/4/12 to 4/12

HOSPITALS

DATE OF ADMISSION

1 Elmhurst Mill. Kingston

4-11-16

2

3

DIAGNOSIS Asthma

TRANSFERRED TO \_\_\_\_\_

DISPOSITION 13-2-17 lived life

CATEGORY \_\_\_\_\_

M.F.W. 2553.  
1126-D.P.-50M-12-18.  
1772-39-1332.



No 724663 RANK

Pte

NAME

Shaper. G. J. B.

T. O. S.

4-12-15.

UNIT

109th. Battalion

D.O. 13. 4-12-15.

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 4	1915 Dec 31	✓		
1916. Jan.	1916 Feb.	✓ ✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED  
JUL 23 1916



No. 724663 RANK *Pte.*  
*109th B'w.*

NAME *Nooper G. W.*

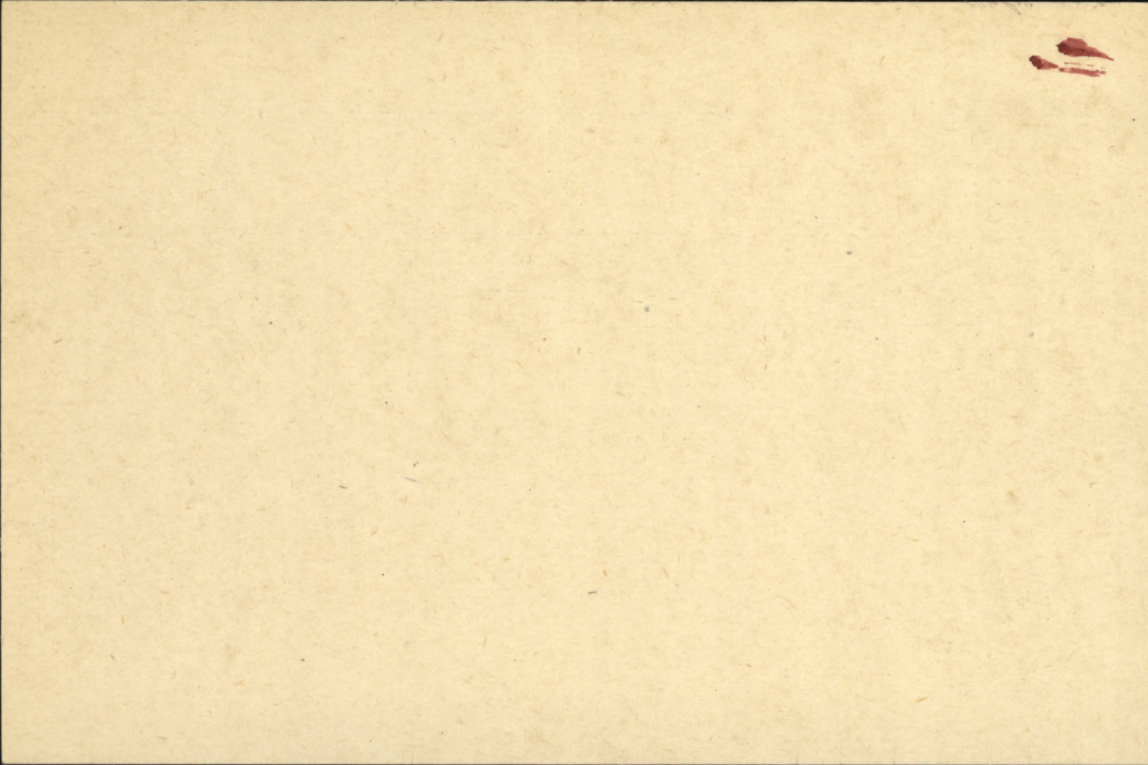
T. O. S.

UNIT

*Casualties C. C. T.*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Dec. 1</i>	<i>1916 Dec. 31</i>	<i>n.</i>		
<i>1917 Jan. 1</i>	<i>1917 Feb. 13</i>	<i>n.</i>	<i>Disch'd.</i>	<i>Jan. pay list.</i>
			<i>etc closed by payment n.</i>	





*Trans to C.C.A.C.*  
*in Oct.*

TLH. Rank Name HOOPER, George Herbert Bertram, Reg'l No. 724663.  
Unit 109th. Bn. If in perm. Corps, }  
What Unit? } Married or Single Married.

Place and Date of Enlistment Lindsay, 4th. Decr. 1915. Place of Birth Oakwood, Ont.

Name and Address, Next-of-Kin Mrs. Elizabeth Hooper,  
48, Queen Street, Lindsay, Ont. Canada. Relationship Mother *dead*

Assigned Pay Monthly \$ Payable to Relationship  
Relationship *6646*

Separation Allowance \$ Payable to Relationship *6awm*  
Relationship *LCR 1330167*

Discharge, Date and Place Reason Character *P 335147*

H. W. & V., Ltd. — 7165-16.

Report.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.		Place.	Date.	REMARKS. Taken from Official Documents.	
	Date.	From whom received.				
<i>2-10</i>						
		<i>Arrived in England per H. M. T. 2310 31-7-16</i>				
	<i>26-9-16</i>	<i>109<sup>th</sup> Bn</i>	<i>S.O.S. Trans to C.C.A.C.</i>	<i>Braunschweig</i>	<i>10-9-16</i>	<i>PT II D.O. 270 (PT II D.O. 402 C.C.A.C.)</i>
	<i>26-9-16</i>	<i>Do</i>	<i>Alt from C.C.A.C. for P.B.D. for Ration Pay. Equip. etc &amp; B.D.</i>	<i>Do</i>	<i>11-9-16</i>	<i>PT II D.O. 270</i>
	<i>18-9-16</i>	<i>CCAC</i>	<i>T.O.S + on council 109<sup>th</sup> Bn pending disch</i>	<i>F-stone</i>	<i>11-9-16</i>	<i>" 402</i>
	<i>15-12-16</i>	<i>109<sup>th</sup> Bn</i>	<i>CCAC 109<sup>th</sup> Bn pending Discharge from com to C.C.A.C. for</i>	<i>Bischoff</i>	<i>11-10-16</i>	<i>" 347. 4458 cancelled 21-1-17</i>
	<i>22-10-16</i>	<i>CCAC</i>	<i>Dis. from 109<sup>th</sup> Bn</i>	<i>Shoreham</i>	<i>11-10-16</i>	<i>PT II D.O. H62</i>
	<i>20-10-16</i>	<i>CCAC</i>	<i>S.O.S. to Can for Kin M.A.</i>	<i>Buxton</i>	<i>19-10-16</i>	<i>213</i>
	<i>21-2-17</i>	<i>CCAC</i>	<i>S.O.S. proceeding to Canada M.U.</i>	<i>Freshy</i>	<i>2-10-16</i>	<i>auth for date PT II D.O. 121 4-15-17. 88</i>

*over*



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Hooper, Herbert Bertram**  
Surname Christian Name

8925-11-1

Regimental Number **724663** Rank **Pte.**

Address (in full) **42 Queen St.,  
Lindsay, Ont.**

Unit **109th Bn.**

Original Unit

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

Date of Discharge **13-2-17.**

P. D. P. Filing Number **13-15-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** 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		
160 10	298	18-9-17	53 00	293	18-10-17	53 00	297	19-11-17	54 10		160 10

**M. F. W. 127.**  
 60x -6 17.  
 1172 89-1140.

Remarks:

File No. 8924-G-18  
17-7-19

**WAR SERVICE GRATUITY.**

Register No. # 657

Reg. No. 724663  
 Name Hooper George A.  
 Address 664 Gerrard St East Toronto Ont

Dependent  
 Address  
 \$  
 \$  
 \$  
 \$

Mrs Mary Grace Hooper Wife  
664 Gerrard St East Toronto Ont

Pay Soldier \$ 179  
 Clerk EBB mark TP Wlett

Pay Dependent \$ 60.00  
 Days 122 Rate 70 Due 400.00  
 Less P.D.P. credited 160.10  
 Less further Dr. Bal. or overpayment.  
 Net 239.90

R. W102 20/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 5/8/19	5237	496645	70 00		1 5/8/19	5238	496735	30 00
2 19/19	14323	502502	70 00		2 19/19	14324	502501	30 00
3 29/19	19578	516481	39 90		3			
4					4			
5					5			
6			179 90		6			60 00

GEN'L AUDITOR  
 Posting checked by  
 Date.....

Name... *Hooper (Pte) Geo Herbert - B.*

M. F. W. 41.  
10m.-4-16.  
1772-39-889.

619

Regimental No. *724663*

~~Home~~ and address of next-of-kin *Lindsay Ont*

Unit *109th - Br.*

Date of enlistment

*31/10/16 Med Bd Rec Can Home 3 mos*

Place of " "

Married (yes or no) *yes.*

Date and place discharged

Amount of pay assigned monthly \$ *15.00* *31/10/16*

Reason for discharge

To whom payable *Mk 20.00 30/11/16*

Character on discharge *Richmond Class I 13/7/17*

*Coronia 28/10/16 Class II H.Q. 694-A-5452*

L. L. Job 502 M. & D. 6578.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>31/10/16</i>						<i>9.50</i>							<i>L.P.C. Reg.</i>
<i>6/1/16</i>	<i>30/11/16</i>	<i>56</i>	<i>1.00</i>	<i>56.00</i>	<i>56</i>	<i>10</i>	<i>560</i>			<i>40.00</i>			<i>40.00</i>	<i>Dr. Jubilee Paid.</i>
										<i>Cr. Bal</i>			<i>24.10</i>	
													<i>64.10</i>	

*PAID 27/11/17*

*Dr. Bal. 3  
fr 1/12/16 with  
Cr. Bal.*



20

SEPARATION ALLOWANCE

*[Handwritten signature]*

Name *Mary G. Hooper*  
Address *Lindsay Ont.*

Name of Soldier *Hooper, George. H. B*  
Regtl. No. *424 663*  
Rank *Pte*  
Corps *109 Batt*  
To what Corps belonging }  
when called out }

Relation to Soldier }  
wife, child or mother } *Wife*

PAYMENTS

79

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June	1916			
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March		<i>L 28470</i>	<i>20 20</i>	

COPIED FOR CASUALTIES.

ACCOUNT CLOSED  
DATE..... PER.....

0 1 1 1 1

0 1

1



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

M. F. W. 11a.  
 60m.-12-15.  
 1772-39-818.

Sheet No. 2.

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

*Mary G. Hooper* <sup>(Wife)</sup>  
 PAYMENTS. <sub>Wife</sub>

Name of Soldier *Hooper, George A. B*  
*724 663* *Pls*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>N 1175</i>	<i>20</i>	<i>20</i>
May		<i>V 1115</i>	<i>20</i>	<i>20</i>
June		<i>X 2905</i>	<i>20</i>	<i>20</i>
July		<i>L 10598</i>	<i>20</i>	<i>20</i>
Aug.		<i>X 11994</i>	<i>20</i>	<i>20</i>
Sept.		<i>W 16116</i>	<i>20</i>	<i>20</i>
Oct.		<i>P 19597</i>	<i>20</i>	<i>20</i>
Nov.		<i>222798</i>	<i>20</i>	<i>20</i>
Dec.		<del><i>U 25524</i></del>	<del><i>20</i></del>	<i>20 U 25524 Cancelled</i>
Jan.	1917			
Feb.			<i>180</i>	<i>Acct closed held on troopship</i>
March				<i>20/10/16</i>
April				<i>Et.</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**ACCOUNT CLOSED**

DATE..... PER *W*

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.				

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

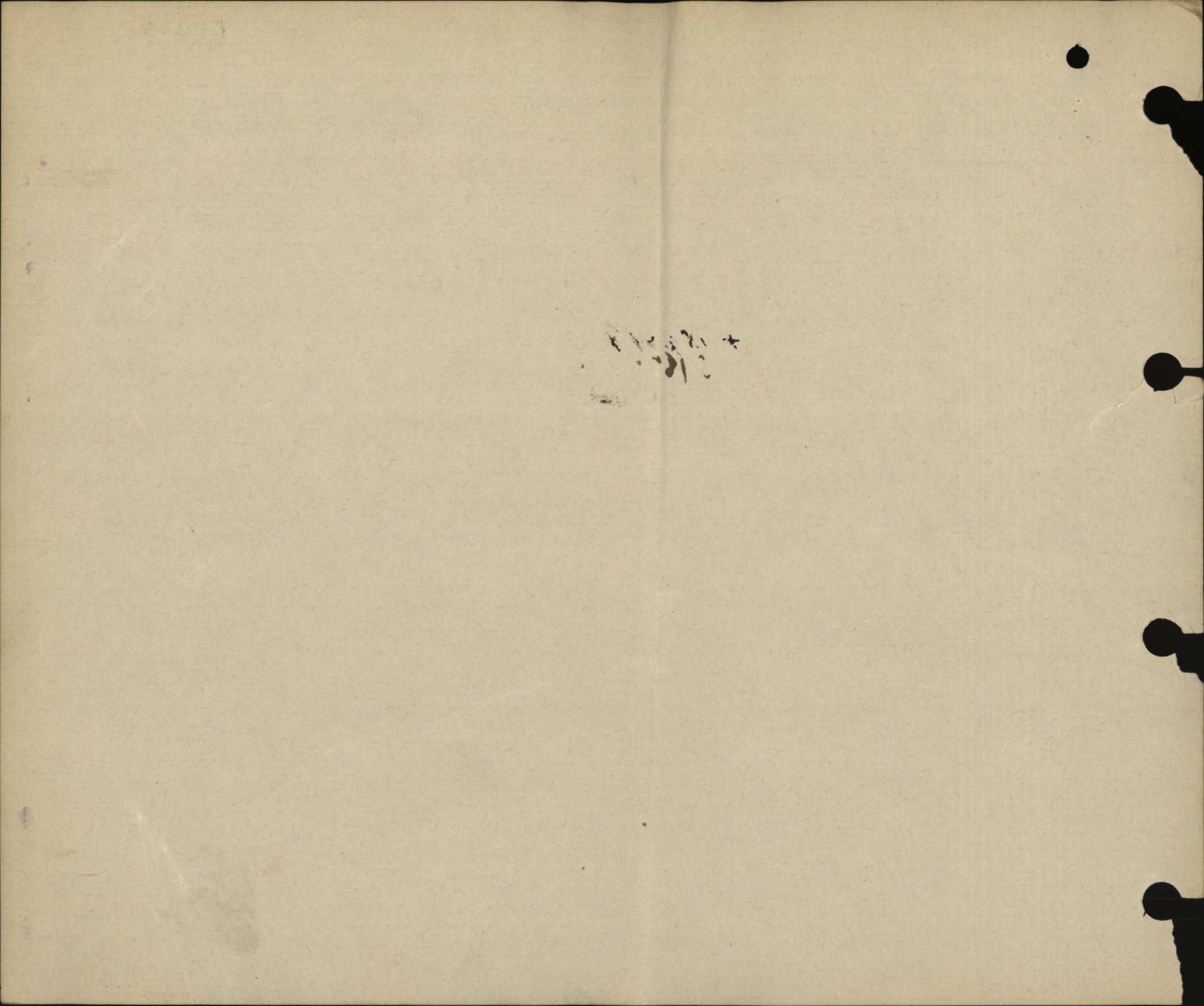
621  
M. F. W. 12.  
50m.—4-16.  
H. Q. 1772-39-819.

To Whom Mrs. H. B. Hooper <sup>Wife</sup> By Whom Assigned Hooper G. W.  
Address Lindsay Regtl. No. 724663  
Ont Rank Pte.  
Corps 109 Batt. "B Co"  
Rate \$15.00 **AUG 1 1916**

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Discharge to Canada Stop 1-11-16 I M 5/10/16 JM</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			<i>Acct Closed.</i>
Feb.				
March				

COPIED  
FOR  
CASUALTIES.



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. H. B. Harper

PAYMENTS.

Name of Soldier

Harper G. H.

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

#724663  
~~#724209~~

Pte "Bloy" 109 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				#15 00.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

✓ In 152418 15  
078771 15  
220662 15

45

Account closed. Rebd. 1/8/16.  
P.D.F. 24/8/17, P.S.E.  
G.H.H.

AUG 1 1916

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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

MARRIED OR SINGLE *Married*

PLACE OF BIRTH *Oakwood Ont*

NAME AND ADDRESS OF NEXT OF KIN *Elizabeth Hooper  
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

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					ACQUITTANCE ROLLS			
			\$	C.			\$	C.			\$	C.				1	2	3	4
July 31															4 10				
Aug 31	31	1.00	31		31	10	310								34 10				5 9/16
Sept 30	30		30				3								33				37 3/18/16
Oct 1-5	5		5		5		50								71 20				69 13/9/16
															5 50				108 27/9/16
															76 70				
Jan 1917															2 50				

Checked... *Edward*

Checked... *[Signature]*

*[Signature]*

EFFECTIVE DATE		AUTHORITY

REG'L No 724663 RANK Pte NAME Hooper George Herbert B  
 IF IN PERMT. CORPS } UNIT 109th Bn TRANSFERRED TO C.C.A.C. DATE 1-10-16 AUTHORITY Do 270  
 WHAT UNIT }  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION Dec 4<sup>th</sup> 15 TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE Aug 1<sup>st</sup> 1916  
 PAYABLE TO Mrs G.H.B. Hooper Lindsay Ont RELATIONSHIP wife  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 4/10/16 EFFECTIVE 1/11/16 REASON Discharge  
 DISCHARGE DATE AND PLACE Canada 5/10/16 REASON AND AUTHORITY P.A. 59-1-2  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 6/10/16 Entered on N.E. Card Index  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by



TO HOSPITAL, &c.	NAME OF HOSPITAL

ACQUITTANCE ROLLS						CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
TE	No.	DATE	No.	DATE	No.	DATE	1	2	3	4	ASSIGNED PAY				OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT

\* Taken from Asst B.  
 Discharged to Canada  
 P.A. 59-1-2 29/9/16  
 Stop payments 4/10/16  
 Effective 1/11/16  
 Trans. N.E. 6.10.16

Transf to "Canada"  
 Disc'd 2/12/16

WP





