

"D." Coy.

No. 726031

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Piper*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Minden*
2. In what Town, Township or Parish, and in what Country were you born?..... *Loudon, Eng.*
3. What is the name of your next-of-kin?..... *Mr. Thomas J. Trotter*
4. What is the address of your next-of-kin?..... *Hudson, Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Uncle*
5. What is the date of your birth?..... *March 1883*
6. What is your Trade or Calling?..... *Lumberman*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?.. *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Piper*, 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 *Dec 13th* 1915. *William Piper* (Signature of Recruit)
George Jilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Dec 13th* 1915. *William Piper* (Signature of Recruit)
George Jilly (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 *Minden* this *17* day of *December* 1915.
R. H. Baker (Signature of Justice)

4

Description of William Piper on Enlistment.

Apparent Age 30 years 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 5.6 ft. 6 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion fair

Eyes Blue

Hair Dark Brown

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

axe mark on big toe of right foot.
axe mark on left hip.

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 20th 1915

Place Orindun

H. Boyd Capt.
J. McCulloch Capt.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Piper 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. C. 109th Overseas Battalion, C. E. F.

Date JAN 12 1916 1916

8. W
23419

REGIMENTAL DOCUMENTS

109th Bn

NAME

8pr
PIPER WILLIAM

REGT. NO.

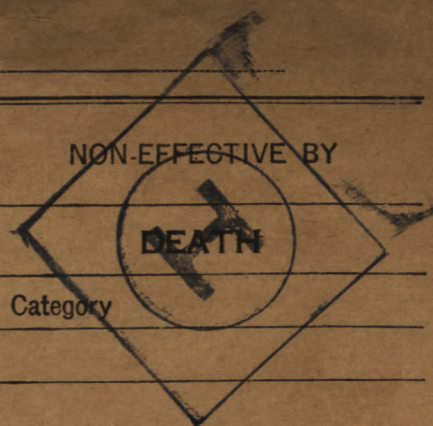
726031

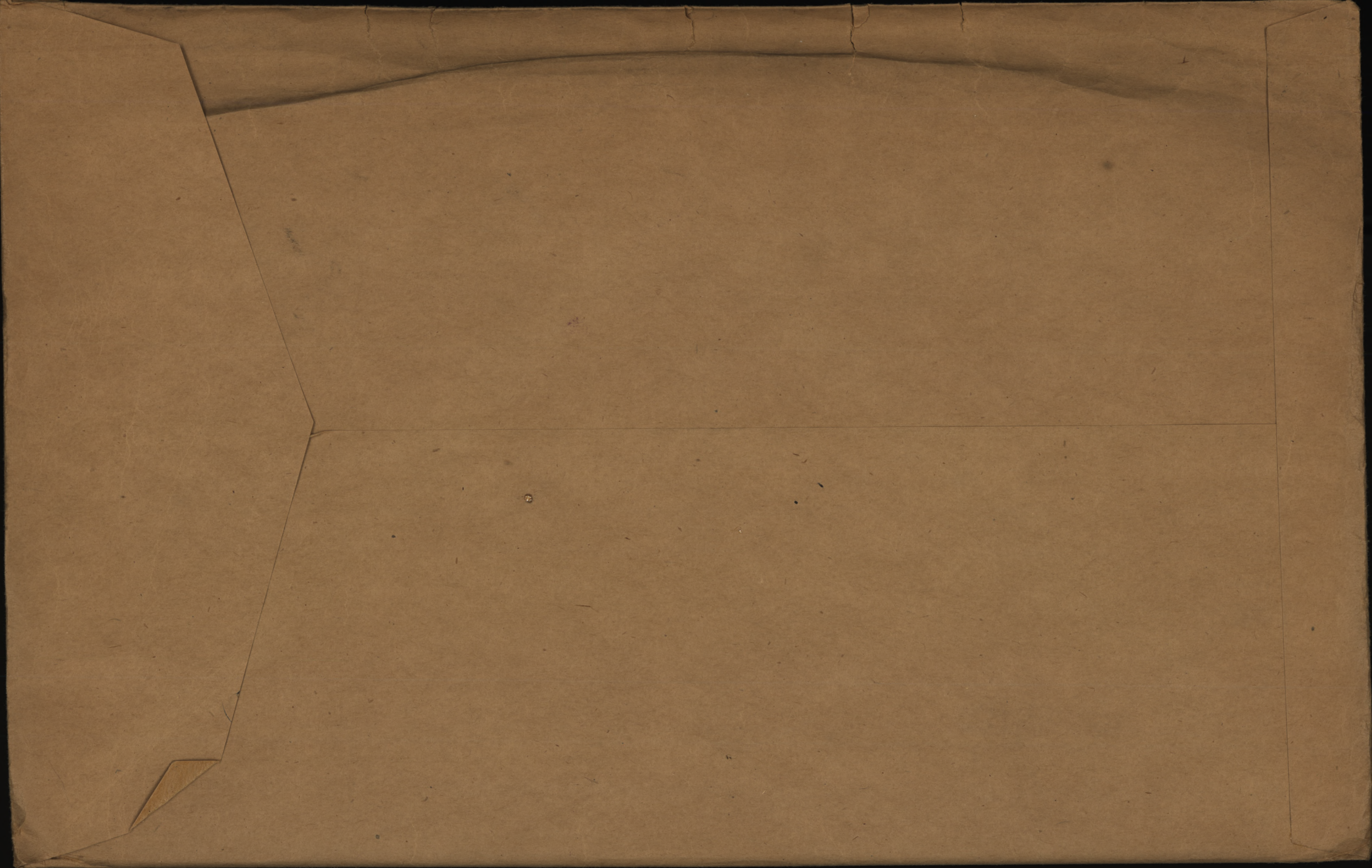
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H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51) 2					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		M		9610	Demol
2 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 base 1 Ann 123 1 R 122					





SURNAME.

Piper

CARD NO.

md 34

CHRISTIAN NAMES

William

*Co. 7-4-19
20997-9-4-19
Serial # 820*

REGL. No. *726031*

RANK *Pte.*

UNIT *109th*

Batt.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Trotter, Thomas

RELATIONSHIP TO SOLDIER

Uncle

ADDRESS

Lindsay, Ont.

COUNTRY OF BIRTH

England, London

DATE

March 1883

PLACE OF ATTESTATION

Minden

DATE

Dec. 14th 1915

Sailed from Halifax



per S. S. Olympic Spr. 488

L. L. 90589.—M. & D. 6312

23-7-16

M. F. W. 22. 100th. - 1-13. H. C. 1772-39-829

29 R/C 4-4-19 296

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Lumberman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

30

YEARS

-

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

dk. Brown

DISTINGUISHING MARKS

*Axe mark on big toe of right foot.
Axe mark on left hip.*

MEDICAL EXAMINATION.

PLACE

Minden

DATE

Dec. 20th 1915.

No. 7290 31 RANK Pte

NAME Viper. W.

T. O. S. 11-12-15. UNIT 109th. Battalion.
D.O. 29. 23-12-15.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Dec. 11.	1915 Dec. 31	✓		
1916 Jan. 12.	1916 Jan. 12.	✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 23 1916



miss was

13
✓

426031

Number..... Rank..... Pte.

Surname..... PIPER

Christian Name..... William

Units..... Co. G. Theatre of War..... France

Date of Service..... 15-10-17

Remarks.....

Latest Address..... Menden, Ont.

Roll No. B Page 11645

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____

Character on discharge _____

Previous occupation _____

Date and place of enlistment _____

Diagnosis _____

Date of Medical Boards _____

Date _____

Remarks _____

DESP MAR 15 1952
REGN. NO. 11957

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

DUPLICATE

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

INSTRUCTIONS.

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

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

(2) Regimental Number 726031

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

(4) Place of Birth..... England

(5) Are you married, or not? no

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

 (b) Present Postal Address..... _____

(7) Are you a widower? no

(8) Have you any children? _____

 If so, give number of boys and girls..... _____
 Also their names and ages..... _____

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

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

(10) Is your Mother alive?..... No

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

(11) If your Mother is a widow..... ✓

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

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

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

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

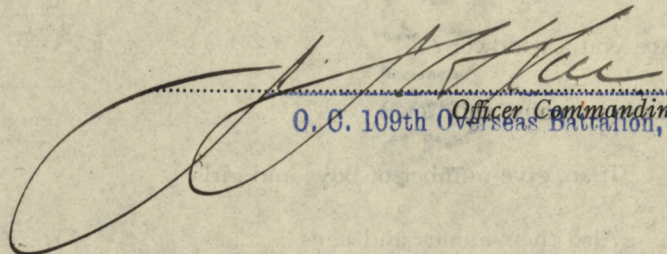
(15) Are you insured?..... No

If so, in what Company?..... ✓

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

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

Date..... JUL 11 1916

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

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

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

Rank PTF Name WILLIAM Surname PIPER
Unit or Corps C. F. C. (If a soldier) Regtl. No. 726031
Born at ENGLAND on, date 1st March 1874
Signature (for identification) [Signature]

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

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

Weight 140 lbs.
Height 5^{ft} 8 ins.

2. NUTRITION AND DIATHESIS ?

Good

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

3. NERVOUS SYSTEM ?

neg

4. RESPIRATORY SYSTEM.

neg

5. HEART ?

Abnormal Sounds? none
Abnormal Size? none
Pulse Rate? 72 Intermittence or irregularity? none

6. ARTERIES.—Any hardening?

none

7. DIGESTIVE SYSTEM ?

neg

8. GENITO-URINARY SYSTEM ?

neg

Urinalysis—s.g.? — Reaction? — Albumen? — Sugar? —

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

neg

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

no

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

Fit

Examined at Stunningdale Signed [Signature] Capt [Name] M.O.
Date 3/2/19 Signed [Signature] M.O.

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

Medical Examination upon entering the service of the United States Army

1898

WILLIAM

F.C.

ENGLAND

1898

1898

1898

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 726031 Rank PTE Surname PIPER
(Given name in full)

Unit or Corps C F C Birthplace WILLIAM LONDON ENG.

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5 ft. 8 in. Colour of Eyes grey
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

None

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

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

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

None

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at Summingdale (Overseas)

Date 7-30-19

Signed [Signature] M.O.

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

Signature [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

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

Opinion as to general health and physical condition. The Officer or other rank ever affected from, or has he now any affection of the following systems? (A new system may be added in certain cases.) Nervous System, Cardio-Vascular System, Respiratory System, Intermittent System, Distribution of metabolic products, Genitals and Joint System, or any other general condition. If the answer to any part of Section 3 above is "Yes," note give full particulars with dates and data of onset, and also description of the present condition.

[OVER]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) PIPER W

REGIMENT C.F.C. RANK Pte. No. 726031

Date of Examination in England 18/2/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

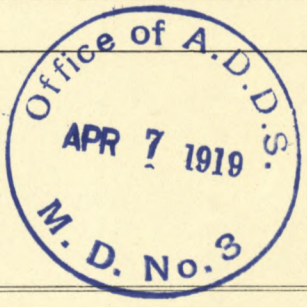
1. FILLINGS None

2. EXTRACTIONS 17

3. CROWNS None

4. DENTURES

- (a) Full Upper } None
- (b) Part Upper }
- (c) Full Lower }
- (d) Part Lower }



HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England
- (c) In France Yes

Signature of Dental Officer R. Jamieson
Capl

UNITED STATES DEPARTMENT OF AGRICULTURE

REPORT OF THE
COMMISSIONER OF THE GENERAL LAND OFFICE

IN RESPONSE TO A RESOLUTION OF THE HOUSE OF REPRESENTATIVES

APRIL 1891

W. B. WOODRUFF



WASHINGTON

1891

1891

1891

W. B. WOODRUFF

207 682
468-25/10/16

726031

ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Piper Christian Name William

Examined { on 20 day of Dec 1915
 at Munden
 Birthplace { City or Town London
 County England
 Apparent age 30
 Trade or occupation Labourer
 Height 5 Feet 6 Inches.
 Weight 155 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 38 inches.
 Physical development good.
 Small-Pox Marks none.

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
14-9-17	B2	HA. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left five
 Number 4 Five
 When Vaccinated last January 20th 1916.

Date	Result	VACCINATIONS.
26-1-16	good	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
27-4-16	good	<u>J. McCulloch</u> M.O.
5-5-16	good	<u>J. McCulloch</u> M.O.
15-5-16	"	<u>J. McCulloch</u> M.O.

Enlisted on 13th day of December 1915 at Munden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C.E.F.</u>	<u>726031</u>		<u>13-12-15</u>
Transferred to..	<u>C.F.C.</u>	<u>30 OCT 1916</u>	<u>T.A.B.</u>	<u>Capt. C.A.M.C.</u> <u>C.C.D. Shoreham.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Bramshott Camp, Hants.	DATE.	DISEASE.	RESULT.
<u>16 OCT 1916</u> <u>APPROVED</u> <u>Shoreham</u> <u>Sunningdale</u> <u>Ho</u>	<u>16/10/16</u> <u>13 August 17</u> <u>3/2/19</u>	<u>no analgesic</u> <u>neuralgia</u> <u>in</u>	<u>G. W. P. Lamm</u> <u>C.E. Copthorne</u> <u>PRESIDENT.</u> <u>MEDICAL BOARD BRAMSHOTT.</u> <u>Fit Capt</u> <u>A. McCulloch Capt.</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.

T.M.C

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class. *A*

No. *246014* Issued

THIS IS TO CERTIFY that No. *726031* (Rank) *Pte.*

Name (in full) *Piper William* enlisted in

the *109th Canadian Infantry Bn*

CANADIAN EXPEDITIONARY FORCE at *Minden Ont* on the *22nd*

day of *Dec.* 191*5*

HE served in *80th Canadian Forestry Bn in France.*

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

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

Age *44*

Marks or Scars

Height *5-7"*

nil

Complexion *Fresh.*

Eyes *Brown*

Hair *Black*

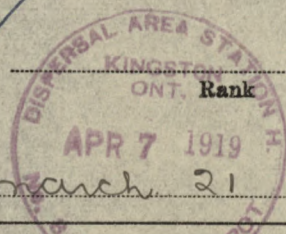
W. Piper
Signature of Soldier

J. J. Mooney Captain
Issuing Officer

Date of Discharge



Date *March 21* 191*9*



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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (Full) _____

CANADIAN EXPEDITIONARY FORCE No. _____ on the _____ day of _____ 1915

He served in _____ and is now being relieved from the service by reason of _____ Demobilisation Medical Unfitness

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

Age	_____
Rank	_____
Complexion	_____
Eyes	_____
Hair	_____
Structure of Soldier	_____
Part of Uniform	_____
Service Other	_____
_____	_____
_____	_____
_____	_____
_____	_____
19	1915

If it is a duplicate of this certificate will be issued any person having same is requested to forward the same to the Secretary, Military Control, Ottawa, Canada

CASUALTY FORM

ACTIVE SERVICE.

A.F.B. 103.

NUMBER 729603 RANK SP4 NAME Piper M

19/3/19 T.O.I.S. WING 3. KINNEL PARK. Part 2. D.O. 70 22/3/19

25-3-19 S.C.S. ON TRANSFER TO C.E.F. ON PROCEEDING TO CANADA. Part. 2. D.O. 74. 27.3.19

Sailing No. 86 HMT 'Scotian'

Liverpool 25 3 19

⇒ St John 4 4 19 ⇒

25/3/19 T.O.S. O. S. 3007 Discharged 7/4/19 Kingston, ~~100~~ Pt. 2. Order H.Q. 99

J. J. Mooney Capt
O. C. Dispersal Area Station

[Signature]
LIEUT
OFFICER I/C WING
DISCHARGE OFFICE.
M.D.3.

ADDITIONAL FORM 100-100-100

UNITED STATES DEPARTMENT OF JUSTICE

WING S. KIMMEL PARK, Part S. D.C.
ON TRANSFER TO O.N.R. ON PROCEEDING TO
CANADA, Part S. D.C.

2-5-62

[Faint, mostly illegible text and markings, possibly a signature or stamp]

[Handwritten signature]
OFFICE OF THE
INSPECTOR GENERAL
U.S. DEPARTMENT OF JUSTICE

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

M. F. W. 54.
15cm. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 426031 Rank Private Name Piper Williamth

Enlisted (a) 13/12/15 Terms of Service (a) D of W Service reckons from (a) 13/12/15

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) W. S. B. CLASS "A" Lumberman.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.4.16.	
		Disembarked England	Liverpool	31.4.16.	
30/10/16	109th Bn 15/16	From Discharged to C.C.A.C.,	Sally Orders Part 40 48	Dec 16/16	D. Mackenzie Adjutant, Canadian Command Depot, 468. 25.10.16
25/10/16	Cl. A.C.	ATTACHED	Taken on strength C.G.A.C. Pt. II, D.O. No.		
18/12/16		TRANSFERRED FROM C.C.A.C. TO	C.C.A.C.	PART II D.O. No.	W. G. ... Ser. O.C. C.C.A.C.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

File in Case - Unit Number, Rank and Name

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				
19-4-17	Discharged from	3rd C.C.D. <i>S. J. ...</i>	<i>C.E.T.D.</i>	Bn. Part I	<i>23-4-17</i> Lieut for Adjutant, 3rd Canadian Command Depot,
26-4-17	<i>C.E.T.D.</i>	<i>T.O.S. of C.E.T.D. from ...</i>	Crowboro	19-4-17	Part II Order No 98.
16-8-17	<i>C.E.T.D.</i>	<i>T.O.S. of C.E.T.D. attached from C.E.R.D.</i>	Shoreham	14-8-17	Part II Ord. # 190
11-9-17	<i>C.E.T.D.</i>	<i>Seems to be attached on posting C.E.R.D.</i>	Shoreham	11-9-17	Part II Order 212 <i>J. J. ...</i> C.E. Adjutant, C.E.T.D.
16-8-17	<i>C.E.R.D.</i>	<i>T.O.S. C.E.R.D. Shoreham</i>	Shoreham	13-8-17	Part II No. 160.
"	"	<i>Att. C.E.T.D.</i>	"	"	" "
12-9-17	"	<i>Leaves C.E.T.D.</i>	"	11-9-17	Part II No. 187.
"	"	<i>posted C.E.R.D.</i>	"	"	" " "
		<i>Barrett Lieut & Adj for C.E.R.D.</i>			
1-10-17	<i>C.E.R.D.</i>	<i>Leaves C.E.R.D. Shoreham</i>	Shoreham	1-10-17	Part II No 206
"	"	<i>S.O.S. transfer to Foot Coy. Summary date 1-10-17</i>	"	"	" "
		<i>Johnson Lieut for Lieut & Adj for C.E.T.D.</i>			

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file

OTTAWA 4, Ont.,
Date...November...5, 1965..

Attention of

NAME PIPER, William

SERVICE 726031 WW 1
NUMBER

C.P.C. No. -----
W.V.A. No. 17775

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O., D.V.A., Toronto 12, Ont., Tel. Memo d/4-11-65

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death November 3, 1965

Cause of Death.....

Place of Death Sunnybrook Hospital, Toronto 12.

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~PAY~~
~~x D.O.~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Copy for R.O. file

OTTAWA, Ont.,
The November 3, 1965

NAVY
ARMY X
1775

PIPER, William

The Department has received information from
S.T.M.O., D.V.A., Toronto IS, Ont., Ref. Memo 64-11-55

Regarding the death of the above-named veteran
Reference is made to

Letter of 28 November 3, 1965
From the St. Mary's Hospital, Toronto IS.

W.R.E.
V.I.
XXXX
XXXX

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom

Address

Rate

*The collector of Taxes
 Township of
 Lutterworth,
 Ont.*

\$ 19.87 (Acct. of W. Piper)

By Whom Assigned

Regtl. No.

Rank

Corps

Piper, W.

726031

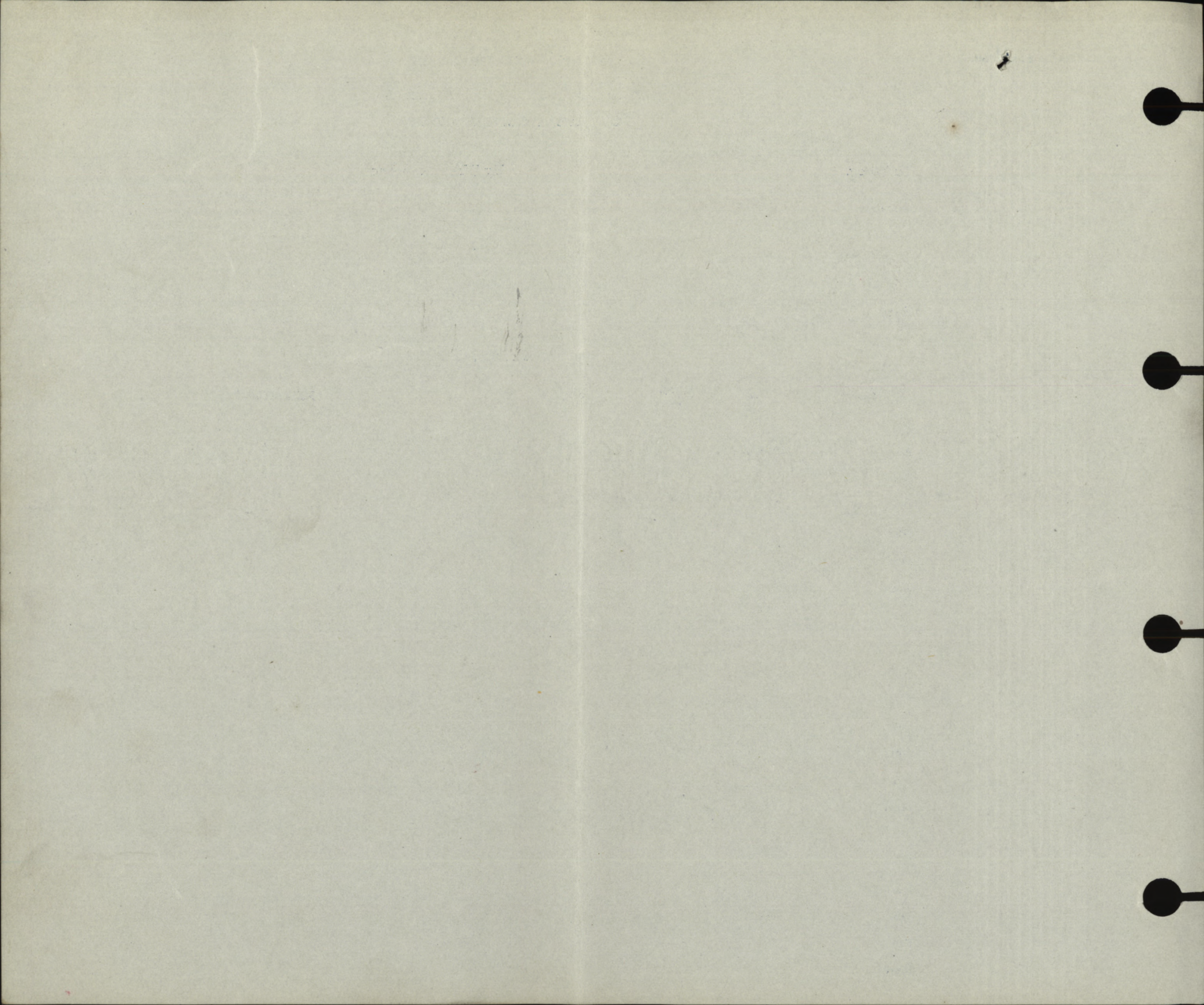
Plt.

#12 Dist. Co. F. Co.

SPECIAL REMITTANCE

P523, DIII, 2.4.18. **PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		<i>3 637</i>	<i>19 82</i>	<i>Mailed 26.4.18. Returned by P.C. for want of better address & remailed to John H. Hulbig, Alinden, Ont. after an Enquiry at Ottawa City Hall. B. Bloman 27/5/19.</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

Miss.
 To Whom *E. May Pogue.*
 Address *Minden.*
Ont.

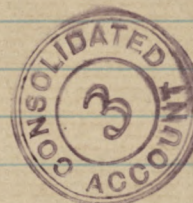
By Whom Assigned *W. Piper.*
 Regtl. No. *726031.*
 Rank *Pte.*
 Corps *109th Ballⁿ*

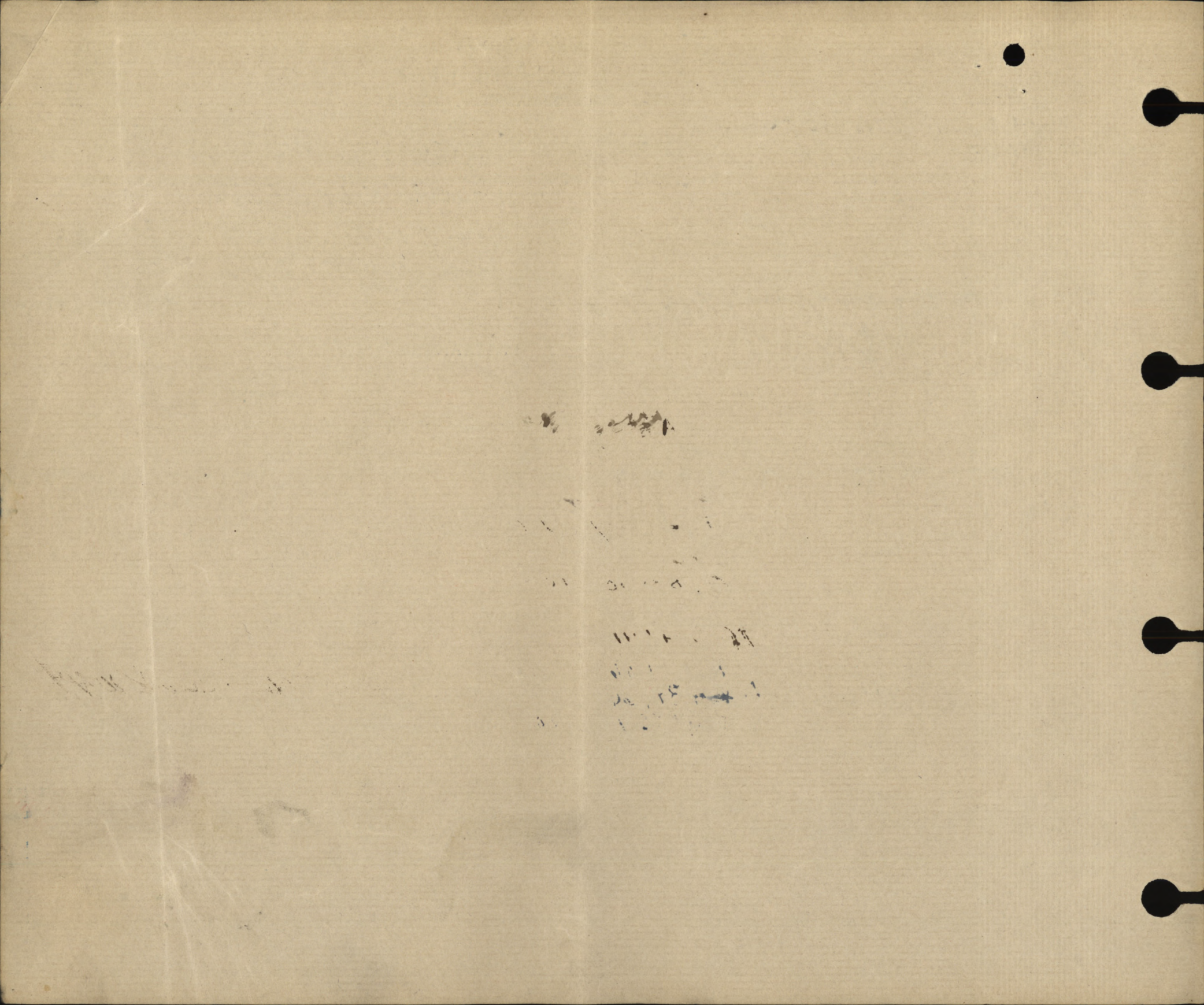
Rate *\$ 10⁰⁰/₁₀₀ Aug. 1. 1916.*

2 m 8⁹/₁₆ of 28¹⁰/₁₆.

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				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-89-819.

Sheet No. 2.

Miss E. May Pogue

PAYMENTS.

Name of Soldier

W. Piper
726031. 109th Batt.

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$10⁰⁰/₁₀₀ Aug. 1. 1916.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>024210</i>	<i>30</i>	<i>to exp</i>
Nov.		<i>A31980</i>	<i>10</i>	
Dec.		<i>T35083</i>	<i>10</i>	
Jan.	1917	<i>B40871</i>	<i>10</i>	
Feb.		<i>B46576</i>	<i>10</i>	
March		<i>P52637</i>	<i>10</i>	
April		<i>M4239</i>	<i>10</i>	<i>10 Cu</i>
May		<i>Q10770</i>	<i>10</i>	<i>10 Bo</i>
June		<i>M20340</i>	<i>10</i>	<i>B.</i>
July		<i>F27331 N 24641</i>	<i>10</i>	<i>Bo</i> <i>N 24611 can 10/5</i>
Aug.		<i>D31906</i>	<i>10</i>	<i>6</i>
Sept.		<i>X44468 H 38766</i>	<i>10</i>	<i>cu H 38766 caned 10/5</i>
Oct.		<i>R46587</i>	<i>10</i>	
Nov.		<i>H50711</i>	<i>10</i>	
Dec.		<i>N64233</i>	<i>10</i>	
Jan.	1918			<i>c.</i>
Feb.				<i>170</i>
March				
April				
May				
June				
July				

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.				

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
London Eng.
Thomas Trotter
Lindsay Ont Can
Uncle.

CASUALTIES, PROMOTIONS, & C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

REG'L No. 726031 RANK

IF IN PERM. CORPS
WHAT UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY MONTHLY \$

PAYABLE TO

ASSIGNED PAY MONTHLY \$

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Pte NAME *Piper William H 316*
UNIT *109th Bn* TRANSFERRED TO *6686* DATE *1/1/16* AUTHORITY *D. J. 30/4/16*
TRANSFERRED TO *3rd B. C. D.* DATE *31-5-17* AUTHORITY *3666. ar.*
TRANSFERRED TO *b. c. J. A.* DATE *11.8.17* AUTHORITY *ar*
TRANSFERRED TO *676 Home (800)* DATE *1/1/18* AUTHORITY *1/1/17*

DATE EFFECTIVE *Sept 1 1916* *1-4-18*
PAYABLE TO *Miss E. M. Poguel Minden Ont* RELATIONSHIP *Friend*

Checks

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT												
			\$	C.			\$	C.			\$	C.														No.	DATE				No.	DATE				No.	DATE
1916																																					
July 31																																			Balance from Canada		
Aug 31	31	1.00	31		10		310																														
Sept 30			30				3																														
Oct 31	31		31.		31		310.																														
Nov 30	30		30.		30		300																														
Dec 31	31		31.		31		310																														
Jan 31			15.30				15.30																														
Feb 28			34.10				34.10																														
Mar 31			30.80				30.80																														
Apr 30			34.10				34.10																														
May 30			33				33																														
May 30		1.00	33				33																														
June 1			1.10				1.10																														
			334.40				334.40																														

Trans to 6686 eff 1/1/16

*authy 3rd B. C. D. ar
ref. to 3rd B. C. D. eff. 3/5/17*

726031 *He* Piper William ^{A.P.} \$10.00 (Car)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
June	334	100	40	33												53	78	56	09	100	00	2	09	87	141	33					
July 31	34	10		33																10	00	4	15	62	82	111	51				
Aug 10	11																			10	00			10		135	60				
Aug 21	23																			10	00	4	15	29	2	69	14	60	145	11	
Sep 30	33																			10	00			144	06	124	05				

To C 870 1/10/19 ar

From 324 C.D. R.A.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLOC. PAY ENG.
Oct 31	PP 34.10			AR 376 6.6 2.10 11.00	4	73			134.05		
				168 159 " " 4 4 4 73					10		
				570 315 " 6.00 14.60					114.36		
Nov	P Pay 34.10			on 4198 2.5 5.17	19	47			10		
Dec	P Pay 34.10			on 2348 6.5 5.17	19	47			10		
				on 2366 3.10 6.76 4.87					10		
				on 410 3.7 10 3.57					10		
1918 Jan	P Pay 34.10			on 2360 2.10 6.76 3.57					20		
				AR 735 30 7/80 Bay 6.76	12	49			10		
				" 876 24 7/10 "	7	14			10		
Feb	PP 30.80			AR 1004 9-1-18 8.00	4	14			10		
				" 876 24 7/10 "	19	63			10		

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. 497 ENGLAND OR CANADA.
EFFECTIVE DATE: 1/4/18 EFFECTIVE DATE: -
AMOUNT: 15-00 AMOUNT: -

NAME: PIPER William
NUMBER: 726031

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

Miss E.M. Pogue. (Spouse)
Minden. Ont.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pfc

Stopped Eff. 1-4-19.

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LOGG'D SHEET T S F D	UNIT TRANSFERRED TO
			109th Bn
			1/3/16
			C.F.C. France

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10/1/18	1180	C.F.C.	4849				
5/3/19	1324	C.F.C.	1460				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	R.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 31-3-19. S. Daley N.R. 4218-7-3-19. S. Daley M.D. 7. Led Bal. 14147 L.C. 12687

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward.								138 11	100 -	
Apr	P.P.	33		C.A.P.				15			
May	"	33		AR 247 19.4.17 4 Dis	7 14			15	148 97	100	
June	"	34 10		C.A.P.	7 14			15	160 93		
July	"	33		AR 528 17/5 4 Dis	7 14			15	171 79		
Aug	"	34 10		C.A.P.	7 14			15	183 75		
Sept	"	34 10		AR 1123 1/8 4 Dis	7 14			15	195 71		
Oct	"	33		Can AP				15			
Nov	"	34 10		AR 1545 - 80th B - 2/9/18	4 14						
Dec	"	34 10		AR 5082 - " 25/9/18	82 43						
1919	Jan	34 10		AR 1852 - " 25/9/18	14 84			15	106		
Feb	"	30 80		Can AP				15			
	"			AR 2201 - H.D.W.T. - 15/10/18	3 43			15	121 34		
	"			AR 2349 - " 5/11/18	4 46			15			
	"			Can AP				15			
	"			AR 2780 - H.D.W.T. - 4/12/18	16 79			15	153 32		
	"			Can AP				45			
	"			AR 3164 - 80 B Coy - 5/1/19	4 46						

COMPILED BY W.S. Fenwick
CHECKED BY W.L. Fenwick
Also agrees as at 30/9/18

NUMBER	RANK	NAME									
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		3080			746						
				AK8478 - BOG 46 - 20/2/19	4867						
				loan AP.				75			
Mar		3410		AK9324 - " 5/3/19	1460			15			
	Int Ref pay	938		" 3896 Kin. Ph. 2/3/19	973				117	14	
		7428			8046			30			
				<i>SOA 73-3 1236</i>							
<i>Enclosed 2/3/19 Debit</i>		973									
<i>by check 9/17/14</i>											

H
T

M. D. 3

SHORT FORM.
PROCEEDINGS ON DISCHARGE (Demobilization.) Service Badge Class. A
No. 246014 Issued

B.

1. No. 726031

2. Rank. 8Pr.

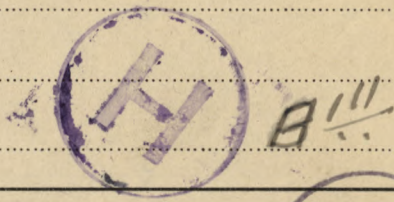
3. Name. PIPER William

4. Unit. C.F.C. 109Bw.

5. Date of Discharge 7/4/19 Place Kingston

6. Reason for Discharge. demob. Freed

War Service Badge
Class "A" No.



7. Authority. RO. 1420.

8. Proposed Residence after Discharge. Menden, M

Emb-Liverpool 25 3 19
HM's 'Scotian' - Sail. 33

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ? B. 39

W. Piper
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Signature.....

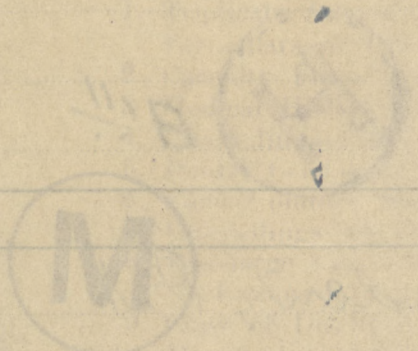
J. A. Mooney Captain
for O. C. Discharging Unit.



SHORT FORM
PROCEEDINGS ON DISCHARGE

(Demobilization)

1. Name of Soldier		2. Rank	
3. Service Number		4. Branch	
5. Date of Discharge		6. Reason for Discharge	
7. Name of Discharge Officer		8. Signature of Discharge Officer	
9. Name of Soldier		10. Signature of Soldier	



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the date of the discharge certificate I received my discharge certificate

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Signature

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Typical	Medical Form 7
or Practitioner's Report	Medical Form 7
Field Contact Sheet	Medical Form 7
Casualty Form	Medical Form 7
Last X-ray Certificate	Medical Form 7
Certificates that missing documents are unobtainable	Medical Form 7
Medical History Sheet	Medical Form 7
Proceedings of Medical Board	Medical Form 7
Personal History Sheet	Medical Form 7
Medical Report	Medical Form 7
Postmental Contact Sheet	Medical Form 7
Company Contact Sheet	Medical Form 7

1. Final Attestation Paper (M.F. 7) of
2. Proceedings of Medical Board (M.F. 7)
3. Medical History Sheet (M.F. 7) of (M.F. 7)
4. Proceedings of Medical Board (M.F. 7)
5. Personal History Sheet (M.F. 7)
6. Medical Report (M.F. 7)
7. Postmental Contact Sheet (M.F. 7)
8. Company Contact Sheet (M.F. 7)
9. Last X-ray Certificate (M.F. 7)
10. Casualty Form (M.F. 7)
11. Field Contact Sheet (M.F. 7)
12. Practitioner's Report (M.F. 7)
13. Attestation Paper (M.F. 7)

Group _____
 Checked by No. _____
 Date 2-2-44

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discipline (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (P.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by No. 21

Onis

Date 22-2-19

Casualty Form - Active Service.

Regiment or Corps *CyC*

Rank *Plt* Surname *Piper* **PIPER** Christian Name *William*

Religion Age on Enlistment years months

Enlisted (a) *12/12/15* Terms of Service (a) *Do 4 yrs* Service reckons from (a) *1.3.12/15*

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

CERTIFIED CORRECT
23 OCT 1917
RECORDS

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>2-10-17</i>	<i>oe, CyC</i>	<i>T.O.S.</i> BASE DEPOT C.F.C.	<i>SUNNINGDALE</i>	<i>1-10-17</i>	PT. II. DO. NO <i>135</i> LT. & A/ADJ. ...
<i>16-10-17</i>	<i>oe. CyC</i>	<i>S.O.S.</i> BASE DEPOT C.F.C.	<i>SUNNINGDALE</i>	<i>15-10-17</i>	PT. II. DO. NO <i>147</i> LT. & A/ADJ. C.F.C.
		<i>on posting to 80 Coy. C.F.C. France</i>	<i>Muller</i>		
		<i>Disembarked</i>	<i>Home</i>	<i>17-10-17</i>	<i>ZR 4151</i>
<i>7-6-18</i>	<i>C.C. Unit</i>	<i>Still with Unit</i>	<i>Field</i>	<i>7-6-18</i>	<i>K 9. 18/12631</i>
<i>28.9.18</i>	<i>80 Coy.</i>	<i>Granted 14 days leave to UK</i>		<i>27.9.18</i>	<i>B213 Pt II 044</i>
<i>19-10-18</i>	<i>Do</i>	<i>Rejoined from leave</i>		<i>15.10.18</i>	<i>B213</i>
<i>20.11.18</i>	<i>Do</i>	<i>Awarded 1 Good Conduct Badge</i>		<i>12/11</i>	<i>B213 19-12-18</i> <i>Pt II NO 53</i>

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
13-2-19	<i>adg</i> Can. S.O.S. Le Havre	S. for demobilisation to C.F.C. Depot Sidde	13-2-19	N/R. K.A. 376/2/2 Pt. 2. O/S. 5 of 1919	
				<i>C. A. Howell</i> Lieut. for Lt. Col A Cdn. Sect. G.H.Q.	
20-2-19		O.O.C. T.O.B. Base Depot, C.F.C. Sunningdale from 80 Coy Hance.	17-2-19	51	
19-3-19	B.D.C.F.S.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE Transfer M.D. 3. Can. Camp Rhyl.	19-3-19	78. <i>N. F. Stewart</i> Lt. for U.C. B.D.C.	

CHS Rank

Name PIPER WilliamReg'l No. 726031Unit 109th. Bn.If in perm. Corps,
What Unit? }Married or Single SinglePlace and Date of Enlistment Minden Dec. 13th. 1915Place of Birth London EnglandName and Address, Next-of-Kin Mr. Thomas TrotterLindsay Ont. CanadaRelationship Uncle

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
30-10-16	109 th Bn	S.O.S. on Trans to C.C.A.C.	Bramshott	16-10-16	P th II. D.O. 304 } P th II. D.O. 468 C.C.A.C. 25-10-16
25-10-16	S.O.S.	Yos + on Com 66D Shoreham	Shoreham	27-10-16 16-10-16	Auth. P th II 0468
17-12-16	"	Having kept pass on Com C.C.D. Shoreham	Hastings	16.12.16	" 556
20-12-16	"	On Com 66D for full duty	"	19-12-16	" 568.
25-4-17	C.E.T.D.	T.O.S. on reporting from 2 nd C.C.D.	Crowboro.	19.4.17	" 98. 3 rd CCP P th II 052 / 20/4/17
16-8-17	- u -	S.O.S. & att from C.E.P.D.	Shoreham	14-8-17	" 190
1-8-17	C.C.A.C.	Cases att to C.C.D. & S.O.S. of C.C.A.C. on trans to C.E.T.D.	"	19.14.17	" 258.
16-8-17	C.E.P.D.	T.O.S. from C.E.T.D. & on Com to C.E.T.D. for P.Q.O.R.	"	13-8-17	" 160.
12-9-17	- u -	cases att to C.E.T.D. Posting to dep 560	- u -	11.9.17	" 184

N/E. R.B. No 10042

File R.L.

Category O R G A N

CR 13093

CE 142

726031 Piper Wm.

Date.	From whom received.	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.
11.9.17	C.E.T.O	Caused at Posting to C.E.R.O	Shoreham	11.9.17	P.A.D. 0212
1.10.17	C.E.R.O.	S.O.S to G.F.L. Summingdale	"	1.10.17	— 206 +PTD 185 02-10-17 C.B.D.C.F.C. TOS (Disemb Havre) P.A.D. 015-11-17 80 Coy C.F.C.
16-10-17	BDCFC	S.O.S to 80 Coy C.F.C. France	S/dale	15-10-17	" " 147
19-12-18	80 Coy	Awarded One Gt Badge SOS to BDCFC, 13 2.10 80 Coy D.O. 5. d. 22 2.19	field	13-12-17	53.
20-2-19	B.D.C.F.C.	T.O.S. FROM 80 COY C.F.C.	ME SDALE	17-2-19	Pt. II 0 51.
22-3-19	MDCW ^{#3}	T.O.S. FROM C.F.C.	Spr. RHYL	19-3-19	" " 70SOS D078.19.19 BDCFC 36-H 25319.
27-3-19	MDCW ^{#3} SOS 14-B SEC	S.O.S TO CANADA.	Spr. RHYL	25-3-19	Pt. II 0 74.

A.F. B. 103 CHECKED
 20CL1917

Separation and Assigned Pay Branch

Aug 1-1916.

RATE OF SEPARATION ALLOWANCE

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OVERSEAS CONTINGENTS

ANOTHER ACCOUNT IN
Spec Rem. Ledger
 Ledger
 Ledger **5299**
 Ledger

RATE OF ASSIGNMENT

<i>#10</i>	<i>15</i>		
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1/4/18

PARTICULARS OF SEPARATION ALLOWANCE

No. *726081.*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *W. Piper.*
 Battalion *109th Batt.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss E. May Pogue.*
 Address *Mindou, Oub.*
 Change of Address
 1
 2
 3
 4

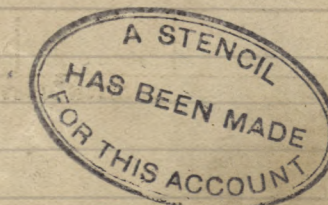
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31-17</i>	<i>—</i>		<i>170</i>	<i>170</i>	
<i>Jan/18</i>	<i>X 69096</i>		<i>10</i>	<i>10</i>	
<i>Feb</i>	<i>X 73466</i>		<i>10</i>	<i>10</i>	
<i>Mar 18</i>	<i>Q 92150</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Mar 18</i>	<i>Z 90814</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Apr</i>	<i>Q 8818</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>U 16769</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>Q 21903</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>J 31693</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>Q 38566</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>Q 40068</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>B 46844</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>Q 61956</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>Q 65682</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan/19</i>	<i>A 74062</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>B 80891</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>A 86410</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>A 3671</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>\$ 395</i>	<i>395</i>	

File 14589-W-13

*Q 92150 Cancelled one will follow on V
 Sup. list - S.W. 18-3-18
 S/A increased to ~~20~~ 15⁰⁰ 1/4/18. 2M. on file*

..... A/c Closed *30-4-19*
#3 Ret'd per *Scotia*
 Date *4-4-19* *LK 10-4-19*
 Clerk *B. Stotoberry*

OK 10⁴ 19 Rev W^t 12024 Destiny



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

M. F. W. 128
400M-6-17-1772-88-1141
L. L. 22320-M. & D. 7483.

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

M. OR S. _____ REGT. No. *726031* RANK *Pte* NAME (IN FULL) *Piper William*
 NEXT OF KIN _____ ORIGINAL UNIT C.E.F. *109th Bn* IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *13-12-15* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE _____ ASSIGNED PAY \$ *1500* DATE EFFECTIVE *1/8/16*
 TO WHOM PAID *hil* RELATIONSHIP *William Piper* PAYABLE TO *Miss E. M. Poque* RELATIONSHIP *(Friend)*
 ADDRESS _____ *Post Office Trindera Ontario* ADDRESS *Trindera Ontario*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED *Kingston* PLACE *7-4-19* DATE *Demob* REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY _____

P-1297

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	
<i>March</i>																							<i>Returned Scotian</i>
<i>1-4-19 to 9-4-19</i>	<i>9</i>	<i>1.10</i>	<i>9 90</i>	<i>35 00</i>	<i>70 00</i>	<i>126 87</i>	<i>126 87</i>				<i>9 73</i>	<i>4 87</i>	<i>5 00</i>	<i>222 17</i>	<i>15 00</i>	<i>2 20</i>	<i>17 20</i>	<i>17 20</i>	<i>241 77</i>	<i>17 20</i>	<i>126 87</i>	<i>Bal. per Eng. L. P. C., Clothing Allee. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money. Overpaid 2 days on discharge. overpaid 15.00 A.P. for April</i>	
<i>War Service Gratitude</i>																							
			<i>W.S.G S A</i>			<i>420 00</i>	<i>420 00</i>				<i>70 00</i>			<i>70 00</i>					<i>70 -</i>	<i>350 -</i>		<i>1st Payment W. S. G.</i>	
<i>183 days Minimum</i>											<i>52 80</i>			<i>52 80</i>		<i>17 20</i>			<i>140</i>	<i>280 -</i>		<i>Dr Balance on discharge</i>	
											<i>70</i>			<i>70</i>					<i>210</i>	<i>210 -</i>		<i>632592201619 MAY 6 1919</i>	
											<i>70</i>			<i>70</i>					<i>280</i>	<i>140</i>	<i>HW</i>	<i>2337940 JUN 4 1919</i>	
											<i>70</i>			<i>70</i>					<i>350</i>	<i>70 -</i>		<i>8943032 JUL 5 1919</i>	
											<i>70</i>			<i>70</i>					<i>420</i>	<i>0</i>		<i>8962101 AUG 7 1919</i>	
																						<i>81303307 SEP 6 1919</i>	

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OK

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