

14th Regt.

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *William Frederick Timms*
2. In what Town, Township, or Parish, and in what Country were you born? *Kingston, Ont.*
3. What is the name of your next-of-kin? *Mrs. Coulter (Sister)*
4. What is the address of your next-of-kin? *909 Princess St. (Bath Rd. Po)*
5. What is the date of your birth? *19 Sept. 1881*
6. What is your trade or calling? *Milk Vendor*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *14 P.W.O.P.*
10. Have you ever served in any Military Force?
If so, state particulars of former Service. *14 yrs. in P.W.O.P. 3 yrs. A.D.C.*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

W. F. Timms (Signature of Man.)
P. G. Campbell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. F. Timms (Signature of Recruit.)

Date *22 May* 191*5* *P. G. Campbell* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Timms*, 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.

W. F. Timms (Signature of Recruit.)

Date *22 May* 191*5* *P. G. Campbell* (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 *8:20 P.M.* this *14th* day of *June* 191*5*

G. H. Ambrose (Signature of Justice.)

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

..... (Approving Officer.)

DESCRIPTION OF ON ENLISTMENT.

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

Height ft. ins.

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

Complexion

Eyes

Hair

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

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.)

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* for the Canadian Over-Seas Expeditionary Force.

Date May 24/11 191 .

Place Kingsley

[Signature]
Sgt. Amc
 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

..... 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 of Officer.)

Date 191 .

copy
du

"A" Coy.

ATTESTATION PAPER.

No. 7245-11

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

Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *William F. Jimms*
 2. In what Town, Township or Parish, and in what Country were you born? *Kingston*
 3. What is the name of your next-of-kin? *Thomas W. Jimms, Brother*
 4. What is the address of your next-of-kin? *Frontenac St. Kingston Ont*
 5. What is the date of your birth? *Sept 18th 1882*
 6. What is your Trade or Calling? *Milk Vendor*
 7. Are you married? *no*
 8. Are you willing to be vaccinated or re-vaccinated? *x inoculated* *yes*
 9. Do you now belong to the Active Militia? *no*
 10. Have you ever served in any Military Force?..... *16 yrs in 14th Regt - P.W.O.R*
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*
- *William F. Jimms* (Signature of Man.)
..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Nov 15th* 191*5* *William F. Jimms* (Signature of Recruit)
..... *C. Mullen* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William F. Jimms*, 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 *Nov 15th* 191*5* *William F. Jimms* (Signature of Recruit)
..... *C. Mullen* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Lindsay* this *20th* day of *December* 191*5*.

..... *[Signature]* (Signature of Justice)

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

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

Description of William F. Timms on Enlistment.

Apparent Age 33 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 2 ins.

Chest-measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes blue

Hair brown

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

Scars
2 on chin
1 on back of Rt hand

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 Nov. 15 1915

Place Kingston Ont. A. J. Keyser
 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 F. Timms 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 DEC 29 1915

1st

1st Enl.

2nd Enl.

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

Attestation Papers..... *3/2*

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..... *1*

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *+3*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

a 7w 3068 — 1
RD 6045 — 1
M 7w 60 — 1
a 7w 268 — 1
M. F. W. 62. 100ml. - 6-11. H. Q. 1772-39-935. 122
choc 5009 — 1
RD 6064 — 1

M
200

DISCHARGE DOCUMENTS

R. O. No.....

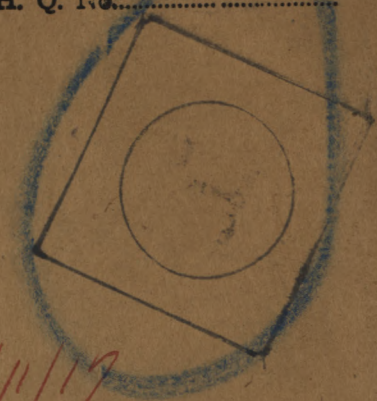
H. Q. No.....

Name *TIMMS WILLIAM. FREDERICK.*

Regt. No. *1724511* Rank *PTE*

Corps *3 Spec. Service Coy*

(2) Compassionate Grounds
auth 3 m.D 88.582 Dated 7/11/17



12828



1 a v D 1 Eng Cas Cd
usaid
M. F. W. 62. 100ml. - 6-11. H. Q. 1772-39-935. 122
1 R 127
1 Eng Cas Cd

2
16 - 6
16 - 6
3 - 6

2

No. 724511. RANK

Pte

NAME *Timmo W.*

D.

T. O. S.

UNIT

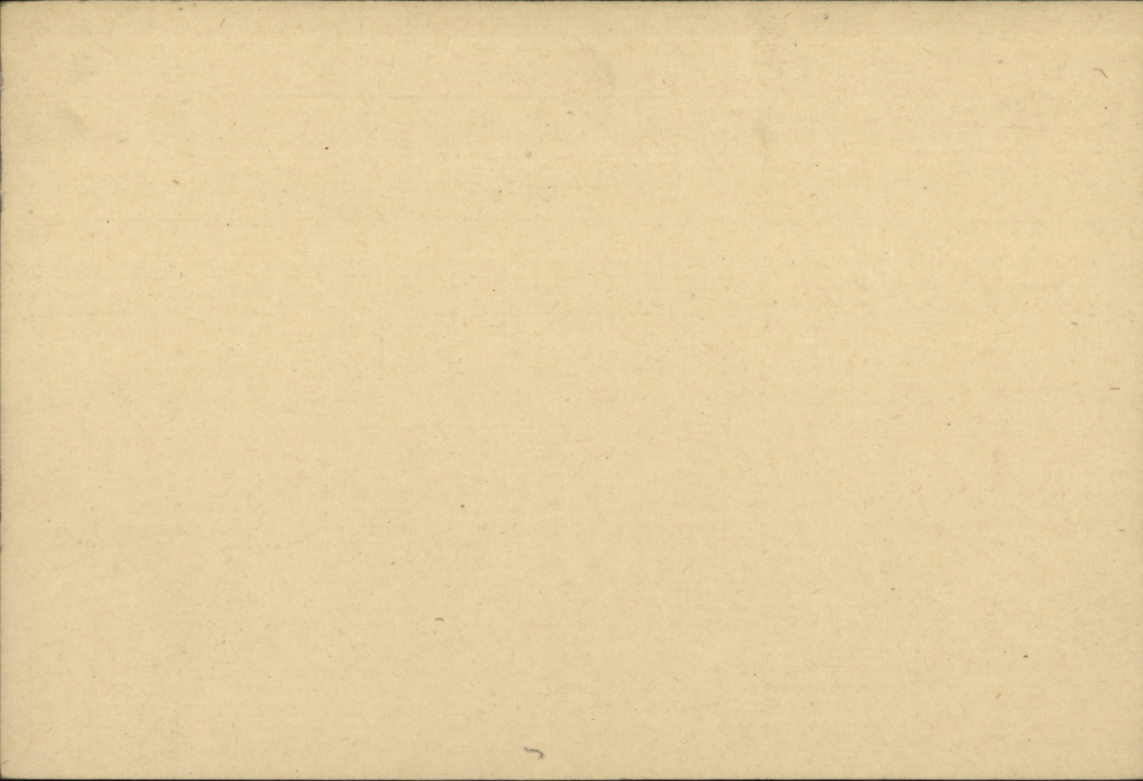
109th Battalion.

*Transferred from 14th. Regt.
18-11-15. D. O. 2. 22-11-15.*

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915 Nov 18</i>	<i>1915 Nov 30</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916 Jan</i>	<i>1916 Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



Name

Jimms William

Rank

Pte.

Reg. No. 724511

Unit

109th Battr.

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5 26.8.16	Bearwood Wokingham		Injured face	9		
12.9.16	Discharged			114		

No. 724 5-11 RANK *Pte*

NAME *Timms W. J.*

T. O. S.

UNIT

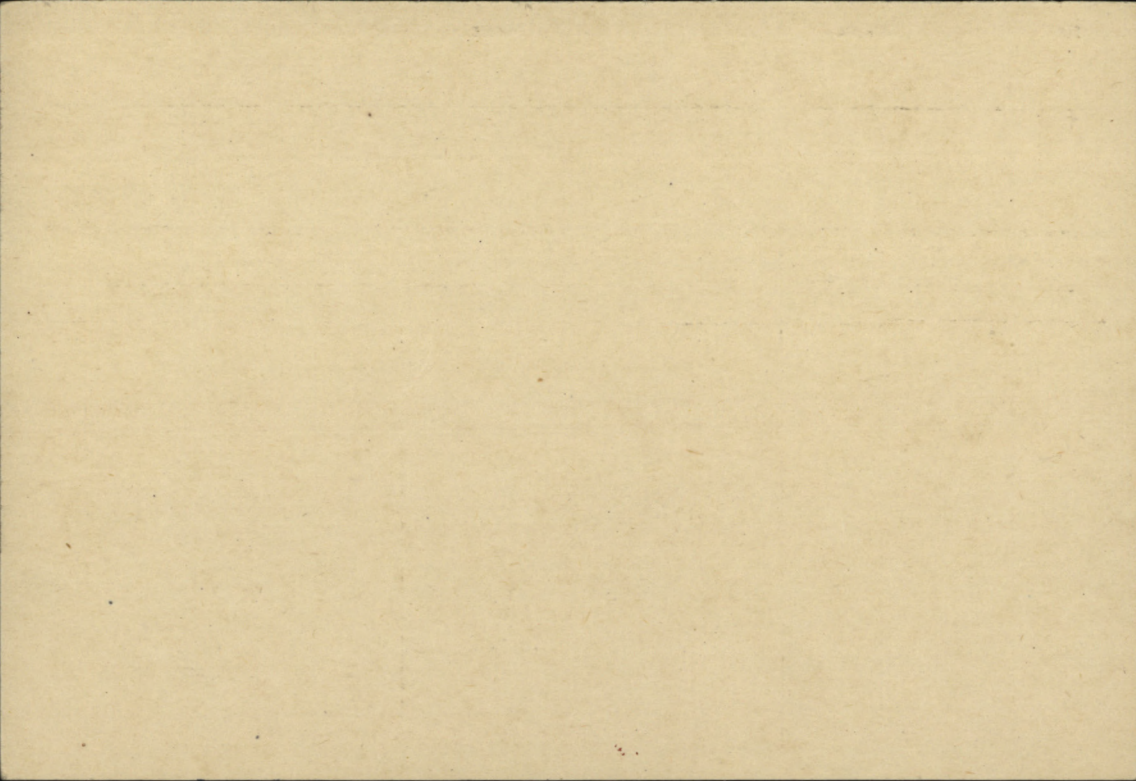
*Special Service Battalion
3 Ssgt*

Transfd. 1-11-17. Casualties

Dec 28 1917 21-11-17

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Nov 1</i>	<i>1917 Nov 26</i>	<i>U</i>	<i>100 Dischgd. 26-11-17 RAS</i>	<i>Dec 28 1917 26-11-17</i>
<i>w/c closed by payment S.</i>				



out
Home
Number

724511

Rank

Plt.

Surname

TIMMS

Christian Name

William Frederick

Units

20th Bn. Con. Coy

Theatre of War

France

Date of Service

28-11-16

Remarks

Latest Address

909 Princess St.

Kingston

Roll No.

B Page 12520

out.

200m-2-21.M.

DESP. MAY 2 1922

REGN. NO. *G.A. 1263*

not in stock
5/25

CANADIAN CONVALESCENT HOSPITAL,

**A. & D.
CARD.**AT
Registrar, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks.

Regt. No. 7245-11 A. & D. No. 4265
 Rank Pte Corps 109th Bu.
 Name T Linnis W. F. Age 33. Religion C.C.
 Service at Home 11/12
 „ „ Front —
 Diagnosis Wound face (acc)
 Admitted 25 AUG 1916 Genl Hosp. Frensham Hill.
 Discharged 12 SEP 1916 Bramobett
 Place in Hospital 306 E
 M. H. Rec'd (See Document card)
 Transferred
 Results

REMARKS: At Borden Camp 2-8-16

Adm Frencham Hill Hoop 2-8-16
Thence here

S.P. Dressings

Wound not healed

G.C. Good

J. L. P. D.

NAME

Jimms W.

F.

H. Q. FILE No. 649-

REGT'L. No.

724511.

RANK AND CORPS

Plt. 10.9th Bn

CABLE

NO.

DATE

NATURE OF CASUALTY

T349

20-9-17

Sailed from Liverpool for Canada
 per the Laneport no 8261 on the
 13th Sept 1917 (Spec. auth.)

SURNAME.

*Timms,**649.5-7116*

CHRISTIAN NAMES

*William F.*S.O.S. No. *1010.*
FOLL. *5*
*26-11-17*REGL. No. *724511*RANK *Pte.*UNIT *109th**Batt.*

FORMER CORPS

14th Regt P.H. O.R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Timms, Thomas, W.

RELATIONSHIP TO SOLDIER

Brother.

ADDRESS

*Frontenac St., Kingston
Ont.*

COUNTRY OF BIRTH

Canada, Kingston, Ont.

DATE

Sept. 18th, 1882.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

*Dec. 20th, 1915.**Sailed from Halifax per S.S. Olympic*

MARRIED -

SINGLE

Yes

WIDOWER -

TRADE OR CALLING

Milk Vendor

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

33 YEARS

2 MONTHS

HEIGHT

5 FEET

2 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

2 scars on chin. 1 Scar
on back of right hand.

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

Nov. 15th, 1915

Sailed for Canada per S.S. "Transport 8261" - 12-9-17.

Spec. auth. T. 349.

Surname
Timms

Christian Name or Names

Reg. No.
724511

Rank
Pte.

Unit
109th Bn. 20 Bat.

Co. Troop Batty.

Hospital
Can. Conv. Wokingham

Date of Admission
26.8.16

Transferred

7. Camp D. Boque

Hosp. 14.4.17.

3 bar Gen Boque

Hosp. 5.5.17

1/5 Northern Gen. Leicester

Hosp. 12.5.17

Can. Heat Spl. Buxton

Hosp. 27.5.17

Diagnosis

Injury to Face Acc.

(1)
Later Diagnosis (if changed)

Exhaustion

(2)

Trench Fever. B

(3)

myalgia

Additional Diagnosis: if more than one state present

DISPOSITION

Dec. 12.9.16

Date

C.L. 1.9.16 9

Dec. 20.9.17

REMARKS

25.9.16. 14.

23.4.17. A49.

12.5.17 A508

16.5.17 B341

31.5.17 B352.

24.9.14 B393

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

364.01
325.08
38.93

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
1-6-17	558			7	1	21	Buller	West	Leal
15-6	673			7	1	22			
28-6	812			7	1	27			
13-7	982			7	1	32			
19-7	1070		10		48	66			
8-8	164			7	4	16	West	Leal	
24-8	202		2	10	12	16			
					70	54			

NUMBER OF RATIONS REQUIRED

HEAVY DRAFT HORSES.

TOTAL RATIONS AUTHORIZED AS ABOVE

DEDUCT:—NUMBER OF RATIONS ON HAND

NUMBER OF RATIONS REQUIRED

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CO	OCK

LIGHT DRAFT, RIDING HORSES AND MULES.

TOTAL RATIONS AUTHORIZED AS ABOVE

DEDUCT:—NUMBER OF RATIONS ON HAND

NUMBER OF RATIONS REQUIRED

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	ROCK

* These Issues are only Equivalents In lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON DAY, THE D

CERTIFIED CORRECT

APPROVED

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. 1/1C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. FOR DELIVERIES TO

1275

Jimms, William Frederick

[Signature]

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 24571 Rank Private Name Jimms William Frederick

Enlisted (a) 18-11-15 Terms of Service (a) O/S Service reckons from (a) 18-11-15

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

Extended _____ Re-engaged _____ Qualification (b) Milk Vendor

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				

CERTIFIED CORRECT.
14 DEC. 1916
CAN. RECORDS, LONDON.

	Embarked Canada		Halifax	24.7.16.	
	Disembarked England		Liverpool	31.7.16.	
	Witley ae. 109 th	Transferred to 20th Bn. Overseas		27-11-16.	D.O. Pt. 11.333-28-11-16
28-11-16.		Proceeded O/S. for service with the 20th. Bn ²	Witley	28-11-16.	

[Signature]
CAPTAIN,
ADJUTANT,
109th BATTALION CAN. INFANTRY

29/11/16	CB Depot	Arrived taken on strength	20 Bn Havre	29/11/16	NR Pt. 2.0.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20 Bn	Joined Unit	do	4/12/16	B213	
14-4-17	7 London	Exhaustion	adm of London	14-4-17	H. 3034	
	6 ced	De lability	adm 13/4/17	13-4-17	A36. 2930 19-5-17.	
12-5-17	3 Can Genl	Myalgia.	Inv (Sick) & posted to 1st Centl Ont. Regl	12-5-17	W3083 (A4009)	
	Dep. Shorncliffe		per HS St Andrew		Pt 2 41D/5-6-17.	

[Signature] Capt. for Lt.-Col., A. A. G.

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
18-5-17	1 BORW	105 from 70 th Bu.	W Lundy	12-5-17	Pt I O 70 L. M. J. Promotion Lieut. for Colonel i/c Records Comd.
29. 8. 17	RECORD	Att to 1st C.D.D. Buxton	W Sandling	29. 8. 17	Pt II D O 17 Matton Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
29 AUG 1917	TAKEN ON STRENGTH	C.D.D, BUXTON Pt. 11 ORDER No. 204.			White Lt. Col. Canadian Discharge Depôt.
19 SEP 1917	EMBARKED FOR CANADA FROM	LIVERPOOL			White Lt. Col. Canadian Discharge Depôt.

(Sec A.P)

J.M. Rank Name TIMMS, William FREDERICK Reg'l No. 724511
 Unit 109th Bn. If in perm. Corps, } Married or Single Single ✓
 What Unit? }

Place and Date of Enlistment Lindsay, 15th Nov 1915. ✓ Place of Birth Kingston, Ont. ✓

Name and Address, Next-of-Kin Thomas W. Timms. ✓
 Fontenac St, Kingston, Ont. ✓ Relationship

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

N/E. R.B. No 8422
 File R.L.
 Category Genl

R139
 15

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
3.8.16	Wency	Admitted to Hospl	Fronsham	3.8.16	Pl. II S.O. 216 x
28.8.16		Transf to C.C. Hospl	Dearwood, Wokingham	25.8.16	Pl. II S.O. 241 x
13-9-16	109th Bn	Dis from ^{Comd} Hospital	Bramshott	12-9-16	Pl. II. II. O. 257 x
28.11.16	"	S.O.S. on Trans to 20th Bn	Witley	28.11.16	333
11.12.16	20th Batt	Taken on strength.	Fild	29.11.16	75
23-4-17	"	Adm. #7 Court Dpt.	Boulogne	14-4-17	C.L. A491 Exhanston Det.
12-5-17	"	To #36au Gen. Hpl.	"	5-5-17	" A 508 French Troop.
16-5-17	"	To 5th Northern Gen. Hpl.	Leicester	12-5-17	" B341 Myalgia
18-5-17	1st BORD	To S. au post from 20th Bn.	Wlandj	12-5-17	Pl. 10901 (A) 5041-5.7 'S'

A.F.B. 103 CHECKED
 11 DEC 1916
 1916



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.				
31-5-17	20 th Bu	Trans. Can. Red x Spl. Wpl.	Kingston	27-5-17	G.L. B352
24-7-17	"	Dischd " " " "	"	20-7-17	" B393
24-8-17	(Cald)	On Com. to 1st C.A.S. Com. Hk	Windsor	28-8-17	PA 110173.
19-9-17	"	Leave on Com. C.A.S.	"	19-9-17	- 194
	Dis Sep	1 Lt. J. to Canada Para 392-25 K.R.O. For duty to A.A.S.	MD3 Kingston	25.9.17	NR 350

To be made out in duplicate.

I.C. 51-11-20-53
DUPLICATE

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

INSTRUCTIONS.

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

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

(2) Regimental Number..... 724511.

(3) Full Name of Soldier..... William Frederick Timms.

Prs

(4) Place of Birth..... Kingston. Ont.

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

(6) If married, state,
(a) Full name of your wife..... No.

(b) Present Postal Address.....

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

(8) Have you any children?..... No.

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.....
No.
Are you her sole support, or not?.....
No.

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

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

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

(15) Are you insured?.....
yes.
If so, in what Company?.....
Oddfellows & Chosen Friends.
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.....
JUL - 8 1916

.....
O. C. 109th Overseas Lt. Col.
Officer Commanding.

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. 724511 Rank Private Name TIMMS. W.F.

Corps No. 3 Special Service Coy. who was* discharged

On 26th. November 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. November 1917, to 26th. November 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month <u>L.P.C.</u>	<u>16</u>	<u>14</u>
Advances by Cheques } No.			Regt'l Pay <u>26</u> days at \$ <u>1.00</u> c	<u>26</u>	<u>00</u>
			Field Allow. <u>26</u> days at \$ <u>.10</u> c	<u>2</u>	<u>60</u>
Assigned Pay No. <u>1270</u>	<u>15</u>	<u>00</u>	Other Allowances* <u>Clothing</u>	<u>13</u>	<u>00</u>
Other Charges* <u>Canteen</u>	<u>2</u>	<u>00</u>	Other Credits*		
<u>Laundry</u>		<u>40</u>	Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>1329</u>	<u>40</u>	<u>00</u>			
Balance Cr. (to be paid by the new unit)					
Total	<u>\$57</u>	<u>74</u>	Total	<u>\$57</u>	<u>74</u>

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of November 1917 to (Assignee) Mrs. Mary Coulter
 (Address) 99 Princess St. Kingston, 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 16th. November 1915

(2) if married and if a Separation Allowance Card has been submitted No. No

(3) cause of discharge and authority Compassionate Grounds, 3 MD88-T-82

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 26th. November 1917

Place Fort Henry. Kingston, Ont. 1 Paymaster CAPT

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.

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all members of the Canadian Contingent Expeditionary Force...

187

Particulars		Amount
Balance forward		
Assigned Pay		
Other Charges		
Balance to be paid by the paymaster		
Total		

A monthly statement of pay for the month of _____ 1917.

(Address)

The amount to be paid is as shown in the above statement.

On receipt of the attached Order Allowance to _____

REMARKS:

State of service and date of discharge from the Contingent, and date of discharge from the Expedition, and date of the war.

Date _____

Place _____

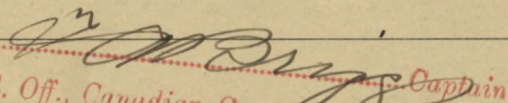

18. For purpose of transfer this form to be made out in duplicate. One copy to paymaster of new unit, one to District Paymaster; one to accompany the pay list at the end of the month, and one for retention as a record. For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, one copy to accompany pay list at the end of the month, and one for retention as a record.

18. W. 44

FORM 117

18. W. 44

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 4265 Year 24 AUG 1916	Regimental No. 724511	Rank. Pte.	Surname. Timms	Christian Name. W. F.	b. E.
	Unit. 109th	Age. 33	Service. 1 1/2.		
Station and Date. 25 AUG 1916	Disease Wound face (acc.)				
306E	Borden Camp Aug 2nd 16				
	French Hill Hof Aug 9th 16				
	Bearwood Aug 25. 16				
	S.T. Dressings.				
	P.C. wound not healed; S.C. good; D.				
	T. L. P. T.				
	Discharged to Brampton Sept 12. 16				
	 W. M. Briggs, Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.				
					

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1a-T982	724511	Pte.	Timms,	Wm. Fred.
Year 1917		Unit.		Age.
		20th Battn.		37
				Service.
				19/12
Station and Date.	Disease <u>Myalgia.</u> Reported sick April 11/17.			
	pains in legs, hips, & but. Rt arms.			
	Back. Temp? 9. F. Amb. 2 hours, 7 Con. Hosp.			
	Boulogne. 3 weeks. 3 Con. Gen Hosp. one			
	week. England. Leicester 12 days. Buxton			
	Lumbridge. six weeks. good recovery.			
	Rt hand injured some time ago.			
Previous Illness.	Pains in legs, & back. & Rt forearm			
Present Condition.	sore & lump on Rt.			
in France	movements not limited but has pain on double			
9 1/2 mos.	knee bend. in knees & back.			
	W.M.B. 96. H.M. 106. Con. Gen. Hos.			
	P.P. & legs followed by massage daily			
	no diet. eggs & some milk.			
Urinanalysis	Sp. G. 1014, React ac. Alb nil. Sugar nil			
28.5.17.				
to 28.5.17	Weight 111 1/2 lbs			
4.6.17.	Improving.			
4/6/17	116 lbs weight 11.6.17. 119 lbs.			
11.6.17.	Improving. pains in small of back & hip.			
14/6/17	Weight 119 lbs.			
18.6.17.	Improving. back still troublesome.			
	Descon. W.M.B. & give swimming & exercise			
23/6/17	Weight 119 lbs			
25.6.17.	Improving. back troublesome. Descon P.P. & massage			
	to legs. & give massage to back daily.			
3.7.17.	Knee feel weak. back feels tired. Board. B.C.			



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

Station
and Date.

Bii

4/7/17

Weight 118 lbs

9.7.17.

Back still a bit painful, very slight.

16.7.17.

Back improved

Discharge from hospital

Category Bii

20 JUL 1917

Admitted to
C. Unit.

C.A.D.C. 5009
10M-3578-1-8-17.

No 724511

Pt - Times W.A.

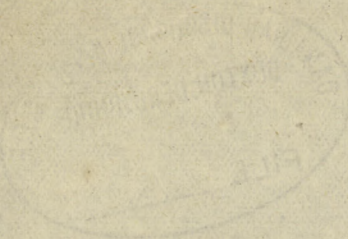
DENTAL CERTIFICATE.



The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Lo Bell

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
6. 9. 17	Dentally Fit.		R. Jamieson Capt CADC	



DENTAL CERTIFICATE

The following Certificate will be attached to the Medical History Sheet of all Other Examinations being returned to Bureau for Approval

No. 75411
Dr. Thomas M. H.

No. 75411

Reasons for Examination	Is the examination dental treatment?	In case of dental treatment, is the loss due to wounds, injury or disease directly attributed to Active Service?	The dental condition	Date of Examination

724511

DUPLICATE. MEDICAL HISTORY SHEET.

DUPLICATE

 Surname Summs Christian Name William F

 Examined { on 15th day of November 1915
 at Kingston
 Birthplace { City or Town Kingston
 County Ontario

Approved by

J. McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, C. E. F.
Apparent age 33 yearsTrade or occupation Milk VendorHeight 5 Feet 2 Inches.Weight 114 Lbs.Chest measurement { Minimum 32 inches.Maximum expansion 3 inches.Physical development GoodSmall-Pox Marks None
 Vaccination Marks { Arm Right None Left Three
 Number Three
When Vaccinated last January 24th 1916

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS.
<u>24/1/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

 Enlisted on 15th day of November 1915 at Kingston

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C. E. F.</u>	<u>724511</u>		<u>15.11.15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-
724511 Private Jimms, William Frederick 109th Bn 6. E.F.

Previous civilian occupation:- Farmer

Is he able to resume previous civilian occupation:- Yes

Cause of disability:- Myalgia

Condition, in detail, which prevents the Soldier from earning a full livelihood:- This man states that at times he feels quite well but when weather changes feels pains in back and legs - can get around at the time but could not do any lifting - Can walk a mile or two without any trouble. Examination shows Heart & Lungs normal and generally in good condition. Was not troubled with these pains before enlistment.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 10%

Disability due to Service:- 10%

Probable duration of incapacity:- Six months

Does it render him permanently unfit for Military Service:- No

Would operation, special treatment or the use of appliances etc., lessen incapacity:- no

Recommendation of Medical Board:- That he be placed in Category C. III

Station:- Halifax, N.S.

Class:- #

Date 27-9-17

F. W. Anderson, President

W. B. Barlin, Captain Member

A. S. Elliot, Captain Member

Date 27-9-1917

APPROVED

FALSE DOCKET

Asst. Director Medical Services

Date 17-11-17

Director General Medical Services.

Filed 17

REPORT TO THE BOARD OF MEDICAL EXAMINERS ON ARMY FORM 122
ALLOCATION OF MEDICAL BOARD AT DISCHARGE REPORT.

Name, Rank, Grade & Component of Discharged Soldier:-
Previous civilian occupation:-
Is he able to resume previous civilian occupation:-
Grade of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Probable duration of incapacity:-
Disability due to Service:-
Does it render him permanently unfit for Military Service:-
Would operation, special treatment or the use of appliances etc., lessen incapacity:-
Recommendation of Medical Board:-

Station:- Halifax, N.S. President
Class:- 4 Member
Date Member

APPROVED
Date
Asst. Director Medical Services
Date
Director General Medical Services

SEPARATION ALLOWANCE

Name

Mrs. Mary Coulter

Name of Soldier

Timmins Wm F.

Address

*909 Princess St.
Kingston Ont.*

Regtl. No.

724511

Rank

Pte

Corps

109th Battr

Relation to Soldier

wife, child or mother

*Children's
Guardian*

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>M 28720</i>	<i>20</i>	<i>20</i>



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MILITIA AND DEFENCE
SEPARATION ALLOWANCE

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

OVERSEAS CONTINGENTS

Sheet No. 2

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

Children's Guardian
Mrs. Mary Coulter
PAYMENTS

Name of Soldier

Timmins Wm J.
724511

Month.	Year.	Cheque No.	Amt.	Remarks.
			20	
April	1916	H 1267	20	20
May		H 5694	20	20
June		M 8634	20	20
July		X 8178	20	20
Aug.		M 12194	20	20
Sept.		P 18115 V 15181	20	12 cancelled 5/5/181
Oct.		U 21480	12	12
Nov.		Y 24919	12	12
Dec.		O 27569	12	12
Jan.	1917	I 28076	12	12
Feb.		9 31182	12	12
March		I 34278	68	68P.
April		P 2789	20	20
May		R. 6483	20	20
June		R 9768	20	20
July		R 12996	20	X
Aug.		E 16606	20	M
Sept.		I 19199	20	Thld. 3-10-17.
Oct.		U 21550	20	M
Nov.		D 25815	20	M
Dec.		g 22022	20	S
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

440

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.				
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Nov.				
Dec.				
Jan.	1920			
Feb.				
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Nov.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Guardian

163

M. F. W. 12.

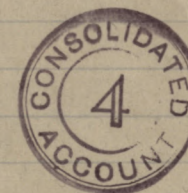
50m.-4-16.

H. Q. 1772-39-819.

To Whom Mrs. Mary Coulter, By Whom Assigned Timms, William F.
 Address 909 Princess St., Regtl. No. 724511
Kingston, Ont. Rank Pte.
 Rate 15⁰⁰ **AUG 1 1916** Corps 109th Bdn. Acy

PAYMENTS

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



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MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.
 L. L. Job 310.-Req. 6574.

Mrs. Mary Coultter Guardian
PAYMENTS.

Name of Soldier Tinns, William
 724611 Pte. Coy 109th Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
			16 ⁰⁰	AUG 1 1916
April	1916			
May			5	
June				
July				
Aug.		M 15107	15	* overpayment 3 months pay for Sept/Oct. 1917 by Cas. Auth. H. A. 2649-T-9116 on file 18049-W-4. J. Wolstein 6/12/17
Sept.		18914	15	
Oct.		23672	15	
Nov.		29274	15	
Dec.		533325	15	
Jan.	1917	X 40511	15	
Feb.		I 47754	15	
March		S 54132	15	15 (JW)
April		O 5207	15	
May		O 11635	15	
June		M 19353	15	
July		L 28054	15	
Aug.		P 32860	15	
Sept.		C 39900	15	
Oct.		X 44922	15	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

m.c.

WAS

\$2.25

.....A/c Closed
 Ret'd per... J.P. 8261
 Date 13th F. X. 12th
 Clerk... [Signature]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

4609/291
18099-W-1

Handwritten initials

Name **Timms, William F.**
Surname Christian Name

Regimental Number **724511** Rank **Pte.**

Address (in full) **909 Princess St.,**

Unit **No. 3 Special Service Co. C.E.F.**

Kingston, Ont.

Original Unit

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

Date of Discharge **26-11-17.**

P. D. P. Filing Number **8-33-3. 16-99-3.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **60.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balanc ^e Over- payments to be Recover ^e d	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	656	12-12-17	33 00	643	12-1-18	33 00	645	12-2-18	34 10		100 10
60 00	1956	8-4-18	7 40							52 60	7 40
<u>160 10</u>											
	2528	4/4/19	70 00								
	2260	2 ^d 4/4/19	90 00								

Remarks: **Overpaid S.A. 2 months, and 4 days.**

M. F. W. 127.
60M-6 17.
1778 39-1140.

909 Princess St.
Kingston Ont

#724511
Plc Wm F. Jimmis

File 18049 X-4

ETP

Amended
award
9/7/19
WRichter
WRichter

Dec'n No	14609/291.	File to	
Award	153 days at \$ 100 per day	\$ 72	500.00
S. A.	months at \$	For mo. \$	350
	Less P. D. P. Credited		160.10
			339.90
	Less further debit balance		189.90
	Net amt paid as below		150.00

TO SOLDIER		TO DEPENDENT	
0	Ag. No	Ch. No	Amount
1	2528	418092	70
2	22601	464412	70
3	221954	38481	49.90
4			
5			
6			
			acc'd
			22157 50590 750.00
			21-7-19
			\$ 189.90
			\$ 150.00

7.4.19
4.4.19.

\$ 339.90

Mrs Charlotte R Jimmis
909 Princess St.
Kingston Ont.

GENL AUDITOR
Posting checked by
[Signature]
Date 8/1/19.

Pfc Name *Dimmus W. F.*

M. F. W. 41
1 03-7-16
1772-39 889
P. C. No.
9945

Engl Pfc

Regimental No. *724 511*
Unit *109 Bn*
Date of enlistment *Nov 1915*
Place of " *Kingston*
Married (yes or no) *No.*

Hmbs
Name and address of next-of-kin *909 Princess
Kingston Ont.*
MB. 27-9-17- 6-3 " duty "

MILITIA & DEFENCE DIVISION
NOV 7 1917
Casualty Branch, C.E.F.

Amount of pay assigned monthly \$ *15⁰⁰ 7-8-16-31-10-17* Reason for discharge
To whom payable *Mrs Mary Coucher* Character on discharge

justified 25-9-17. 909 Princess St Kingston. Cat 6.3. H.Q.

5351-M. & D. 6880.

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>31⁰⁸ 17</i>	<i>31¹⁰ 17</i>	<i>62</i>	<i>1-62-</i>	<i>62</i>	<i>10</i>	<i>620</i>	<i>9254</i>							<i>Engl Pfc. S. O. Halifax A.R. 9793 141 Book at Sept Oct 17</i>
							<i>16074</i>				<i>30-</i>	<i>14460</i>		
							<i>16074</i>			<i>60 Ref-</i>		<i>1614</i>	<i>16074</i>	<i>L.P. read n. 8 17 Showing etc Adj to 31¹⁰ 17 Adj to n. 3. Let to Seapie Adj Sept to Nov 17 60. 8-11-17.</i>

had

Engl Pfc. 1-8-16-31-8-17 = 195⁰⁰

PROCEEDINGS OF A MEDICAL BOARD.

Dated at... Buxton, Derbyshire... 18th... July... 1917... 1916.

No. 724511 Rank. Pte. Name TIMMS William Fred.

Local Unit Overseas Unit 20th. Battn. Age 37

Examination held at Canadian Red X Special Hospital, Buxton, Derbyshire.

DISABILITY.
Overseas—~~Local~~ MYALGIA.
(scratch one out)

PRESENT CONDITION

Reported sick with pains in legs, hips, and feet, right arm and back, on April 11th. 1917. Sent to 9th. F. Amb. then to 7th. Can Gen. Hosp. Boulogne 3 weeks, then evac. to England to Leicester for 12 days then to Buxton 25/5/17. On admission complained of pain in Legs, back and rt. forearm. Heart and Lungs O.K. Movements not limited, but has pain on double knee bend in knees and back.

TREATMENT:- Warm Mineral Baths. Hot Undercurrent Douche. Peat Pack to legs, followed by massage daily.

PRESENT CONDITION:- Improved. Discharged from hospital.

BOARD RECOMMENDS:- Category B11.

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

Signatures

W. P. Bradley Major, C.A.M.C., President.

Members

W. M. Smith Major, C.A.M.C.,

R. Easton Captain, C.A.M.C.,

APPROVED



Dated at..... 1916.

W. P. Bradley Major, C.A.M.C.,

Canadians, London Area. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date of Report, Performance, etc. 1953. 11. 15. 1953

No. 100-1
 Rank
 Name
 Overseas Unit
 Local Unit
 Examination held at
 Disability
 Overseas (tick out)
 (tick out one out)

PRESENT CONDITION

Reported sick with pains in legs, hips, and feet, right arm and back, on April 11, 1953. Sent to 9th A.M.S. Unit to Ven. San Gen. Hospital, Manila, 8 weeks, then evacuated to England for 18 days then to Exeter, Devon, 20 days. On admission complained of pain in legs, back and right forearm. Heart and lungs O.K. Movements not limited. Had pain on double knee band in knees and back. TREATMENT - Warm mineral baths. Hot underwear. Double knee band. Massage daily. PRESENT CONDITION - Improved. Discharged from hospital.

BOARD RECOMMENDS

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

Signatures

Major G. A. M. G. President

Members

Approved

Dated at 1953. 11. 15. 1953

For A.D.M.S.

B.P.C.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE 15/11/17.

1. (a) Unit # 3 S.S.CO. (b) Regimental No. 724511. (c) Rank Pte.

(d) Surname Timms. (e) Christian name William Frederick.

2. Age last birthday 38 Date of birth Sept. 18th/1879.

3. Enlisted at Kingston, Ontario. on October 15th/15.

DEPT. MILITIA & DEFENCE
DEC 23 1917
649-J-Y116
CANADA

4. Personal description:—

(a) Height 5' 3". (b) Weight 115 (c) Complexion Fair.

(stripped)

(d) Colour of hair Dk. Brown. (e) Colour of eyes Blue. (f) Identification marks scar on left side of face 3" long crossing angle of jaw. Scar 5"x2" on right hand extending from Meta Carpal joint of second finger the Meta Carpal-Phalanges joint of 2nd finger limitation of extension of middle finger small Cyst at the Distal end of 5 Meta Carpal Bone.

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

909 Princess St.

6. Former trade or occupation Milkman.

7. (a) Service	Years	Days
	PERIODS	
	From	To
<u>109th Batt.</u>	<u>Oct. 1915.</u>	<u>Dec. 1916.</u>
<u>20th Batt.</u>	<u>Dec. 1916.</u>	<u>July 1917.</u>
<u>1st C.O.R.D.</u>	<u>July, 1917.</u>	<u>Oct. 1917.</u>
<u># 3 S.S.CO.</u>	<u>Oct. 1917.</u>	<u>Date.</u>

(b) Has he been Overseas? In England and France.

8. Present disease or disability (use authorized nomenclature if possible). Myalgia.

(a) Date of origin April 20th, 1917. (b) Place of origin France.

(c) Cause* Exposure in trenches.

*(Here include original disease or injury)

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

Complains of pain in back and both legs. Complains of pain in left hand due to Cyst.

No objective signs of Myalgia. Heart and lungs normal.

Small Cyst. Size of pea at base of little finger of left

hand. No extension 3rd digit of right hand due to loss of tendon

in accident in 1913.

B.P.C. FOLIO
CASE DOCKET
4

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

10. History ;

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

Scar on left side of face 3" long Crossing angle of jaw.

Scar 5" x 2" extending from Carpal Meta Carpal joint

of Index finger to Metacarpal Phalanges joint of Index finger, right hand. Cyst of Distal end of 5th Metacarpal joint left hand size of pea.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. 10%.

12. Did the disability arise on or off duty? On duty (Man States).

13. Was a Court of Inquiry held? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Probably permanent.

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

In English Hospitals.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Treatment not indicated.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations

On account of Deformity of right hand and Myalgia recommend Category C3.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Signature of soldier examined.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). **No.**
- (b) Service abroad, not general service, (" B) (Yes or No). **No.**
- (c) Home service, (Canada only), (" C) (Yes or No). **Yes. C3.**
- (d) Temporarily unfit, (" D) (Yes or No). **No.**
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). **No.**

23. It is certified that the soldier

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

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

On account of history of Myalgia and deformity of right hand we placed man in Category C3. No treatment.

J.S. Boocman
 Capt. AMC. President.

Chas. Williams
 Capt. AMC. } Members.

STATION Kingston, Ontario.

DATE November 20th, 1917.

APPROVED BY

DATE NOV 26 1917

APPROVED BY

DATE

[Signature]
 D/ A.D. M.S. District No. 3
 For A.D. M.S. M.S. District No. 3
 3
 Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

27/10/11
I ASST

1-1-11
1-1-11
1-1-11

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

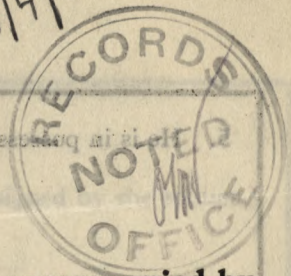
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



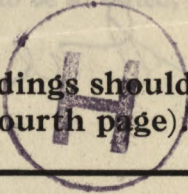
16/4/35



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. 724511

Rank *Private*

Surname *Jimms*

Christian Name *William J.*

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) *No 3 Special Service Coy*

Date of Discharge *November 26/11/1914*

Place of Discharge *Port Henry, Kingston*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age *35* years *2* months.

Height *5* feet *4* inches.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

Trade *Milk vendor*

Intended place of residence } *909 Princess St., Kingston, Ont.*

(To be given as fully as practicable.)

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of *Compassionate grounds. Auth 3rd 88-J-82 dated 7-11-17*

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

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

Exemplary

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

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

Milk vendor

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

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

W.S.G. Comp. 2/2/19 J.M.S.

recd 7-1-18

Dis. Sect. 3-1-18 G.M.

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

One

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

6. Medals and Decorations.....

None

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*

E. M. Freeman

(Date) *26-11-17*

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*

W. F. Jimms..... (Signature of Soldier.)

(Date) *26-11-17*..... (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.

W. F. Jimms..... (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*

E. M. Freeman

(Date) *26-11-17*

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.

<p>Attestation Paper, Militia Form B. 235.</p>	<p>Reg. Conduct Sheet, Militia form B. 263.</p>
<p>Proceedings on Discharge, H. 218.</p>	<p>Conduct Sheet, " B. 263a. Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions, by C. P. in MS. Militia Form B. 313. Med. Hist. Sheet.</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>	<p>Medical Report for Invalid*, B. 237. " " Statement of Man's Account on Transfer and Last Pay Certificate, D. 877. " " *Only if discharged "Medically unfit."</p>

W. F. Linn

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.

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 Certificate, " D. 877.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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

9. Additional Certificate in the case of a Soldier who has been discharged on his own request.

I hereby declare that I do of my own free will request to be discharged from the Militia.

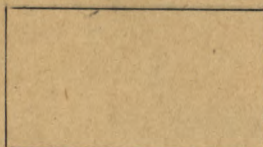
Statement of Service

Service toward Engagement in _____ at _____ to which the Rank of _____ was assigned.

11. Explanation of Discharge.

The discharge of the undersigned was _____

This space to be left blank for the Chelsea Number.



Proceedings on ^{*1917*} Discharge.

63

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>724511</u>		Army Rank <u>Pte</u>			
Name <u>Timms W. F.</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)					
Corps <u>104 S O R D</u>					
Battalion, Battery, Company, Depot, &c. <u>109 Bn.</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)					
Date of discharge _____					
Place of discharge _____					
1. Description at the time of discharge.					
Age <u>37</u> years _____ months	Descriptive marks. <u>Scar on Back of Right Hand.</u>				
Height <u>5</u> feet <u>4</u> inches					
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.					
Complexion _____					
Eyes _____					
Hair _____					
Trade <u>Farmer</u>					
Intended place of residence (To be given as fully as practicable) <u>Kingston Ont.</u>					
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)					

Returned to Canada. Authority G.111.

Adjutant General's letter D.O.4. A.G.2-1-29 of 19-6-17.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

France 10 months.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		
P.C. 3257			

RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 724511 *W. F. Timmins*
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Wm F. Timmins
 Battalion 109th Batten
 Beneficiary Mrs Mary Coulter
 Relationship children's Guardian
 Address 909 Princess St Kingston Ont

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—	440		440	
1918 Jan	G 66269	30		30	
		<u>470</u>			
		30			
		<u>440</u>			
		70			

Discharged 26/11/17 ^{compassionate grounds.} *auth by D. Semi Brantley Rtd. of 5¹⁷*
 11-2-18 *Henri L.*

ask for refund.

W. F. Timmins

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 4000-6-17-1772-39-1141
 L. L. 2330-M. & D. 1953.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-3-16

Aug 1-1916

RATE OF SEPARATION ALLOWANCE

20	20.00		
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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724511
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Wm. A. Jimms
 Battalion 109th Batta A. Coy
 Beneficiary Mrs Mary Coulter
 Relationship Guardian
 Address 909 Princess St Kingston Ont.

PARTICULARS OF ASSIGNMENT

Name Mary Coulter (Guardian)
 Address 909 Princess St
 Change of Address Kingston Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
see 31	—	440	225	665	
Jan	C 66269	30		30	
					<p>Mc Closed Retd for IFS 8261 13/9/17 7X 12/10/17 Cf Reinstate retrans. Trans. #3 Moy. 1/11/17 18049-W-4 Gms 12/17. Dis. (Comp. Inds) 26/11/17 DPMK #3 5/12/17 Gms 5/1/18.</p> <p>Over payment off 50⁰⁰ * refund been requested. 50. Overpayment recovered by Postmaster Post Discharge Pay. as per. No 3-D-26-3-47 on file 18049-W-4. L.P. 73.</p> <p>Deposit slip #50 N.P. and A.B. 17-3-19</p>

336
 42 11 1/2

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

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

M. F. W. 128
 400MC-6-17-1772-39-1141
 L. L. 22520-M. & D. 7998.

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. 724511

Rank Private

Surname Timms

Christian Name William F.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 3 Spec. Serv. Coy

Date of Discharge 26 November, 1917

Place of Discharge Fort Henry, Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 35 years..... 2 months.

Height..... 5 feet..... 4 inches.

Complexion Fair

Eyes Blue

Hair Brown

Trade Milk vendor

Intended place of residence 909 Princess St., Kingston, Ont.

(To be given as fully as practicable.)

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Compassionate Grounds Acth 3rd 88-T-82 dated 7-11-17.

*Deceased
29th 1925
7-11-17*

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

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

Exemplary

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

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

Milk vendor

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

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

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

One

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

6. Medals and Decórations.....

None

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.....

E. M. Freeman
Commanding.....

(Date) 26-11-17.....

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 W. F. Jimms..... (Signature of Soldier.)

(Date) 26-11-17..... (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.

W. F. Jimms..... (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.....

(Signature) E. M. Freeman.....

(Date) 26-11-17.....

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.

<p>Militia Form B. 232 Attestation Paper</p>	<p>Militia form B. 263 Reg. Conduct Sheet</p>
<p>B. 218 Proceedings on Discharge</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>	<p>Company Battery Squadron Conduct Sheet</p> <p>Copies of Convictions, by C. T. in MS.</p> <p>Militia Form B. 313 Med. Hist. Sheet</p> <p>B. 227 Medical Report for Invalid*</p> <p>D. 877 Statement of Man's Account on Transfer and Last Pay Certificate</p> <p>*Only if discharged "Medically unfit."</p>

W. F. Jimms

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.

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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>6. Medals and Decorations Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>7. His account is correctly taken, and I have read and I have signed the same in accordance with the regulations. Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p>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>
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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.

When a soldier is absent through illness or any other cause and it is not possible for him to sign, a manager or other person should be sent for the purpose of signing, and his signature should be attached here.

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 for the reasons stated.

Statement of Surgeon

I hereby report Engagement to the date to which the Record of Service is required to be kept.

Confirmation of Discharge

The discharge of this soldier is hereby confirmed.

Signature of Manager

Signature of Soldier