

45
20-1-19

DECEASED
DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- 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.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name BOYCE WILLIAM, EARNEST

Regt. No: _____ Rank capt.

Corps C. A. D. Co.

Died 8/11/18

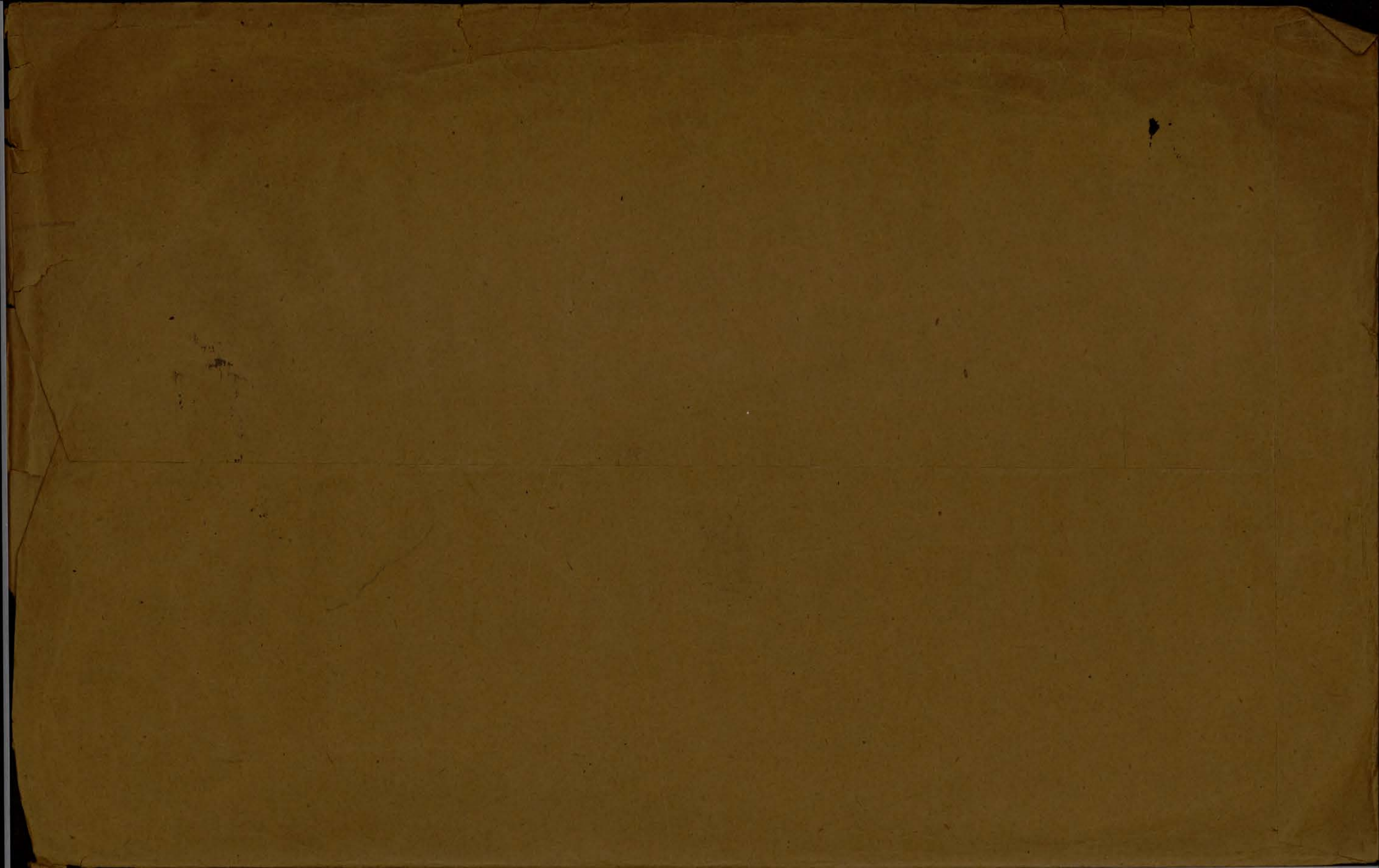
33736



1
10-16
10-16
11-16

Ref. AMS. 0-526

Handwritten notes:
AFD 1237-1
misc bond 4
copy of [unclear]



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		bapt	Boyce.	William Earnest
Year	Unit.		Age.	Service.
1918	C.A.D.C.		30	12.
Station and Date.	Disease			
1st Nov 1918	Influenza + Pneumonia.			Seaford.
	Reported sick	1st Nov 1918	Taken sick	29-10-18
	Enlisted Montreal	April 1917	Previous Occ	Dentist
	To England	27 June 1917		
	France.		Family History	neg
	Invalided from France		{ Wounded } { Sick } ONSET	
	Complaints		27-10-18	DURATION five days.
				General weakness. Cough, expectoration slightly rusty.
	Previous Illness.			nil.
	Present Illness			Did not feel well on Tuesday but did not report to M.O. Condition gradually got worse so reported to M.O. 1st Nov. at Ravenscroft
	Physical Exam:			
	Eyes	Ears	Nose	175
	Tonsils	Teeth	Throat	
	Upper Extremity			
	Lower			
	Skin			
	Urinalysis			color Amber clear Reaction acid Sp 1008 Sugar Neg Alb ++

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

Station
and Date.

2nd Nov 1918

Slight dullness left axilla.

3rd Nov 1918

Sputum ~~with~~ still slightly bloody. Has
consolidation of left lower lobe. Rest of left lung
& whole of right lung quite clear.
Heart normal.

Abdomen normal.

Sputum to Lab for exam.

Transfer to C II

Nov 8/18

Respiration 56: pulse rapid, regular but weak

5.30 P.M.

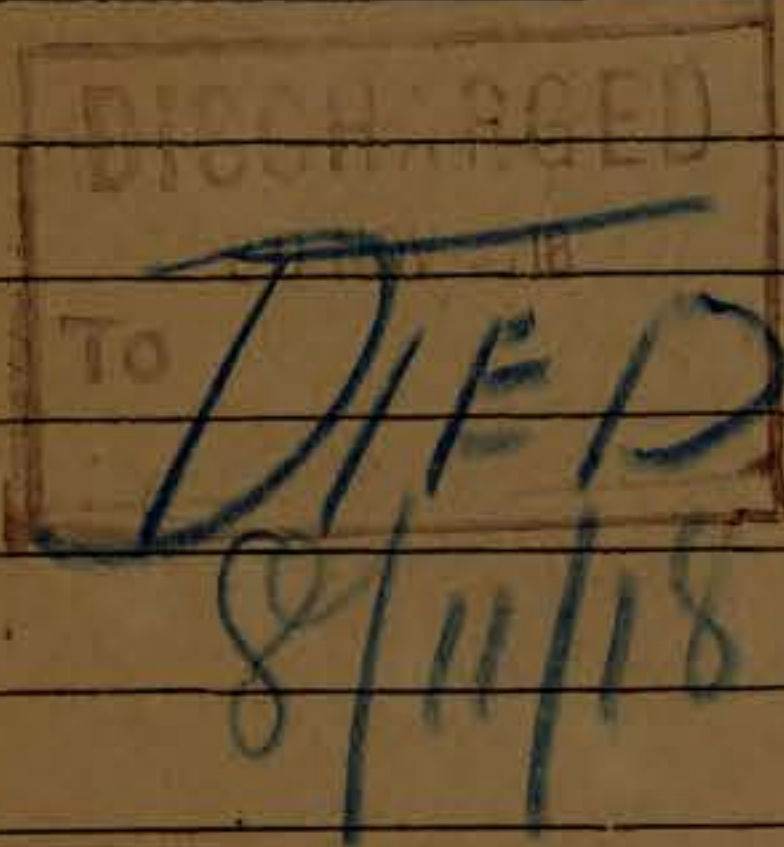
Patient cyanosed - anxious

J.H.M. & P. Lockman

Whole of left lung consolidated.

Died 11 P.M.

J. J. Baker
Capt. Cruise



MARCH 1914

THE UNIVERSITY OF CHICAGO

LIBRARY

EOBW OF MIT

MAR 15 1914

FORM OF WILL

I, William Earnest Boyce. (Name in full)

Regimental Number serving in C.A.D.C. M.D.4.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

bequeath

I ~~devise~~ all my real estate unto

Harold Richard Boyce.

Shawinigan, Falls, Que.

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

absolutely, and my personal estate I bequeath to

Harold Richard Boyce.

Shawinigan Falls, Que.

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

NOTE

This space for the
appointment of
Executor if
necessary.

I hereby certify that this document is a true copy of an original document now in possession of this office.

FEB 24 1919

Lill N. Husband. Capt.
Director Military Estates.

IMPORTANT NOTE

this 8th day of March A.D. 191 8

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Capt. W.E. Boyce. Signature of Soldier.

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

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

Signature of First Witness Fred W? Bradley, Maj.

Address of Witness 40 Wolfe St., Sherbrooke, Que.

THE TWO
WITNESSES

Occupation of Witness Dentist. (A.E.D.S. M.D.4.)

MUST
SIGN HERE

Signature of Second Witness W.N. Wright.

Address of Witness 27 Chesterfield Ave., Westmount.

Occupation of Witness Custom Clerk.

THE HISTORY JOURNAL

Surname Boyce Christian Name William Ernest

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
William Ernest E. Boyce		1	11	18	8	11	18	Influenza & Pneumonia	8	Influenza five days. Pneumonia (Lobar) eight days. Pulse became weak, rapid. Died 23.00. 8-11-18.	J. Osborne Capt. Comm.



MEDICAL HISTORY SHEET

Surname Boyce Christian Name William E. Boyce

Examined { on 28th day of May 1918
 at Montreal
 Birthplace { City or Town Rawdon, P. Q.
 County Que., Canada

Approved by _____
 Rank _____ M.O.



Apparent age 30 yrs. 11 months.
 Trade or occupation Dentist
 Height 5 feet 6 1/2 Inches
 Weight 150 lbs.
 Chest measurement { Minimum 35 1/2 inches
 Maximum expansion 39 inches
 Physical development good
 Small-pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		Declared FIT by MEDICAL BOARD M.O. MOBILIZATION CENTRE, M. D. #4 M.O.
		<u>H. Aubrey</u> M.O. President, S. M. S. M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 15 years ago
 (a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS
<u>APR 4 1918</u>		<u>J. A. Fairie Capt</u> M.O.
		M.O.
		M.O.

Eyesight R.D. 20
 (b) Slight defects but not sufficient to cause rejection
 " L.D. 20
 Hearing R. Ear OK
 " L. " OK

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/6/17</u>		<u>J. A. Fairie Capt</u> M.O.
<u>29/6/17</u>		<u>J. A. Fairie Capt</u> M.O.
<u>7/7/17</u>		<u>J. A. Fairie Capt</u> M.O.

Enlisted on 11th day of June 1917 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Can. Army Dental Corps			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>April 4. 1918</u>	<u>Tub</u>	<u>Cat A.P.B. Halcobin Capt</u> FIT

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.

Original

Unit Canadian Army Dental Corps Rank Capt. Name William Earnest Boyce

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Boyce
- (b) What are your Christian Names? William Earnest
2. (a) Where were you born? (State place and country) Rawdon, Quebec.
- (b) What is your present address? Rawdon, Quebec
3. What is the date of your birth? July 4th. 1886
4. What is (a) the name of your next-of-kin? Thomas Boyce
- (b) the address of your next-of-kin? Rawdon, Quebec. FHB.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Dentist
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? XXXXXXXXXX
9. State particulars of any former Military Service. 83rd. Batt.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

W. E. Boyce (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date MAY 28 1917 1917

Place QUEBEC, P. Q.

*Insert here "fit" or "unfit"

Declared **FIT** by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

H. Aubrey
Medical Officer.

OFFICER'S DECLARATION FORM

CANADIAN CUSTOMS EXPLORATION FORM

QUESTIONS TO BE ANSWERED BY OFFICER

1. Name of the person or persons who are the owner or owners of the goods, and the address of the person or persons.

2. Name of the person or persons who are the importer or importers of the goods, and the address of the person or persons.

3. Name of the person or persons who are the exporter or exporters of the goods, and the address of the person or persons.

4. Name of the person or persons who are the consignee or consignees of the goods, and the address of the person or persons.

5. Name of the person or persons who are the carrier or carriers of the goods, and the address of the person or persons.

6. Name of the person or persons who are the consignee or consignees of the goods, and the address of the person or persons.

7. Name of the person or persons who are the carrier or carriers of the goods, and the address of the person or persons.

8. Name of the person or persons who are the consignee or consignees of the goods, and the address of the person or persons.

9. Name of the person or persons who are the carrier or carriers of the goods, and the address of the person or persons.

10. Name of the person or persons who are the consignee or consignees of the goods, and the address of the person or persons.

John W. G. G.

Signature of Officer

Date

Place

Surname **BOYCE**

Christian Names **William Earnest.**

Rank **Captain.**

Name and Address of Next-of-Kin

Promotion

**Thomas Boyce (Father)
Rawdon, Que.**

Unit **C.A.D.C.**

Place of birth **Rawdon, P.Q.**

Married (Yes or No)

Appointments



Date of leaving Canada **17.6.18.** (R.L. 28-15) Date and Cause of Resignation

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				
5.7.18.	D.D.S.	T.O.S.CADC on arr. from Canada		28.6.18.	C.O. 812.
5.7.18.	do.	Posted to CADC Bramshott Area.		28.6.18.	C.O. 813. <i>CADC Archer 7/11. 0.32</i>
15.7.18	do	Recalled from Bramshott Area to C.A.D.C. Seaford		18.7.18	C.O. 814 <i>Can. by C.O. 872</i>
24-7-18.	Def D.S.	Recalled from C.A.D.C. Bramshott Area and posted to Seaford Area		26-7-18.	C.O. 870.
2. 11. 18	A.M.S.	Adm. 14 b. 7. Eastbourne.		2. 11. 18	C.I. 1128 <i>Zotar. Cerumenia</i> <i>Dangerous Ill</i>
9. 11. 18	<i>do</i>	<i>Now reported Dead</i>		8. 11. 18	<i>Ch. 1134.</i> <i>Influenza</i>
21. 11. 18	CADC Capt	<i>SOS CADC Seaford having Died</i>			<i>b.O. 1159 CADC 9/15/18</i> <i>A.F.B. 10493. 2090 A</i> <i>Estab. 4-12-18</i> <i>POrd 27</i>

9366

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

Report

Date

From whom received



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Canadian Army Dental Corps

Regimental No. Rank Captain Name William Earnest Royce
C. E. F.

Enlisted (a) 11/6/17 Terms of Service (a) Duration of War Service reckons from (a) 11/6/17

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)

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 on H.M.T. "PANNONIA" Montreal,		5-6-18.	
		Disembarked.	Liverpool.	28-6-18.	
9-7-18	A.D.D.S.	T.O.S. C.A.D.C., Bramshott Area, on arrival from Canada.	Bramshott.	28-6-18.	Part II Order No. 32.
9-7-18	A.D.D.S.	On Command to Segregation Camp, Frensham Pond.	Bramshott.	28-6-18	Part II Order No. 32.
27-7-18	A.D.D.S.	Ceases to be On Command to Segregation Camp, Frensham, and is S.O.S. C.A.D.C., Bramshott Area, on posting to C.A.D.C., Seaford Area.	Bramshott.	26-7-18	Part II Order No. 35.
1-8-18	ADDS	T.O.S. CADC Seaford Area on posting from CADC Bramshott Area.	Seaford	26-7-18	ADDS P ii O No, 10, d/j 1-8-18

[Handwritten Signature]
Lt.-Col.
A.D.D.S.
Bramshott.

(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.

Regt. No. Rank & Name. Capt Boyce W.E. Ward 6.1

(26)

Diagnosis. Pneumonia.

To: Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of urine with special regard to albumen.

Date 6-11-18 1918.

..... J. Baker Capt.
Officer i/c

LABORATORY REPORT.

Color. Dark amber (cloudy)

Reaction Acid.

S.G. 1010.

Sugar. Neg.

Albumen. Pos + + +.

Microscopic.

Special.

Date of exam. 6.11. 1918.

3.

Hyaline casts few
granular casts (reabsorbed)
Leucocytes few
squam. Epith. few
uric acid
debris.



..... J. Baker Capt.
for Officer i/c Laboratory.

TOTAL IN FIGURES

Hall - 26

~~Hall - 26~~

16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Diets

I certify that the above Diets, † Drinks, † Extras, † and Sundries were ordered by me for

and that they were necessary.

Officer in Charge

NOTE—Extras may be ordered without at the same time ordering a Diet. After Diets or Extras have been ordered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in full opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M.O. to another.

† Delete as required to render the certificate complete.
* Insert here "Patient," "Dining Hall," or "Kitchen."

Boarded for Invalidity

[Large handwritten scribbles and signatures]

Regt. No. Rank & Name. *Capt Boyce W E.*

Ward *67*

40

Diagnosis. *Pneumonia*

To: Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen
urine with special regard to *Albumen & casts*

Date *8-11-18* 1918.

..... *J. Baker Capt*
Officer i/c Ward.

LABORATORY REPORT.

Color. *Dark amber (cloudy)*

Reaction. *Acid.*

S.G. *1004.*

Sugar. *neg.*

Albumen. *Prot+++.*

Microscopic.

Special.

*Hyalin casts (few)
granular casts (several).
Leucocytes (very few)
Puram. epith. cells (few)
debris.*

Date of examination *8.11.* 1918.

95

..... *J. D. Lissner* Capt, CAMC
for Officer i/c Laboratory.



1848

Journal

Journal of the
1848

Journal of the
1848

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1848

Pt. No. 1411 Name, *Capt. Bayne* Ward *67*
Diagnosis, *Influenza*

To: Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen
of urine with special regard to *Albumen + casts*

Date *Nov. 2* 1918. *Sgt. Capt. Baker*
Officer i/c ward.

L. BOURTON, M.A., F.R.C.P.

Color. *Amber (clear)*

Reaction *acid.*

S.G. *1008.*

Sugar. *neg.*

Albumen. *Pos. + + +.*

Microscopic. *Occasional hyaline + granular casts
Granular cells. (few)*

Special. *Leucocytes (few) Debris.*

Date of exam. *2 - 10.* 1918.

A. B. Hutchinson
Officer i/c Laboratory.



8

CANADIAN
MILITARY
HOSPITAL,
EASTBOURNE.

DIET AND EXTRA SHEET FOR PATIENTS IN HOSPITAL, AND EXTRA SHEET FOR DINING HALLS, AND KITCHEN SUNDRIES.

Hospital, at _____

Period from July to 21 JUL 1917

Regtl. No.	RANK AND NAME (Surname first)	Corps	Squadron, Troop, Company, or Battery	Age	Service	DISEASE
148639	74 Sutton E.	78 th Bn.	C.	18	15 12	Disto. Arthritis Knee

Ward Number	Number in Admission and Discharge Book	Admitted into hospital	Discharged from hospital	Religious denomination
10	T1411	21-5-17	21 JUL 1917 19	Pres.

If allowed up during certain hours, if fit for light hospital duty, or able to take meals in the Dining Hall, state so	Date	Name of diet first time in full, afterwards abbreviated For Dining Hall, state number of patients	EXTRAS OR KITCHEN SUNDRIES (Quantities in Words)										Initials of Medical Officer (first time name in full). All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus— before he signs his name or initials.	
Bed	July	Ordinary												
		Ordinary												
		Ordinary												
		"												
		"												
		"												
		"												
		"												
		"												
		"												

179

14th Canadian General Hospital,
Meads, Eastbourne.

Regt. No. Rank & Name. *Capt Boyle W. E.* Ward *6 II*

Diagnosis: *Pneumonia*

To: Officer i/c Laboratory.
Please carry out an examination of the accompanying specimen
urine with special regard to *Albumen*

Date *7-11-18.* 1918. *J. O. Baker, Capt*
Officer i/c Ward.

LABORATORY REPORT.

Color. *Smoky amber*
Reaction. *Acid.*
S.G. *1012.*
Sugar. *neg.*
Albumen. *pts +++*



Microscopic. *Hyaline & granular tube casts (many)*
Special: *Leucocytes & squamous cells (few)*

Date of examination *7. 11. 1918.* *H. B. Hetherington*
66. Officer i/c Laboratory.

14th Canadian General Hospital
Meade Eastbourne

.....1918

Hospital Representative

14th Canadian General Hospital

The marginally noted man has this day been
examined and placed in Category.....and is
now available for discharge.

For your information please.

Major C. A. G.

14th Canadian General Hospital
Meade Eastbourne

.....1918

Hospital Representative

14th Canadian General Hospital

Surname. Christian Name.
 BOYCE W. E.
 Rank. Unit.
 Capt. C.A.D.C., Seaford.

No. 14 Canadian Gen. Hosp. Eastbourne
 Hospital. Date of admission. 2-11-18.

Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis. Influenza &
 Lobar Pneumonia (Dangerously ill)
DIED: -8-11-18. ^{Rv}
_{Rv.}

Later diagnosis.

Disposition. Date.
 2-11-18 1128-3.
 9-11-18 1134-4.

C.L. Remarks.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.

A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.G. London.

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Number..... Rank *CAPT.*

B

Surname..... *BOYCE.*

Christian Name..... *WILLIAM EARNEST*

Units..... Theatre of War *ENGLAND.*

Date of Service..... *17.6.18*

Remarks..... *(B) Harold Richard Boyce,*

Latest Address..... *Shawinigan Falls,
P.Q.*

Roll No. *Page 3726*

D

200m.-6-21.4. *C.A.D.E.*

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DEC 30 1924
90541 15106
DEPT. OF DEFENSE
REGON, N.C.

C.D.
SURNAME.

Payce.

CARD NO.

af

XASH.

CHRISTIAN NAMES

William Earnest

FOLL.

REGL. NO.

RANK

Capt.

UNIT

C. A. N. C. (M. N. 4.)

FORMER CORPS

83rd. Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Payce, Thomas

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Rawdon. P. Q.

COUNTRY OF BIRTH

Canada Rawdon P. Q.

DATE

July 4th 1886

PLACE OF ATTESTATION

DATE

o/s. 5-6-18. 1269

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

dentist

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

May 28th 1917

Present Address, Rawdon, P. Q.

NAME

Bayer William

REG'T'L. No.

H. Q. FILE NO. 649

RANK AND CORPS

Capt (C.A.D.)

FOLLOWS

No.

Headquarters

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

<i>1977</i>	<i>3-11-18</i>	<i>Danzell 14 Gen H Eastbury</i>
<i>1-1</i>		<i>Nov. 2, 1918 lobar pneumonia</i>
<i>HR 1128</i>	<i>May 7</i>	<i>Thomas Bayer (father)</i>
<i>2-11-18</i>		<i>Rawdon P Q</i>
<i>2074</i>	<i>10-11-18</i>	<i>D. of pneumonia Nov. 8th 1918</i>
<i>Wam 314</i>	<i>15-12-18</i>	
<i>2-6</i>		

6444 L. L. 31493. M. & D. 8476.

see later information photo

M. F. W. 43-1000.-28-11-17.

H. Q. 1772-30-893.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1134

140 Men Eastbourne
Blepharitis
now kept Dec

8.11.18

Influenza Hobart.
Breumore

Q98 104-93

Name

BOYCE

CAPT

Reg. No.

9 for 1606

Unit

CADC. 44 C.A. St. Seaford

Next of Kin

Canada

Boyle (Father) Rawdon

Quebec

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-11	14 Can Gen Gen Hos. <u>DANGEROUSLY ILL.</u>	Eastbourne	(Tele 5765) Lobar pneumonia	1128	11/9/18	
8-11-18	Repr det 59H2 <u>Died</u>		Influenza Lobar pneumonia	1134	11/11	
			July 4/18		Presbyt.	

Not eligible for 1415 Star.

BOYCE, Wm. Ernest. Capt C.A.D.C.

M

W.K.

MEDALS &
DECORATIONS

Harold Richard Boyce (Brother)
Shawinigan Falls, P.Q.

PLAQUE &
SCROLL

Thos. Boyce (Father)
Rawdon, P. Q.

8234

Serial No 781832

CROSS OF
SACRIFICE

Mrs. Esther A. Boyce (Mother)
Rawdon, P. Q.

Resp. MAY 19 1920 *68021*

Scroll Disp. FEB 17 1941 Regn. No 2.20687

DEC 20 1921

P21497

(20)

um.



HOSPITAL.

AT.....

A. & D. No. 45 PL. OF ACTION.....

RANK capt REG. NO. — UNIT b. A. D. Co. SICK OR WOUNDED

NAME Boyce W.E. AGE 30 RELIGION Pres.

PLACE IN HOSPITAL C 11

DIAGNOSIS Pneumonia Lobar

ADMITTED 7 NOV 1918 FROM.....

DISCHARGED 8. 11. 18 TO Died.

TRANSFERRED.....

SERVICE AT HOME 24/12 IN FIELD.....

RESULTS.....

.....

.....

(See Document Card for M.H. Sheet and other Documents.)

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

DATE AUTHORITY

Beneficiary *B. A. D. Co* Pay *3 4* *bapt-* *28 7/8* *a.g. 1a. 8.1.13* Name *Boyce*
 Address *122 Oxford St.* F.A. *d 9/8 on P.L. 79* Initials *William Ernest*
 Amount. \$ *1 75* Messing *1 6* *vo. 19261* Bank *of Montreal*
 Separation Allowance issued. Yes or No..... *Died 8/18* *L 1134 d 19/18* *15 Vo 10643* *Trafalgar Square*
Belch

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918	Aug 5 War Pay £20 payable to Pm details Leonard Cash 6026			97 34				
	16 P & A for 1/8-31/8 mess for 28/8-31/8. Vo 10643.		262.75					
	-50- Bank 659.2			165 41				
	Pay R.		147.25					
	Bank 6953			147 25				
	28 <i>Outfit allow</i>		6206					<i>£20-10-11</i>
	Sept 6 a.k. 5. War Pay £3. 18/8 list 75 Sept Vo 919.			14.60				
	10 Pay R.		142 50					
	13 <i>Subs 30/8-31/8</i>		7004					<i>6-15-7 33⁰⁰</i>
	21 Bank 8930			127 90				
	Oct Pay R.		147 25					
	16 <i>Sub. 1-30/8</i>		8458					<i>6-3-3 30⁰⁰</i>
	24 Bank 10669			147.25				
	Nov 4 <i>Subs 1-31/8</i>		9126					<i>6-2-5 31⁰⁰</i>
	Mag Reg adj From 12/9/18.		192 50					<i>Prato bease 30/18</i>
1919	July 15 <i>lev Bal trans to Ctt List 48 July Vo 859</i>		192 50	192 50				<i>Refer to Ledger 11</i>
				192 50				<i>Up to L 11 for L 14. 8/19</i>
								<i>Statement of rend. 17/19</i>
								<i>By Bal 8192.50.</i>
								<i>Dist form to Acty Bel 265/19</i>

