

ATTESTATION PAPER.

171st. O/S BATTALION, C. E. F.

No. 685970

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your surname?..... *Warriner (Warriner)*
- 1a. What are your Christian names?..... *William B. John*
- 1b. What is your present address?..... *Lennoxville Que*
2. In what Town, Township or Parish, and in what Country were you born?..... *Essex, London & England*
3. What is the name of your next-of-kin?..... *Mellie W. Warriner*
4. What is the address of your next-of-kin?..... *Kempston Post Office Hants & England*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *April 16th 1898*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Oct 15th* 1916. *W. B. J. Warriner* (Signature of Recruit)
David Rennie Dwyer (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William B. John Warriner*, 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 *Oct 15th* 1916. *W. B. J. Warriner* (Signature of Recruit)
David Rennie Dwyer (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 *Sherbrooke* this *Fifteen* day of *October* 191 .
R. G. King (Signature of Justice)
Leut

Recruit age claimed on 26-5-17
 Birth date of both 14-4-1900

W B J Warren
Description of Mr Warriner on Enlistment.

Apparent Age 18 years months.

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

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

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

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 34 ins.

Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Oct 16 1916

Place Shurhove

G. J. W. ...
 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.

W B J Warriner 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.

G. J. W. ... (Signature of Officer)
 G. C., 171st "Overseas" Batta. C. E. F.

Date 24 Oct 1916

12-3-19

190

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

(S)

(M)

(H)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- 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
- DEPT
Corps History Sheet..... 1
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- copy
Pay Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 3 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

Name WARRIENER WILLIAM JOHN

Regt. No. 684970 Rank PTE.

Corps 171st. Br.

Demob.

1 Men Case Sheet
1 Snd 1375
1 MFW 129
2 MFB 312
B.P. to 2/16/19

~~684970~~

07471

(H)

A.7, B. 122 - 1
M.7.W. 129 - 1
M.7.W. 2571 - 1
M.7.W. 192 - 1

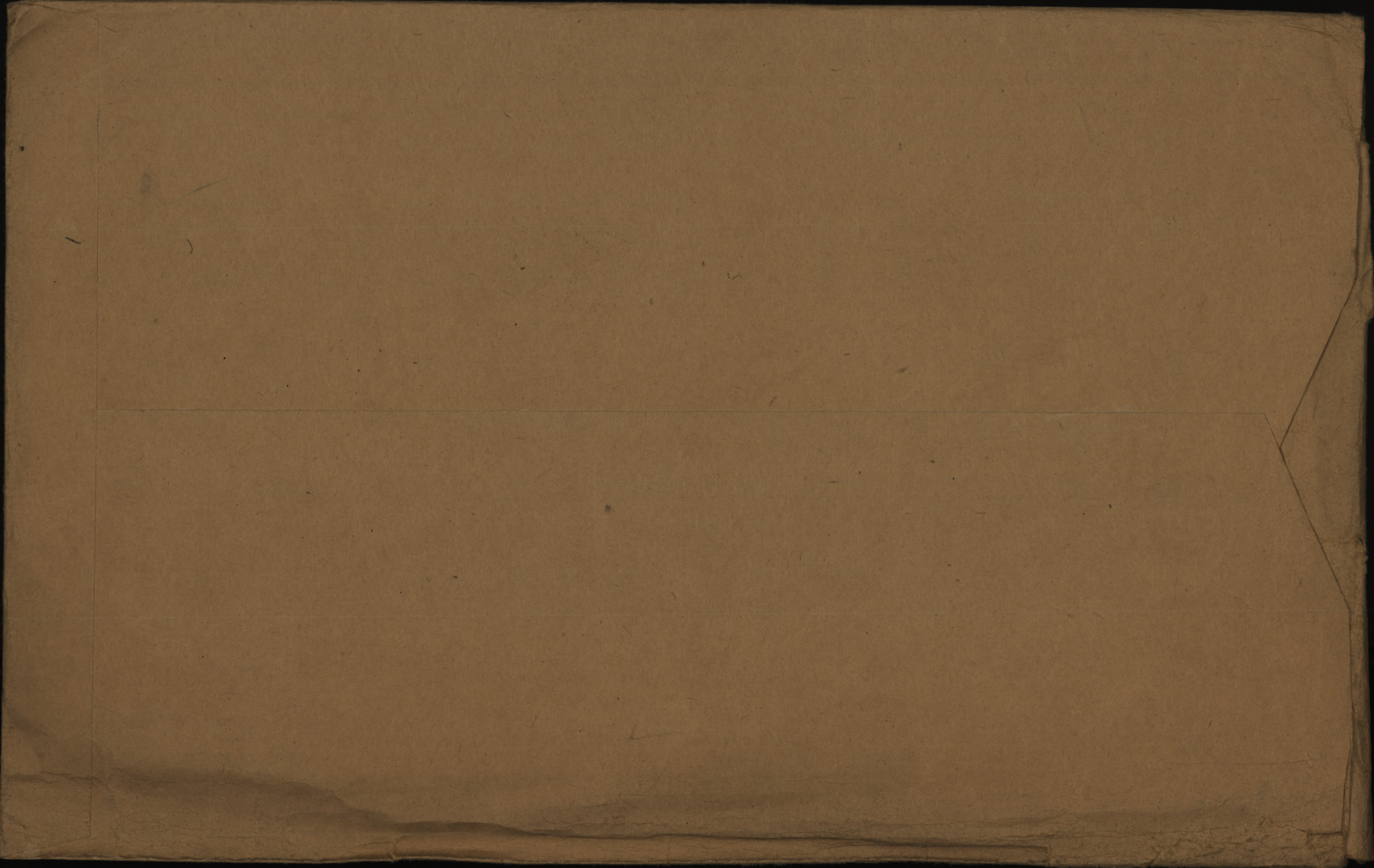
1R149
at 21237-1
Form of Will

M.F.W. 62.
100m.-6-17.
H. Q. 1772-39-935.

1R122

41
10
15

W.S. 1-8-19-20



✓
Number 684970

Rank *Plt*

Surname *WARRIENER* ✓

Christian Name *William John* ✓

Units *171st Bn. Inf.* Theatre of War *England* ✓

Date of Service *30-11-16* ✓

(D)

✓
Remarks *D 27/4/20*

Latest Address ~~*24a. St. Charles St.*~~ ✓

~~*Shertborne Que.*~~

Roll No. *A Page 2852*

Mother - *Mrs Nellie Warriner*
8 Stanley St.
Queens Park Road
Brighton, England

200m.-2-21.M.

DESP. MAY 2 1925

REGN. NO. 13078

supp card 8 3/21

649-W-24913

684970

W. Warriner,

Pte.

171st Bn.

not elig for stat.

Medals & Dec.

(Mother,

Mrs Nellie A. Warriner

8 Stanley ST.

Queen's Park RD.

Brighton, Sussex

England

AM

Plaque & Scroll

Mother,

as above

Memorial Cross

Mother,

as above

1958

inf.

Desp

AUG 25 1920

(M) © 19829

SHERRICK, P.C. PTE

#164186

1st Bn.

995

4951

W

REGT'L NO

684970

H. Q. FILE NO. 649-

NAME

Warriener W. B. J.

RANK AND CORPS

Pte 148th In.

FOLLOWS

NO.

Can. Div.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

21

2nd London General.

21-12-16

Influenza

Chelsea

1

Discharged

22-1-17

" "

CARD NO.

SURNAME.

Warriemir

CHRISTIAN NAMES

William

REGL. NO.

684970

RANK

Pte

UNIT

141 St

FORMER CORPS

nil

FOLL.

Dewls. m. 4
SOS. 18.2.1920 51 of $\frac{20}{2}$
19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Warriemir Mrs Nellie

RELATIONSHIP TO SOLDIER

mother

ADDRESS

8 Stanley, Queens Park Road, Sussex, Eng.

~~Kendal P.O. Wants Eng.~~

Auth. L. C. R. 1-5-20.

COUNTRY OF BIRTH

England Essex London

DATE

Apr 14th 1898

PLACE OF ATTESTATION

Sherbrooke, P.Q.

DATE

Oct 15th 1916

12/6 25-1-1925 8 4
99

Tison Haligan per St. "Mainetario" 2 3/11/16

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING *Farmer*

RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE

18.

YEARS

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

3

INCHES

COMPLEXION

fair

EYES

blue

HAIR

Brown

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Sherbrooke P.Q.

DATE

Oct 16th 1916

Present Address

Lennoxville P.Q.

*Name WARRIENER, Wm. J. Rank Pte. Regtl. No. 684970

Fyle Depot 19-W-393

Original unit 171th Bn. Present unit D.D.No.4 M. or S. Age 18 Religion CofE Ref. H.Q. _____

Port, ship and date of arrival Halifax, N.S. "Aquitania" 24-1-19.

Next of kin (M) Nellie Warriener, Kempton P.O. Hants, Eng.

Address on leave Gibbs Home, Sherbrooke, Que.

Address on discharge _____

Transportation issued No Yes Date _____ Character on discharge _____

Previous occupation Farmer Date and place of enlistment 14-10-16 Sherbrooke, Que.

Diagnosis _____ Date of Medical Boards _____

Date	Remarks	Pt. 2 Order No.
4-2-19	T.O.S. from O/S 18-1-19. Posted to Cas. Coy 27-1-19.	
	Fur W/S to 10-2-19.	35.

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

Date

Remarks

Pt. 2 Order No.

20-2-19

SOS. discharge R.O. 1420. Para. C. demob. effect 18-2-19

51.

Cat. "A"

Surname	Christian Name or Names	Reg. No.
Warriener	W.	684970
Rank	Unit	Co. Troop Batty.
Pte	148th Bn 20 New Batt	
Hospital		Date of Admission
Transferred	2 London Gen	21-12-16

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Infl'za

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis 22-1-17

~~C.L. 30-12-16 21~~
 25-1-17 201

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Ms Nellie Warriner
 Address 10 Bristol Rd
Hampton, Brighton

Name WARRINER W. J
 From Canada: No. 684970 Rank Pte Unit 2SR

Rank	Authority	Unit

ASSIGNED PAY AND SEPARATION ALLOWANCE
 BEING Noted IN ENGLAND UNTIL ADVICE
 FROM OTTAWA OF DISCHARGE OF SOLDIER
 NAMED HEREIN.

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY	15 ⁰⁰	1-2-19
SEPARATION ALLOWANCE	"	"
	"	"

Month	Cheque No.	Assigned Pay	Amount Separation Allee.	Total A.P. and S.A.	REMARKS
DEC. 1919.					DISCHARGED TO CANADA. <i>MR 17 QRD. 8.1.19</i>
JAN.					
FEB.					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG.					
SEPT.					
OCT					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

F. 59409. 15.
Discharged 17.2.19.
Auth Ottawa 9.4.890 d. 28.2.19.

ADDITIONAL INFORMATION

2

15-10-16

185

SEPARATION ALLOWANCE

Mr.
Name *Warriner*
Address *10 Weyhill, Andover,
Kempston P.O.,
Hants, England.*
Relation to Soldier } *widowed*
wife, child or mother } *mother*

Name of Soldier *Warriner, William*
Regtl. No. *684970*
Rank *plc.*
Corps *171st. Batts.*
To what Corps belonging }
when called out }

EOR

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
Apl.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1916		
Feb.			
March			

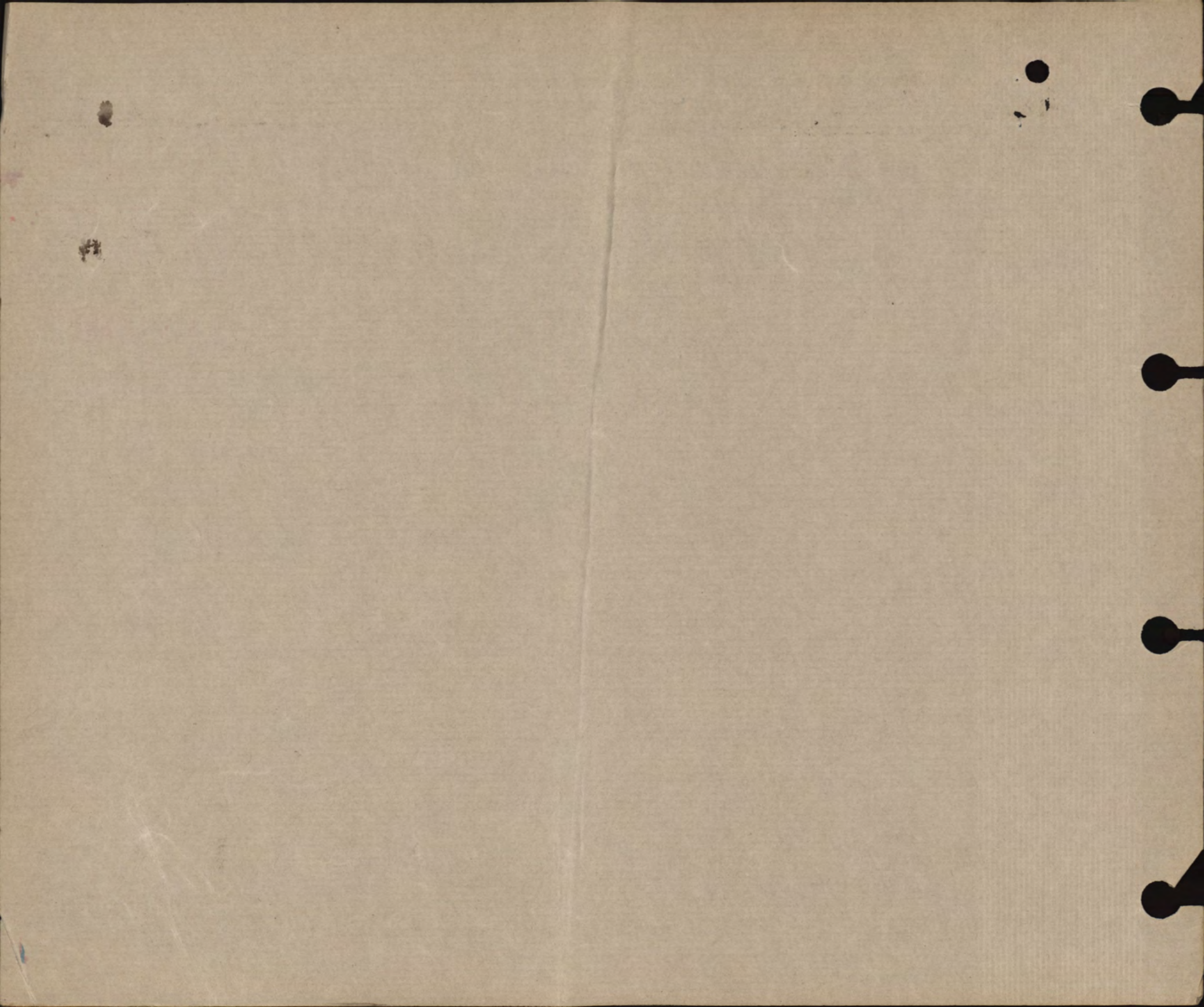
Duplicate sent to England for payment.

No recommendation for this op

NOV 28 1916

Accountant
Ret'd per *25/1/19*
Date *21/19*
Clerk *Wm. E. Lowe*

*Discharged 18/2/19
per *6/1/19*
File 18827-11-24 *and**



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Warriner**no other*
PAYMENTS.

Name of Soldier

*Warriner, William**pte.*

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Duplicate sent to England for payment.</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

NOV 28 1916

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

46013

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom *Mrs Nellie Harriner* ^{mother} By whom assigned *Harriner H. J.*
 Address *80, Seymour Street*
Euston, London
N. W.
 Regtl. No. *684,970*
 Rank *Private*
 Corps, &c. *171st Batt*

Rate *\$ 15.00*Date to Commence *1st December 1916*

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		<i>301710</i>	<i>15</i>	<i>X</i>	
Jan.	1917	<i>345539</i>	<i>15</i>	<i>X</i>	
Feb.		<i>382092</i>	<i>15</i>	<i>X</i>	
March		<i>430670</i>	<i>15</i>	<i>X</i>	
April			<i>60</i>		
May					
June					
July					
Aug.					



Checks found correct J. P. Rathie

ASSIGNED PAY.

By whom assigned *Warriner W. J.*
 Regtl. No. *684970. Co 171st Regt.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

MILITIA AND DEFENCE

Duplicate

M. F. W. 11a.
50m.-4-16.
1772-39-518.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Warrior

mother
PAYMENTS.

Name of Soldier

Warrior, William
to

L. L. Job 310.—Req. 6574.



Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				<i>10w sent 19.12.16. lastly.</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			<i>50.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

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

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

250M.—1-16.

H. Q. 1772-38-920.

Unit, Regiment or Corps 171st. C/S BARRACON C.E.F.
 Regimental No. 184940 Rank Plt Name WARRIANER William B. John
 Enlisted (a) Oct 15/16 Terms of Service (a) Duration of War Service reckons from (a) Oct 15/16
 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) Farmer H.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	Halifax	74-11-16	H.M.T. Mauretania
		Disembarked	Liverpool	30-11-16	Do Do
		Arrived	Witley Camp	1-12-16	Attached to 11th Coy.
Dec 11th 1916 Transferred to 148 Batt'n Witley					
D.O. 242					
13/12/16	171st Batt	Transferred to 148th Batt	Witley	11/12/16	Part II orders. no 235 5th Coy adj 17/12/16 C.S.
13/12/16	O. S. 148th Batt.	Taken on Strength 148th Batt.	Witley	12/12/16	D.O. FT. II No 264 Capt & adjutant 148th Batt
8/1/17	14th. B.I.	trns. to 20th. Res. bn	Shorenham	8/1/17	D.O. FT. II No 8 Capt & adjutant 148th Batt
8/1/17	C.C.	20th. taken on Strength	Shorenham	8/1/17	D.O. FT. II No 1 CAPT. & ADJUTANT 20th Res. Bn
8/1/17	Res. bn	20th Res. bn	Shorenham	8/1/17	D.O. FT. II No 1

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

[P.T.O.]

Fill in Only—Date Number Rank and Name
Casualty Form—Active Service

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				

15/8/17 20th Res Attached to Signal Base Shoreham 14/8/17 D.O. Part 11 No 220.

9.10.17 20th Res attachment ceases do. 8/10/17 R.D. 4600
A.S. Boley
for BRIGADE SIGNAL OFFICER,
SHOREHAM, SUSSEX.

9/10/17 20th Res attachment ceases Shoreham 9/10/17 D.O. 275

7-5-18 20th Res attached to 7 Res Bn Biphox 6/5/18 D.O. 127

19. 11. 18 20th Res attachment ceases Biphox 18/11/18 D.O. 323

18. 11. 18 20th Res appts signaller (SI) Biphox 14/2/18 D.O. 322

8/1/19 20th Res On Comd Sig Camp Biphox 8/1/19 D.O. 8
Kinnelack, Rhys
LT. ADJUTANT
20th CANADIAN RESERVE BN.

18-2-19 SOS Ad A Demol
Discharged

H. M. T. 'AQUITANIA'
EMBKD. LVP'L. 11. 13. 1919
DEBKD. HAL'AK. 4. 3.
JAN. 24. 1919

D.O. 4/20/50

[Signature]
Lieutenant,

Officer in Charge Discharge Section, District Depot No. 4.

Rank _____ Name **WARRIENER, William John.** Reg'l No. **684970**
 Unit **171st. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Sherbrooke, Oct. 15th. 1916** Place of Birth **Essex, London**
 Name and Address, Next-of-Kin **Nellie Warriener,**
~~**Kempton P.O. Herts. Eng.**~~ **30. Seymour St. Euston Square.** Relationship **Mother**
 Assigned Pay Monthly \$ _____ Payable to **N.W.1 - R.L. 29.F.**
 Relationship **23.11.17**
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N.I.E. R.B. No. **18205.**
 File R.L. _____
O.R. CANADA
 Category _____

Discharge, Date and Place Reason Character

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 S.S. Mauretania		30.11.16	
13.12.16	14 th Bn.	S.S. on Trans. to 148 th Bn.	Witley	11.12.16	Pt. II, D.O. 235
13.12.16	148 th Bn.	T.O.S. on Trans. from 14 th Bn.	"	12.12.16	Pt. II, D.O. 264
30.12.16	"	Admt. 2 nd London Gen. Hos.	Chelsea	21.12.16	Pt. II, D.O. 2 of 21/1/17 cf 21 Influenza
8-1-17	148th Bn	SOS To 20th RES Bn.	Witley	8.1.17	Pt. 2, D.O. -8
8-1-17	20 Res	T.O.S FROM 148Bn.	Shoreham	8-1-17	Pt. 2, D.O. 1
22.1.17	"	Discharged 2 nd London Gen. Hos. Chelsea etc	"	22.1.17	Pt. II, D.O. 16
15.8.17	"	AH. to Signal Base in D. & D. and to C.A.S.E. for R & Q.P.C.	"	14.8.17	Pt. II D.O. 220.
9.10.17	"	Cease Att to Sig. Base on return to Unit	"	9.10.17	- 275

MINOR, BORN: - 14-4-1900.

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.				
18 11 18	20 Res	App Signaller	<i>Jte</i> Brotht	14 2 18	D.O. 322
31-1-19	"	Sgt to COT Canada M D 4	"	18-1-19	" 31

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **684970** (Rank) **Private**
Name (in full) **WARRIENER William.** enlisted in
the **171st Battalion.**
CANADIAN EXPEDITIONARY FORCE at **Sherbrooke, Que.** on the **15th.**
day of **October** 19**16.**
HE served in **ENGLAND**
and is now discharged from the service by reason of **Demobilization**

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

Age 28 years 10 months	Marks or Scars Scar ring finger left hand.
Height 5 feet 5 inches	
Complexion Fair	
Eyes Blue	
Hair Brown	

Signature of Soldier *W. Warriener*

Issuing Officer *[Signature]* **Lieutenant,**
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge **February 18th, 1919.**

Signed at **Montreal, Que.** this **18th.** day of **February** 19**19.**
in Military District No. **4**
File Reference No. **DD4 19-W-393**

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

J.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be con-
pleted.

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

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

No. 684970 Rank PIE Surname WARRINER
(Given name in full)

Unit or Corps D. D. No 4 Birthplace William Basil John Essex - England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 167 lbs. Height 5 ft. 9 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 70
 Condition of arteries Good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 30 ft.
 Left 30 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Scar ring finger left hand - accident childhood

Opinion as to general health and physical condition Good

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

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

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date Feb. 14. 1919 Signed J. A. Parie Capt M.O.

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

Signature M. W. Wainman

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank Pte Name William Surname Warriner
Unit or Corps 17th B (If a soldier) Regtl. No. 684920
Born at London Date Apr 14 1900
Signature (for identification) Warriner

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 168 lbs.
Height 5' 9" ins.

2. NUTRITION AND DIATHESIS? good

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

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM. no

5. HEART?
Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 68 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no
Urinalysis—s.g.? 1070 Reaction? ac Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

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

Examined at Kenilworth Signed [Signature] M.O.
Date 14-1-19 Signed [Signature] M.O.

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

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

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

Rank Name Surname

Unit or Corp. (If a soldier) Regt. No.

Board of on date

Signature (for identification)

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

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

Weight lbs.
Height ins.

2. NUTRITION AND METABOLISM?

Are there any signs of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

4. RESPIRATORY SYSTEM?

5. HEARING?

Amount of hearing
Amount of vision
Involvement of irregularity

6. WHETHER any badgering?

7. DIGESTIVE SYSTEM?

8. URINARY SYSTEM?

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

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

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

Examined at Signed M.O.
Date Signed M.O.

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

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 11th 9th Batt. C.E.F.

(2) Regimental Number 684970

(3) Full Name of Soldier William Worries

(4) Place of Birth London, England

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower?

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

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

Also their names and ages.....

NOT APPLICABLE

NOT APPLICABLE

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

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

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

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

*No. Noxian, Newport P.O. 90
No. Meyhill, Audley, Hants. Eng.*

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

Are you her sole support, or not?..... *Yes*.....

(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.

870 per month only son

(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.

NOT APPLICABLE

(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?..... *No*.....

If so, in what Company?.....

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

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

Date *30th Oct. 1916*

John Green

Officer Commanding
D. C., 171st "Overseas" Bn. C. E. F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 684970 Rank Pte Name Warriener Wm.
(Surname first)
Unit 171 Bn. who was* Discharged
On 18-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19.....to 18-2-19.....191...
the inclusive date of transfer or discharge.

Dr. LPC.	25 62	
	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... <u>18</u> days at \$ <u>1.00c.</u>		18 00
Field Allowance..... <u>18</u> days at \$ <u>10c.</u>		1 80
Separation Allowance		35 00
Clothing Allowance		70 00
Post Discharge Pay		12 00
*Other Credits <u>Suhs. DO. 36-6</u>		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>Paid in England</u>	15 00	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>22311</u>	96 18	
Total	136 80	136 80

*Give particulars.

A monthly stoppage of \$.....15.00..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... Feb...... 191..... 9 }
and Separation Allice. for month of..... Nil..... 191..... } (to) Assignee Mrs. Warriener
c/o Mr. Wayfield Andover Kempton
Herts England
(Address) Ap. Paid by England.....
(†) 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:—

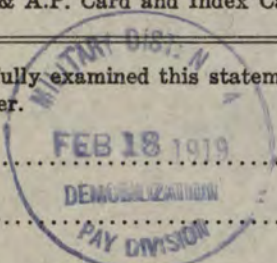
State (1) date of enlistment Oct. 15-1916..... married or single.....
(2) Separation Allowance, entitled or not Nil..... (3) Reason for discharge.....
(4) Authority for discharge or transfer D.D. 4 19-W-393.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date

Place



[Signature]
CAPTAIN PAYMASTER
C.E.F. - Demobilization Pay Division - Military Dist. 25

Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.P. 4

NAME OF SOLDIER (Block Letters) WARRIUMER. W.

REGIMENT 171st Batt. RANK Sig. No. 684970

Date of Examination in England 13/1/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5, 31.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer A. LaRoque bapt

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: WARRINER, Wm J. E

EFFECTIVE DATE: 1-12-16 EFFECTIVE DATE: -

NUMBER: 684970

AMOUNT: 15⁰⁰ AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

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

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Mrs. Nellie Warriner et al 115/18
80degmont st. 10 Bristol Rd. Kemp Town BRIGHTON
Erneston Square, N.W.1.
(mother) as in form

Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT: 171st Bn.

DATE ACCOUNT FIRST OPENED: 1-12-16

DATE ACCOUNT FIRST OPENED: 1-12-16

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

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO
NR. 1/11/18 26/11/18 MCQRD. NSRD. 26
Canada

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
18.12.18	1858	Braunschott.	19.47				
✓	1859	✓	14.87				
3.1.19	1900	✓	14.60				
			38.94				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 ⁰⁰	-	10	

PARTICULARS OF RENDERING NON-EFFECTIVE: Disch. to becom 2^d (auth N.R. 17/1607.8⁹ Q.R.D.) L.P.C. Ch: 14²⁵ Ledger Ch: 53¹⁴

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								15.31		
				ap apl. ch: A30662 £3.1/8			15-				
				AR 173 20 Res 17/4/18	9.73						
April	Pte Pay	33	-	AR 230 " 26/4/18	7.30				15.96		
		33			17.45		15				
May	Pte Pay	34	10	May chq. A63712 £3/18			15				
				AR 346 20 Res 13/5/18	9.73				25.33		
				AR 447 do 28/5/18	9.73				15.60		
		34	10		19.46		15				
June	Pte Pay	33		chq. B69730 £3/18			15		33.60		
				EN 1017 17 Res. 15.6.18	9.73				23.87		
				" 1257. " 27.6.18	7.30				16.57		
		33			17.03		15				
July	Pte Pay	34	10	chq. C2527 £3/18			15		35.67		
				AR 1564 17 Res 25/7/18	4.87				30.80		
				AR 1446 do 12/7/18	17.03				13.77		
		34	10		21.90		15				
Aug	Pte Pay	34	10	chq. C29124 £3.1.8			15		32.87		
		34	10				15				
Sept	Pte Pay	33		chq. C. 38951 £3-1-8			15		50.87		
				AR 7925 17 Res 13/8/18	7.30				43.57		
				AR 2364 do 12/9/18	7.30				36.27		
				AR 2138 do 28/8/18	9.73				26.54		
				AR 2679 " 27/9/18	9.73				16.81		
		33			34.06		15				
Oct	P.T.	34	10	ap. ch. D67750 £3-1-8			15		35.91		
				AR 3012 17 Res. 10.10.18	9.73				26.18		
				Forward	9.73		15		26.18		

NUMBER 684970 RANK Plc NAME WARRINER. W. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918	Brot for	24/10			973		15	15	16 81		
				AR 3452. 17. Re 28. 10. 18	972				16 45		
		24/10			19 46		17				
Nov.	90.	23.		£ 10 422 2 1-8			15				
Dec	✓	24/10		£ 44912. £ 2-1-8.			15				
				1582. 13. 11 2of.	973						
				1712 26. 11 ✓	972						
Jan	✓	34/10		E 93550 3-1-8			15				
				1858. 18/12 ✓	19 47						
				1859 18/12 ✓	4 87				2885		
		10/20			4280		45				
				1900. 9. 1 2of.	14 60				1425		
					14 60						

*b.o.b. Canada.
47. 20/12. 18. 1. 19*

37
26 18
35 08
60 28
46
82

This space to be for numbers.

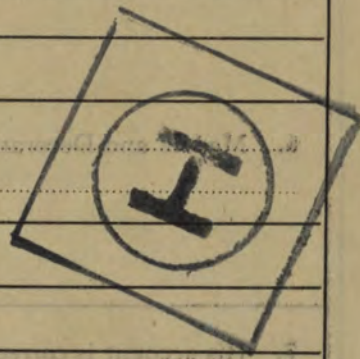
6-3-19.2

Proceedings on Discharge.



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

No.	684970
Rank	Pte.
Surname	WARRIENER,
Christian name	William.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	171st Bn.
Date of discharge	Feb. 18, 1919.
Place of discharge	Montreal, Que.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 18 years..... 10 months.	
Height..... 5 feet..... 5 inches.	Scar ring finger left hand.
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Farmer	
Intended place of residence } 24a St Charles St.	
(To be given as fully as practicable.) } Sherbrooke, Que.	

2. The above-named man is discharged in consequence of

Demobilization Category A.R.O.1420 Para C.

Authority for discharge.....

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.

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

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.)

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date)..... 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, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. W. Warriner (Signature of Soldier.)

(Date) Feb. 18, 1919. P. J. Gignette (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Montreal, Que.

(Signature) [Signature] Lieutenant

Officer i/c Discharge Section, District Depot No. 4,

(Date) Feb. 18, 1919.

1 mil Case sheet

1 med 1313

1 m F W. 129

2 m F B. 313

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }

or
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

OR
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

OVERSEAS MILITARY FORCES OF CANADA.

Canadian Record Office,
Green Arbour House,
Old Bailey,
London. E.C.4.

No. R.L. 22-3..... *R* Officer i/c R. 2.
"E" 535.

May 26th 1917.

M I N O R.

This is to certify that the correct statement
of Birth of the soldier marginally noted has been
produced, and I certify that he was born on the
14th day of April 19 00

No. 684970.

Pte. Warriener. W.B.

20th Can Res Bn.

To be attached to **ORIGINAL** Attestation
Paper, please.

D.A. Bray.

CAPTAIN.

for Lieut-Col. i/c Records.
C.O.M.F.

E2/EE

W.B. Warriener

SECRET
U.S. DEPARTMENT OF THE ARMY
OFFICE

Handwritten signature

Handwritten initials

The following information is being furnished to you for your information and use only. It is not to be distributed outside your organization.

Very truly yours,
[Signature]

ADMINISTRATIVE INFORMATION

MEDICAL CASE SHEET.*

Bob Doober

No. in Admission and Discharge Book.
22-1-17
Year

Regimental No. *684970* Rank *Plt* Surname *Warriner* Christian Name *W.*
Unit *148 Cons.* Age *17* Service *10 1/2*

Station and Date.
21/12/16.

Disease *Tonsillitis*
on leave from Witley Camp.
well till 18th. Has been in England 3 weeks & has had cold (slight) all the time.
on 18th Headache. No pain elsewhere.
Troublesome cough.
C.O.A. Few scattered shanki in both lungs.
Tonsils enlarged & red.
Garg. Pot. chlor.
Maudel's paint.
Rf. M. Scilles Quinon ʒi ℥ss.

14/1/17.

deaf in left ear.
will Capt. Howarth kindly advise. Should tonsils be amputated?
Ans.

Re: tonsid rather unhealthy: incaps in use
Please give Lt. alk & let me see him next week
W.S. Howarth

I think this boy might be discharged & return to his camp
22-1-17-47
Unit
W.S. Howarth
W. C. Ashing Capt. Rouse

22-1-17

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

Station
and Date.