

DUPLICATE

NO. 1 CONSTRUCTION BATTN C.F.

ATTESTATION PAPER.

No. 10815

No. 1 CONSTRUCTION BATTN

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Shilliams*
- 1a. What are your Christian names? *Bertrand Lindsay*
- 1b. What is your present address? *37 St Joseph St Fairham Canada*
- 2. In what Town, Township or Parish, and in what Country were you born? *Ball's Mills, Brnoe County - Canada*
- 3. What is the name of your next-of-kin? *Mrs. Caroline Eleanor Welliams*
- 4. What is the address of your next-of-kin? *37 St Joseph St Fairham Canada*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *August 2nd 1897*
- 6. What is your Trade or Calling? *Construction, material & Accounting clerk*
- 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, *Bertrand Lindsay Shilliams*, 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.

*Bertrand Lindsay Shilliams* (Signature of Recruit)

Date *June 10* 191*6*. *R.H. Fairfield* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Bertrand Lindsay Shilliams*, 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.

*Bertrand Lindsay Shilliams* (Signature of Recruit)

Date *June 10* 191*6*. *R.H. Fairfield* (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 *Fairham* this *10* day of *June* 191*6*

*R.H. Fairfield* (Signature of Justice)

*Trans noted  
24. 13.11.16*

TRANS FROM CONSTRUCTION BATTN. C.F. NO. 1 TO THE ATTH. 15/10/16

*h. X  
20  
20*

Description of Bertrand Lindsay Williams on Enlistment.

Apparent Age.....15.....years.....10.....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 10 ins.

Chest measurement { Girth when fully expanded.....37 ins.  
 Range of expansion.....5 ins.

Complexion.....Dark  
 Eyes.....Brown  
 Hair.....Dark

Religious denominations.  
 { Church of England.....Yes  
 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.....June 16.....1916.....MR Black M.D.C.M.  
 Place.....Fronton Ave.....Medical Officer  
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.**

.....Bertrand Lindsay Williams.....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.

.....MR Black.....(Signature of Officer)

Date.....June 16<sup>th</sup>.....1916

LT. COL.-O.O. No. 1 CONSTRUCTION BATTALION

Proceedings of Court of Inquiry for 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..... *1*  
 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..... *2*  
 Proceedings of Regt. Court Martial.....  
 Copies of Convictions by Civil Power.....  
 Company Conduct Sheet..... *1*  
 Clothing Transfer Certificate.....  
 Inventory of Kit.....  
 Last Pay Certificate.....



DISCHARGE DOCUMENTS

R. O. No. ....  
 H. Q. No. .... *XAS*

Name *Williams Bertrand Lindsay*  
 Regt. No. *1081559* Rank *Pte*  
 Corps *No. 1, Const. Bn. Transf. to 239th Bn.*



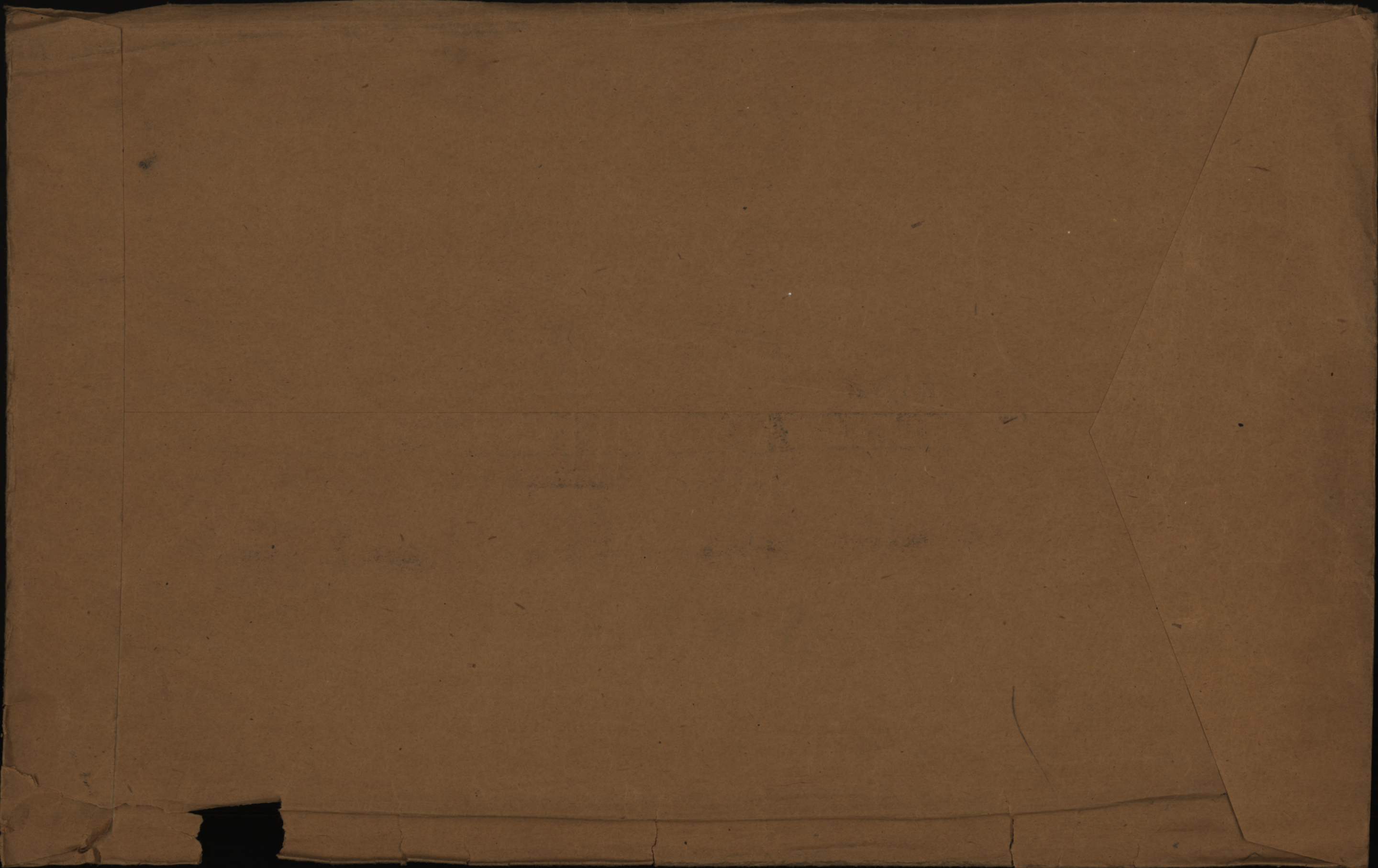
*Died, Nova Scotia Hospital, 17-11-16*

22754



*2*  
*2-26*  
*2-26*

*E.A.*



SURNAME.

*Williams.*

CARD NO.

*4*

CHRISTIAN NAMES

*Bertrand Lindsay*

FOLL.

*2*

REGL. NO.

*1081559*

RANK

*Pte*

UNIT

~~*No 1 Construction*~~ *239th*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Williams Mrs. Caroline Eleanor*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*37 St. Joseph St. Farnham,  
P. Q.*

COUNTRY OF BIRTH

*Canada. Call's Mills*

*Brome Co. P. Q.*

DATE

*Aug 2nd. 1897.*

PLACE OF ATTESTATION

*Farnham, P. Q.*

DATE

*June 16th. 1916.*

*Trans. from No. 1 Const. Bn. to*

*239th Bn. Auth. 239th Bn. No. B.*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Construction material*

RELIGION

*accounting clerk.*  
*Church of England.*

DESCRIPTION.

APPARENT AGE

*18* YEARS

*10* MONTHS

HEIGHT

*5* FEET

*10* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*5* INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Dark.*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Farnham, P.Q.*

DATE

*June 16th. 1916.*

*Present Address - 37 St. Joseph St.  
Farnham, P.Q.*

No. 10 81559 RANK *Spr.*

NAME *Williams B. L.*

T. O. S.

UNIT *239th Battalion (Railway Const. Corps)*

M. D. *Val.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Sep. 10</i>	<i>Oct. 10</i>	<i>N</i>		
<i>Oct. 11</i>	<i>Oct 31</i>	<i>✓</i>		
<i>Nov.</i>		<i>N</i>	<i>Deceased. 17-11-16</i>	<i>D.O. 152 of 29-11-16</i>
			<i>etc carried forward</i>	

UNIT SAILED  
DEC 15 1916





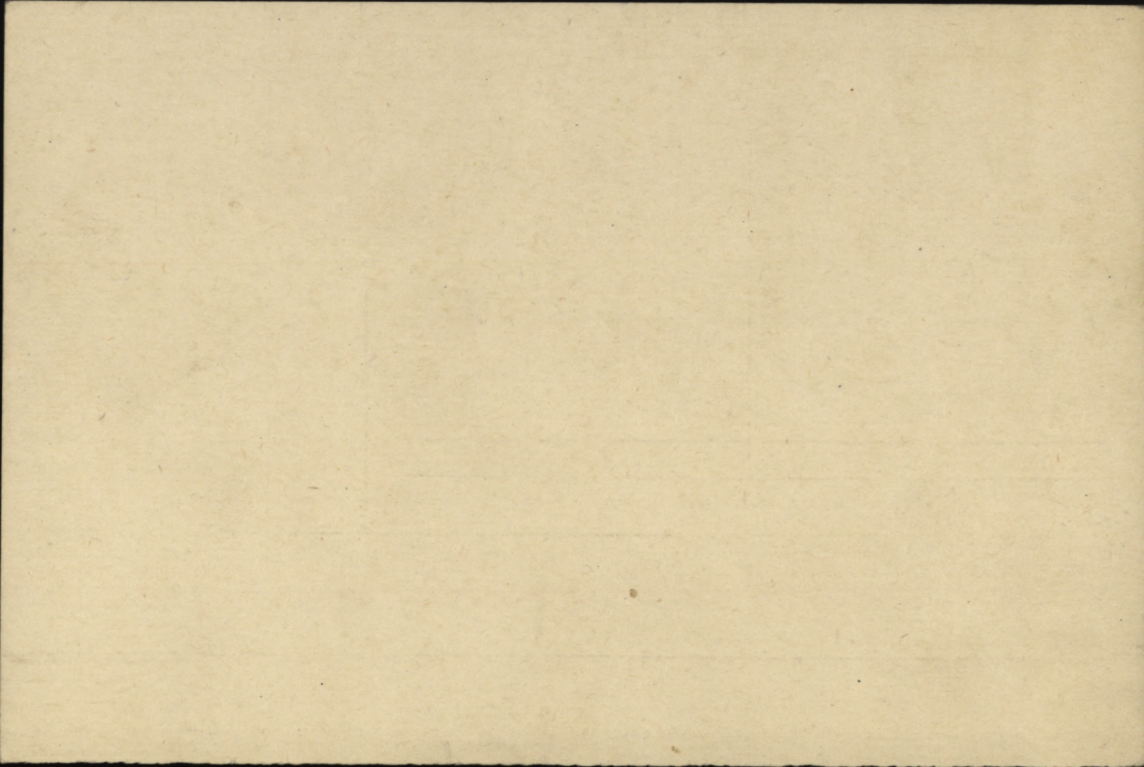
No. 1081559 RANK Pfc.

NAME Williams Bertrand Lindsay

T. O. S. 16-6-16 UNIT 1st Construction Battalion  
0041-17-6-16

M. D. 2

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 16	1916 June 30	✓		
	July	✓		
	Aug	✓		
Sept 1	Sept 9	✓	Transf to Cas. Val. Camp 4-9-16	DO 125-4-9-16



Reg. No. 1081559 Name Williams B

Rank Pte Corps No 1 bers 60 Age 19 Service 6 5/12

Ledger No. 2/2069 Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Camp Valcartier Quebec	12.8.16	V.D.G. b
Dis unit	2.10.16	2/
ad Stationary, Halifax	1-11-16	Bronchitis C
Dis to unit	8-11-16	

HCSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

649-W-5557

Williams, Bertrand, --#1081559 Pte., <sup>#1 Cons Bn</sup> C.E.F.

*not eligible for 14-15 Star*  
Medals & Decs Mother Mrs. C.E. Williams,  
Farnham, Que.

P. & S.

Mother Mrs. C.E. Williams  
Farnham, Que.

*(Ser. # 808834)*

Mem. Cross

Mother Mrs. C.E. Williams  
Farnham, Que.

MAY 11 1921

Scroll Desp. ----- Reqn. No. 242457

JAN 18 1922

*desp* Plague Desp. (M) 20217 Reqn. No. 164300  
AUG 27 1920 *20217* *20217*

M

270

# NO. 1 CONSTRUCTION BATTN C.E.F.

ORIGINAL

## MEDICAL HISTORY SHEET.

*MR Black  
MD  
Farnham  
Que*

Surname Williams Christian Name Bertrand Leedson

Examined { on 16 day of June 1916 at Farnham Que Approved by \_\_\_\_\_

Birthplace { City or Town Cllo Mills Que Rank \_\_\_\_\_ M.O. County Brome

Apparent age 18

Trade or occupation clerk M.O.

Height 5 Feet 10 Inches. M.O.

Weight 175 Lbs. 156 M.O.

Chest measurement { Minimum 33 inches. M.O.

{ Maximum expansion 37 inches. M.O.

Physical development Good M.O.

Small-Pox Marks no M.O.

Vaccination Marks { Arm Right Left no M.O.

{ Number one M.O.

When Vaccinated last 6 yrs ago M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease non M.O.

(b) Slight defects but not sufficient to cause rejection M.O.

non M.O.

M.O.

M.O.

M.O.

M.O.

Enlisted on 16<sup>th</sup> day of June 1916 at Farnham

	CORPS.	REG'TL NUMBER.	MARKS.	DATE.
Joined on enlistment	No. 1 CONSTRUCTION BATTN	#1081559		
Transferred to	239 <sup>th</sup> Bn. O.S.R.C.C.	"		

### 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.

JAN 1919

Surname Williams Christian Name Bertrand Lindsay

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				
Calcutta deopulac		AUG	2	1916	OCT	2	1916	Gonococci infection of urethra Prostate	52	V.M. Dugatris, M.D. Salal & Boac	<u>R. H. Ben</u> <u>Major,</u> O.C. A.M.C. Training Depot No. 4.
Halifax N.S.		1	11	16	8	11	16	Influenza	7	Improved transferred to 1st Lt. and Asst. 1/2 Mi Troop	



1081559  
ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.

" B " COMPANY

- (1) Name of Overseas Unit which Soldier joins. 239th O/S. R.Y. C. C.
- (2) Regimental Number 1081559
- (3) Full Name of Soldier Williamus Bertrand Hudson
- (4) Place of Birth Ball's Mills  
Quebec
- (5) Are you married, or not? Single
- (6) If married, state,
  - (a) Full name of your wife
  - (b) Present Postal Address
- (7) Are you a widower? No
- (8) Have you any children?   
If so, give number of boys and girls  
Also their names and ages

(9) Is your Father alive? *no*

If so, state name and address *✓*

(10) Is your Mother alive? *Yes Caroline Williams*

If so, state name and address *Box 286 - Franklin*

*Duque*

(11) If your Mother is a widow *Widow*

Are you her sole support, or not? *Partial*

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

*✓*

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

*✓*

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

*Yes*

(15) Are you insured? *Yes*

If so, in what Company? *Secur life of Canada*

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.

*A. Stewart Major*  
Officer Commanding.

Date *Oct 23/16*

*J. B. Macdonald*  
major O/C

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.

No. 1 CONSTRUCTION BATT.

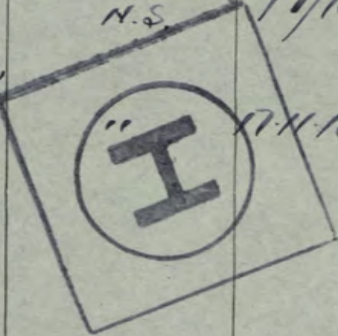
Unit, Regiment or Corps.....

Regimental No. 1081559 Rank Private Name Williams, Bertrand Lindsay  
C. E. F.

Enlisted (a) 16-6-16 Terms of Service (a) DU Service reckons from (a) 16-6-16

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).....

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				
<u>Sept 10/16</u>	<u>239<sup>8th</sup> Lt.</u>	<u>S.O.S. from #1 Const. Coy.</u>	<u>Windsor N.S.</u>	<u>10/9/16</u>	<u>Oct Pay list</u>
<u>29-11-16</u>	<u>"</u>	<u>S.O.S. "Deceased"</u>		<u>17-11-16</u>	<u>S.O. 1620</u>

*Blayde, Secy*  
*for D. R.*

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



**MORNING STATE OF SICK.**Date 17-11-16 1911Military Hospital at Halifax.N.S.

CORPS	Remained	Since Admitted	Discharged	Died	Remaining	Attending	SICK OFFICERS		
							RANK, NAME AND CORPS	Admitted	Discharged
239th Batt	1			1	.....				
							REMARKS		
							Died at Nova Scotia Hospital. Dartmouth.N.S? Died at 4.20 a.m. 17-11-16 No.1081559 Spr W.L.Williams, 239th Batt alien.C.E.F. Windsor.N.S. Diagnosis ( Broncho Pneumonia)		

To O.C.239th Battalion.C.E.F. Windsor.N.S.

(1) The officer in charge of a Hospital or Field Medical Units will furnish this report, in duplicate, daily to the A.D.M.S. for transmission to the Officer Commanding.

(2) All deaths are, at once, to be specially reported to the Officer Commanding the Corps, and to the Officer Commanding the Station.

Mil. Form B. 240.

10m-12-13.  
H.Q. 1772-39-109.

A. D. M. S.

*Macrot Major*  
Medical Officer in charge.  
[OVER]

This portion of the Form can be used for any purpose where a Nominal Roll is necessary to communicate between the Military Hospital and the Corps.

Corps	Regtl No.	Rank	NAMES	Age	DISEASE	Date of		REMARKS
						Admission	Discharge	

.....  
Medical Officer.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

Register No. DW 1140

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. ....

*Wm*

Reg't No. 1081559 Name Bertrand L. Williams  
(Christian Name) (Surname)  
Unit 239th Bn. Rank Pte Date of enlistment .....  
Date of casualty 17. 11. 16. B.P.C. File No. 64752.  
Was service performed overseas? No

DEPENDENT

Name Mrs Caroline Williams Relationship W. Mother  
Address Farnham,  
P.P.

M.F.W. 2652  
25M-6-20,  
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ Nil Abstracted by M. Knox.

Eligible for Gratuity ..... \$ Nil

Less amount of Special Pension Bonus paid ..... \$ ✓

Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ Nil

Balance due \$ Nil

Cheque No. .... Date issued .....

REMARKS: Not Eligible  
No A/P paid.

Clerk A. Anderson

Audited by  
Date .....

*W. Knox*



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

*MA*  
*REP*  
To Whom *Mrs E. Williams*  
Address *37 St. Joseph St.*  
*Farnham Que.*

By Whom Assigned *Williams B.L.*  
Regtl. No. *1081559*  
Rank *Plt.*  
Corps *#1 Const. Bu.*

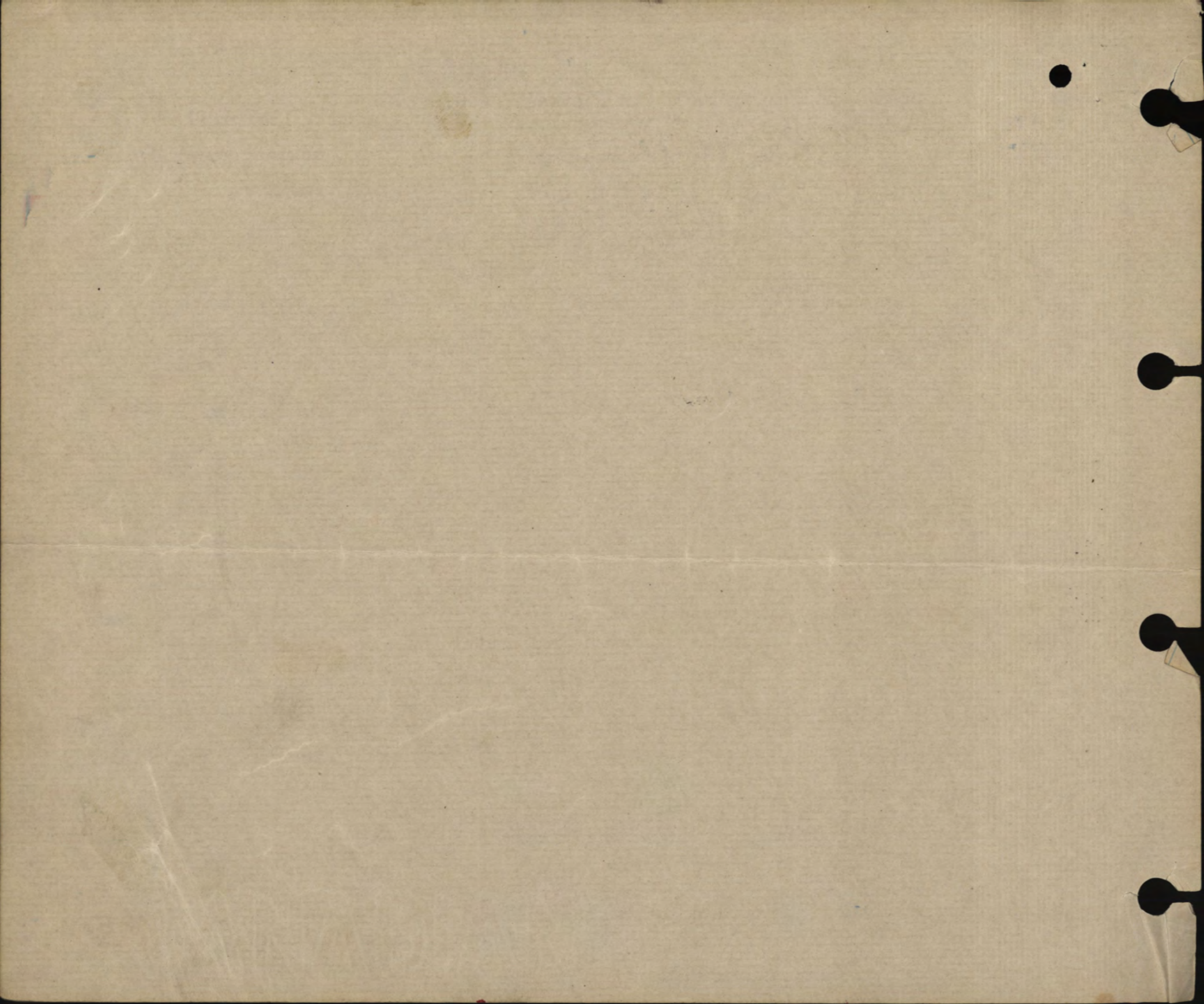
Rate *2000* SEP 1915

## PAYMENTS

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

*'Stop' Trans. to Cas. <sup>9-9-16</sup> ASP 66864-6<sup>10/16</sup>*  
*ASP 8<sup>11/16</sup>*

*Pension notified 16-10-17*  
*W. Filan 16-10-17*



## ASSIGNED PAY

Sheet No. 2.

*Mr. C. E. Williams*  
OVERSEAS CONTINGENTS  
PAYMENTS.

Pte *Williams B. L.*  
Name of Soldier# *1081559*# *1 Const. Bn.*

L. L. Job 4503 - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>U 21186 20</i>		<i>Request refund \$40<sup>00</sup></i>
Oct.		<i>224050 20</i>		<i>Closed did not proceed O.S.</i>
Nov.				
Dec.				
Jan.	1917			<i>\$40<sup>00</sup> Refund Requested 8/10/16 AMB.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

SEP 1916

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.				