

"A" lo
10/10
(+)

199TH BATTALION C.E.F.

ORIGINAL
001231916

IRISH CANADIAN RANGERS

ATTESTATION PAPER.

No. 920086

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Williamson
- 1a. What are your Christian names? Albert
- 1b. What is your present address? 13 Belmont Mtl
- 2. In what Town, Township or Parish, and in what Country were you born? Liverpool Eng.
- 3. What is the name of your next-of-kin? Agnes Jones Williamson
- 4. What is the address of your next-of-kin? 62 Bianca St. Bootle Liverpool Eng.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? 26th May 1898
- 6. What is your Trade or Calling? 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? 55th. Irish Can. Rangers
- 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, Albert Williamson, 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.

A Williamson (Signature of Recruit)

Date Oct. 23rd. 191 6. S. J. Power (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Williamson, 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.

A Williamson (Signature of Recruit)

Date Oct. 23rd. 191 6. S. J. Power (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 Montreal this 23rd. day of Oct. 191 6.

S. J. Power (Signature of Justice)

Description of Albert Williamson on Enlistment.

Apparent Age 18 years 6 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. 4 1/2 ins.
 Chest measurement: Girth when fully expanded 35 1/2 ins.
 Range of expansion 4 1/2 ins.
 Complexion Dark
 Eyes Dr. Blue
 Hair Black

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

Factor marks both arms

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. 23rd. 1916
 Place Montreal, Que.
 Medical Officer. *[Signature]*

*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.

Albert Williamson 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] (Signature of Officer)
 Date Oct. 23rd. 1916

REGIMENTAL DOCUMENTS

NAME

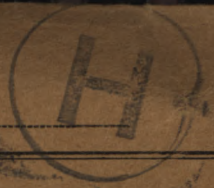
Williamson Albert

REGT. NO.

920086

UNIT

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

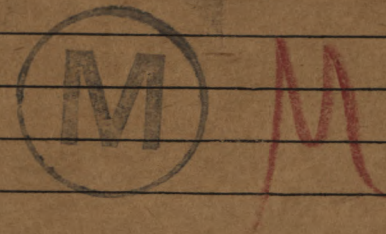
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



DEATH

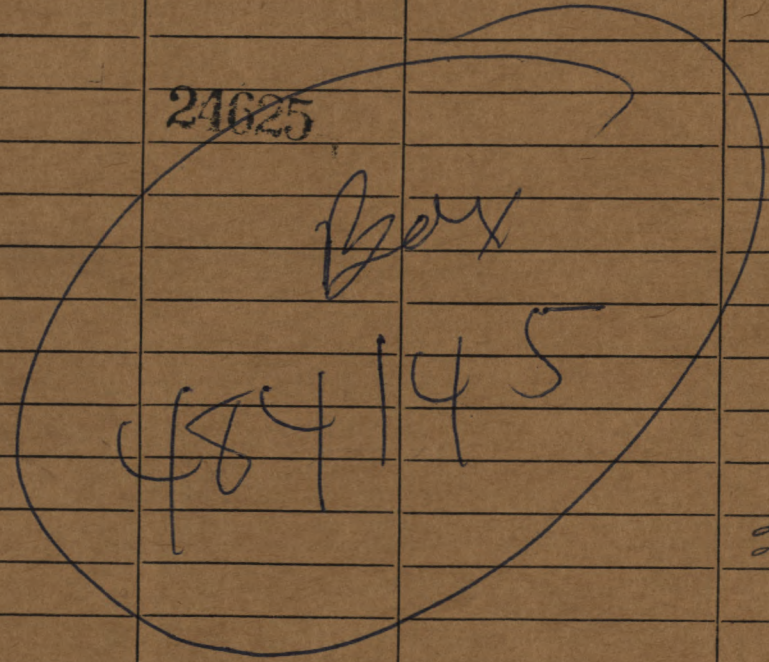
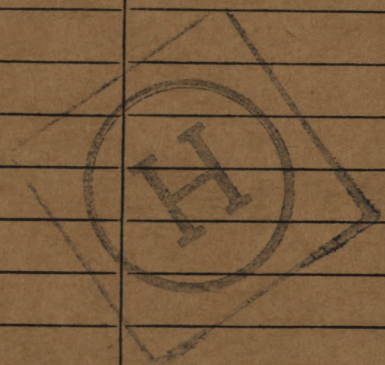
Category

DISCHARGE

Category

DESERTION

24625



*R149
family will
presented*

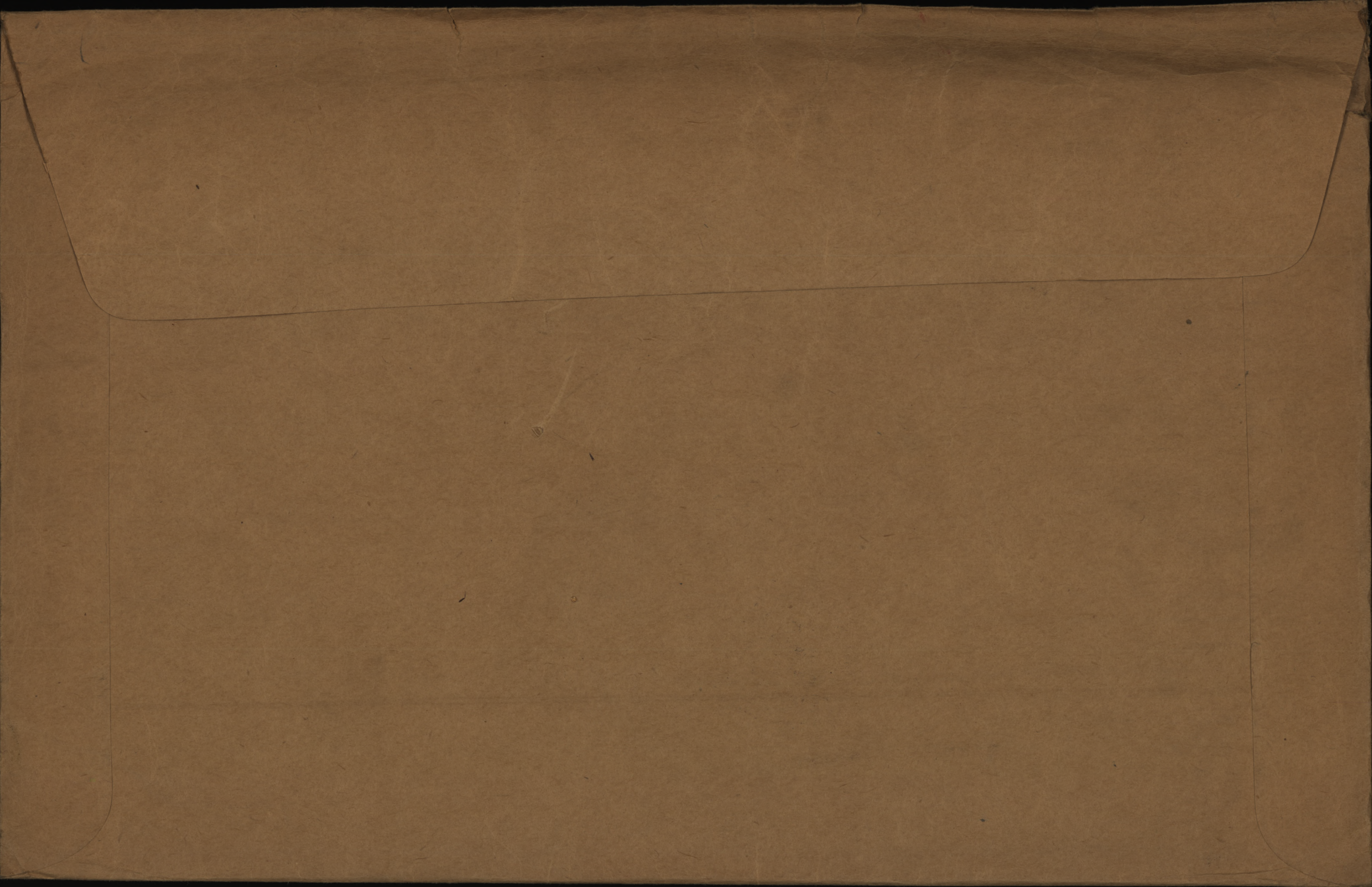
2 27 W3170

23-2

15-2

11-2

M.X. 17/6/20



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number.

920086

Rank

Pte

Surname

WILLIAMSON

Christian Name

Albert

Unit

24th. Bn. Can. Inf.

Theatre of War

France

Date of Service

1-9-17

Remarks

Latest Address

Mrs. Agnes Williamson
card 46/2062. Bianca St. Stanley Rd.
Bootham

Roll No.

Page 3761

Liverpool
EnglandB
A

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

42105524p

✓
WILLIAMSON, A. ^{Albert} ✓

920086 ✓

Pte. 24th Bn. ✓

not elig. for 1914-15 star

Medals

& Decs.

(mother)

Mrs. Agnes Williamson,
62 Bianca St.,
Stanley Rd.,
Bootle, Liverpool,
England.

✓ 12873

P. & S.

(father)

Benjamin Williamson,
(Address as above)

(Serial no. 771417.)

Memorial Cross (mother, as above)

(not married)

Dep JUN 28 1920 *MI 613613 a*

mv

M Scroll Desp. 26-1-21 Reqn. No. 2-13681

SEP 7 1922 Plague Desp. Reqn. No. P 45866

444

SURNAME.

Williamson

(649-W-135)

63 CARD NO. ✓

CHRISTIAN NAMES

Albert

FOLL.

REGL. No.

920086

RANK

Pte

UNIT

199th

Bn

FORMER CORPS

55th Irish Con Regt

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Williamson Mrs Agnes J

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*62 Bianca St, Bootle,
Liverpool. Eng.*

COUNTRY OF BIRTH

England Liverpool

DATE

May 26th 1898

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Oct. 23rd 1916

From Halifax N.S. "Olympic" 13/12/16.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18

YEARS

6

MONTHS

HEIGHT

5-

FEET

4 1/2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Dark

EYES

Dr. Blue

HAIR

Black

DISTINGUISHING MARKS

Tattoo marks both arms

MEDICAL EXAMINATION.

PLACE

Montreal P.Q.

DATE

Oct-23rd 1916

Present address

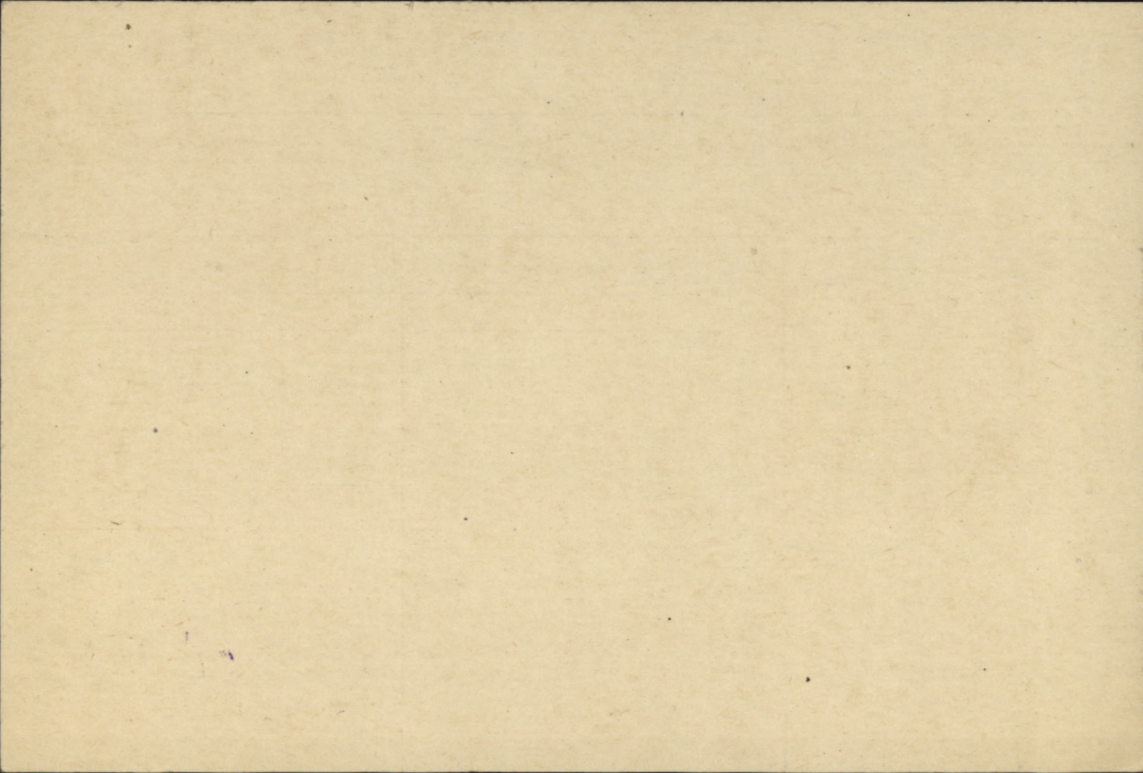
13 Belmont St, Montreal P.Q.

No. 920086 RANK *Pte*NAME *Williamson Albert*T. O. S. 23. 10. 16 UNIT *199th Battalion*
(Do 217 of 25. 10. 16) (*Irish Canadian Rangers*)M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Oct. 23</i>	<i>1916.</i> <i>Oct. 31</i>	<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		

UNIT SAILED

DEC 15 1916



REGT'L No. 920086
H. Q. FILE No. 649.

NAME Williamson Albert

RANK AND CORPS Pte. 24th. Br. Inf. 199th

FOLLOWS
No.

CABLE		NATURE OF CASUALTY	FOLLOWS
NO.	DATE		
M6321 832	10.11.17	Q Dang. udded. no 3 bas. blv. Hosp. Nov. 5th. 1917. G. S. W. head, chest.	
M6351-51-3	14-11-17	Previously reported dangerously wounded now reported died 7 wounds no 3. casualty clearing hospital. Nov. 6th 1917. ✓	
A. F. B. 20900	17-11-17		
Rowen noted 30-12-17			

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 54⁽²⁾

603 Can. Cas. Clear St. St.

reports dangerously wounded 5-11-17 G.S.W. head & chest-

A 62-3

Prev. Rep. Dangerously wounded now died of Jud.
3 Can. Cas. Clg. St. St.

Name

WILLIAMSON

Rank

Albert

Plt.

Reg. No.

920086.

Unit

24th Bn

Next of Kin

Agnes Jones Williamson

R.L. 25 W 3169

62, Bianca St.
Boothle, Liverpool1917
~~1917~~

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

Eng.

5. 11

3 Lan Coles, Doughty, Gloucestershire

A 57

63214

8 11

p 91673

DIED OF WOUNDS

A 62

6351

13. 11 CHIT.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Williamson

A.

920.086

RANK

UNIT

Co.

TROOP

BATTY.

Pte

24 Batt

1 Que

HOSPITAL

DATE OF ADMISSION

3 ban bas bly str

5.11.17

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1

G.S.W. Head & Chest ^{Rw.}

2.

Died of Wounds. 8-11-17
H.

3.

DISPOSITION

DATE

b.L. 8.11.17 @ 5-7 (2)

REMARKS

Ofc No 3 ban bas bly reports
Dung Wd 5.11.17.A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

FIELD MEDICAL CARD.

A.T. Serum }
 Dose and date } 1st 750 5/11/17
 2nd

FIELD AMBULANCE NOTES.

Morphia }
 Dose and time }

Date of wound or }
 onset of illness }

5/11/17

Religion

C of E.

No. 920086 Rank PTE.
 Name WILLIAMSON A.
 Unit 24 C.IN. BN. 2 C. DIV.

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
 (Strike out description which does not apply).

No. of F.A. 1 Edus
 Date of admission 5/11/17
 F.A. diagnosis

S.W. Head & L Chest

SAM

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. *3rd Bantrai*

Date of entry *5 1/2*

6-11-14. - *Sh. dyspnoea - no cough - no air leakage - no subcut. emphysema - appearance rather poor - Genl. condⁿ poor. Loss of speech - RT-sided hemiplegia. Wound in front of left ear & wound of left infra axillary region. X-ray shows F.B. near vertebra on left side - also F.B. in left chest*

4-11-14. - *Operⁿ - Local anaesthesia - Decompression over motor area - no subdural haemorrhage - no pulsation - F.B. not found -*

*J.A. Gunn
Lt. Col.*

No. of Hospital

Date of entry

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 100th. Battalion, C.E.F.

Regimental No. 920086 Rank Private Name Williamson, Albert
C. E. F.

Enlisted (a) 23/10/16 Terms of Service (a) so far as regards Service reckons from (a) 23/10/16

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>Embarked</u> <u>Disembarked</u> ✓	<u>Canada</u> <u>England</u>	<u>16/12/16</u> <u>29/12/16</u>	<u>P. J. Olympe</u>
--	--	-----------------------------------------	---------------------------------	------------------------------------	---------------------

<u>10-5-17</u>	<u>O. C.</u>	<u>Transferred to 23rd Reserve Bn., Shoreham</u>	<u>Witley</u>	<u>10-5-17</u>	<u>Part II - D.O. 130/17.</u> <u>St C/112 no new</u> <u>Count. only 199 2 PL</u>
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CERTIFIED CORRECT.
 12. 5. SEP. 1917
 CIVIL RECORDS, LONDON.

<u>12. 5. 17.</u>	<u>23rd. B. Bn.</u>	<u>Taken on strength</u>	<u>Shoreham</u>	<u>12. 5. 17.</u>	<u>D.P. 11 C. 127.</u>
<u>9. 17.</u>	<u>23rd. Res. Battalion</u>	<u>Posted to 24th. Bn.</u>	<u>Shoreham</u>	<u>1. 9. 17.</u>	<u>D.P. 11 C. 242</u>
		<u>Lieut. and Adjutant for</u> <u>C.C., 23rd. Canadian Reserve Battalion</u>			

<u>C. B. D.</u>	<u>ARRIVED C. B. D.</u>	<u>FRANCE</u>	<u>29.17</u>	<u>N. R. D. 6. 9. 17</u>
<u>C. B. D.</u>	<u>LEFT C. B. D. FOR</u>	<u>66/6</u>	<u>26. 9. 17</u>	<u>PART II ORDERS</u> <u>No 85 D 26. 9. 17</u>
<u>O. C. B. N.</u>	<u>ARRIVED 66/6 BN</u>	<u>FIELD</u>	<u>27. 9. 17</u>	<u>N. R. D. 26. 9. 17</u> <u>B. 213 D 11 R 2</u>

(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				
12-10-17	Ob. 24 th Br	Arrived Unit	Field	10-10-17	B. 213.
10.10.17	Ob. 24 th Br	Left for Unit	-	10.10.17	NR
6.11.17	24 th Lt Br	Wounded Head & Chest		5.11.17	KI. 16/29890
8.11.17	36 th Lt Col.	Died of Wounds received in action	36 th Lt Col.	8.11.17	DRS. M/16309/2 KI. 16/30559 220.1024/17/11/17 Major for Lt.-Col., A.A.G.
			Whogan		Canadian Section G.H.Q. 3rd Echelon D.E.F.

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Williamson Christian Name Albert

Examined { on <u>23rd</u> day of <u>Oct.</u> 191 <u>6</u> at _____ Birthplace { City or Town <u>Liverpool</u> County <u>Eng.</u> Apparent age <u>18</u> Trade or occupation <u>Clerk</u> Height <u>5</u> feet <u>4 1/2</u> Inches Weight <u>125</u> lbs. Chest measurement { Minimum <u>31</u> inches Maximum expansion <u>35 1/2</u> inches Physical development <u>Good</u> Small-pox Marks <u>None</u> Vaccination Marks { Arm Right Left Number _____ When Vaccinated last <u>Child</u> (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection <u>Deformity of little toes</u>	Approved by <u>E. H. Huxley</u> Rank _____ M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS</th> </tr> </thead> <tbody> <tr> <td><u>2/11/16</u></td> <td> </td> <td><u>J. P. Brauer</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>6-11-16</u></td> <td rowspan="3" style="vertical-align: middle;">} O.K.</td> <td rowspan="3" style="vertical-align: middle;"><u>J. P. Brauer</u> <u>Captain</u></td> </tr> <tr> <td><u>23-11-16</u></td> </tr> <tr> <td><u>6-12-16</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT																															Date	Result	VACCINATIONS	<u>2/11/16</u>		<u>J. P. Brauer</u>																												Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>6-11-16</u>	} O.K.	<u>J. P. Brauer</u> <u>Captain</u>	<u>23-11-16</u>	<u>6-12-16</u>																		
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Enlisted on 23rd day of Oct. 1916 at Montreal

CORPS	REG'TL NUMBER	HABITS	DATE
199TH BATTALION C.E.F. IRISH CANADIAN RANGERS	<u>920086</u>		
Transferred to <u>23rd RESERVE BATTN</u> <u>24th Bn</u>	<u>1-SEP 1917</u>		

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.

19853

FORM OF WILL.

Name in full. I Pte A. Williamson (Albert)

Regimental Number 920086 serving in 199th Batta

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

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

I DEVISE and BEQUEATH all my real estate unto Mother

Mrs Agnes W Williamson

62 Bianca St. Bootle

Liverpool, England.

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to As above
(AW)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 21st
day of April A.D. 1917.

Pte A. Williamson

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Pte Bernard Pavry

Address of Witness 69 Thomaston Street Bootle
Lpool

Occupation of Witness Waiter

Name of Witness Pte James Ramsey

Address of Witness 13 Chapel St Bootle L.pool

Occupation of Witness Waiter.

Certified as a true copy of original will of

W. J. [Signature]
for Lt.-Col. [Signature] Estate

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. PTE.A.WILLIAMSON, No.920086, 24th Bn.

D. of W. Transferred 3-18-17.

SL.

BOOK OF MATH

Rank *Plt* Name WILLIAMSON Albert Reg'l No. 920086
 Unit 199th bn, If in perm. Corps, } Married or Single Single
 What Unit? }
 Place and Date of Enlistment Montreal 23rd October 1916 Place of Birth Liverpool
 England
 Name and Address, Next-of-Kin Agnes Jones Williamson
 62 Bianca St, Bootle, Liverpool Eng. Relationship Mother

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.-9546-16.

N/E. R.B. No. 10047
 File R.L. 25. W. 3169.
 Category D of W.

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 26:12:16 H M S Ship 2810					
10.5.17	23 ^d R. Bn.	TOS from 199 th Bn	I'ham.	10.5.17	PII D 0127. Also PI D 0130/17 10517 of 199 th Bn
2.9.17	"	SoD on posting to 24 th Bn	pt. sham	1.9.17	- 242. PI 20085 26917 of 24 th Bn.
7.11.17	1 st A Reg.	Nº3. Cas. Clear S10 ^r	fld.	5.11.17	CR A57. GSW Head & chest
13.11.17	"	<u>Died of wounds</u>	"	8.11.17	CR A62. ✓ ✓ also SD. 102 of 17.11.17. 24 th Bn

6 SEP 1917

F. B. 403

MILITIA AND DEFENCE

Ref. No. N.F. *N*

ASSIGNED PAY.

To whom Mrs. A. J. Williamson,

Address 62, Bianca Rd

Bootle

Liverpool.

By whom assigned Williamson, A.

Regtl. No. 92 0086

Rank Pte.

Corps, &c. 199th Bn. A Coy.

Rate \$20.00

Date to Commence December 1st, 1916.

PAYMENTS.

Month.	Year	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917	345575	40	- X	
Feb.		385578	20	-	
March		433713	20	-	
April					
May					
June					
July					
Aug.					

*as correct to 31/7. 1917. 199th.**no*

MILITIA AND DEFENCE
ASSIGNED PAY.

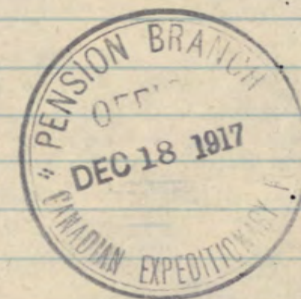
To whom *Mrs. A. J. Williamson*
Address *62 Branca Rd.*
Booth
Liverpool
Rate *20*
Date to commence *1/13/17*

By whom assigned *Williamson W.*
Regtl. No. *920086*
Rank *Pte.*
Corps, &c. *24 Bn.*

PAYMENTS.

Mother

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan	1916				<i>D. of Mas. 8.11.17 b.L.A. 62 13/1/17</i>
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov			<u>20</u>		
Dec.					
Jan	1917				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					



ASSIGNED PAY.

By whom assigned

Regtl. No.

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

Corps 24 Cav. Batt

No. 920086.

Rank and Name Pte Williamson

Disease _____

Date of admission 5/11/17.

Dates of Observation														
	5	6	7											
Days of Disease														
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°														
106°														
105°														
104°														
103°														
102°														
101°														
100°														
99°														
98°														
97°														
Pulse per Minute	120	124	140	180										
Respirations per Minute	28	28	52	48										
Motions per 24 Hours														

Admitted
 ax
 "

Hospital.

Ward B II No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
920086	Pte Williamson H.	24 th Cav. Bn.	1. Chest & abd. (2) Head A.P.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)


Fore of B.S.

13th 1.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate _____ → 

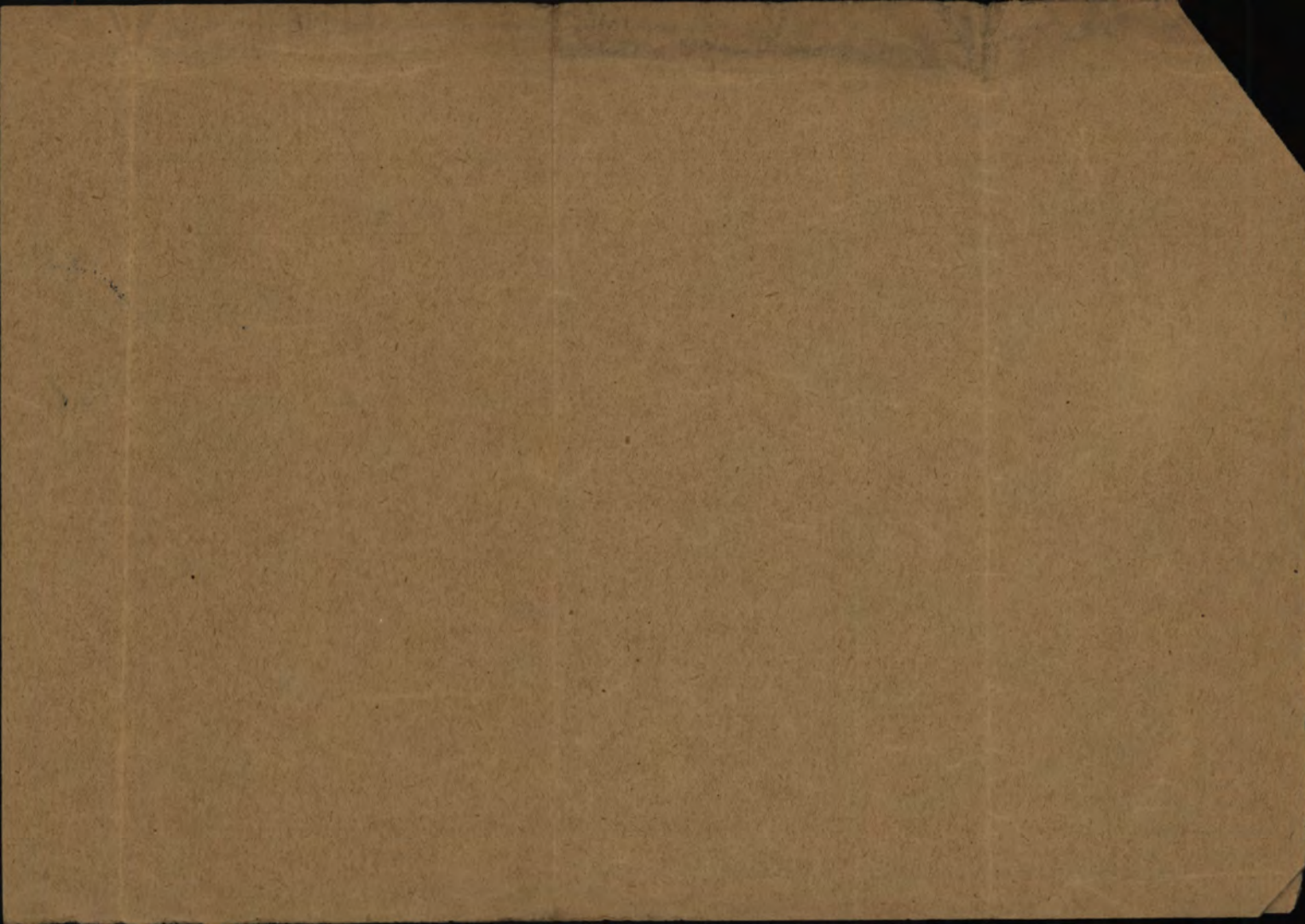
F. B. 6 1/8 inches deep from neck.
Noises with respiration.

F. B. in head as shown.
near vertex a little to
left of midline. → 



Signature of M.O. W. E. Bann
Date 5-11-17 Capt.

Signature of Radiographer Capt. Cartwright
Date 5-11-17



Serial
Number

2070

