

AS 11/8/18
Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....
Attestation Papers.....2 3
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.....

PR. 149.
save card

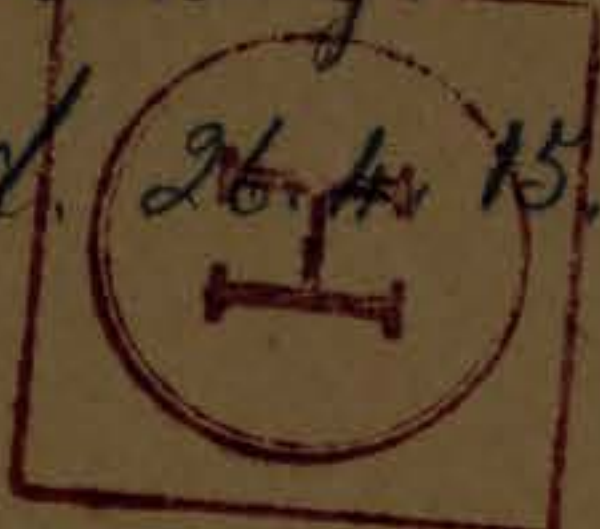
DISCHARGE DOCUMENTS

Name Browley, William M.

42461

Regt. No. 27797 Rank Pte

Corps 15th Bn

~~Cards.~~
~~Index~~ Removed 10/1/18
~~Casualty.~~
Died. 26.4.15.


R. O. No.....

H. Q. No.....

M.F. 134/20.

27797 Wied ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *W. Browley*
2. In what Town, Township or Parish, and in what Country were you born?..... *Magog Eastern Township County of*
3. What is the name of your next-of-kin?..... *John Browley*
4. What is the address of your next-of-kin?..... *John Browley Magog*
5. What is the date of your birth?..... *2nd 7th 1894*
6. What is your Trade or Calling?..... *labour*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *Y*
9. Do you now belong to the Active Militia?..... *Y*
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?..... *Y*
12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Y*

W. Browley (Signature of Man).

Jane Murray (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. Browley (Signature of Recruit)

Date *Sept 20* 1914. *Jane Murray* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *W. Browley*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

W. Browley (Signature of Recruit)

Date *Sept 20* 1914. *Jane Murray* (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 *St. Patrick* this *20* day of *Sept* 1914.

J. J. J. (Signature of Justice)

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

J. J. J. (Approving Officer)

1/22
Description of W. Browley on Enlistment.

Apparent Age 20 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 34 ins.
Range of expansion 1 ins.

Complexion Dark

Eyes Brown

Hair Dark

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

Two scars left leg over course of femoral vessels
Also scar upper part of right thigh 3 ins. below breech

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 Aug 26 1914.

Place Valcartier

G. B. Rees (Capt. RMC)
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. Browley 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. B. Rees (Signature of Officer)

Date Sept 20 1914.

Date proc to L. of W.
Hatch 3. res

7-2-15-

W.K. 14 $\frac{4}{20}$ R

Rank and Name BROWLEY, W.

Regimental No. 27797

Unit 15th Battalion

Date of enlistment Sept 20th., 1914.

Place of birth Magog, E. Townships

Married (Yes or No) no

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

John S. Browley,

Magog

Eastern Townships, Ont. ✓

Date and place of discharge

Reason for discharge

Character on discharge

End # 6339

UBRB12

Died of Suffocation

Died of

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				
<i>4/5/15 Base</i>	<i>Read.</i>				
<i>9.5.15</i>	<i>0/C 15th Bn.</i>	<i>Died of Suffocation</i>	<i>3rd Echelon</i>	<i>26.4.15</i>	<i>OK. Cas. report #46</i>
			<i>56astg St</i>	<i>26.4.15</i>	<i>Pt II. O. 9.5.15 (no 9)</i>
					<i>A 7 B 2090a</i>

MEDICAL HISTORY SHEET.

Surname Browley Christian Name W. *dead*

Examined	on <u>26</u> day of <u>Aug</u> 191 <u>4</u>	Approved by	
	at <u>Val Cartier</u>		
Birthplace	City or Town <u>Magog</u>	Rank	M.O.
	County <u>Stanstead</u>		
Apparent age	<u>20 yrs 6 mos</u>	Date	Fit or Unfit
Trade or occupation	<u>Labourer</u>		EXAMINED FOR RE-ENGAGEMENT,
Height	<u>5</u> Feet <u>4 1/2</u> Inches.		M.O.
Weight	<u>154</u> Lbs.		M.O.
Chest measurement	Minimum <u>33</u> inches.		M.O.
	Maximum expansion <u>34</u> inches.		M.O.
Physical development	<u>Normal</u>		M.O.
Small-Pox Marks	<u>none</u>		M.O.
Vaccination Marks	Arm Right Left	Date	Result
	Number <u>none</u>		VACCINATIONS.
When Vaccinated last			M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>none</u>		M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection	<u>none</u>	Date	Result
		<u>Aug 23rd</u>	<u>good</u>
		<u>Sept 2nd</u>	<u>good</u>
			M.O.
			M.O.
			M.O.

Enlisted on 20 day of September 1914 at Val Cartier

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>05 Battalion</u>	<u>27797</u>		<u>29th Sept 1914</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Christian Name

Christian Name.

[illegible]

BROWLEY, W.

Regimental No.

24.794

Name and address of next-of-kin

Unit

15th Battalion

John S. Browley,

Date of enlistment

Sept. 20th 1914

Magog.

Place of "Birth"

Magog, E. Townships

Eastern Townships

Married (yes or no)

No

Date and place discharged

26/4/15 cont. #5 bar. bling Hosp.

Amount of pay assigned monthly \$

Reason for discharge

Died of suffocation

2 To whom payable

Character on discharge

Good.

B.L. No 47.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1914																
Sept 22	Oct 31	40	1 ⁰⁰	40	40	10 ⁰⁰	4		94			44			44	
Nov 1	Nov 30	30	1-	30	30	10	3		33			33			33	
Dec 1	31	31	1	31	31	10	3	10	34 10			34 10			34 10	
Jan 1	31	"	1	31	31	"	3	10	34 10			34 10 10 00			34 10 10 00	
Feb 1	28	28	"	28	28	"	2	80	24 10			54 90				
Mar 1	31	31	"	31	31	"	3	10	54 90			89 -			14 -	
Apr 1	30	30	"	30	30	"	3	-	75 -			108 -			3 -	
								105 -	4 dup @ 1 ¹⁰			38 10			4 dup Pay Chgd. back	
								100 60						4 40		4 40 See Spec. Pay. Roll
								3 68								
								104 28								
								92 72								
								104 28								
								92 72								
Dec.		Exchange														104 28 104 28 Two Lo O Hawaii for Settlement 20/4/16

N.E.	Sce.	Exchange
------	------	----------

10428 10428 Two Lo O Hwa for Settlement
20/4/16



CHECKED BY:.....

DATE 10/15/2011

Cash for the effects. *Ril*

[illegible]

Casualty Form—Active Service.

Regiment or Corps 15th Canadian Batt 48th Highlanders of CanadaRegimental No. 27797 Rank Plt Name Browley W.Enlisted (a) 20/9/14 Terms of Service (a) _____ Service reckons from (a) _____Date of promotion to } _____ Date of appointment } _____ Numerical position on }
present rank } to lance rank } 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				
26/4/15	5 Cas. Cas Station	Died of suffocation	5 Cas. Clearing Station	26/4/15	Buried in garden of convent Rue de Bouscheppe Poperinghe

OFFICER IN CHARGE
CANADIAN SECTION G. H. Q.

(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				

649-B-196

Number... 27797... Rank...

Surname... BROWLEY... 31448... 1924

Christian Names...

Unit... 15th Bn. Can. Div. Theatre of War... 1914

Dates of Service...

Remarks...

Latest Address...

512 Dundas St E 3A S. Harrison St
Toronto, Ont.

Roll No.

10²² Pt St Charles
Montreal
P.Q.

939785 Beth

JUL 29 1921

B.W. M. Retd 15/8/21

Re

DESP	FEB 18 1922
REGN. NO.	469572

BROWLEY, Pte. Wm. #27797. 15th Bn. 649-B-196.

Eligible for 14/15 Star. Pte. 15th B'n.

H.P.P.

MEDALS: - John T. Browley, (Father)
~~34 Charron St.,~~
~~Pt. St. Charles, Montreal, P.Q.~~

PLACQUE & SCROLL.

512 Dundas St. East.
As Above.
Toronto.

Serial No 785088

C. OF S.

~~NET.~~

Scroll re desp. 27 7/21. B616

~~FEB 2 1921~~

Scroll Desp. _____ Reqn. No. ~~2-23795~~

~~SEP 17 1921~~

Plaque Desp. _____ Reqn. No. *P6429*

*OK. but action maybe
needed re C.O.S.*

Scroll ref 15-3-21

NAME

Browley, William

H. Q. FILE No. 649-

REGT'L. No. 27797

RANK AND CORPS

Pte. 15th Batt.

CABLE

NO.

DATE

NATURE OF CASUALTY

C681

4/5/15

Died (no particulars given as to cause) May 2.

B2090-a

20-5-15

Person died of suffocation
 April 26th 1915. at # 5 Cas.
 Cl. Stat.

NO. 2700

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

46 Reported from Base

Heath. ✓

Name *Browley W* Rank *Pte*

Reg. No. *27797*

Unit *15th Batt.*

R.L. 25-B-137

Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O	W.O. List
<i>26/4/15</i>	<i>Rep. from</i>	<i>Base</i>	<i>Death</i>	<i>46</i>	<i>681</i>	
	<i>No 5 C.C. Station</i>		<i>No particulars given as to cause</i>	<i>4/5</i>		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. 27797

RANK Pte.

NAME Browley

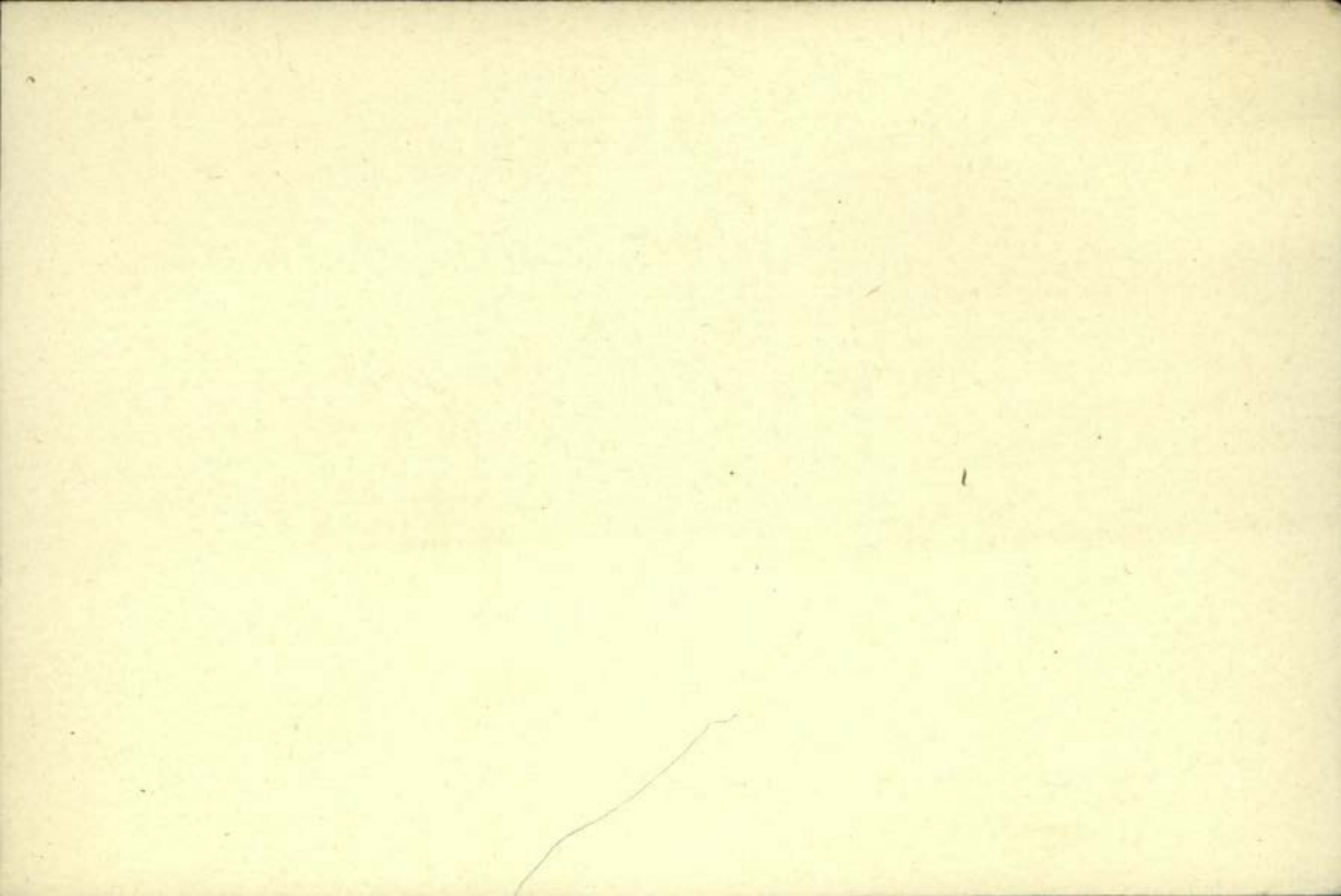
T. O. S.

UNIT 48th Regt. (Highlanders)

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept. 16 " 22	1914 Sept. 21 Oct. 31	✓ ✓	Nov 15 th Pm. paylist.	Oct. paylist

UNIT SAILED
OCT 3 1914



SURNAME. *Browley* (649-B-196)CHRISTIAN NAMES *William M.*

D FOLL.

REGL. NO. *27797*RANK *Pte.*UNIT *15th**Bn.*FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Browley, John*RELATIONSHIP TO SOLDIER *Not stated*ADDRESS *Magog, P. Q.*COUNTRY OF BIRTH *Canada* *Magog, P. Q.*DATE *Feb. 7th, 1894*PLACE OF ATTESTATION *Valcartier, P. Q.*DATE *Sept. 22nd, 1914**O/S. 4-10-14*

From Quaker per **S. S. "Mugantie" 4/10/14**

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

20

YEARS

6

MONTHS

HEIGHT

5

FEET

4 $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

1

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark.

DISTINGUISHING MARKS

Two scars left leg. Course of
Germinal Vessel, Also scar upper part right shin.
3 in. below knee cap.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Aug. 26th 1914

Present Address:- Not stated

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Dead

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

C.L. 4 5. 15.

REMARKS

*46
Rep from base*

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Deed of Ligation