

Rown Waller And Given names/Prénoms

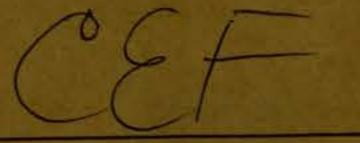
CANADIAN FORCES FORCES CANADIENNES

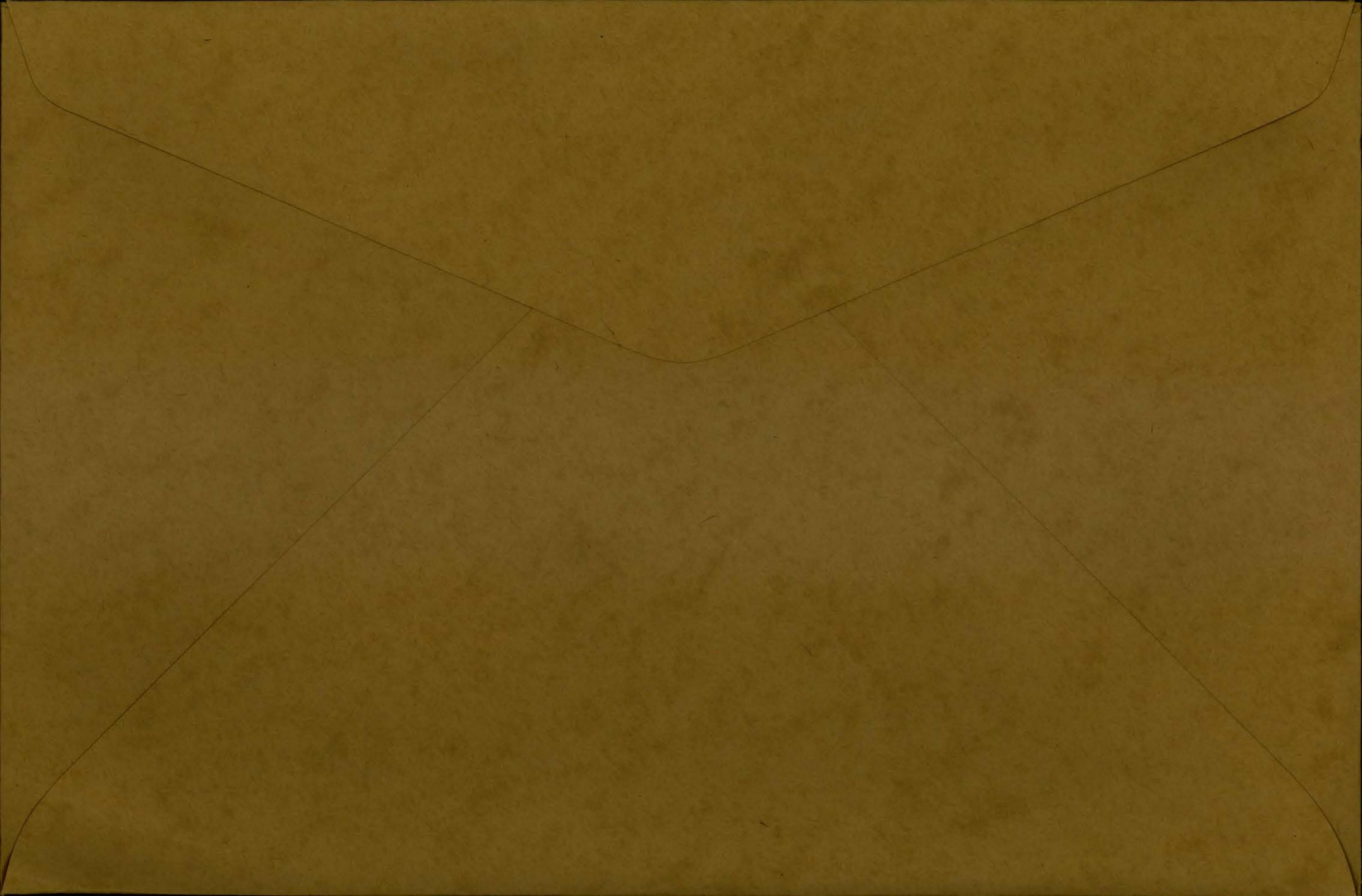
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"CONTENTS CONFIDENTIAL" BOX 1182
"CONTENU CONFIDENTIEL"

CF 478 (10/74) 7530-21-870-6931

COMPONENT ÉLÉMENT





C.E.F. REGIMENTAL DOCUMENTS

NAME BROWN, WALTER IAN REGT. No. 63070 UNIT 3 BN H. Q. FILE No.45814 DATE M. F. W. 2505 DATE RECEIVED TO WHOM FORWARDED CONTENTS NON-EFFECTIVE BY FORWARDED REFERENCE ATTESTATION PAPER (M.F.W. 23, 133 or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) CATEGORY TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 9-9-15 REGT. CONDUCT SHEET (M.B.W. 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. 173) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) CATEGORY 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) DESERTION 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) CARDS **PAY-SHEETS**

M.F.W. 2589 20M-4-46 (9113) H.Q. 1772-39-1377

ATTESTATION PAPER.

63070 No. 63070 Folio. 113

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS).
The Marchael College	Brown, Waller.
	moise, walter
2. In what Town, Township or Parish, and in what Country were you born?	Pekin 2ll U.S. a. (of British Pares
3. What is the name of your next-of-kin?	Roll Brown (father)
4. What is the address of your next-of-kin? 13.6	indeos aut, Ville St Pierre, moult
5. What is the date of your birth?	2181 July 1893
6. What is your Trade or Calling?	Trober 1
7. Are you married?	220
8. Are you willing to be vaccinated or re-	4.
vaccinated?	
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? 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)	190
Canadian Over-Seas Expeditionary Force?	Walter & Brown (Signature of Man).
46	world Louis (Signature of Witness).
the termination of that war provided His Majes discharged.	eller of Brance (Signature of Witness)
hear true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma Dignity, against all enemies, and will observe and obtain of all the Generals and Officers set over me. So	MAN ON ATTESTATION. do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as a jesty, His Heirs and Successors, in Person, Crown and Dev all orders of His Majesty, His Heirs and Successors, thelp me God. (Signature of Recruit) (Signature of Witness)
	OF MAGISTRATE.
The Recruit above-named was cautioned by more questions he would be liable to be punished as provided as The above questions were then read to the Real I have taken care that he understands each questions duly entered as replied to, and the said Recruit has before me, at	he that if he made any false answer to any of the above led in the Army Act.
-	(Signature of Justice)
I certify that the above is a true copy of the A	ttestation of the above-named Recruit. (Approving Officer)

inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having

.....(Signature of Officer)

been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date DEC 31 1914.

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12. 10m. 11-14. H. Q. 1772-39-819.

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Regtl. No. 63070

Regtl. No. 63070

Rank St.:

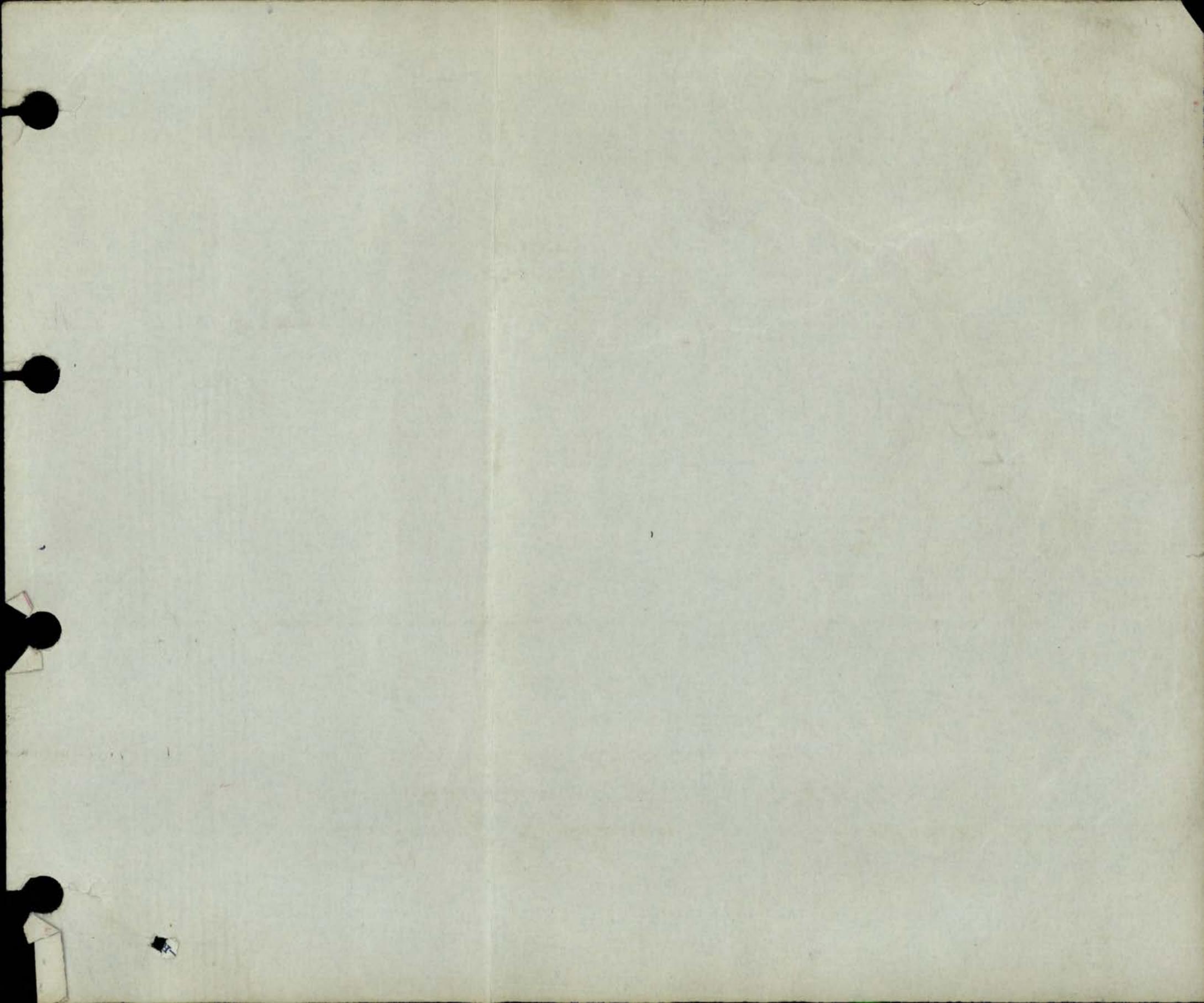
Rank St.:

Rown Brown . M.

Routteal, Lue Corps 231d Beffee. Address

PAYMENTS

	* Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			D Pr.
	Sept.				Casualties
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
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	May		1 25/2	13	
	June		410144	13	1500 7.X 28 % SH8.
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6	Sept.		812067	15	Willed in acron 975. C. L. 2275
	Oct.				
	Nov.				
	Dec.	1010			
	Jan.	1916		111111111111111111111111111111111111111	
	Feb.				
6,	AVERTON				



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		Terms of Service (a)			kons from (a) 11/9/11
pate o	esent rank	Date of appoints to lance rank	nent (_ Nume	rical position on
	ed				
	Report	Record of promotions, reductions, transfers,			Remarks
Date	From whom received	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	Army Form A. 86, or other official documents.
	Bitto	Stringth	Field	3/5/15	A.F. B213-10/5/1
			discharged to duty 9/4/5.		a.36.
15	QC 313.	Returned to duty	5rd. B.	9.7.15.	13.213.
	**	Lo. Skrapl. (Ine.)	Skrepl.	10.4.15.	B 213.
15.	Oc 2. C. J. a	· Dental.	2. Hed. amb		
	OC.3. Ba		3rd Bri		
15.		Kelles en action	field	0015	19 212
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			Corner of cen	eteus	OFFICER 1/a F

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks		
ale	From whom received	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	Army Form A. 36, or other official documents.		
	A THE REST						
5/5							
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EPITOME OF HOSPITAL TREATMENT.

1.	Hospital	Adm.
2.		
3.		*/
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5.		
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Brown, W				6 3	070.
Rank Unit		Co.	Troop	3	Batty.
fte. 31	stu.				
3 Field am	6		Da	ate of A	dmission
Transferred			Hosp.	9.	7.10
			Hosp.	/	· · · · · · · · · · · · · · · · · · ·
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			Hosp.		0-20-4
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Later Diagnosis (1) changed)	* * * * * * * * * * * * * * * * * * *				
(2)					
Additional Diagnoses, if more	e than one state present				
DISPOSITION				Date	
DISPOSITION	D: +	Auto		1252-01	7.15.
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11 10010	/// .	REMARK	S		
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b. L. 19.7.15. CR 21.9.15.	Killed h	ueud	5	9.	7.15
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		A.M.D	- 0!	W.E.O.	
		20.1	1.8.		
	-01	A.M.D.			
	P.				

Christian Name or Names

Surname

Reg. No.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
111	Mrseh to duty	4-7-15	Synor. Knee
	Desch to duty	9-7-15	
146-2	no. 2 Can. Fla amt-	12-8-18	Dental
4165	no. 2 Can. Fld ant- Kieledin action	9-9-15.	
		4-1-4	
04 II			
		Carlos Inc.	

H. Q. FILE No. 649-NAM Brown. Walter REGT'L. No. 63070
RANK AND CORPS Pte. 3rd Datt: (Form: 23rd Batt:) M. 1047. 21-9-15 Killed in Action. Sept: 9th.
B2090 a Roven
" NO. 2925
30-9-15 CABLE M. F. W. 42-50m 7-15. L. L. Job 83225 -M. & D. 5842.

H. Q. 1772—39-893.

Date	Movement	Place	* Casualty	List No.	Notified N/K O.	W.O. List
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Name Brown, W. Rank Pte.

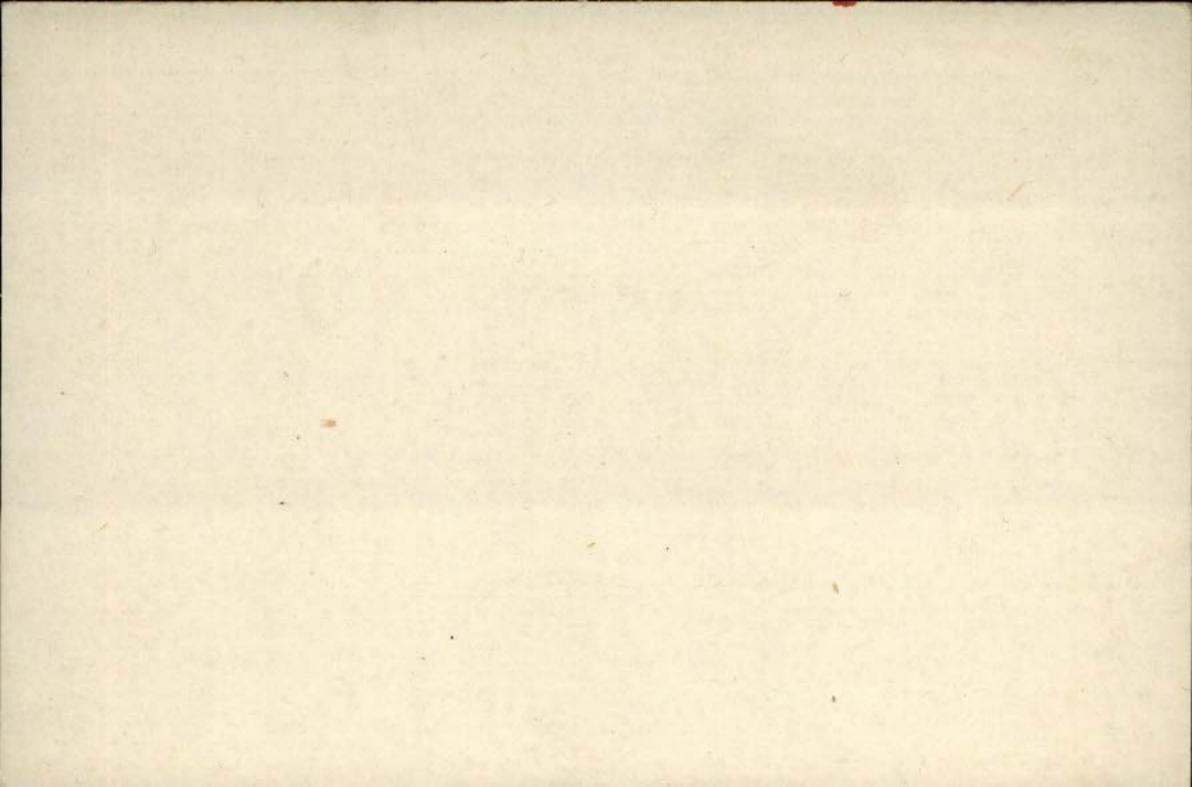
Reg. No. 63070

Unit 3rd Battalion,

25-B- de 72

Next of Kin Canada.

P91:	5	Movement	Place	Casualty	List No.	Notified W.O. List
979	789	No.3 Can. Field And	nbulance	To Duty Dental	111	1047
	/					
		#				
	1	The state of the s	The second second	A STATE OF	-	- the same of the



Surname Brown Christian names Walter Regtl. No. 63070 Rank Pte	H. Q
Next of kin	Relationship
Address	

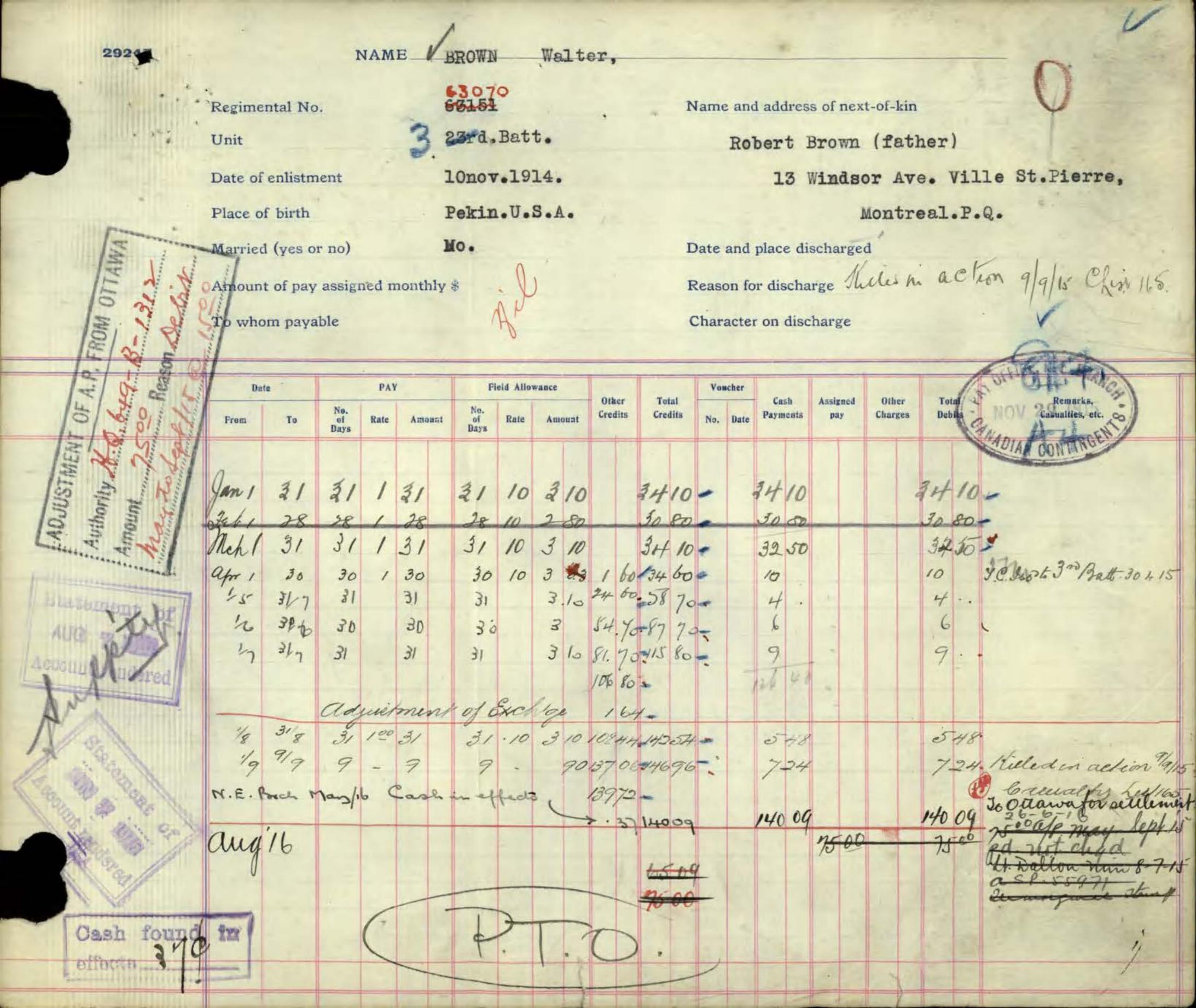
BORN—Place	Date
ATTESTED—Place	Date
O/S 2 3 2 (S	R/C

16.39120 DEC 30 1920

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CON CONTRACT NAMED OF STREET Scroll Dospi-H 3 6 102 Regn. No 2 . 23812 (Mother) hrs. Nobert Brown, (suddress as above) Jens (19470M) M. 135 Gen Pierre, P.O. VIIIe 150 - 2nd Ave., (Father) Robert Brown, BROWN, Pte. Warred #65070, ord dan. Battn. .SIBI-8-648

PAY Field Allowance Voucher Date From To No. of Rate Amount Days
No. Sept//6 Remarks. Tetal Other Cash Assigned Other Total No. of Days Credits Debits Casualtfes, etc. Credits Payments Charges No. Date Rate Amount 75-14009 Bal recredited for adjustment for 6509 7500 Dec slamp on margin overleage bounded



BROWN Walter. Rank and Name 63151 6 3070 Regimental No. Name and Address of Next-of-kin 23rd. Batt Robert Brown (Father) Unit I3 Windsor Ave. Ville St Pierre. IO nov. 1914. Date of enlistment Pekin. U.S.A. Montreal. P.Q. Place of birth Date and place of discharge 9.9.15. In the Field Married (Yes or No) Reason for discharge Kulled un Acten If in Permanent Force Character on discharge Promotions or appointments Report Record of promotions, reductions, transfers, casualties, etc., during active Place Date REMARKS From whom service. The authority to be quoted Date Taken from Official Documents received in each case. Thence 3/5/15 Pare 11 or auro No 12 3 ban Field 9/7/15 Discharged to Duty 30.8.15 6D146 " Dental 26an Fdaul 17-8-15 21.9.15 681653 he Kelled in Action In the Field 9.9.15 ON. Pt II. 31.3 " In 29.9.15 Balescar Junes. Gravemarked with micribal File K 48-7.3. 19.9.15 12.9.15 a.F. B. 103 " in Somerset Stowns Corner U. 20- 12.29. Can. See. File 1 33.7.3. 1) Number. 4.3.97.0 Rank. .. P.te.... Surname BR.QW.N..... Christian Names. Walter Unit. 3rd, Br. Can S.J. Theatre of war Firance Latest Address my. Robert Brown. 150-2 mi ave. Ville, St. Rierre Roll No. 13 Page 1409

for B. D. M. S.

Brief details, and signature

						The .
450						
	Station or Troopship	Date or arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or	Date of
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hee!	P. G. Canada Service	14/11/14			embarkation	departure or disembarkatio
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					embarkation	departure or disembarkation
eleel					embarkation	

A

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

	SEDICAL HISTORY of	
Surname_ / Jasals	Christian Name_ Malker	Van.
Birthplace Parish	TABLE I.—GENERAL TABLE. County Clean	iois W.S.a.
Examined	at Montheau 1. 2.	ewaga 1914.
Declared Age		10_days.
Trade or Occupation	Trock	
Height		10 inches.
Weight		lbs.
Chest Girth when fully Expanded.		inches.
Measurement Range of Expansion		inches.
Physical Development	OYood	
Wassingtion Manks (Arm	Right 3	Left
Vaccination Marks Number	J	2
When Vaccinated	1900-1915-26" 8	6
Vision	$\begin{cases} R.EV = & \text{Zood} \\ L.EV = & \text{Zood} \end{cases}$	*
(a) Marks indicating congenital peculiarities or previous disease	(a)	
(b) Slight defects but not sufficient to cause rejection	(b)	
Approved by (Signature)	J. R. A	Spen
(Rank)		may 1 1 000
		Medical Officer.
	(at Montavai 9.2. Janada	
Enlisted	on_ 9th A ouember	1914.
T . I TO 1: 4	Corps.	Regtl. No.
Joined on Enlistment	1. Fren, Guaras of Canada	251
Transferred to	29 m Prov Bath 1. 67.	3040
Became non-effective by	subn.	
	onday of	191 .
(Signature)	Entries in F	Red Ink made from
(Rank)	Attestation S	heets.
(25013) Wt.W10943-1990. 300 M.	1/15. M.R.Co.,Ltd. 59.	O.P.MOP.TON

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Ađmi	tted to	Hospita	Dis	Discharged from Hospital					Number of days	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of symbilis, admissions, and readmissions, to be set it is a likely to be of interest or of future	y 24
	Day	Mont	h Year	Day	Month	Year	-1.5.	Disease		in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
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						APPENDIX SELECTION	ACCOUNT NOTE OF THE		1	40		

THE RESIDENCE WITH AND MADE AND STREET AND STREET

P.F.C.

Table III.—Boards; Court's of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Particulars of Dental Treatment, &c.

	Date			F	Brief details, and signature		
	5th & 15th,	Dec.	14. Inco	ulation aga	inst Typhoid.		
						Time and a second	
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	*						
				7	A Comment of the Comm		
						-	
7/.	~ .		4				
		-					
		8 1 6	T	able IV.—Si	ERVICE TABLE.		
	Station or Troop	ship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
	Quebec P.Q.	Cana	da.14/11/	14.			
	Foreign Ser						

		COLU IV.	SILVION INDIN.		
Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Quebec P.Q. Cana	da.14/11/	14.			
Foreign Service		*			
					1

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178a to be used for Special Reserve recruits and

Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BROWN	Christian Name Walter Ian	
	TABLE I.—GENERAL TABLE.	
Birthplace Parish	Pekin County Illinois U.S.A.	
Examined	on 9th day of November	191 4
Examined	(at Montreal, P.Q. Canada.	*
Declared Age		
Trade or Occupation	Grocer	
Height	5 feet, 10 inches	C. C.
Weight	145	T.M.C.
Chest Girth when fully Expanded.	37 inches	Jo Jo
Measurement Range of Expansion	4 includes	S. Co.
Physical Development	Good	0
(Arm	Right Left 3	19 1
Vaccination Marks Number	9	S man.
When Vaccinated	1900)1915 - 26th Feb.	Conf.
	0.0	3
Vision		104
(a) Marks indicating congenital peculiarities or		
previous disease		
77. 60. 1. 1.6. 1.1. 1.4	(a) (b) (certify dedical	
(b) Slight defects but not sufficient to cause re-	- 2	
jection		-
Approved by (Signature)	J.R. Spier	-
(Rank)	Major Medica	al Officer.
Enlisted	atMontreal, P.Q. Canada.	22
	on 9th day of November	191 4.
Joined on Enlistment	Corps Regtl.	
	1st. Gren. Guards of Canada 63070) /
Transferred to	23rd Prov. Bn. C.E.F. 3rd Bn.	
Became non-effective by	This Medical History Sheet has been compared to	with Hi
	This Medical History Sheet has the contiles mad Corresponding Attestation Paper, and entities mad have been taken from the Attestation Paper.	3 4H TON
	on day of warm	191 .
(Signature)	Colonel in Charge of Recor	409
(Rank)		4

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters

		dmitted	ospital Discharged from Hospital					Disease		Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	
		Month	Year	Day	Month	Year		27250430	Number of days in Hospital	treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
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