

458 508

**I.D. number**  
**No. d'identification**

OPEN AREA

BROWN

**Surname**  
**Nom de famille**

DIED 11 NOV 18

WILLIAM HENRY

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

1188











# ATTESTATION PAPER

## ORIGINAL

No.

Folio.

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *W. H. Brown*
2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal Que.*
3. What is the name of your next-of-kin?..... *Lera E. Brown (Wife)*
4. What is the address of your next-of-kin?..... *Morrisburg Ont.*
5. What is the date of your birth?..... *Aug 12 1874*
6. What is your Trade or Calling?..... *accountant*
7. Are you married?..... *yes*
8. Are you willing to be vaccinated or re-vaccinated?..... *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*

*W. H. Brown* (Signature of Man).*J. S. Prendergast* (Signature of Witness).

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *W. H. Brown*, 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.

Date *Aug 11<sup>th</sup>* 191*5* *W. H. Brown* (Signature of Recruit)  
*J. S. Prendergast* (Signature of Witness)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *W. H. Brown*, 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 *Aug 11<sup>th</sup>* 191*5* *W. H. Brown* (Signature of Recruit)  
*J. S. Prendergast* (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 *11* day of *August* 191*5*

*Almoning P.* (Signature of Justice)

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

*J. A. Gaudin* (Approving Officer)



# Description of William Henry Brown on Enlistment.

Apparent Age 41 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. 8 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.  
Range of expansion 2 ins.

Complexion Fair

Eyes Hazel

Hair Black

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

## 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 11<sup>th</sup> Aug 1914.

Place Montreal

W. H. Brown  
Capt. W. H. Brown  
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.

Wm H. Brown 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.

W. H. Brown (Signature of Officer)

Date Aug 11<sup>th</sup> 1914.



458,508

Brown. W. H. 6067



FORMAL WILL.

*I William Henry Brocon #458508*  
.....serving in the  
60th Canadian Battalion of the Canadian Expeditionary Force,  
do hereby revoke all former Wills by me made and declare this  
to be my last Will.

I bequeath all my Real Estate unto *my wife*  
*Lera Estelle Brocon*.....absolutely, and  
my personal Estate, I bequeath to *My wife; Lera Estelle*  
*Brocon*.....

In witness whereof I have hereunto set my  
hand this *Thirteenth* day of *February* 1916.

*W H Brocon*  
.....  
(Signature)

Signed and acknowledged by the Testator as and  
for his last Will in the presence of us both present at the  
same time, who in his presence at his request, and in the presence  
of each other have hereunto subscribed our names as Witnesses.

Signature of 1st Witness *A. M. ...*  
Address *60th Canadian Battalion,*  
*Bramshott Camp, Hants*

Signature of 2nd Witness *V. C. ... Private*  
Address *60th Canadian Battalion*  
*Bramshott Camp, Hants*



M. L.

19-4-20  
J. M.



A Coy. A458508

MEDICAL HISTORY SHEET.

Surname Brown Christian Name W. H.

Examined { on 11 day of Augt 1915  
at Montreal  
Birthplace { City or Town Montreal  
County Quebec

Approved by [Signature]  
Rank Capt M.O.

Apparent age 41  
Trade or occupation Accountant  
Height 5 Feet 8 1/2 Inches. M.O.  
Weight 140 Lbs. M.O.  
Chest measurement { Minimum 34 1/2 inches. M.O.  
Maximum expansion 36 1/2 inches. M.O.  
Physical development M.O.  
Small-Pox Marks M.O.

Vaccination Marks { Arm Right 2 Left and  
Number  
When Vaccinated last 30/1/15 H. L. Paver M.O.  
(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection  
Slight flat foot - right  
Date Result ANTI-TYPHOID INOCULATIONS, ETC.  
13/7/15 OK H. L. Paver M.O.  
22/7/15 " H. L. Paver M.O.  
24/8/15 " H. L. Paver M.O.

Enlisted on 11th day of August 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>60th Batt. C.E.F.</u>	<u>458508</u>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>Feb 24/16</u> <u>24 FEB 1916</u>	<u>Phthisis</u>	<u>Discharge</u> <u>[Signature]</u>
APPROVED <u>[Signature]</u> LIEUT. COLONEL, A.D.M.S. CANADIAN TROOP, BRAMSHOTT CAMP.			

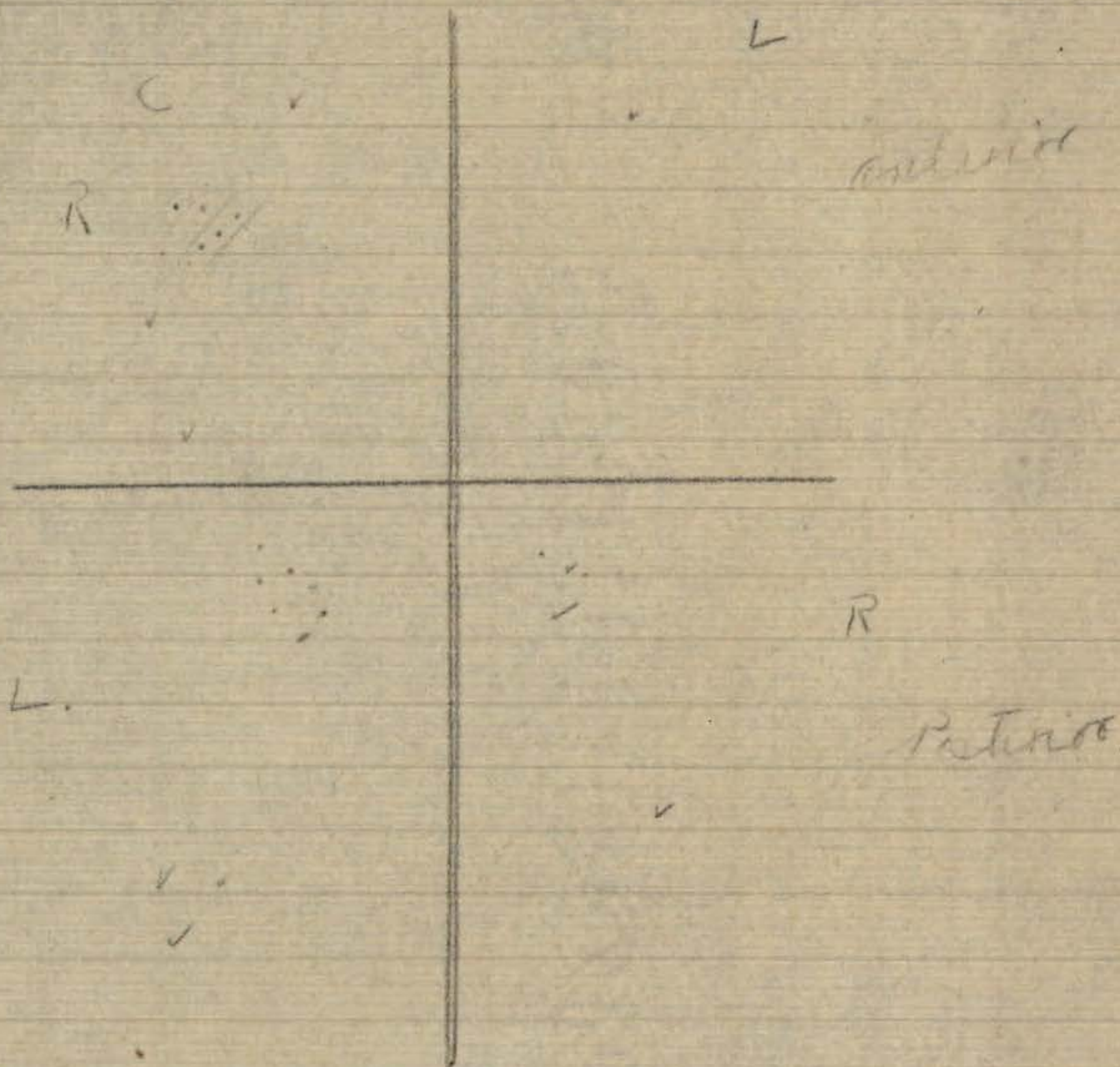
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Surname.

~~Myers~~ note











MEMORANDUM

From

M. O.  
60<sup>th</sup> Batt.

To

Bacteriologist  
Bramshott Hospital

From

To

ANSWER

July 10/16 19

11-2 19

Sir:

The 458508

Wm. N. Brown  
is to go before a  
Medical Board as  
he has Phthisis.

The Board want a  
report on exam of  
Sputum. Will you  
kindly examine it.  
Send report to me  
He bro't sputum  
to you before, but there  
were **No** T. B found.

H. L. Caverly Major  
M. O.

No T B found in  
Sputum  
W. C. Campbell  
J. H. Hanger





No

Wm R

Wm R

Wm R

Wm R

Wm R

Wm R

Wm R



## Casualty Form—Active Service.

Regiment or Corps

60th BATTALION C. E. F.

Regimental No. 458508 Rank Pte Name Brown W. N.Enlisted (a) 11<sup>th</sup> Aug Terms of Service (a) Duration of War Service reckons from (a) Aug 11/18Date 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				

Discharged being no longer physically fit for War Service, K.R. &amp; O. 392, Section 16.

~~Transferred to C.E.F.~~H Archibald  
Lieut  
Ab 60th Base Co(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, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.







## Casualty Form—Active Service.

Regiment or Corps 60th Battalion B. E. F.Regimental No. 458508 Rank Private Name Brown, W. H.Enlisted (a) 11-8-11/15 Terms of Service (a) Duration of War Service reckons from (a) 11-8-15

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				
		Discharged in Canada No Longer Physically Fit for War Service K. R. & O. 392 <u>XVI</u>			<u>For ever for</u> G. B. C. C. A. C.

(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				



6-11-15'

Date & Unit left  
Canada with and  
Unit in England  
600th Bn

(See A.F.B. 179):



243	243rd	"
244	244th	"
245	245th	"
246	246th	"
248	248th	"
249	249th	"
252	252nd	"
253	253rd	"
254	254th	"
255	255th	"
256	256th	"
257	257th	"
258	258th	"
259	R.C.R.	
260	P.P.C.L.I.	



Rank Pte. Name Brown W.H.

Reg'l No. 458508

R-122

Unit 60th Bn. If in perm. Corps,  
What Unit?

Married or Single Married.

Place and Date of Enlistment Montreal Aug. 11th 1915

Place of Birth Montreal Que.

Name and Address, Next-of-Kin Lera E. Brown. Morrisburg. Ont.

Relationship

Wife,

CCAC

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	8726
File R.L.	M. U. Can
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.		16. Nov. 1915.	
20.11.15	adj. 40th Bn. Dis. from H.P.		Bramshott.	15.11.15	Pt. R.O.O. 155
24.2.16	34th Bn. Dis. to 34th Bn.		"	24.2.16	W. D. 55
19.4.16	do	S.O.S. on discharge to Canada	"	7.4.16	" " 110 (Auth. B.D.O. 1423)
6.5.16	OC 34 Bn	Reference to P2 DO R 110 dated 19/4/16 regarding the above after having proceeded to Canada for discharge under R of R 20 para 392 Section 16		6.5.16	— — — 127



[illegible]



Register No. *DB 1657*

# WAR SERVICE GRATUITY

TO

## DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *02259-111-322*

Regt'l No. *458508* Name *William Henry Brown*  
(Christian Name) (Surname)  
 Unit *60 Battr* Rank *Pte* Date of enlistment *Aug 11 1915*  
 Date of casualty *Nov 11 1918* B.P.C. File No. *7027*  
 Was service performed overseas? *Yes*

### DEPENDENT

Name *Mrs. Lera Estelle Brown* Relationship *Widow*  
 Address *Apt 4 4216 Western Ave*  
*Westmount*

*Emf*  
 Amount of Special Pension Bonus \$ *50.00* Abstracted by *Moscharp*

Eligible for Gratuity \$  
 Less amount of Special Pension Bonus paid \$  
 Less Debit Balance of S. A. or A.P. \$  
 Total deductions \$

Balance due \$

Cheque No. Date issued

REMARKS: *Deceased soldier died*  
*at Muskoka Free Hospital*  
*on 11 inst from Pulmonary*  
*tuberculosis. Was discharged*  
*11-11-16*  
*Make no payments DG*

Clerk *W Mitchell*

Audited by
Date

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

*Noted 11-8-28*  
*26*



Three months pay and allowances after discharge.

Christian Name

Address (in full)

P. D. P. Filing Number

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

Total  
Credits  
91 days

Cheque No.  
A

Date \_\_\_\_\_

Amount  
30 days

Cheque No.  
B

Date \_\_\_\_\_

Amount  
30 daysCheque No.  
C

Date \_\_\_\_\_

Amount  
31 days

Balance  
Overpayments  
to be  
Recovered

Total  
Amount  
Paid

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

Remarks:



Name Pte Brown Wm Henry

M. F. W. 41.  
10m.-11-15.  
1772-39-889.

487

Regimental No. 458508

Home  
Name and address of next of kin 4210 Western Ave  
Westmount  
Montreal

Unit 60<sup>th</sup> Btln C.C.A.C.

Date of enlistment

Place of

Med B. held 21/4/16 Recm. 3 mon burial Home.

Married (yes or no) Yes.

Date and place discharged

Amount of pay assigned monthly \$15<sup>00</sup> Stopped April 30/16 ant paid \$90.00

Reason for discharge

Separat. allce.  
To whom payable \$20<sup>00</sup> act closed April 30/16

Character on discharge

S. S. Metagama 19/4/16

ant paid \$173.00

Class II

Form 55 87694. M. & D. 6123.

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					
1/4/16	31/3/16	61	1 <sup>00</sup>	61 00	61	10	6 10	2000		40 00	44 28	9 73	94 01	L. P. C. England J. A. May D. D. Guellet * Paid on Embarkation

9  
4 16

Re Pensioned  
12. 11. 16

PM MD 2  
Pensioned  
5. 9. 16

Transferred to 4<sup>th</sup> M. D from 1/6/16 with C. Bal \$44.28

E. A. P. 15<sup>00</sup> Mar 1916  
Total amt \$90.00



Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]



Rank **Pte.** Name **BROWN, W.H.**Reg'l No. **458508**

Unit

**C.B.A.C.  
60th Bn.**If in perm. Corps,  
What Unit?Married or Single **Married**

Place and Date of Enlistment

**Montreal Aug. 11th 1915.**

Place of Birth

**Montreal, Que.**

Name and Address, Next-of-Kin

**Lera E. Brown, Morrisburg, Ont.**

Relationship

**Wife**

Assigned Pay Monthly \$

**15.00**

Payable to

**Mrs. Lera Brown & Mrs. G. Dillon Jr.**

Relationship

**wife**

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

**March 31, 1916.  
To Canada**

Reason

**Authy C.C. 30/3/16**

Character

Date		PAY		Field Allowance		Other Credits		Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date						
1915	1915															
Nov. 1	Nov. 30	30	1.00	30.00	30	1.00	30.00	43.00			14.60	15.00		29.60	13.40	* Clothing Credit
Dec. 1	Dec. 31	31	1.00	31.00	31	1.00	31.00	47.50			21.89	15.00		36.89	10.61	
Jan. 1	Jan. 31	31	1.00	31.00	31	1.00	31.00	44.71			19.47	15.00		34.47	10.24	
Feb. 1	Feb. 29	29	1.00	29.00	29	1.00	29.00	42.14			4.87	15.00		19.87	22.27	
Mar. 1	Mar. 31	31	1.00	31.00	31	1.00	31.00	56.37			9.73	15.00		24.73	31.64	Trans to C.B.A.C. 1/4/16.
											359 9.73	15.00		15.00	16.64	Auth PA 59-1-10 1/4/16
														15.00	6.91	100% P.C. & D. 1/4/16.
														9.73	6.91	Auth C.C. 30/3/16.
																P.C. verified & filed.
Also no pay to M.S. Bel.															6.91	Trans to "Canada Disc'ge a/c"
											6.91			6.91	6.91	



Am cel  
30/3/16



[illegible]



*CW* 11-8-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE 181

Name *Mrs Lera Estelle Brown* Name of Soldier *Brown William H.*  
Address *40 Mrs Geo. Dillen Jr.* Regtl. No. *458508*  
*Morrisburg* Rank *Pte.*  
*Ont.* Corps *60th Battr.*  
Relation to Soldier }  
wife, child or mother } *wife*  
To what Corps belonging }  
when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>K6137</i>	<i>33 -</i>	<i>33</i>
Oct.		<i>K6900</i>	<i>20</i>	<i>20</i>
Nov.		<i>79995</i>	<i>20 -</i>	<i>20</i>
Dec.		<i>L12190</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>K 16614</i>	<i>20</i>	<i>20</i>
Feb.		<i>M21190</i>	<i>20</i>	<i>20</i>
March		<i>725034</i>	<i>20</i>	<i>20</i>



ACCOUNT CLOSED

DATE *MAY -5 1916* PER *W*

*Acct closed Return Metagama 19-4-16*







## SEPARATION ALLOWANCE

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

*Lera C. Brown*

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Brown, Wm. A.*

#458508

*Pte.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>M529</i>	<i>20</i>	
May		<i>Bght forward</i>	<i>153</i>	<i>Acct closed Ret on Metagama</i>
June			<i>173</i>	<i>1916</i>
July			<i>173<sup>00</sup></i>	<b>ACCOUNT CLOSED</b>
Aug.				DATE <i>25</i> 1916 PER <i>W.</i>
Sept.				<i>P 19 P 24-7-17</i>
Oct.				<i>Pension granted 12-11-16</i>
Nov.				<i>28</i>
Dec.				
Jan.	1917			
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.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				



2nd Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Mr. Lora C. Brown* By Whom Assigned *Brown. Wm.*  
 Address *Cp. Mr. Geo. J. Sellen* Regtl. No. *458508.*  
*Morrisburg.* Rank *Pte.*  
*Ont.* Corps *60th Batt. A. Com.*  
 Rate *15.00.* **NOV 1 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.		<i>40608</i>	<i>15-</i>	
Dec.		<i>x7285</i>	<i>15</i>	
Jan.	1916	<i>112031</i>	<i>15</i>	<i>paid Mutagama 19<sup>th</sup> Feb 1916</i>
Feb.		<i>014144</i>	<i>15</i>	
March		<i>214761</i>	<i>15</i>	<i>Stop Pay May 1916 Discl 3<sup>rd</sup> 7<sup>th</sup> 1916</i>









## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Name of Soldier

Brown Wms

458508

A<sup>Co</sup> Bulbo

158

	Month.	Year.	Cheque No.	Amt.	Remarks.			
A6	April	1916	M 106	15 <sup>00</sup>	<p>15<sup>00</sup></p> <p>Stop Pay May 1<sup>st</sup> 1916 Disch on 7<sup>th</sup> 1/16</p> <p>ret'd Mutagame FX 14<sup>th</sup> 1/16 LGV</p> <p>Pension granted 12<sup>th</sup> 1/16. LGV</p> <p>P.D.P. 26-7-17. H.B.</p>			
	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							



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Brown, William Henry**  
Surname Christian Name

2259-W-15

Regimental Number **458508** Rank **A.Sgt(Pte.)**

Address (in full) **70 College Ave., Apt. 1.**

Unit **60th Bn.**

**Ottawa, Ont.**

Original Unit

District where paid **M.D. 4.**

Date of Discharge **11-11-16.**

P. D. P. Filing Number **20-14-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments 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		
160 10	281	13-8-17	53 00	280	5-9-17	53 00	286	5-10-17	54 10		160 10

M. F. W. 127.  
50M-617.  
1872-33-1140.

Remarks:

Waiting  
29 9/10

Accounting action  
from Duv



File No. 02259-W-322**WAR SERVICE GRATUITY.**Register No. B3133.Reg. No. 458508. SgtDependent Mrs Lera E. Brown (Widow)Name Brown, W. H.Address 2533 B Mance St.Address S. A. (Deceased)Montreal, P.Q.Less further debit balance  
Net due paid as below

\$.....

**TO SOLDIER & DEPENDENT**

Pay Soldier \$

Pay Dependent \$ 239.90St Jacques - Neville  
PA 29/12/20Days 122 Rate 100 Due 400<sup>00</sup>Less P.D.P. credited 160<sup>10</sup>Clerk PA 29/12/20Less further Dr. Bal.  
or overpayment.Net 239.90PAB ruling to  
pay whole of W-4  
to WidowR 134  
3-1-21

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					<u>30 <sup>12</sup>/<sub>26</sub></u>	<u>—</u>	<u>1882796</u>	<u>239.90</u>
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

3/1/21

Date



No. *A 58508* RANK *Pte.*  
*458508.*

NAME *Brown W. H.*

T.O.S. *11-8-15* UNIT *60th Battalion*  
*0069-12-8-15*

M. D. *Val.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>19 15</i> <i>Aug 11</i>	<i>19 15</i> <i>Aug 31</i>	<i>c.</i>		
	<i>Sept.</i>	<i>c.</i>		
	<i>Oct.</i>	<i>c.</i>		
	<i>Nov</i>	<i>c.</i>		
	<i>Dec</i>	<i>c.</i>		

UNIT SAILED

NOV 6 1915







Surname

*Brown*

Christian names

*William H.*

Regtl. No.

*458508*

Rank

*Pte*

Unit

*60th Bn.*

H. Q.

M. D. No.

T. O. S.

19

D. O. Pt. II

of

S. O. S.

19

Reason

Auth.

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

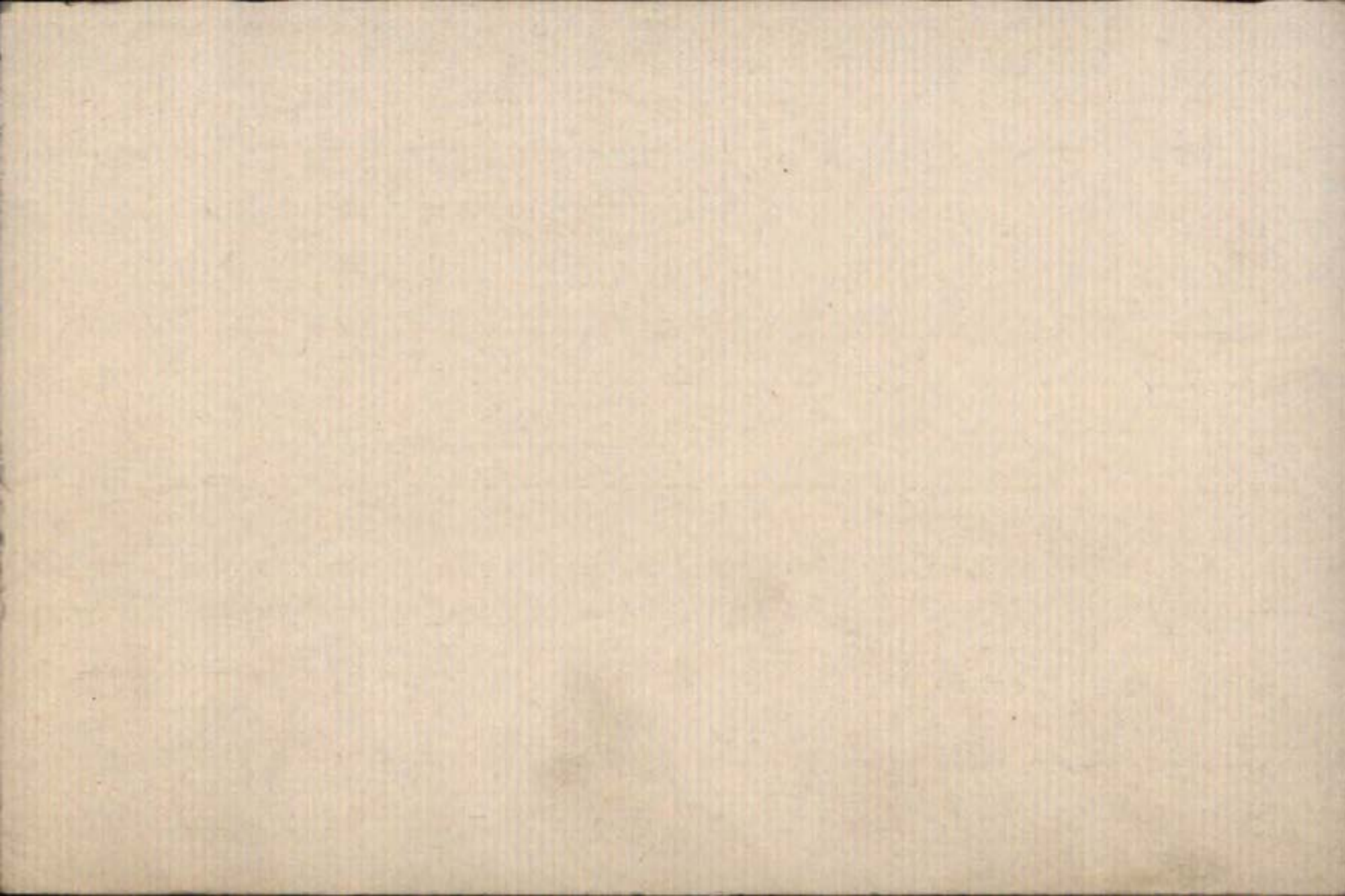
Date

O/S

*6-11-15 253*

R/C







*William Henry*  
BROWN, Sgt. W., #458508, C.E.F.

*60th Bn*  
649-B-2750.

MEDALS.

(Widow)



Mrs. L. E. Brown,

488 Bloomfield Ave.,

Outremont,

Montreal, Que.

*Apt 4  
102 Charnedy St  
Montreal 1 1/2*

PLACQUES.

(Widow)

Mrs. L. E. Brown,

Address as above.

*(Ser # 806624)*

S. of S.

(Widow)

Mrs. L. E. Brown,

Address as above.

*also Ser. # 985096.)*

MAY 4

Scroll Desp.

Regn. No.

*41274*

MAY 22 1920

*68531*

Plaque Desp JAN 12 1928

No. *148443*

*Desp*

*GF-2*

*M.L.*

✓  
MD4



W

Scroll ret'd 9-6-21

Scroll Re desp. 23-9-22 B1964



458.508  
Number. 458.508 Rank. Ote

Surname. BROWN

Christian Name. William Henry

Unit. 60th Bn Can Inf Theatre of War. England

Date of Service. 16-11-15

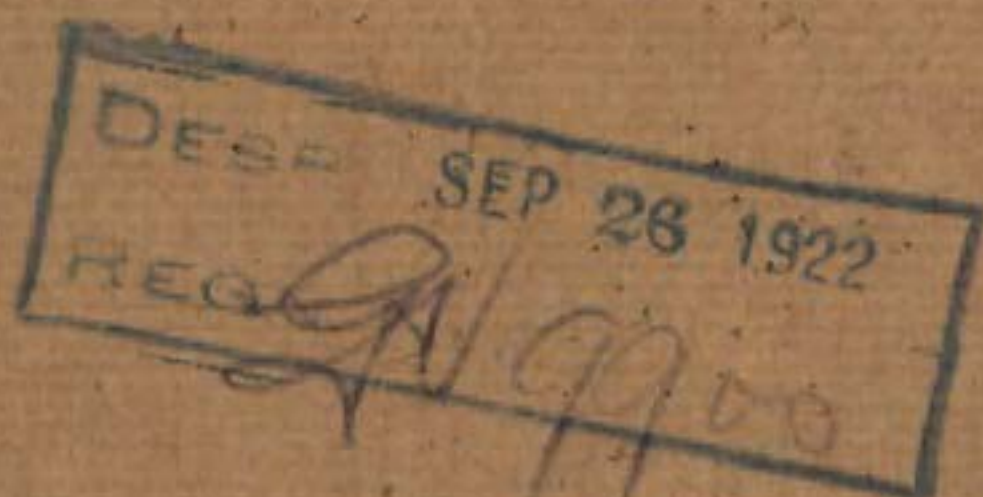
Remarks. Widow Mrs L E Brown 13

Latest Address. Apt 4-102 Charnley St Montreal

4210 Western Ave

Roll No. Westmount, Montreal







No. 458508 RANK

Pte.

NAME

Brown. W.

S.

4

T. O. S.

UNIT

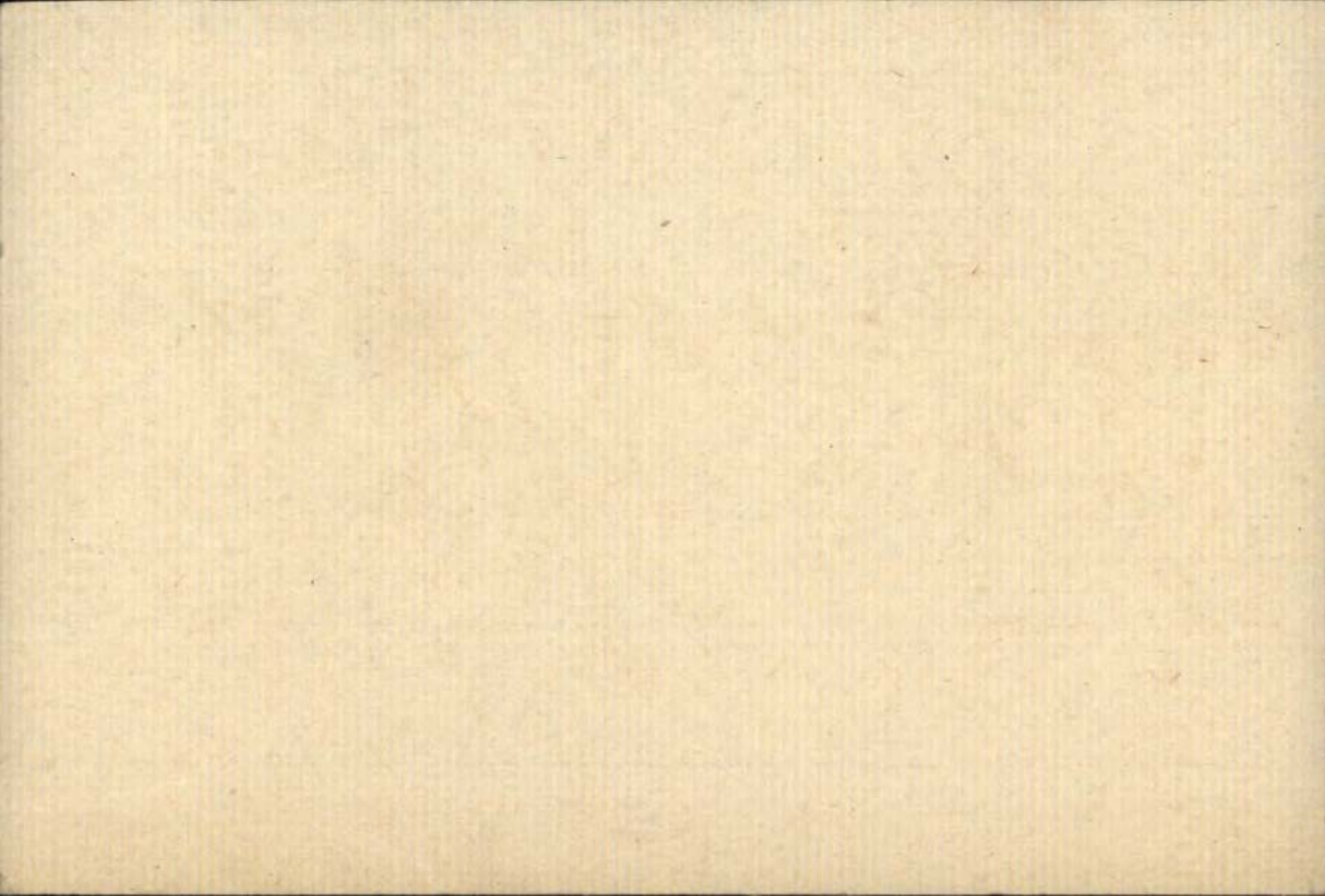
Discharge Depot Subic.

M. D.

5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr.	1916 no dates	in	Co. 4 Bu.	
			M. D. 4	







PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the day of 191

### Members of Board.

### Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, Grimston Avenue, Folkestone, this

day

of

191

President.

BEWLEY, FOLKESTONE.  
30,000-11/12/15-3873

2.2  
70  
Army Form B. 179.

Canada.

## Medical Report on an Invalid.

Station Bramshott.

Date Feb'y 14<sup>th</sup> 1916

1. Unit 60<sup>th</sup> Batt B.C. F. 5. Age last birthday 41  
2. Regimental No. 458508 6. Enlisted { on Aug 11<sup>th</sup> 1915  
3. Rank Pte at Montreal  
4. Name Brown Wm Henry 7. Former Trade { Accountant  
or Occupation

### 8. Disability.

Pulmonary Phthisis  
Haemorrhoids

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Haemorrhoids Nov 10/15  
Phthisis Dec 1915  
10. Place of origin of disability. Haemorrhoids on board ship  
Phthisis Bramshott Camp.  
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Ever since entering, he has been short of breath on exertion and has fallen out on route marches and from PT.  
The condition is aggravated since coming to England on Nov 16/15  
He coughs and expectorates.  
He has lost flesh and strength and sweats at night.  
He suffered an acute attack of haemorrhoids on the boat crossing from Canada  
12. (a) Give your opinion as to the causation of the disability. Infection.  
(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). No  
No



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He has dyspnoea, cough and expectoration. Since enlisting he has lost about 10 lb in weight. He has anorexia.

There is a slightly flat note on percussion at both apices, and the breath sounds are tubular here. At the left apex anteriorly are fine crepitations. Circulatory system normal. Digestive Nervous

14. If the disability is an injury, was it caused

(a) In the presence of the enemy?

(b) On active service?

(c) On duty?

(d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly attributable to active service?

19. Do you recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station

Date

Officer in charge of Hospital.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 No

a2 Yes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Exposure and infection

21. Has the disability been caused or aggravated by

(a) Intemperance?

(b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

27. Remarks. We recommend that this man's discharge be postponed for a period of six months, during which he should receive the full pay of his rank, and treatment in a sanatorium at the public expense.

Signatures:—

Station Bramshott

Date 24/2/16

Approved.

Station Bramshott

Date 24 FEB 1916

J. R. Sutton Major General President.

L. Machan Capt. General Members.

D. Clark Capt. General Members.

Administrative Medical Officer.

Lieut.-Colonel, A.D.M.S.  
Canadian Troops, Bramshott Camp



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

32WLEY, FOLKESTONE.  
3,000-11/12/15-38733

Army Form B. 170.  
Canada.

Medical Report on an Invalid.

Station Bramshott

Date February 14th. 1916

- |                   |                        |                      |                 |
|-------------------|------------------------|----------------------|-----------------|
| 1. Unit           | 60th. Battalion C.E.F. | 5. Age last birthday | 41              |
| 2. Regimental No. | 458508                 | 6. Enlisted { on     | Aug. 11th. 1915 |
| 3. Rank           | Private                | { at                 | Montreal        |
| 4. Name           | Brown, Wm. Henry       | 7. Former Trade {    | Accountant      |
|                   |                        | or Occupation        |                 |

8. Disability.

Pulmonary Phthisis  
Haemorrhoids.

Statement of Case

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- |   |   |
|---|---|
| 9. Date of origin of disability.  | Haemorrhoids Nov. 10/15<br>Phthisis Dec. 1915   |
| 10. Place of origin of disability.  | Haemorrhoids on board ship<br>Phthisis Bramshott Camp   |
| 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. | Ever since enlisting he has been short of breath on exertion and has fallen out on route marches and from P.T.<br><br>The condition is aggravated since coming to England on Nov. 16/15<br>He coughs and expectorates. He has lost flesh and strength and sweats at night.<br>He suffered an acute attack of Haemorrhoids on the boat crossing from Canada. |

- |   |                    |
|---|--------------------|
| 12. (a) Give your opinion as to the causation of the disability.  | Infection          |
| (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). | (1) No.<br>(2) No. |

Signed at 41, Grimston Avenue, Folkestone, this day

of 191

President.

Carded  
29-11-16  
B.L.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He has Dysproca, Cough and expectoration.

Since enlisting he has lost 10 lbs. in

weight. He has anorexia. There is a slightly flat note on percussion

at both apices, and the breath sounds are tubular here. At the left

apex anteriorly are fine crepitation.

Circulatory System Normal

Digestive

Nervous

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy? Not applicable  
(b) On active service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

No

17. If not, was an operation advised and declined?

No

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

Not applicable

19. Do you recommend

- (a) Fit for duty? No  
(b) Fit for base duty? No  
(c) Invalidated to Canada? Yes  
(d) Discharge as permanently unfit? No

*H. D. Davey, Major R.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station

Date

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 no

a2 yes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

exposure and infection

21. Has the disability been caused or aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

22. Is the disability permanent?

yes

23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

(a) Fit for duty?

no

(b) Fit for base duty?

no

(c) Invalidated to Canada?

no

(d) Discharge as permanently unfit?

yes

27. Remarks.

we recommend that this man's discharge be postponed for a period of six months, during which he should receive the full pay of his rank and treatment in a sanatorium at the public expense

Signatures:—

*H. Lutton Major R.M.C.* President.

Station *Bramshott*

Date *24/2/16*

*H. Machareu Capt. R.M.C.* Members.

*H. Clark Capt. R.M.C.*

Approved.

Station *Bramshott*

Date *24 FEB 1916*

*H. Millington*  
Administrative Medical Officer.

Lieut.-Colonel, A.D.M.S.  
Canadian Troops, Bramshott Camp



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

*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.*

This space to be for numbers.



*No class*

## Proceedings on Discharge.

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

No.	458508
Rank	Sergeant
Name	Brown, William Henry
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	60th Battalion, C.E.F.
Date of Discharge	11th November, 1916.
Place of Discharge	Montreal, Que.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....42.....years.....months.	Descriptive Marks  .....None.....
Height.....5.....feet.....8 1/2.....inches.	
Complexion Fair	
Eyes Hazel	
Hair Black	
Trade Accountant	
Intended place of residence } 4210 Western Ave. Westmount Montreal.	
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Medical unfitness due to  Bronchitis (Asthmatic). H.Q. Authority dated 13th October, 1916, 4D  22-B-270.	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.  <i>Accountant</i>  <small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <i>Gard</i>	

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-30-113.

(OVER)

*Carded  
29-11-16  
Bl*



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.

(Place)..... *W. H. Brown* ..... (Signature of Soldier.)

(Date)..... *11th November, 1916.* ..... *S. L. Widdings* ..... (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.* .....

(Date)..... *NOV 6 1916* .....

(Signature)..... *G. C. Hall* ..... Captain.

O. C. "A" Unit

Military Hospitals Commission

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

*W. H. Brown*

(OVER)