

11 M. D. 2nd Depot Battalion B. C. Regiment

Regtl. No. 2140467

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname Dick

2. Christian name William

3. Present address Princeton B.C. Canada

4. Military Service Act letter and number 264002  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 14th Dec 1891

6. Place of birth Saintfield, County Down, Ireland  
(town, township or county and country)

7. Married, widower or single Single

8. Religion Church of England

9. Trade or calling Coal Miner

10. Name of next-of-kin Sarah Connor

11. Relationship of next-of-kin Mother

12. Address of next-of-kin Saintfield, County Down, Ireland

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any None

15. Medical Examination under Military Service Act :—  
(a) Place Kamloops B.C. (b) Date 25th Oct. 1917 (c) Category A-2

SUFFICIENT ADDRESS

*[Handwritten initials]*

### DECLARATION OF RECRUIT

I, William Dick, do solemnly declare that the above particulars refer to me, and are true.

William Dick (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age 26 yrs. mths.

Height 5 ft. 9½ ins.

Chest measurement } fully expanded 37½ ins.  
range of expansion 2½ ins.

Complexion Medium

Eyes Grey

Hair Brown

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

L. S. Connor - 2nd Depot Btl.  
O. C. 2nd Depot Btl. B.C. Regt.

Place Victoria B.C. Date July 17th 1918

*[Handwritten notes]*  
P-110  
200



PARTICULARS OF RECRUIT  
DRAUGHT UNDER MILITARY SERVICE ACT 1916

Class 1.

1.	NAME	WILLIAM
2.	RESIDENCE	BRISTOL
3.	DATE OF BIRTH	1900
4.	RELIGION	ROMAN CATHOLIC
5.	EDUCATION	SINGLE
6.	PROFESSION, OCCUPATION, TRADE, BUSINESS, OR Vocation	CHURCH OF IRELAND
7.	CHARACTER OF SERVICE	GENERAL
8.	REMARKS	GENERAL
9.	DATE OF ENTRY INTO SERVICE	
10.	DATE OF EXPIRATION OF SERVICE	
11.	DATE OF RECALL TO SERVICE	
12.	DATE OF RECALL TO SERVICE	
13.	DATE OF RECALL TO SERVICE	
14.	DATE OF RECALL TO SERVICE	
15.	DATE OF RECALL TO SERVICE	
16.	DATE OF RECALL TO SERVICE	
17.	DATE OF RECALL TO SERVICE	
18.	DATE OF RECALL TO SERVICE	
19.	DATE OF RECALL TO SERVICE	
20.	DATE OF RECALL TO SERVICE	

DECLARATION OF RECRUIT

I, William, do hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Signed William

Witness my hand and seal this 1st day of January 1917.

DESCRIPTION OF CALLING

1.	NAME	WILLIAM
2.	RESIDENCE	BRISTOL
3.	DATE OF BIRTH	1900
4.	RELIGION	ROMAN CATHOLIC
5.	EDUCATION	SINGLE
6.	PROFESSION, OCCUPATION, TRADE, BUSINESS, OR Vocation	CHURCH OF IRELAND
7.	CHARACTER OF SERVICE	GENERAL
8.	REMARKS	GENERAL
9.	DATE OF ENTRY INTO SERVICE	
10.	DATE OF EXPIRATION OF SERVICE	
11.	DATE OF RECALL TO SERVICE	
12.	DATE OF RECALL TO SERVICE	
13.	DATE OF RECALL TO SERVICE	
14.	DATE OF RECALL TO SERVICE	
15.	DATE OF RECALL TO SERVICE	
16.	DATE OF RECALL TO SERVICE	
17.	DATE OF RECALL TO SERVICE	
18.	DATE OF RECALL TO SERVICE	
19.	DATE OF RECALL TO SERVICE	
20.	DATE OF RECALL TO SERVICE	

Signed William

Witness my hand and seal this 1st day of January 1917.



26-10-18

Deceased



DISCHARGE DOCUMENTS

R. O. No.....  
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *22*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... *Death*
- 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..... *1*
- Last Pay Certificate.....

Name **DICK WILLIAM**  
 Regt. No. *2140467* Rank *Sapper*  
 Corps *Can Engineers.*

*Date of D.C.S. 2-10-18*

15685



*a 7 B- 122- 1*  
*Tom B. Will-2*

*4, 24*  
*22-24*  
*31, 24*

*M-X*  
*2-3-21*  
*R.R.*



2505



# CASE HISTORY SHEET.

MONTREAL GENERAL Hospital. MONTREAL. Station.

No. 214067 Rank Spr. Name Dick, William Age 25

Unit C.E.T.D. Completed years of service <sup>Where and how long</sup> } C- 2 months.

Date of admission 29-9-18 Date of discharge <sup>Died</sup> Oct. 2nd 1918 at 2 a.m.

Diagnosis Influenza and Bronchial Pneumonia. Place of origin St. Johns, P. Q. Sept. 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE..... He was admitted to hospital on the evening of the 29th of September 1918, suffering from Influenza and Bronchial Pneumonia. Examination shows a diffuse bronchial Pneumonia both lungs, injection of the pharynx and throat, recurrent delirium and a high temperature. His condition rapidly grew worse and he died on the morning of October 2nd 1918 at 10.25 a.m. Death was due to acute Toxaemia following Influenza and Bronchial Pneumonia.

*A. M. G.*  
Capt. A. M. G.  
M. O. i/c Troops, M. G. H.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

11457



CASE HISTORY SHEET



Case # 100-100000  
Date of Report 10/10/10

10/10/10

10/10/10



M  
L  
21018

Surname

Dick

Christian names

William

Regtl. No.

2140467

Rank

Pte

Unit

B.C. Regt. 2nd Sps Bn

H. Q.

M. D. No.

T. O. S.

D. O. Pt. II

S. O. S.

Reason

Auth.

11  
July 17<sup>th</sup> 1918

1918  
198 of 17-7-18

2-10-18 19

Deceased

80276-3-10-18 E.Y.A.

Next of kin

Connor Mrs. Sarah

Relationship

Mother

Address

Saintfield, Co. Down,  
Ire.

Also notify:

BORN—Place

Ireland, Saintfield

Date

Dec. 14<sup>th</sup> 1891

ATTESTED—Place

Victoria, B.C.

Date

July 17<sup>th</sup> 1918

O/S

R/C

117 11 11.11.11

11



✓ ✓ ✓ ✓ ✓ ✓ ✓  
Dick, Wm., Spr. 2140467 C.E., ~~E.~~T.D. 649-D-15097 #4

*form. 2<sup>nd</sup> Depot Bn. B.C. Regt.*

Med. & Dec. ( Sister ) Mrs. Dina Kelly,  
Downpatrick St.,  
Saintfield, Co., Down.  
Ireland.

P. & S. ( Sister ) Address as above.

*Pic # 806981*

Mem. Cross. ( Sister ) Scroll Disp. MAY 10 1921 Reqn. No. 2.42217

*Canada Only*

Please Disp. NOV 26 1921 50318  
Disp. No. P18755

*W.B. Mother died subsequently.*

*R.R.*



Sister

47552.

MAR 9 1921

804



Reg. No. 2140467 Name Dick W.  
Rank Sp4 Corps 6. E. J. D. Age 25 Service 6 2/12  
Ledger No. 3865-105 Serial No. 711457

## HOSPITALS

## DATE

## DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Mil St Johns Quebec	29-9-18	Influenza & Pneumonia
Stam Gen. Montreal	29-9-18	
Died 2 45 AM	2-10-18	



HOSPITALS

DATE

DIAGNOSIS

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



FORM OF WILL

10

I, William Dick (Name in full)

Regimental Number 2140464 serving in 2<sup>nd</sup> Depot. Batt. B.C. Regt.

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

I devise all my real estate unto

.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

Mrs. Dinah Kelly.  
Saint. Field  
County Down,  
Ireland.

Name and Address of person or persons to receive personal estate\* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 17<sup>th</sup> day of July A.D. 1918

William Dick Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy in fact everything except real estate.

W. William Dick

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 First Witness Leo A. Grogan

Address of Witness 2<sup>nd</sup> Depot. Batt. B.C.R.

THE TWO WITNESSES

Occupation of Witness Officer

MUST SIGN HERE

Signature of Second Witness Thomas Birch Esq

Address of Witness 2<sup>nd</sup> Depot. Batt. B.C. Regt.

Occupation of Witness Soldier



FORM OF WILL

I, *Wm. B. Smith*, of the County of *Jefferson*, State of *Mississippi*, do hereby certify that I am of legal age and sound mind and memory, and I do hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.

I hereby declare that I am not under any legal disability, and that I have no other will, and that this is my last will and testament.



# FORM OF WILL

10

I, William Dick (Name in full)

Regimental Number 214046 serving in 2nd Depot Bn. B.C.R.

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

I devise all my real estate unto

.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

Mrs. Dinah Kelly  
Saint. Field  
County Down, Ireland

Name and Address of person or persons to receive personal estate\* (See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 17th day of July A.D. 1918

William Dick Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy in fact everything except real estate.

William Dick

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 First Witness Leo A. Grogan

Address of Witness 2nd Dep't Bn. B.C.R.

THE TWO WITNESSES

Occupation of Witness Officer

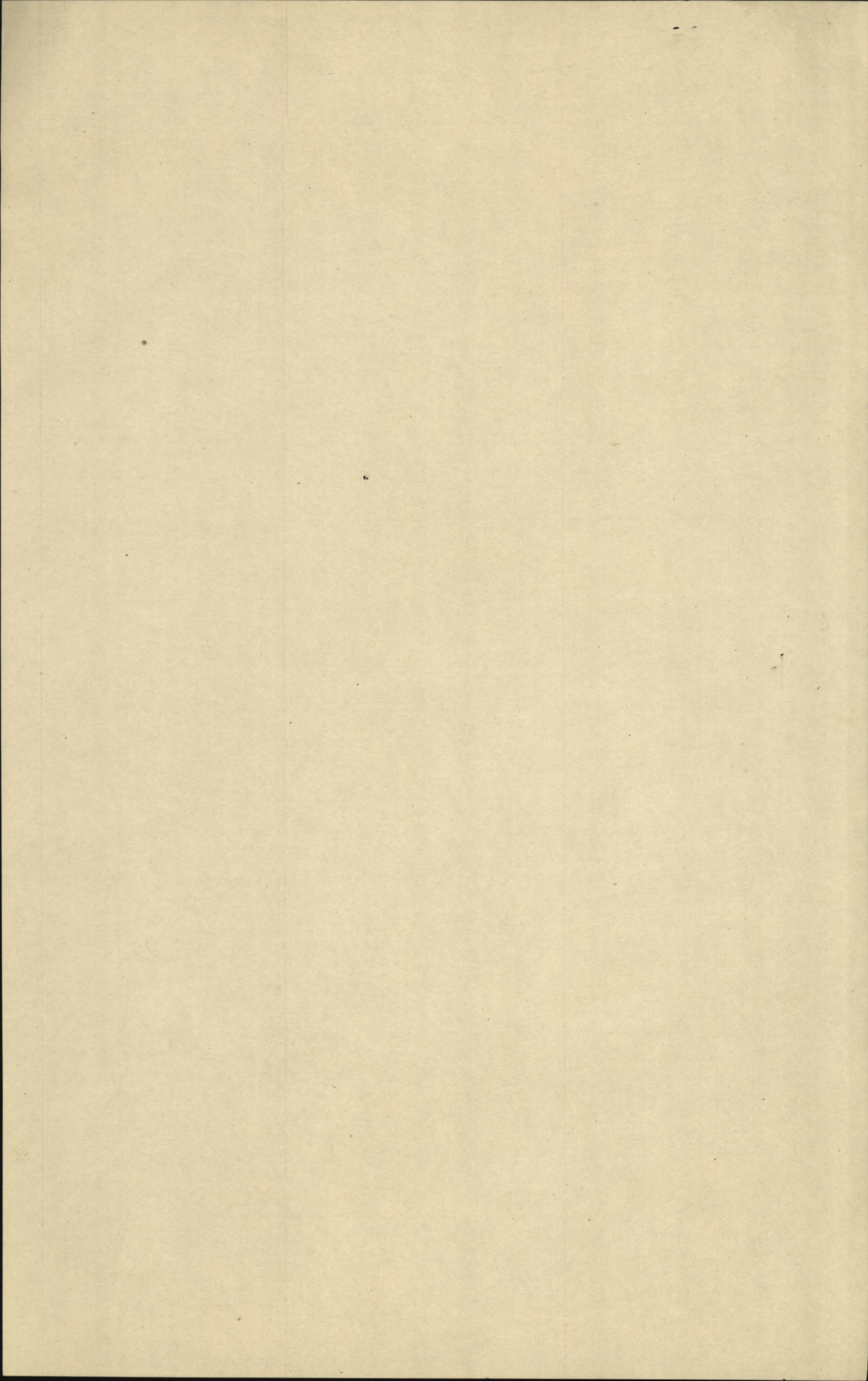
MUST SIGN HERE

Signature of Second Witness Thomas Smith Esq

Address of Witness 2nd Dep't Bn. B.C.R.

Occupation of Witness Soldier







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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

**2nd DEPOT BATT. B.C. REGT.**

Regimental No. **2140467** Rank **P.t.e** Name **William DICK**

C. E. F.

Enlisted (a) **17.7.18** Terms of Service (a) **C.E.F** Service reckons from (a) **17.7.18**

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

**Civil-Coal-Miner**

Extended ..... Re-engaged ..... Qualification (b) **Military**

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				
31-7-18	D.C.O. H.M.D.	S.O.S. 2nd Depot Batt. B.C. Regt. Trans to G.C.E.	Victoria B.C.	31-7-18	P.20. 214-2-8-18
1-8-18	O.C. 2nd Depot Batt	T.O.S. Canadian Engineers North Reinforcements C.E.F. Vancouver B			C.1-8-18. D/O. Pt2. No93. D/1-8-18.
		Transferred to Can Engineers Training Depot St Johns Quebec			30-8-18.

(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.

M.K.  
2-3-21  
R.P.



# Casualty Form Active Service

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				

~~Transferred to Canadian Engineers Training Depot St Johns Quebec 04-8-18.  
 (1st Batt Reinforcements C.E.F. Vancouver B.C. 1-8-18. D.O. 1st Nov. 18. 1-8-18.  
 T.O.B. Canadian Engineers North~~



MEDICAL HISTORY SHEET.

original 2140467

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

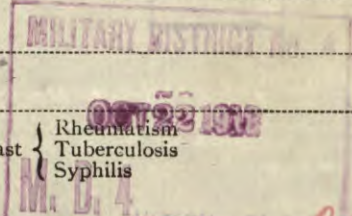
- 1. Surname DICK Christian name WILLIAM *No 21*
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. *No Number 132478*
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) *No 21*
- 4. Address (including street and number, if any) Princeton B.C. Miner.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of October 1917, by the undersigned medical board sitting at Kamloops B.C.

- 5. Age as stated 26 Years 0 Months. 6. Apparent age 26 Years 0 Months
- 7. Height 5 Feet 9 1/2 Inches. 8. Weight 140 Pounds.
- 9. Chest measurement { Minimum 35 Ins. Maximum 37 1/2 Ins. 10. Complexion Medium { Eyes Grey Hair Brown
- 11. Physical development Fair { Good Fair Poor 12. Smallpox marks
- 13. Number of vaccination marks { Right arm 3 Left arm 3 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection. The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2



VISION: Right 20 Left 20 hearing R. Normal L. Normal

KAMLOOPS, B.C. DR Pollock Capt Caine President MOBILIZATION BOARD Member KAMLOOPS CENTRE Member

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/8/18</u>	<u>P.</u>	<u>W Bnewcombe</u> M.O.	<u>20-7-18</u>	<u>B</u>	<u>JO Hunter</u> M.O.
		M.O.	<u>27-7-18</u>	<u>G.</u>	<u>JO Hunter</u> M.O.
		M.O.	<u>2/8/18</u>		<u>W Bnewcombe</u> M.O.

Joined 17th day of July 1918 at Victoria B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Batt</u>	<u>2140467</u>		<u>17th July</u>
<u>Canadian Engineers</u>			<u>1-8-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>NORTH VANCOUVER, B.C.</u>	<u>AUG 7 9 1918</u>		
<u>ST. JOHNS, P.Q.</u>	<u>SEP 12 1918</u>		
<u>Montreal General Hosp.</u>	<u>Oct. 27 1918</u>	<u>Influenza &amp; Bronchial Pneumonia</u>	<u>Discharged</u>

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

Reported death. Died on October 2nd 1918 at 10.25 a.m.

W Bnewcombe Capt. A. M. M. O. 1st Troops M. C. H.

No. 6  
Ctd. to Schedule by

Signature of Man Wm Dick







2369

This space to be for numbers.

# Proceedings on Discharge.

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

No.	2140467
Rank	SAPPER
Name	Dick, William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	CANADIAN ENGINEERS
Date of Discharge	October, 2nd, 1918.
Place of Discharge	ST. JOHNS, P. Q.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....26.....years.....9.....months.  
 Height.....5.....feet.....9½.....inches.  
 Complexion Medium  
 Eyes Grey  
 Hair Brown  
 Trade Coal Miner  
 Intended place of residence }  
 (To be given as fully as practicable.)

Descriptive Marks  
  
 NONE.

2. The above-named man is discharged in consequence of DEATH.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Coal Miner



5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL.

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) ST. JOHNS, P. O.

W. M. M. M. Lt. Colonel C. E.  
G. C. Engineer Training Depot.

(Date) October, 2nd, 1918.

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) ST. JOHNS, P. O. (Signature of Soldier.)

(Date) October, 2nd, 1918. (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) ST. JOHNS, P. O.

(Signature) W. M. M. M. Lt. Colonel C. E.

(Date) October, 2nd, 1918.

G. C. Engineer Training Depot.

(To be



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.)

NIL.

To be copied by the Commanding Officer on to the parochial Discharge Certificate.

Squadron  
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Soldier.)

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## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*

NOT APPLICABLE