

87th Grenadiers
CANADIAN GRENADIER GUARDS
OVERSEAS BATTALION

1781 30
NOV 27 1915

Original

ATTESTATION PAPER.

No. 148130

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Farn*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Guy Gabler Bastierville Que*
2. In what Town, Township or Parish, and in what Country were you born? *NUMHAM Northants Eng*
3. What is the name of your next-of-kin? *Sy m. (Mortley) Farn*
4. What is the address of your next-of-kin? *Priestwell Stables East Haddon NUMHAM Northants*
- 4a. What is the relationship of your next-of-kin? *Father W. F. ENGLAND*
5. What is the date of your birth? *13 Jan 1892*
6. What is your Trade or Calling? *Chauffeur*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?
If so, state particulars of former service. *No*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Nov 27 1915* *William Farn* (Signature of Recruit)
Cpl W. Knight (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Farn*, 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 *Nov 27 1915* *William Farn* (Signature of Recruit)
Cpl W. Knight (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 *15th* day of *December* 1915

A. Bickerdike Jr. (Signature of Justice)

Description of Farm, William on Enlistment.

Apparent Age. 23 years... 10 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. 9 ins.

Chest measurement. { Girth when fully expanded..... 35 ins.
 Range of expansion..... 2 ins.

Complexion..... Fair

Eyes..... Grey

Hair..... dk brown

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

Birth marks in bend of rt elbow

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 declares that he is not subject to fits of any description.

I consider him*..... fit for the Canadian Over-Seas Expeditionary Force.

Date..... Nov 27 1915

Place..... Montreal

D. G. Campbell
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.

..... William Farm..... 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.

Meigh..... (Signature of Officer)

DEC 23 1915

Date..... 1915

Card
7th
80
CANADIAN GRENADEER GUARDS
OVERSEAS BATTALION

Duplicate

178130

✓

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ATTESTATION PAPER. No. 7TH, BN. Folio.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Farn*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Guy Gables, Carterville P.C.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Newham Northant Eng.*
- 3. What is the name of your next-of-kin? *By n. a. (mother) Farn*
- 4. What is the address of your next-of-kin? *Priestwell Stables East Hadden Northants*
- 4a. What is the relationship of your next-of-kin? *Father wife*
- 5. What is the date of your birth? *13 Jan 1892*
- 6. What is your Trade or Calling? *blauffeur*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

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Cpl W. J. Knight (Signature of Witness)

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Date *Nov 27 1915* *William Farn* (Signature of Recruit)
Cpl W. J. Knight (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 *Matheal* this *15th* day of *December* 1915
R. Bickard (Signature of Justice)

Description of Farr, William on Enlistment.

Apparent Age 23 years... 10 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. 9 ins.

Chest measurement. { Girth when fully expanded..... 35 ins.
 Range of expansion..... 2 ins.

Complexion..... Hair

Eyes..... Grey

Hair..... Dark brown

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

Birth mark in bend of rt elbow

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 declares that he is not subject to fits of any description.

I consider him*..... fit..... for the **Canadian Over-Seas Expeditionary Force.**

Date..... Nov 27 1915

Place..... Montreal

W. Campbell
Deputy Surgeon

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.

..... William Farr..... 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. Campbell..... (Signature of Officer)

Date..... DEC 23 1915..... 191

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers.....
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 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.....
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name Fayn Wm.

Regt. No. 178180 Rank Pte.

Corps 87th Br.

K. in A. 2/22-10-16.

01513



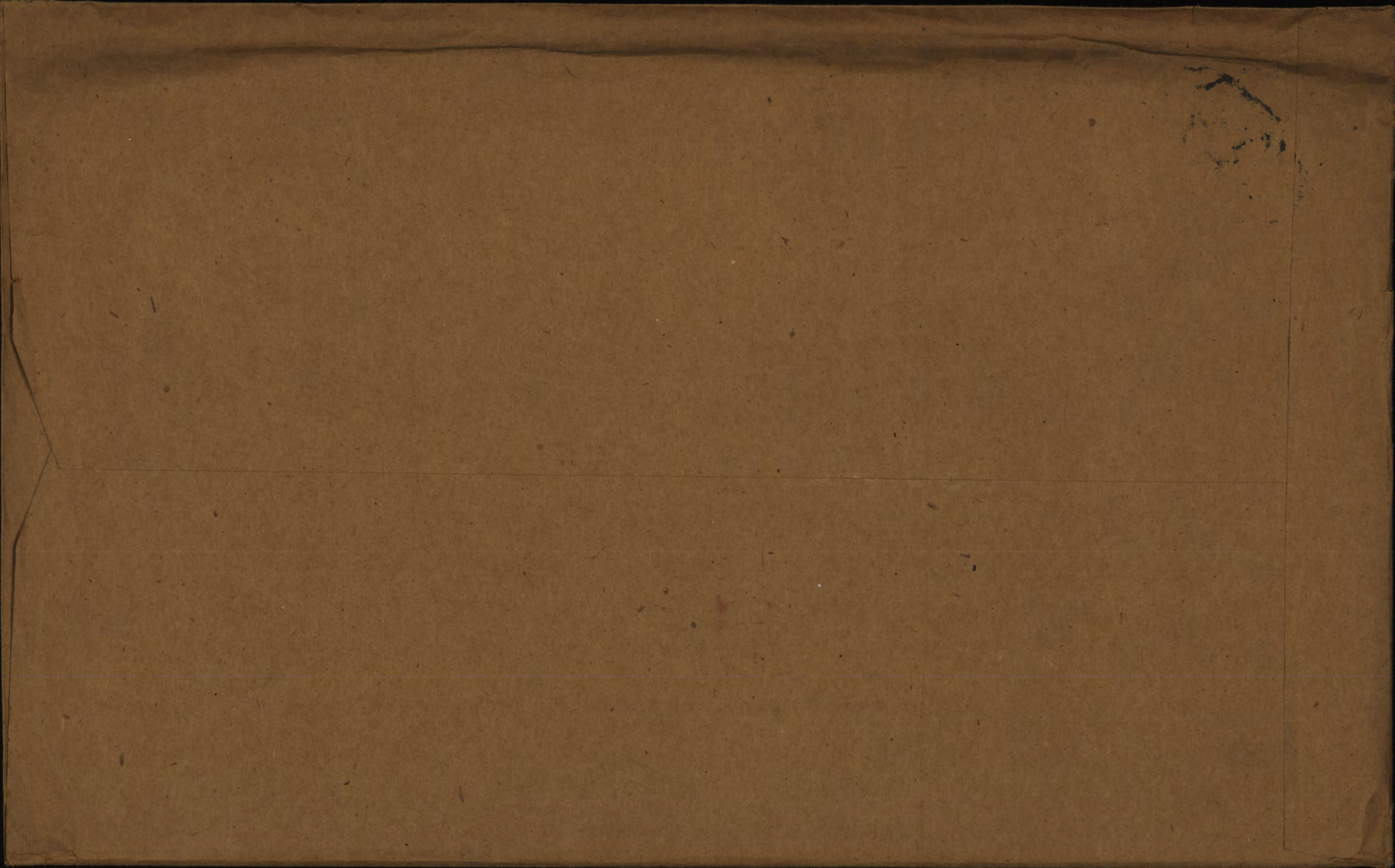
A. F. B. 122-1 B 122-1

Will - V
Pay Card

19-7
19-7
3-7

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m.x
249



CANADIAN GRENADIER GUARDS
OVERSEAS BATTALION

178130

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Larn Christian Name William

Examined { on 09 day of Nov 1915
at Montreal

Approved by D. Campbell
Rank Captn M.O.

Birthplace { City or Town Newham
County Northants Eng

Apparent age 23 yrs 10 mos

Trade or occupation Chauffeur

Height 5 Feet 9 Inches

Weight 128 Lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 35 inches

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right Left
Number — 2

When Vaccinated last as a child

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection upper dental plate

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>Oct 14/16</u>	<u>Good</u>	<u>A. Lowel Gilday</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 29/15</u>	<u>Good</u>	<u>A. Lowel Gilday</u>
<u>Dec 29/15</u>	<u>Good</u>	
<u>Jan 15/16</u>	<u>Good</u>	
		M.O.
		M.O.
		M.O.

Enlisted on 15th day of December 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C. S. A.</u>	<u>178130</u>		
Transferred to.. ..	<u>of.</u>			
	<u>87 EATTn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

FORM OF WILL.

I, William Fern Pte (Name in full)
 Regimental Number 178130 serving in 87th Batt C C C

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

<u>Mrs I A M Fern</u>	} Name & Address of person or persons to whom it is to go.
<u>14 De Grandpre St</u>	
<u>St Denis Montreal Canada</u>	

absolutely, and my personal estate I bequeath to

<u>Mrs I A M Fern</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>14 De Grandpre St</u>	
<u>St Denis Montreal Canada</u>	

In Witness whereof I have hereunto set my hand

this 17 day of June A.D. 1916
W Fern Signature.

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

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.

Name of Witness John Sim Kerchar

Address of Witness c/o 87th Batt. Can Inf

Occupation of Witness Soldier

Name of Witness Pte Robert Grant of 87th Can Inf

Address of Witness S-2

Occupation of Witness Soldier

FORM OF WILL

I, _____ (Name in full)

do hereby declare this to be my last Will

and revoke all former Wills

and I appoint _____

to be my executor

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

absolutely and my personal estate I bequeath to _____

Name & Address of person or persons to receive personal estate (see note) _____

In Witness whereof I have hereunto set my hand

at _____ this _____ day of _____ 19__

Signature _____

A Notary Public in and for the State of _____

Signed and attested in the presence of the Testator and in the presence of _____

the presence of a full panel of the witnesses who in his presence

so signed and so the presence of each witness hereunto subscribed

is attested as follows: _____

Name of Witness _____

Address of Witness _____

Signature of Witness _____

Name of Witness _____

Address of Witness _____

Signature of Witness _____

OTTAWA 4, October 4th,

56.

District Administrator,
Kingston, Ont.

Mr. W. L. McCabe - V.W.S.

C.9582 - BENNETT, Frederick J.

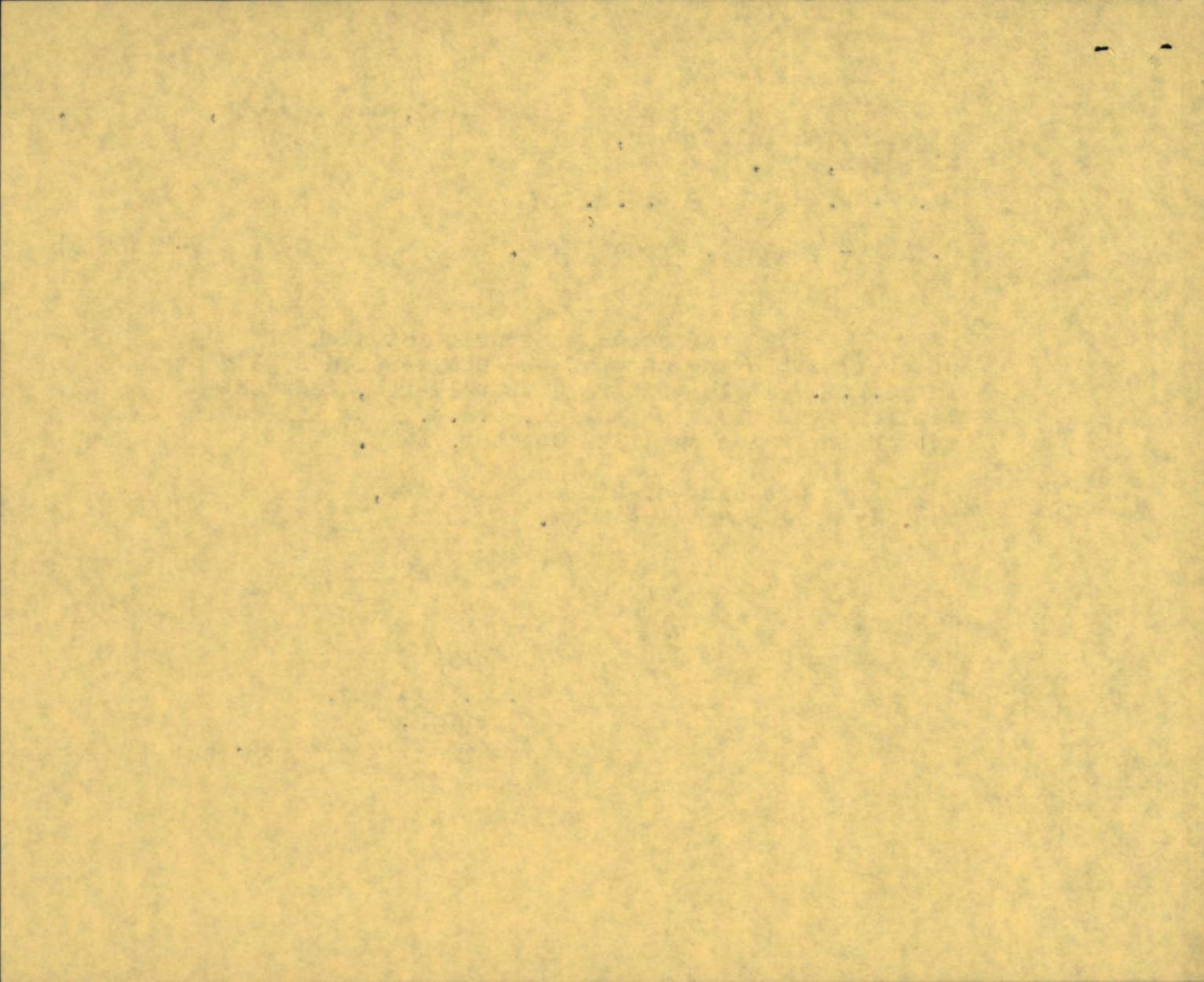
DVA: CEF-F(WSR 5)

With reference to your memorandum of October 1st in the case of the above-named applicant for W.V.A., it is confirmed that 178130, Private William FARN, 87th Battalion, C.E.F., was killed in action in France on 21/22 October, 1916.

His next-of-kin was his wife,
Mrs. Ivy Mildred Alice FARN.

FBR/PG

H. M. Jackson
H. M. Jackson,
Director,
War Service Records.



INTRA-DEPARTMENT
CORRESPONDENCE

DEPARTMENT OF VETERANS AFFAIRS

TO

Director of War Service Records,
D.V.A., Veterans' Memorial Bldg.,
OTTAWA.

Richardson Building,
KINGSTON, 1 October

19 56.

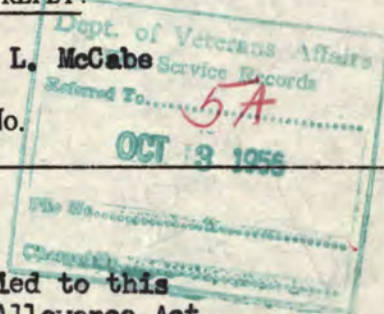
MARK YOUR REPLY:

For attention of

C-9582 - BENNETT, Frederick J., For attention of W. L. McCabe
R.R. # 2, MALLORYTOWN, Ontario,

SUBJECT

File No.



The marginally-named veteran has applied to this office for an allowance under the War Veterans' Allowance Act. His wife, Mrs. Ivy Mildred Bennett, advises that she was previously married to one, 178130 - FARN, William, who was killed in action during World War I.

In order that allowances may be considered at married rates confirmation of the death of Mrs. Bennett's first husband must be obtained. It would be appreciated if the records could be checked and this office advised of any information pertaining to the death of William Farn, Regt. No. 178130.

Your co-operation will be much appreciated.

W. L. McCabe
for D. H. Marshall,
Supt., Veterans' Welfare
Services - "Kn" Sub District.

WLM/JM

TO

Director of War Service Records,
D.V.A., Veterans' Memorial Bldg.,
OTTAWA.

Richardson Building,
KINGSTON, 1 October

MARK YOUR REPLY

For attention of

R.E. # 2, MALLORROW, Ontario,
C-9582 - BENNETT, Frederick J., for attention of W. L. McGabe

SUBJECT

File No.

19 56

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In order that allowances may be considered at married rates confirmation of the death of Mrs. Bennett's first husband must be obtained. It would be appreciated if the records could be checked and this office advised of any information pertaining to the death of William Farm, Regt. No. WYBICO.

Your co-operation will be much appreciated.

For D. H. Marshall,
Supt., Veterans' Welfare
Services - "Kn" Sub District.

WIM/31

CERTIFIED CORRECT.

31 AUG. 1916

CAN. RECORDS, LONDON.

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

87th Bn. Canadian Infantry.

(Canadian Grenadier Guards)

Casualty Form—Active Service.

CANADIAN GRENADIER GUARDS

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps OVERSEAS BATTALION (87th)

Regimental No. 178130 Rank Private Name Fern William

Enlisted (a) Nov. 27/15 Terms of Service (a) Duration of War C. E. F. ✓ Service reckons from (a) Nov. 27/15

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) (Chauffeur)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<u>Embarked Canada</u>	<u>Halifax</u>	<u>Apr 23/16</u>	
		<u>Disembarked England</u>	<u>Liverpool</u>	<u>May 5/16</u> ✓	
		<u>Proceeded Overseas for service with Sgts. Battalion. AUG 11</u>			
<u>17-8-16</u>	<u>M.L.O.</u>	<u>Disembarked France</u>	<u>Havre</u>	<u>12-8-16</u>	<u>L.R. 6281</u>
<u>30-10-16</u>	<u>ditto</u>	<u>Killed in action</u>	<u>France</u>	<u>24/10-16</u>	<u>62.107.1964 S. No. 240 d/3-11-16</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

LTR.

Rank _____ Name **FARN, William** Reg'l No. **178130**
 Unit **87th, Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**

Place and Date of Enlistment **Montreal, 27th, November, 1915,** Place of Birth **Nunham, Northants,**

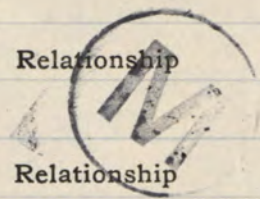
Name and Address, Next-of-Kin ^{My} **M. A. Farn.** ^{Wife.} **England.**

m-x
24-g-w
AK

Priestwell Stables, East Haddon Nunham, Northants Relationship **Wife.**
England.

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____



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.				
		<i>Arrived in England</i>		<i>14 MAY 1916</i>	<i>Empire of Britain</i>
<i>10-8-16</i>	<i>87th.</i>	<i>Embarked For France</i>	<i>Pramshott</i>	<i>II-8-16</i>	<i>PR II DO-190</i> <i>AFB 103 Chica 10.9.16</i>
<i>3-11-16</i>	<i>"</i>	<i>Killed in Action</i>	<i>In the Field</i>	<i>2/22-10-16</i>	<i>PR II DO 240 + CL-N: A 52</i> <i>4/7-11-16</i>

RL 25-F 910
13-12-16

Register No. 02104

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 5749-10-27

Reg'tl No. 178130 Name Wm Farn
(Christian Name) (Surname)
Unit 87Bn Rank Pte Date of enlistment.....
Date of casualty 21st 2/10/16 B.P.C. File No. 7107
Was service performed overseas? yes ✓

DEPENDENT

Name Mrs Joy M.A. Farn Relationship widow
Address c/o Mrs A. Davis

RR# 2
Mallowtown Ont

Amount of Special Pension Bonus \$ 64 ✓ Abstracted by M. Wilson

Eligible for Gratuity \$ 180.00 ✓

Less amount of Special Pension Bonus paid..... \$ 64.00 ✓

Less Debit Balance of S. A. or A.P..... \$ -

Total deductions \$ 64.00 ✓

Balance due \$ 116.00 ✓

Cheque No. 1891394 ✓ Date issued 15-7-20 ✓

Clerk J. Patterson

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date 15/7/20

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

Dec 17

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

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

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

270
M. F. W. 12.
15m. - 3-16.
H. Q. 1772-39-819.

To Whom *Mrs Ivy Farn*
Address *2^a De Grandpre Street*
St Dennis,
Montreal, P.Q.
Rate *20.⁰⁰*

By Whom Assigned *Wife Farn, W.*
Regtl. No. *178130*
Rank *Private*
Corps *"A" Coy 87th Batta*

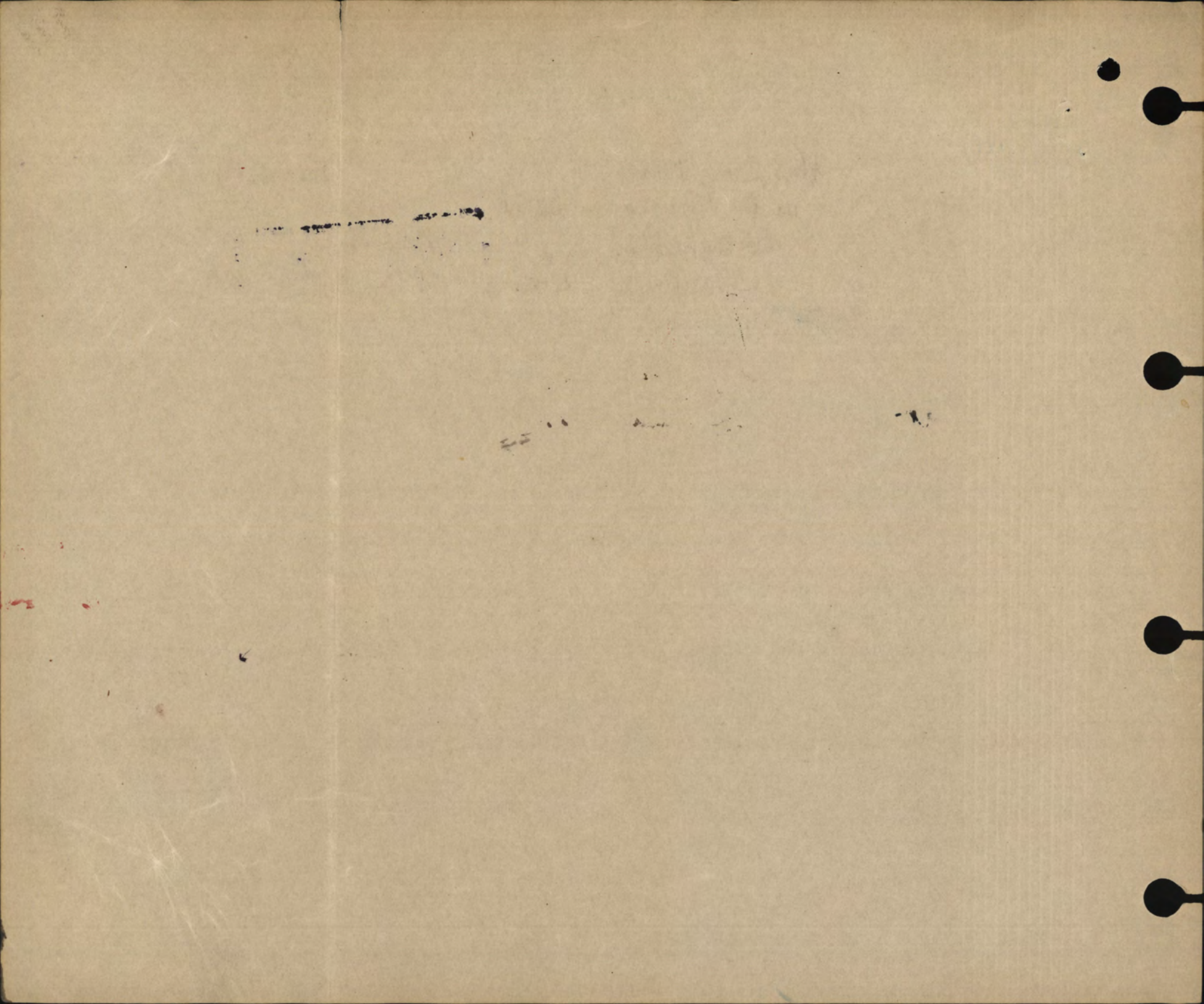
MAY 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			"Killed in Action"
Sept.				Stop Dec. 1/16
Oct.				3 M. Nov. 9/16
Nov.				J.N. 4 ¹² / ₁₆
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Casualties

Killed in action Oct 21 or 22nd
of Nov. Nov 8/16 J.N.



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12A.
 50m.-4-16.
 1772-39-819.

271

Sheet No. 2.

Mrs Loy Jarn

Wife

Name of Soldier

Jarn, W.

L. L. Job 310.-Req. 6574.

PAYMENTS.

#178130

87th Batt. A. Co.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		\$20	
May		<i>V5545</i>	<i>20</i>	<i>Co.</i>
June		<i>T 7639</i>	<i>20 -</i>	
July		<i>G 8727</i>	<i>20</i>	
Aug.		<i>JP 13487</i>	<i>20</i>	
Sept.		<i>W 17384</i>	<i>20</i>	
Oct.		<i>W 22493</i>	<i>20</i>	
Nov.		<i>S 27019</i>	<i>20</i>	
Dec.		<i>W 30008</i>	<i>20</i>	
Jan.	1917			<p><i>Account closed cas</i> <i>Ap Reg. 6-12-16. L</i> <i>Issue cheque for Nov. adj-</i> <i>a/c. closed Dec. 1/16 J.W.</i> <i>Pension granted 22/10/16 S.H.S</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>F. I. Recd. Date... <i>Total</i>... By... <i>44000</i></p> <p>E.F.X. " Date... <i>15/8/17</i>... By... <i>W.D.</i></p> </div>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ch.

Account closed cas
Ap Reg. 6-12-16. L
Issue cheque for Nov. adj-
a/c. closed Dec. 1/16 J.W.
Pension granted 22/10/16 S.H.S

F. I. Recd. Date... *Total*... By... *44000*
 E.F.X. " Date... *15/8/17*... By... *W.D.*

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

15-12-15

MILITIA AND DEFENCE

M. F. W. 11.
20th. 11-15.
H. Q. 1572-39-318.

SEPARATION ALLOWANCE

Name *Joy Farn* Name of Soldier *Farn W*
 Address ~~*of Mrs. McDougall*~~ Regtl. No. *178130*
^{*2^a*} ~~*Ritz-Carlton Hotel*~~ Rank *Pte*
~~*St. Denis.*~~ *Montreal* Corps *C. G. G. of Bn*
 Relation to Soldier *Jue* To what Corps belonging }
 wife, child or mother } *Wife* when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>M20529</i>	<i>30</i>	<i>30</i>
Feb.		<i>N21573</i>	<i>20</i>	<i>20</i>
March		<i>ly 31618</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED
 DATE..... PER.....
W

Acct: closed

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Ivy Farn

PAYMENTS.

wife

Name of Soldier

*Farn W.**Wife*

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

#178130

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>1336</i>	<i>20</i>	
May		<i>5828</i>	<i>20</i>	
June		<i>76609</i>	<i>20</i>	
July		<i>49413</i>	<i>20</i>	
Aug.		<i>111941</i>	<i>20</i>	
Sept.		<i>15872</i>	<i>20</i>	
Oct.		<i>F19082</i>	<i>20</i>	
Nov.		<i>21290</i>	<i>20</i>	
Dec.		<i>24878</i>	<i>20</i>	
Jan.	1917		<i>20</i>	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acct. closed Pension Granted 22/10/16

ACCOUNT CLOSED

DATE..... PER *W*

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.				

REGT'L No 178130

H. Q. FILE No. 649-

NAME Jarn WilliamRANK AND CORPS Pte 87th Bn

FOLLOWS

NO.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
04280	6-11-16	Killed in action Oct 21 st or Oct 22 nd 1916
Q.F.B. 209DA	3-11-16 Rouen	" " " " "
(Rec. 10-3-17)		

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 52-

Rep from Base

21/22-10-16

Killed in Action

SURNAME.

*Garn.**649-F-3214.*

CARD NO.

D

CHRISTIAN NAMES

William

FOLL.

REGL. NO.

178130

RANK

Pte.

UNIT

*87**Batt.*

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Garn, Mrs. Ivy. M. A.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

*wife.**74 De Grandpre St.
St. Denis*

ADDRESS

*~~Priestwell Stables, East Hadden
Northants Eng.~~**Montreal, P.Q.
(July 18th 1916) SAAT*

COUNTRY OF BIRTH

England. Newham Northants

DATE

Jan 13th. 1892

PLACE OF ATTESTATION

Montreal P.Q.

DATE

*Dec. 15th. 1915**Sailed from Halifax Per**S.S. Empress of Britain 23-4-16*

L. L. 94504. M. & D. 6512.

75-23-4-16⁺⁰²/₈

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

23

YEARS

10

MONTHS

HEIGHT

5-

FEET

9

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Dark Brown.

DISTINGUISHING MARKS

Birth mark in bend of right elbow.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Nov. 27th. 1918

Present Address

Grey Gables, Cartierville P. Q.

No. 178130 RANK *Plt.*

NAME

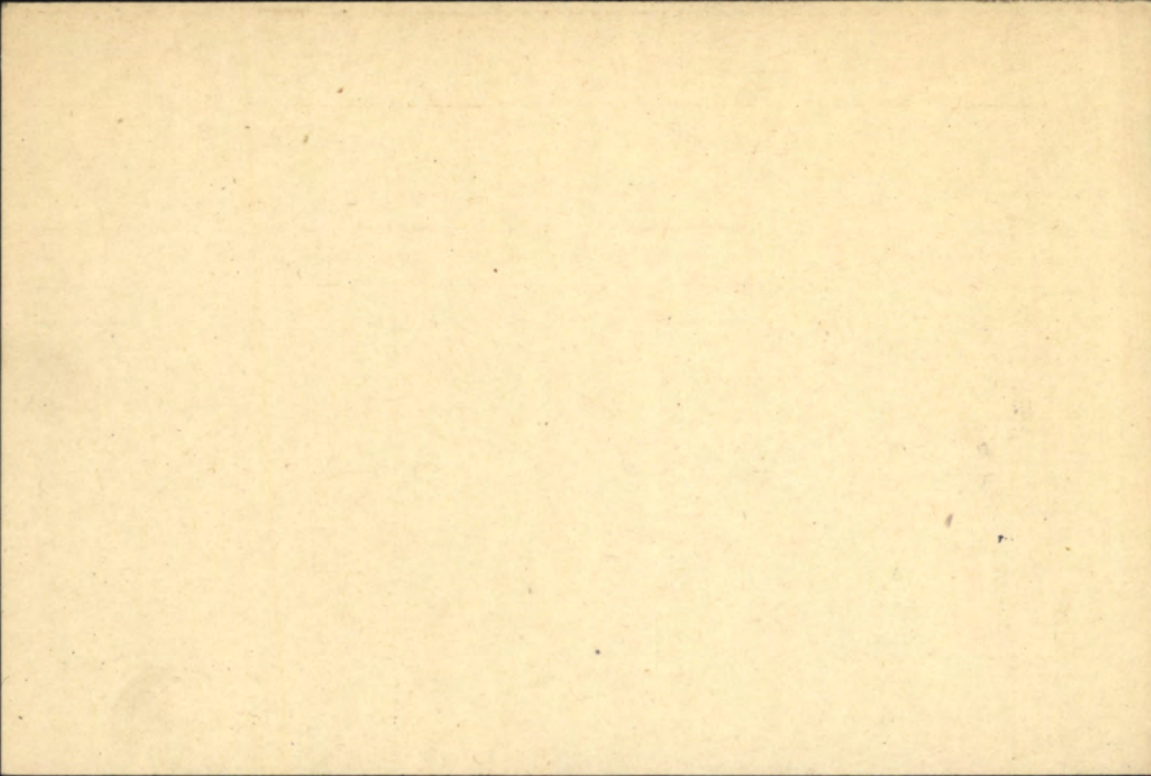
Farn. W.

T. O. S. 15-12-15 UNIT 87th Battalion (Canadian Grenadier Guards)
 DO 79 of 21-12-15

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 15</i>	<i>Dec 31</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		

UNIT SAILED
APR 23 1916



272
RS

178.130

Rank *Plt.*

~~B~~

Number

Surname

FARN

Christian Name

William

~~X~~

Units

87 *th* *Am* *Can* *Inf* Theatre of War France

Date of Service

11-8-16

P

Remarks

Latest Address

(W) Mrs J. M. A. Farn,
C/o Mrs. A. Davison,
R.R. # 2
Hallowston
Ontario.

Roll No.

B. Page 13084.

200m.-2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

REGN. NO. 6. V. 836.
AUG 15 1922

*—Name will be given in full; surname first.

Name **FARN.** Rank **William.** Reg. No. **178130.**
 Unit **87th Battalion.** Pte. **RL 25-7-910**
 Next of Kin **Ivy M.A. Farn. Priestwell Stables. East Haddon. Nunham. Northants. England.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.	REPORTED FROM BASE. KILLED IN ACTION.				6-11	
21-22-10.				A52 04280		7-11.
	<u>DEAD.</u>					

Farn Wm. - Pte. #178130 - 87th Bn.

M

not elig - for 14 - 15 Star.

Medals

& Dec. (widow) Mrs. I.M.A. Farn,
 12 De Grande Pre St.,
 Montreal, P.C.

Copy Mrs. A. Davies
 RR #2 Malloytown
 Ontario

P.&S. (widow) See above.

(Serial no. 766461)

Mem. Cross. (widow) See above.

(mother) Mrs. E. Farn,
 East Haddon,
 Northants, England.

~~Disp. OCT 2 - 1920~~

~~(w) C 25 3 61~~

~~Disp. 180 OCT 5 - 1920~~

~~(m) e 25⁶ 25¹⁷ 81~~

(w) Re. Disp X. 1014 - 14-12-20

W X vol 16 1/2 Ken from add

Scroll Desp. **JAN 14 1921**

Reqn. No

710058

Plague Desp.

Reqn. No

P7218

SEP 15 1921

388

W
M

Surname	Christian Name or Names	Reg. No.
Farn	W.	178130
Rank	Unit	Co. Troop Batty
Pte.	87th Bn.	
Hospital	Date of Admission	

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 21/22.10.16

DISPOSITION

Date

~~C.I. 7.11.16~~ A52

REMARKS

Reported from Base

A.M.D. 2 Dept.

Bch. of D.G.M.S.O M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

P. 559.
MARRIED OR SINGLE

Married

PLACE OF BIRTH Nunhem, Northants, Eng.

NAME AND ADDRESS OF NEXT OF KIN Mrs M.A. Farn
Priestwell Stables, East Haddon, Nunham,
Northants Eng.

RELATIONSHIP OF NEXT OF KIN (wife)

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

COMPILED BY [Signature]
CHECKED BY [Signature]

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action	22-10-16	B.O. 24 3-11-16
		[Signature]
		111

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE
1-31 5/16	31	1.00	21	00	21	10	2	10							43 00						
1-30 6/16	30		30		30		3								12 40						
1-31 7/16	31	1.00	21	00	21	10	2	10							34 10	10	15/16	68	31/16		
1-31 8/16	21		21		21		2	10							99		15/16	151	30/16	141	15/16
1-30 9/16	20		30		30		3	00							24 10						
1-31 10/16	31		31		31		2	10							24 10						
Nov	-		-		-		-								21 480						
															500						

Checked [Signature]

July 1916

JUN 18

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
22-10-16	B.O. 240, 3-11-16
	<i>do</i>
	7/11/16

REG'L. No. 178130 RANK *Pte* NAME *Farn* *William*
 IF IN PERM. CORPS | UNIT *87th Bn* TRANSFERRED TO *non Eff Br* DATE *23-10-16* AUTHORITY *6 La 52*
 WHAT UNIT

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Nov 27/15* TRANSFERRED TO DATE AUTHORITY



ASSIGNED PAY MONTHLY \$ *26.00* DATE EFFECTIVE *P.B. 70*
 PAYABLE TO *Mrs Farn, 14, degroupes st, St Denis Montreal* RELATIONSHIP *wife*

HOSPITAL, &c. NAME OF HOSPITAL RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *8-11-16* EFFECTIVE *1-12-16* REASON *Killed in Action 22-10-16 B.O. 240, 3-11-16.*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Entered on N.E. Card Index 7.11.16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *23-10-16* *Checked by [Signature]*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE

1	CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	2	3	4				CREDIT	DEBIT			
						3060 1240					<i>Balance b/f from Canada</i>
	730	730		20.00		3460	1190				
		487	487	20		2974	1516				
	487			20		2487	2439				
	972			20		2973	2876				
	261			20		2261	2915				
	262			20		2786	4539				
	262			20		2251	1288				
	261			20	990	2251	1288				<i>9320 read 87E16 Eff 1-12-16 Killed in action 22-10-16 B.O. 240, 3-11-16 over Co 9 days 990 set pay lists transy 9 to 1st eff 1st</i>
						20192	1288				
	1288					1288					<i>Ottawa for lett 13-7-17 VIII</i>

