

ORIGINAL.

65448

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Byril Hill*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Bristol England,*
 3. What is the name of your next-of-kin?..... *Mrs Thos. Hill, March.*
 4. What is the address of your next-of-kin?..... *457^B Fiebam. St.*
 5. What is the date of your birth?..... *Sept 10 - 1896*
 6. What is your Trade or Calling?..... *Machanic*
 7. Are you married?..... *no*
 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
 9. Do you now belong to the Active Militia?..... *3rd V.R.C. of Canada.*
 10. Have you ever served in any Military Force?.....
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... *yes*
 12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE?)..... *yes.*
- Byril Hill*.....(Signature of Man).
Attest.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Byril Hill*, 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 *Nov 10th* 1914. *Byril Hill*.....(Signature of Recruit)
Attest.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Byril Hill*, 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 10th* 1914. *Byril Hill*.....(Signature of Recruit)
Attest.....(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 *tenth* day of *Nov* 1914.

.....(Signature of Justice)

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

Attest.....(Approving Officer)

Description of

Cyril Hill

on Enlistment.

Apparent Age.....*16* years.....*2* 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. *2* ^{*5*}/_{*8*} ins.

Chest measurement { Girth when fully expanded.....*30* ins.
 Range of expansion.....*2* ins.

Complexion.....*Fair*

Eyes.....*Blue*

Hair.....*light Brown*

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

Nil

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 as Bugler or Drummer* for the Canadian Over-Seas Expeditionary Force.

Date.....1914.

Place.....*H. L. Pavey Capt.*
 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:—

Small - otherwise fit
Recommended as Bugler or Drummer

CERTIFICATE OF OFFICER COMMANDING UNIT.

Cyril Hill.....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.

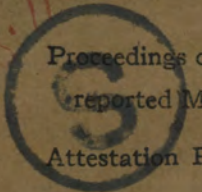
Reginald A. Gunn.....(Signature of Officer)

Date.....*Nov 10th* 1914.



DISCHARGE DOCUMENTS

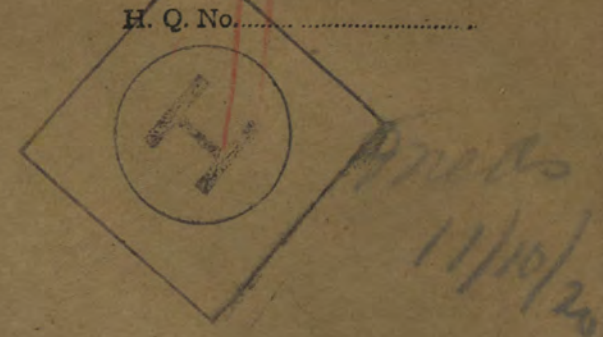
R. O. No.
H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *1-1-2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Hill Cyril
 Regt. No. 65448 Rank pte.
 Corps 24th Bn.
d. o. w. 30.4.16

24748

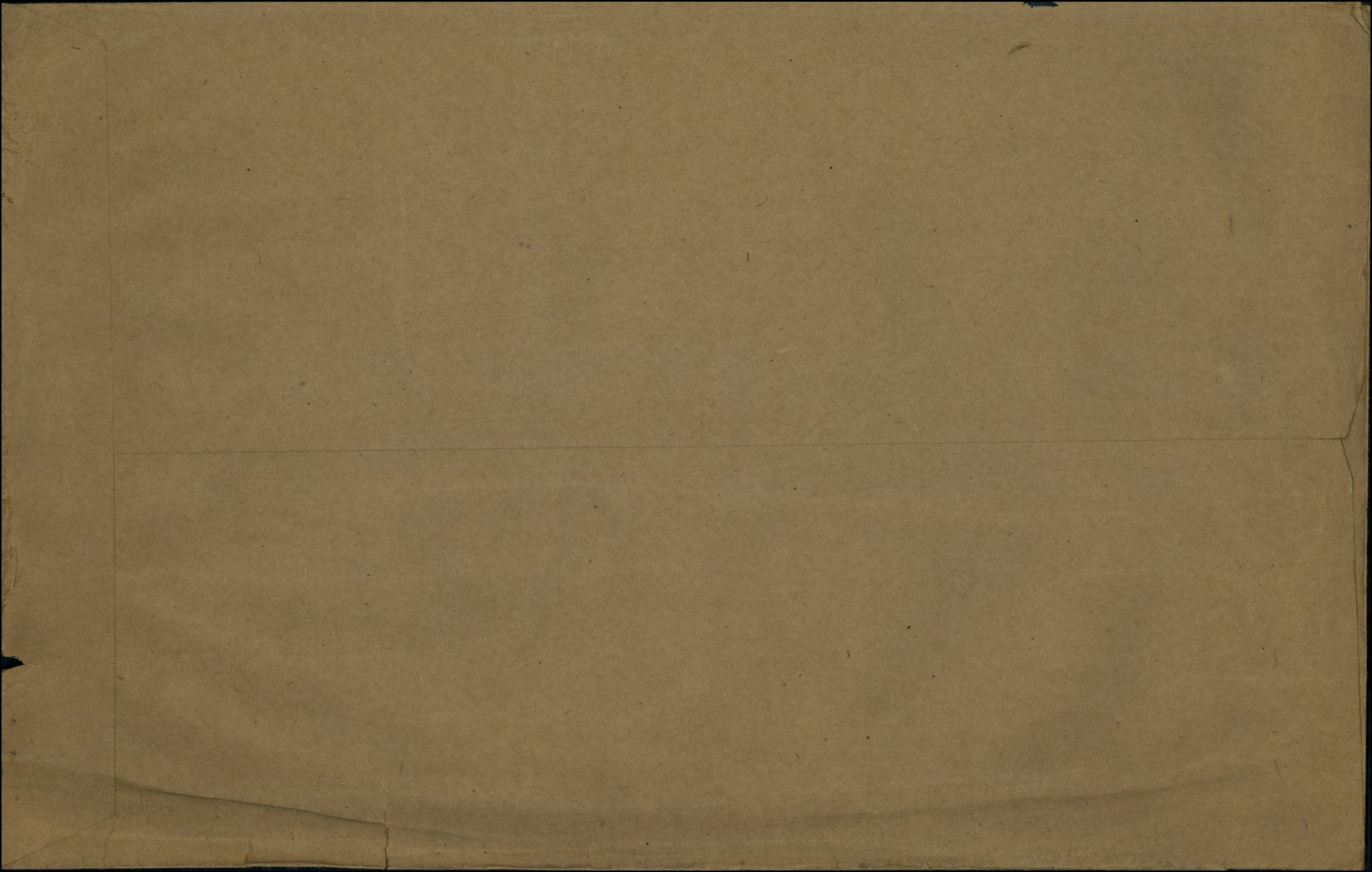


paycard

2-18
21-19
33-19

A. D. B. 122-1
A. D. B. 178-1
Discharged
10/25/16

22-20
22-20



NAME

Hill Cyril.

H. Q. FILE No. 649-

REG'TL. NO.

65448.

RANK AND CORPS

Pte.

24th Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
m6497	13-5-16	Died of wounds to 6 Can. fld. Amb. Apr 30th. 1916.
a7132090a	Rosen 14-5-16	Died of wounds. Advanced Dressing Station 6 th Can fld. Amb. Apr 30 th 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A: 219. O.C. No. 66. F.A. reports

Died of wounds. 30-4-16.

SURNAME.

Hill

CARD NO.

CHRISTIAN NAMES

Cyril

FOLL.

D

REGL. NO.

65448

RANK

Pte

UNIT 24th

Bn.

FORMER CORPS

3rd. V. R. C. (Canada)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hill, Mrs. Thos.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

457 B. Fullum St., Montreal,
P. Q.

COUNTRY OF BIRTH

England, Bristol

DATE

PLACE OF ATTESTATION

Montreal, P. Q., "

DATE

Nov. 10th, 1914

Sailed from Montreal per

"S. Cameronia" 11-5-15

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

15-5-15-73/9

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

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

Hill St. Cyril 65448 ✓ 74th M. ✓

Medal + Decoration ~~See~~ See next below

Plaque + Scroll for Thomas Hill (father)
265 Chapleau St
Montreal Que
(Serial no. 767400)

Cross of Sacrifice
~~Resp. 1-3-0~~
~~e 2226~~
Resp. 8.5.20. X54.
Mrs Hannah M. Hill (mother)
(11⁵/₂₀) 169. ville marie ave.
maisonneuve
(unmarried)
montreal P.Q. J.S.
31.1.20

Hill Plc. Cyril # 65448-24th Bm
Name & Address of Legatee

M

.....
.....

Cross outd, not at add.

13-3-28

Name & Address of Next of Kin

.....
.....

Name & Address of Female Next of Kin

Place Des. Regn. No. ~~NOR 23 1921~~ 217536

Scroll Desp. Regn. No. ~~211605~~ JAN 20 1921

PS-49

Casualty Form—Active Service.

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.Regiment or Corps 24th BattalionRegimental No. 65448 Rank Pte Name Hill. G.Enlisted (a) 10.11.14 Terms of Service (a) Duration of War Service reckons from (a) 10.11.14Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to 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				
16.9.15	24 C.Bn.	Disembarked	Boulogne	16.9.15	Nom.Roll.
<u>24.3.16</u>	<u>. . .</u>	<u>granted 8 days leave</u>	<u>In the Field</u>	<u>23.3.16</u>	<u>B213. Part II Order of 14/16</u>
<u>3.5.16</u>	<u>06 66FA</u>	<u>Died of wounds Advanced Dressing Station 6 CBA</u>	<u>Not Stated</u>	<u>30.4.16</u>	<u>Letter 3.5.16</u>
<u>5.5.16</u>	<u>79 Hearing at 66FA</u>	<u>Buried Dickbusch Cemetery</u>	<u>Not Stated</u>	<u>Not Stated</u>	<u>114/CEH/G/80. 5.5.16</u> <u>Part II Orders No 20 14/16</u>

E. Wright
LIEUT.
FOR LTCOL.
A.A.G.

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				

HILL

MEDICAL HISTORY SHEET.

Surname Hill Christian Name Cyril

Examined { on 10th day of November 1914
at Montreal
Birthplace { City or Town Bristol
County England

Approved by and Signed for
H.S. Muckleston
Rank Capt B.A.M.C. M.O.

Apparent age 18 3/4
Trade or occupation Machinist
Height 5 Feet 2 7/8 Inches.
Weight _____ Lbs.
Chest measurement { Minimum 28 inches.
Maximum expansion 2 inches.
Physical development good
Small-Pox Marks none

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

Vaccination Marks { Arm Right Left
Number _____
When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>Feb.</u>		<u>H.S. Muckleston Capt B.A.M.C.</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 12/14</u>		<u>H.S. Muckleston Capt B.A.M.C.</u> M.O.
<u>22/14</u>		<u>do</u> M.O.
		M.O.

Enlisted on 10th day of November 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>24 Batt (V.R.) C.E.F.</u>	<u>65448</u>		<u>Nov. 10/14</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

65448 C

file
DB

✓ 0.4

PT
Y

Number *65448* Rank *Pte*

Surname *HILL*

Christian Names *Cyril*

Unit *24th Bn Can Inf* Theatre of War *France*

Date of Service *15/9/15*

Remarks *(Father)*
Mother

Latest Address *Mrs Hannah M. Hill*

169. Ville Marie Ave.

Maisonnette
Montreal, P. Q.

Roll No. *13.*
Page 2199

G.A. 1275 *leaf*

APR 20 1921

G. 54333 *leaf*

SEP 12 1921

No. 670

RANK Bugler

NAME Hill C.

65448 May Paylist.

T. O. S. 10-11-14 UNIT 24 th. Battalion
Nov. Paylist.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 10 Nov.	1914 30 Nov.	✓		
1915	Nov.	✓		
Jan.	1915	✓		
Feb.		✓		
Apr.		✓		
May.		✓		

UNIT SAILED
MAY 11 1915



Surname **HILL.** Christian Name or Names **C.** Reg. No. **65448.**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
 Pte. **24th Batt.**
 Hospital **6 C.F.Amb.** Date of Admission **30-4-16.**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

O.C. 6 C.F.Amb. Reports:-

DISPOSITION

Died of Wounds. 30-4-16. Date

REMARKS

CL. 15-5-16. A219.

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.

Rank

Pte

Name

HILL Cyril

Reg'l No. 65448.

Unit

24th Bn.

If in perm. Corps,
What Unit?Married or Single **Single**Place and Date of Enlistment **Montreal, Que. 10th Nov. 1914.** Place of Birth **Bristol, Eng.**Name and Address, Next-of-Kin **Mrs Thos Hill. 457 1/2 Fulham St. Montreal.**Relationship **Mother.**Assigned Pay Monthly \$ **20.00**Payable to **Healy Km.**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **30/4/16.**Reason **Wid of Wounds** Character **6, R. A 219**

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						
1 June	30 June	30	1.00	30	30	.10	3		33			7 50 20			27 50	5 50	
1 July	31 July	31		31	31		3 10		34 10			7 50 20			27 50	12 10	
Adjustment of Exchange																12 50	
1 Aug	31 Aug	31	1.00	31	31		3 10	40	40			7 30 20	3 30/30	60	16		Forfeits 3 days D.O 277 12-8-15
1 Sep	30 Sep	30		30	30		3		33			5 35 20			25 35	23 65	
1 Oct	31 Oct	31		31	31		3 10		34 10			2 61 20			22 61	35 74	
1 Nov	30 Nov	30		30	30		3		133 70			5 28 20			125 28	42 86	
1 Dec 1916	31 Dec	31		31	31		3 10		34 10			16 84 20			36 84	40 12	
1 Jan	31 Jan	31		31	31		3 10		34 10			2 61 20			22 61	51 61	
1 Feb	29 Feb	29		29	29		2 90		31 90			5 23 20			27 85	55 66	
1 Mar	31 Mar	31		31	31		3 10		34 10	x93 37 E 271		2 61 43 80 20			66 41	23 35	

Statement of
NOV 18 1916
Account rendered

Cash found in
effects
McRept

Checked *Kidd*

Settled

305 -

30 50 40 33590

10925 200 00 3 30 312 55

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

127

To Whom

Mr. J. Hill

By Whom Assigned

Hill @.

Address

*457³ - Tullum Street
Montreal P.Q.*

Regtl. No.

65448

Rank

Major

Corps

@ Co. 24th Battalion

Rate

\$ 20⁰⁰-

MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914			<i>Casualties</i>	
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apr.					
May			<i>P 335</i>	<i>20 -</i>	
June			<i>N 2128</i>	<i>20 -</i>	
July			<i>V. 1550</i>	<i>20 -</i>	
Aug.			<i>O 6524</i>	<i>20 -</i>	<i> Died of wounds Apr. 30/16 C.L. 14⁵ 16 Feb</i>
Sept.			<i>Q 6953</i>	<i>20 -</i>	
Oct.			<i>S 6804</i>	<i>20 -</i>	
Nov.			<i>T 8636</i>	<i>20 -</i>	
Dec.			<i>U 10221</i>	<i>20 -</i>	
Jan.		1916	<i>X 7889</i>	<i>20 -</i>	<i>Plow</i>
Feb.			<i>Y 10932</i>	<i>20 -</i>	
March			<i>Z 15064</i>	<i>20 -</i>	

20

1/2/17

17

F

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.—12-15.
 1772—39—819.

Sheet No. 2.

Mrs. J. Hill

Name of Soldier Hill, C

B Co 24th Battalion

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 20 ⁰⁰
<i>me</i> April	1916	<i>V 7/16</i>	<i>20</i>	<i>Account closed. Cons.</i>
May				
June				<i>\$ 240⁰⁰ Acc. Closed Died of Wounds</i>
July				<i>DX W.J. 5/1/17</i>
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				

Casualties

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.				

EFFECTIVE DATE *4/16*
 AUTHORITY *CL 219*
 APR 16

REG'L NO. *65448* RANK *Pte* NAME *Hill Cyril*
 IF IN PERMT. CORPS } UNIT *24 Batt* TRANSFERRED TO *NE*
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO
 DATE OF ATTESTATION *10 Nov 1914* TRANSFERRED TO

DATE *4 Sept 16* AUTHORITY *CL 219*
June
June 1

ASSIGNED PAY MONTHLY \$ *20* = DATE EFFECTIVE

PAYABLE TO *Mrs J Hill 457 B Fulham St Montreal* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *18 May 16* EFFECTIVE *1 June 16* REASON *Died of Wounds April 30/16*

DISCHARGE DATE AND PLACE *30/4/16* REASON AND AUTHORITY *CL 219*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *10/8/16* *11 Sept 16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



ABSENCE ROLLS

2		3		4	
DATE	NO.	DATE	NO.	DATE	NO.

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
							312 55	23 35				
					20		27 85	28 50				
					20 00		20 00	42 60				
						14 30	14 30	28 30				<i>OT = May pay sheet</i>
						19 80	19 80	8 50				<i>Over Paid May</i>
								8 50				<i>Transferred N.E. June 1/16</i>
						8 50		8 50				<i>#850 to Ottawa for Sect.</i>
								1 07				<i>13/12/16</i>
								107				<i>Retd from Act V 45 1/2 - 2/1</i>
												<i>16/10/17</i>
												<i>CR 1950-12/11/17 N42B.</i>

ly

