

48600

48600

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

412228
417228

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? PERRY WILLIAM HENRY
2. In what Town, Township, or Parish, and in what Country were you born? Miducti c, New-Brunswick
3. What is the name of your next-of-kin? Benjamin F. Johnson (Friend)
4. What is the address of your next-of-kin? Yokohama, Japan.
5. What is the date of your birth? Jun 23rd 1878
6. What is your trade or calling? Soldier in U.S.A.
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? No
10. Have you ever served in any Military Force? 3 years 21st Infantry Reg
If so, state particulars of former Service. Philippines Islands .U.S.A.
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. Perry (Signature of Man.)
J.W. Atterbury (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, PERRY WILLIAM HENRY, 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.

W.H. Perry (Signature of Recruit.)
J.W. Atterbury (Signature of Witness.)
 Date July 23rd 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, PERRY WILLIAM HENRY, 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.

W.H. Perry (Signature of Recruit.)
J.W. Atterbury (Signature of Witness.)
 Date July 23rd 1915

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 23rd day of July 1915.

J.W. Atterbury (Signature of Justice.)

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

J. B. ... (Approving Officer.)
Wm. St. ...
...

DESCRIPTION OF PERRY WILLIAM HENRY ON ENLISTMENT.

Apparent Age 39 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 42 1/2 ins.
 Range of expansion 6 1/2 ins.

TATTOO:

On the chest: american eagle
 On the left arm: W.H.P.

Complexion Light brown

Eyes Brown

Hair White & Black

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
(Denomination to be stated.)
 Roman Catholic Yes
 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 July 23rd 1915

Jacobus Captant

Place Montreal

XX.F.A.

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

Williams Henri Perrey 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.

[Signature] (Signature of Officer.)

Date 8/3/15 1915
3 ang

[Signature]
 Lt. Col,
 C. 157th, Bn.
 H.O.C.

REGIMENTAL DOCUMENTS

NAME

Perry William Henry

REGT. NO.

417228

UNIT

17 Bn

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

DISCHARGE

Category

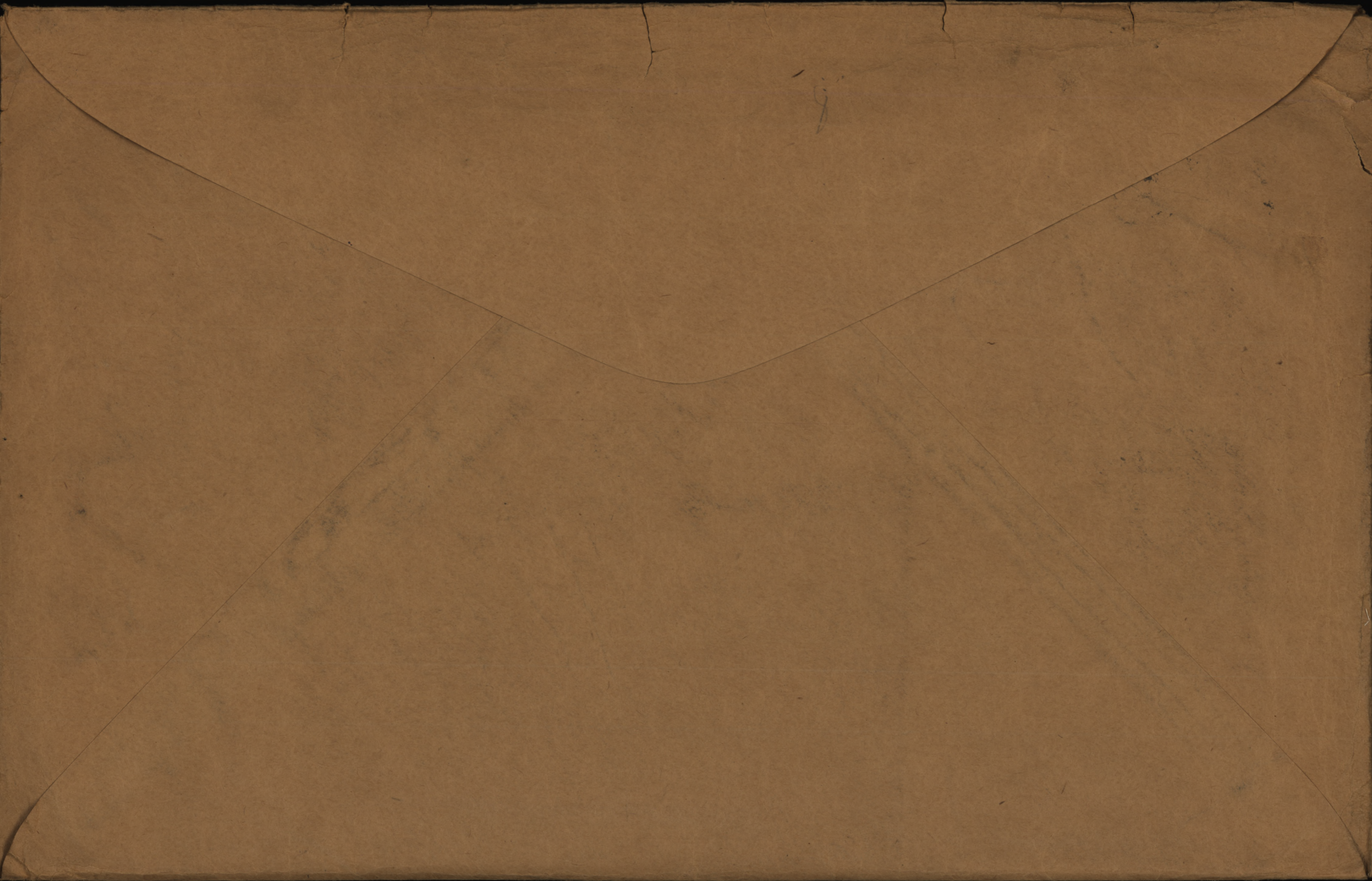
DESERTION

4185

H

*38-24
13-25
4-25
3*

am. 11-8-21



NAME

Perry, William Henry.

(649-72159) **A** S.O.S 31-12-17

m.v. $\frac{4}{5}$ ✓

RANK & No.

Plt

417228

CORPS

41st.

13att.

ENLISTMENT, PLACE

Montreal.

DATE

July 23rd. 1915. S.

FORMER CORPS

21st Inf. Reg. Philippines Isl. W. S. A.

COUNTRY OF BIRTH

Canada. New Brunswick.

NEXT OF KIN

Johnson, Benjamin H. (Friend)

ADDRESS OF NEXT OF KIN

Yokohama, Japan.

DISCHARGE, PLACE

DATE

O/S 18-10-15 $\frac{238}{16}$



R/c 21-7-17

M. F. W. 22. 100 m.-9.15.

H. Q. 1772-39 839.

REMARKS:

REG. No. 417228 NAME Perry. H.
(SURNAME FIRST)

RANK Pte. CORPS Comp.

AGE 44. SERVICE -

NAME OF HOSPITAL Genl - PLACE Montreal.

DATE OF ADMISSION Aug-20-17.

DISEASE Diarrhoea

DISCHARGE Aug-31-17.

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Con Home.

DISCHARGED BY MEDICAL BOARD

William 16 15 1915

Henry
Perry. H., Pte. 417228 41st Bn. 649-P.-2159

Med. & Dec. (Widow) Mrs. Annie Perry.
247A Delinelle St.,
Montreal. P. Q.

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

Mem. Cross. (Widow) " "

*Not Eligible for 14-16 star,
England only.*

55529

no. 55529

Pa.

1207

W

© 5-1516.22-8-21 1207

H / Bm

Name *Perry A.* Rank *Pte*Reg. No. *417228.*Unit *41st Batt.*Next of Kin *N/K not stated.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20.2.16.	<i>W.A. Bramshott</i>		<i>W.D.</i>	<i>2539</i>		
11.5.16	<i>Discharged.</i>	<i>Wear of leg</i>	<i>Imetig's</i>			

Dns $\frac{29}{27}$

Number... 417228 ... rank... Ote

Surname... PERRY

Christian Name... William Henry

Units... Q. P. Theatre of War... England

Date of Service... 28-10-15

Remarks:

Latest Address... 24 Melville St,

Montreal, P.Q.

Roll No A Page 1852

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

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

Surname

Christian Name or Names

Reg. No.

Perry
Rank
Pte
Hospital

H.
Unit
41st. Batt.

417228
Co. Troop Batty

Date of Admission

Transferred *Bramshott Mil.* Hosp. *20-2-16*

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

11 Ulcer of leg Impetigo

Additional Diagnoses: If more than one state present

DISPOSITION

Dis.

Date

11.5.16

REMARKS

C.L. 11-4-16

23.5.16

25'

39

A.M.D. 2 Dept.

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

W.B.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 417228 Rank pte Name Perry R.

Corps Special Service H.D.No.4. who was* Discharged

On December 31st 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1917, to December 31st 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....	4	79	Bal. Cr. from prev. month.....		
Advances } No. <u>20511</u>	15	00	Reg't'l Pay <u>31</u> days at \$ <u>1</u> c <u>00</u>	31	00
Cheques } No.			Field Allow. <u>31</u> days at \$ c <u>10</u>	3	10
Assigned Pay No. <u>18669</u>	20	00	Other Allowances* <u>27 Days Sub.60</u>	21	60
Other Charges* <u>Q.M.S.</u>	7	87	Other Credits* <u>Civilian Clothing</u>	13	00
Payment on transfer or discharge No <u>19840</u>	21	04			
Balance Cr. (to be paid by the new unit).....	-----		Bal. Dr. (to be deducted by new unit).....	-----	
Total.....	68	70	Total.....	68	70

*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has _____ (‡) been paid on account of Assigned Pay for the month of December 1917 to (Assignee) Mrs. A. Perry
 (Address) 247 Delinelle St Montreal P.Q.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 17-8-15

(2) if married and if a Separation Allowance Card has been submitted YES YES

(3) cause of discharge and authority Auth. AAG.MD.4.22-P-648 D/22/12/17 R.C.317

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date December 31st 1917

Place Montreal P.Q.

(Signature)
 Capt. Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record. For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

This form is used for the purpose of certifying the pay of members of the Canadian Contingent Expeditionary Force.

NAME		RANK		REGIMENT		COMPANY		DATE	
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

MADE IN CANADA

1. Name of member: _____

2. Rank: _____

3. Regiment: _____

4. Company: _____

5. Date: _____

6. Pay for the month of _____

7. Total pay for the month: _____

8. Remarks: _____

9. Signature of Officer: _____

10. Signature of Member: _____

1000
1000
1000

1000
1000
1000

1000
1000
1000

1000
1000
1000

1000
1000
1000

1000
1000
1000

1000
1000
1000

1000
1000
1000

2nd Contingent
(wife)

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Mrs A. Perry
Address 247^A Delinille;
St. Henry, Montreal

By Whom Assigned Perry A.
Regtl. No. 412 228 (417228)
Rank Plé.
Corps 41st Bn. B. Coy.

Rate 20⁰⁰

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.				
Dec.		L8077	40	
Jan.	1916	W10073	20	
Feb.		K14637	20	
March		016787	20	

COMMERCIAL BANK OF
INDIANAPOLIS
INDIANAPOLIS, INDIANA

7

MISSOURI

10

MISSOURI
MISSOURI
MISSOURI

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Annie Perry

PAYMENTS.

Name of Soldier

Perry Henry

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				<i>Marriage certificate produced - 27-7-16</i>
June				<i>reopen acct -</i>
July		<i>H10540</i>	<i>80</i>	<i>mailed 22-7-16</i>
Aug.		<i>Q12457</i>	<i>20-</i>	<i>no</i>
Sept.		<i>2 16458</i>	<i>20</i>	<i>20</i>
Oct.		<i>J 19136</i>	<i>20</i>	<i>20</i>
Nov.		<i>224067</i>	<i>20</i>	<i>20</i>
Dec.		<i>S 27026</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>H 29669</i>	<i>20</i>	<i>20</i>
Feb.		<i>H 32762</i>	<i>20</i>	<i>20</i>
March		<i>J 35768</i>	<i>20</i>	<i>20</i>
April		<i>K. 2260</i>	<i>20</i>	<i>20</i>
May		<i>I 5405</i>	<i>20</i>	<i>20</i>
June		<i>I 8657</i>	<i>20</i>	<i>20</i>
July		<i>I 11822</i>	<i>20</i>	<i>130</i>
Aug.		<i>R 15731</i>	<i>20</i>	<i>20</i>
Sept.		<i>C 19451</i>	<i>20</i>	<i>T</i>
Oct.		<i>F 22159</i>	<i>20</i>	<i>20</i>
Nov.		<i>O 24237</i>	<i>20</i>	<i>B</i>
Dec.		<i>H 28153</i>	<i>20</i>	<i>F 568⁰⁰</i>
Jan.	1918			<i>absent from 13-11-17</i>
Feb.				<i>Reported in error</i>
March				<i>no R. of 1-12-17 file #14435- H-16</i>
April				<i>L.A.B</i>
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.
Mrs. A. Perry

OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Perry, A.*

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

412228

B Co 41 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 20.00</i> <i>20.00</i>
April	1916	<i>M 1949</i>	<i>20</i>	
May		<i>N 4701</i>	<i>20</i>	
June		<i>F 3218</i>	<i>20</i>	
July		<i>010860</i>	<i>20-</i>	
Aug.		<i>H 12538</i>	<i>20</i>	
Sept.		<i>S 18773</i>	<i>20</i>	
Oct.		<i>J 24035</i>	<i>20</i>	
Nov.		<i>Q 28934</i>	<i>20</i>	
Dec.		<i>K 35565</i>	<i>20</i>	
Jan.	1917	<i>L 41502</i>	<i>20</i>	
Feb.		<i>X 45685</i>	<i>20</i>	
March		<i>R 52680</i>	<i>20</i>	<i>20 B.</i>
April		<i>J 4398</i>	<i>20</i>	<i>20-CL</i>
May		<i>G 11143</i>	<i>20</i>	<i>20 (W)</i>
June		<i>Q 17972</i>	<i>20</i>	<i>S</i>
July		<i>J 24965</i>	<i>20</i>	<i>Lu</i>
Aug.		<i>X 30786</i>	<i>20</i>	<i>X 30786 Canceled</i>
Sept.				<i>..... A/c Closed 31-7-17</i>
Oct.				<i>\$ 420.00 Ret'd per... Troopship 2810...</i>
Nov.				<i>Date 21/7/17... F. X 9/8/17</i>
Dec.				<i>..... Clerk... J. G. S.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

su

(W)

X 30786 Canceled
..... A/c Closed 31-7-17
\$ 420.00 Ret'd per... Troopship 2810...
Date 21/7/17... F. X 9/8/17
..... Clerk... J. G. S.

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.				

017

Register No. DP873'

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 14435, 14.16

Regt'l No. 417228 Name Henry Perry
(Christian Name) (Surname)
Unit 41Bm Rank Pfc Date of enlistment Aug 1915
Date of casualty 23/10/18 B.P.C. File No. 20809
Was service performed overseas? yes

DEPENDENT

Name Mrs Annie Perry Relationship widow
Address 247 C Delinelle St.
Montreal
Que.

M.F.W. 2652
25M-6-30.
H.Q. 1772-89-1473

Emb
Amount of Special Pension Bonus \$ 80⁰⁰ Abstracted by Mrs M. Colson

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 : Not eligible
Dis 23/10/18

Clerk A. North

Audited by
Date

Noted 24/8/20
DA/S

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. 53061—M. & D. 0721

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:

Rank Pte Name **PERRY. William Henry** Reg'l No. 417228

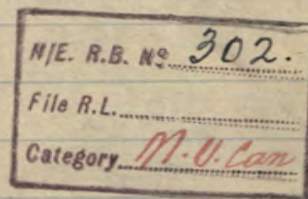
Unit 41st Bn If in perm. Corps, }
What Unit? } ~~Married~~ or Single **No**

Place and Date of Enlistment **Montreal, July 23rd 1915** Place of Birth **Miductic, New Brunswick**

Name and Address, Next-of-Kin **Benjamin F. Johnson,**
Yokohama, Japan. Relationship **Friend.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



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>			28 OCT 1915
11-4-16	D.C.L. 25.	Adm to Dep.	<i>per S.S. Saxonica</i> Bramshott	20-2-16	N.Y.D.
26-4-16	O/C 23 rd	<i>Lakenon Strength.</i>	<i>W Sandling</i>	20-4-16	PT 11 D.O. 96.
23-5-16	" 41 st	<i>Dis. fr. Military Hosp.</i>	Bramshott	11-5-16	C.L. 39 - Ulcer on leg.
9-8-16	" 23	<i>To Can Arms Dept</i>	Greenwich	9-8-16	PT 11. 188
9-8-16	<i>600th</i> Relief Att from 23 Bn		230	9-8-16	PT 11 19
30-10-16	"	<i>I.O.S.</i>	"	24-10-16	" 99.
10-5-17.	"	<i>S.O.S to 1st Quebec Reg Dep.</i>	"	10-5-17	" 130. 8 Pt II 58 1 Q.R.D. 11-5-17
28-5-17	1 Q.R.D.	<i>S.O.S to Can Reg Troops</i>	Shoreham	28-5-17	" 73

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.				
28.5.17	Depot Cdr.	TOS from 1st 2RD.	Purfleet	28.5.17	PHL 137.
29.6.17	D ^o	On com ^d CDD Buxton			
		pen ^d ret ⁿ to Can unfit	D ^o	7.6.17	-169.
14.7.17	D ^o	Cease on com ^d Buxton			
		S.O.S to Canada ^{med^y} unfit	D ^o	10.7.17	-1824
		Disch'd sp. To Convel Home. Fit for duty	MD. 4 Montreal	21.7.17	NR 319.

OPR

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Perry, Henry**
Surname

Christian Name

14435-113

Regimental Number **417228**

Rank **Pte.**

Address (in full) **247 A. Delinelle St.,**

Unit **41st Bn. C.O.M.F.**

St. Henry, Montreal,

Original Unit

P.Q.

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

Date of Discharge **31-12-17.**

P. D. P. Filing Number **13-71-4.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance **\$25.00** per month.

L. L. 22573—M. & D. 8004.

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		
175 10	1414	5-1-18	58 00	1397	20-2-18	58 00	1392	21-3-18	59 10		175 10
										<i>ben. Susp. acct. 25 00</i>	

Remarks:

M. F. W. 127.
60M-617.
1772 39-1140.

14435-116

File No. 14435-11-16

WAR SERVICE GRATUITY.

Register No. P1818

Jan. 19. 10. 20

Reg. No. 417228
 Name Perry
 Address Montreal P. Que
 Dependent Mrs. Annie Perry
 247A Delinelle St.
 Montreal P. Que

Dec. No. 228
 Award days at \$ per day \$
 Less P. D. P. Credited \$
 Less further debit balance \$
 Net due paid as below \$

TO SOLDIER			TO DEPENDENT			
0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						

Pay Soldier \$
 Pay Dependent \$ 299.90
 Days 153 Rate 100 Due 500.00
 Less P.D.P. credited 175.10
 Less further Dr. Bal. of 1/49. 25.00
 Net 299.90

Clerk Gayler
 Bradley
 R.H. 22/10/20

Pa. B. ruling
 to pay whole of us \$
 to Widow.
 22/10/20.
 P. 1118
 27-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
					125/10/20	64919	1881991	299 90 ⁰⁰

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by
 Date 11/10/20

Boars
 19/10/20

arm bar

Name Perry (Pte) St.

Regimental No. 417228
Unit 41 BN

Name and address of next of kin 247 Delinelle St
Montreal, P.Q.

Date of enlistment

*D.A. paid to the 31-1-18 see letter on file. 26/3/18 unpaid \$25.00
P.M.M.D.H. requested to receive from P.D.P. 4/4/18.*

Place of

Married (yes or no) 20/9/15 31/9/17 \$488.00 *SA being continued by SAAP*

Date and place discharged MD 4 = 31-12-17

Amount of pay assigned monthly \$ 20.00 p.d. fr. 1/5 to 31/7/17 \$460.00

Reason for discharge Class - Ret'd For Duty

To whom payable Mrs A Perry
Olympic 21-7-17 247 Delinelle St
Montreal

Character on discharge

Stg. 649-P-2159

Form 5351-M. & D. 6880.

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					
							270							
							270							
							3240							
							1734							
							4974							
							4234							
							4234							

4/7/17
5/7/17 31/7/17 27 = 27 - 27 = 270
Dr Bal
Dr Bal

** 487*
0487
40004974
4974
1734
** 2500*

Aug 2 PLO
** AR 3580*
000000
4974
Trans to MD 4
Sep. rel. from 1915 ALPC-25-4-18
Aug 13 1917
Supp. Cont. BMD 4-25-4-18

Pensioned.
1-1-18

Letter to C.P.M. Re
at 9/20/17
Apr + Oct 1915
E. AP
1/1/15 to 31/7/17
\$42000

Casualty Form—Active Service.

Regiment or Corps 41st Bn, C.O.C.
 Regimental No. 417228 Rank Pte. Name Perry William Henry
 Enlisted (a) 23-7-15 Terms of Service (a) D of W Service reckons from (a) 23-7-15
 Date 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				
		Embarked Disembarked	Canada England	18-10-15. 29-10-15.	
	<u>23rd.</u> <u>O.C. 41st, Bn. On strength 23rd, Bn.</u>	<u>20-4-15.</u>	<u>Bn. 0.96</u>	<u>25-4-16.</u>	
<u>29-10-16.</u>	<u>23rd. Bn.</u>	<u>Transferred to the Can. Small Arms Ins. and Repair Dept.</u>	<u>Greenwich</u>	<u>24-10-16.</u>	<u>D.P. II 0.268</u> <u>Capt.</u> <u>Adj. 23rd. Bn. C.E.F.</u>
<u>9.8.16.</u>	<u>C.A.I.R.D.</u>	<u>Attached from 23rd Bn.</u>	<u>E. Greenwich</u>	<u>9.8.16</u>	<u>Pt. II Order 19d. 9.8.16</u>
<u>30.10.16</u>	<u>"</u>	<u>Trans. " " "</u>	<u>"</u>	<u>24.10.16</u>	<u>" " 99d. 30.10.16</u>
<u>10-5-17</u>	<u>"</u>	<u>S.O.S. 1st Quebec Regt Dept</u>	<u>"</u>	<u>10-5-17</u>	<u>" 730d. 10-5-17.</u>
<u>10.4.17.</u>	<u>(C.A.I.R.D.)</u>	<u>To S. 1st Ave. Regt's Depot. Shoreham.</u>	<u>Pt. Dep.</u>	<u>58.10.4.17</u>	<u>Adj. 1st Ave. Regt's Depot.</u>

W. Sterling
 Canadian Arms Inspection & Repair Dept.
 74, Tunnel Avenue, East Greenwich, S.E.

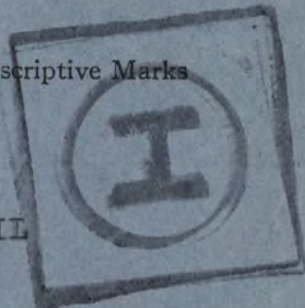
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		1st. Que. Regt'l. Depot. TRANSFERRED TO	<i>Langley Loop</i>		Pl. II. R.O. <i>78-28-5-17</i> <i>[Signature]</i> ADJUTANT, 1ST. QUEBEC REGT'L. DEPOT.
<i>28/5/17</i>	<i>St. Hill</i>	<i>Taken on Strength</i>	<i>Pufflet</i>	<i>28/5/17</i>	<i>Pl. II DO No 169.</i>
<i>29.6.17</i>	<i>(RTD)</i>	<i>Taken on Command</i>	<i>Pufflet</i>	<i>29.6.17</i>	<i>[Signature]</i> ADJUTANT, DEPOT CAN. RLY. TROOPS
<i>29 June</i>	<i>1917</i>	TAKEN ON STRENGTH C.D.D, BUXTON	Pl. II ORDER No. <i>153</i>		<i>[Signature]</i> Lt. Col. Commanding Canadian Discharge Depot.
		EMBARKED FOR CANADA FROM LIVERPOOL	10 JUL 1917		<i>[Signature]</i> Lt. Col. Commanding Canadian Discharge Depot.
<i>25/12/17</i>	<i>S.S. boy</i> <i>M.D.A.</i>	<i>S.O.S.</i> <i>"Med Relief"</i>	<i>Montreal</i>	<i>31/12/17</i>	<i>DO 317</i> <i>[Signature]</i> <i>for DTR</i>

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. 417228	
Rank	Private
Name	Perry, Henry
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	41st. Battalion C.E.F.
Date of Discharge	31-12-18.
Place of Discharge	Montreal, P.Q.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....38.....years.....4.....months.	Descriptive Marks  NIL
Height.....5.....feet.....5.....inches.	
Complexion Fair	
Eyes Blue	
Hair Fair	
Trade Moulder	
Intended place of residence (To be given as fully as practicable.)	247 Delinelle St. Montreal, P.Q. Canada
2. The above-named man is discharged in consequence of	
A.A.G.M.D.4, 22-P-648, d/22-12-17. Medically Unfit (Sickness)	
<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>	
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.
	<i>Good</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>Moulder</i>	

*House section
16/1/18
JMB*

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)..... Montreal, P.Q. *Pte H Perry*..... (Signature of Soldier.)

(Date)..... 31-12-17. *[Signature]*..... (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, P.Q.

(Date)..... 31-12-17.

(Signature) *[Signature]* Lt. Col. O.C. Composite Regiment C.I.F.

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.)

Pte H Perry

List of Discharge Documents.

<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 Cer- tificate, " 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.

417228

ORIGINAL MEDICAL HISTORY SHEET.

48600 83

no card on 27

Surname PERRY Christian Name WILLIAM HENRY

Examined { on 23rd day of July 1915
at Montreal
Birthplace { City or Town Meductic,
County New-Brunswick

Approved by Sachabote captain 1-3-16

Rank XX.F.A. M.O

Apparent age 39
Trade or occupation Soldier in U.S.A.
Height 5 Feet 8 1/2 Inches
Weight 167 Lbs.
Chest measurement { Minimum 36 inches
Maximum expansion 42 1/2 inches
Physical development Very Good
Small-Pox Marks No

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

Vaccination Marks { Arm Right Left
Number 1

Date	Result	VACCINATIONS.
		M.O
		M.O
		M.O

When Vaccinated last as a boy
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
large scarr on right arm
near shoulder

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27-8-15</u>	<u>good</u>	<u>Seabury Capt</u> M.O
<u>9/9/15</u>	<u>"</u>	M.O
		M.O

Enlisted on 23rd day of July 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.....	<u>57th Reg't. C. F.</u>	<u>417228</u>		<u>JUL 1915</u> <u>13-10-15</u>
	<u>41st Battr</u>			
	<u>C. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England

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..... PERRY Christian Name..... WILLIAM HENRY

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Montreal <i>Braunschweig</i>	23/7/15								No Admission	<i>Sachbotaptano</i> <i>Loze, Musson</i> <i>W. H. Perry</i>	
		19	2	16	11	5	16	<i>Ulcers of leg</i> <i>whelping</i>	83 to Discharge used		

Duplicate Medical History Sheet
posted to here.

Rank **Pte** Name **FERRY, H.**

Reg'l No. **417228**

Unit **41st Bn**

If in perm. Corps, What Unit?

Married or Single

Place and Date of Enlistment

Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$ **20.00**

Payable to **Annie Perry,**

**247 Delinelles St
Montreal P.Q.**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Entered on N.E. Card Inacc...

Checked by

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																		
Nov-1	30	30	1.00	30	30	10	3	10	43	108	9	73	20		29	73	1327	100 Clothing
Dec-1	31	31	1.00	31	31	10	3	10	34	10	146	146	20		44	33	304	
1916																		
Jan-1	31	31	1.00	31	31	10	3	10	34	10	245	245	20		32	16	498	
Feb-1	29	29	1.00	29	29	10	2	90	31	90	336	243	20		22	48	1445	
March	31	31		31	31			210	34	10			20		20	2855		

Checked Hw

Carried forward to Large Ledger sheet

BALANCE TRANSFERRED TO NEW LEDGER.

152 - 15 20 10 17720 4865 100 - 14865

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

18/8/15

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P.C. 3257

RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *PLT* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Henry Perry*
 Battalion *57 Bn.*
 Beneficiary *Mrs. Annie Perry*
 Relationship *Wife*
 Address *247^a Delville St. St. Hurii, Montreal Que.*

Name _____
 Address _____
 Change of Address
 1 _____
 2 _____
 3 _____

19 Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>	—	<i>568</i>		<i>568</i>
<i>Jan 18</i>	<i>L 68130</i>	<i>30</i>		<i>20</i>
		<i>598</i>		<i>598</i>

REMARKS

*absent from 13-11-17 Reported in Error M.P. 4
98 weekly between 1-12-17*

TO
 FROM 1-2-18
 PAYMASTER PAYING

PAYMASTER PAYING
 From 1-2-18
 TO *M. D. H*

*Discharged 3/12/18 P.D.P. list MD 4, 8/2/18
sunder H. R. 12-1-18*

*Overpayment of \$25.00 S.A. for Jan.
Refund asked for 14-6-18 Refund slip sent
to acc. 14-6-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 4000-5-17-1772-38-1141
 L. L. 22320-M. & D. 1963.