503189

Sept.

# ATTESTATION PAPER.

No. 503189

Folio. 46

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

7th Area Employ

| | |
|---|---|
| 1. What is your name? | SILVER, William Walker |
| 2. In what Town, Township or Parish, and in what Country were you born? | Glasgow, Scotland |
| 3. What is the name of your next-of-kin? | George P. Silver (brother) |
| 4. What is the address of your next-of-kin? | 5 Cowan St., Glasgow, Scotland |
| 5. What is the date of your birth? | October 21st 1879 |
| 6. What is your Trade or Calling? | Quantity Surveyor |
| 7. Are you married? | No (widower) |
| 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? 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 |

W. W. Silver (Signature of Man).

A. F. Tomlinson (Signature of Witness).
Sergt., Composite Regiment.

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Walker Silver, 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. W. Silver (Signature of Recruit)

Date February 15th 1916 A. F. Tomlinson (Signature of Witness)
Sergt., Composite Regiment.

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Walker Silver, 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. W. Silver (Signature of Recruit)

Date February 15th 1916. A. F. Tomlinson (Signature of Witness)
Sergt., Composite Regiment.

## 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 February 1916

[signature] (Signature of Justice)

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

C. B. Russell (Approving Officer)
Major Acc.

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

## Description of William Walker Silver on Enlistment.

Apparent Age 36 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 1/8 ins.

Chest measurement: Girth when fully expanded 34 1/2 ins.
Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

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).

1 small scarf wright hand
1 " " " leg
1 " " chest. (front)

## 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 February 15th 1916. A H McCordick

Place Central Examining Bureau, MONTREAL, P. Que. Lt Col 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.

W W Silver 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.

[illegible] (Signature of Officer)

Date 191 .

REGIMENTAL DOCUMENTS

NAME SILVER, WILLIAM WALKER REGT. NO. 503189 UNIT E.T.D. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| 3 | | | | | | |
| 1 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | Comp to BPC | 4/6/19 | Spec. 325 (M R) | DEATH |
| 2 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 2 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| 1 | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| 1 | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 2 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| 1 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| 2 | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | Demob. n. |
| | 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) | | | | | DESERTION |
| | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | 19271 | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | M149 | | | | | 40 – 8 |
| 1 | Disp Cert | | | | | 15 – 8 |
| 1 | Cascard | | | | | 6 8 |
| 2 | Orig form of will | | | | | 1 |
| 2 | Copies of will | | | | | |
| 1 | R122 | | | | | |

M

H

T

S

mt 30-3-21 ac

W. 2589
100M-11-18
1772-39-1377

To be made out in duplicate. H.Q. 54-21-23-53

# PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... Canadian Engineers

ENGINEER TRAINING DEPOT

(2) Regimental Number ..... 503 189

(3) Full Name of Soldier..... William Walker Silver

(4) Place of Birth..... Glasgow Scotland

(5) Are you married, ~~or not~~ ? ..... No

(6) If married, state,
(a) Full name of your wife..... —

(b) Present Postal Address..... —

(7) Are you a widower ? ..... —

(8) Have you any children ?..... —

If so, give number of boys and girls..... —

Also their names and ages..... —

M. F. W. 67

200M.—2-16
1772-39-964

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ———

(10) Is your Mother alive? No

If so, state name and address ———

(11) If your Mother is a widow ———

Are you her sole support, or not? ———

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

———

———

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

George P Silver Brother
5 Cowan Street West,
Glasgow Scotland

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

———

(15) Are you insured? ———

If so, in what Company? ———

Have you made arrangements for payment of your Insurance premium ———

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. L. Robinson Lieut. C.E.
*Officer Commanding.*
O.C. # 14 Draft.

Date 7/4/16

Form R. 149. William Walker. R.L. 4-24-24

Name SILVER Rank Spr. Reg. No. 503189

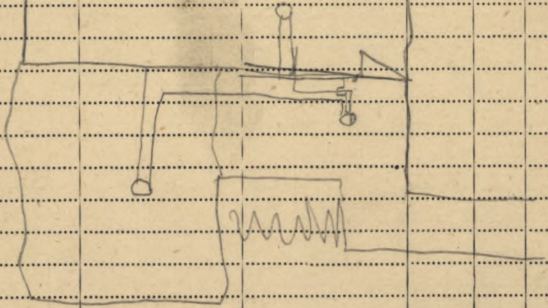
Unit 12th Fld Co. C.E.

Next of Kin George P. Silver. 5 Cowan St. Glasgow Scot.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 1917. | | | | | | |
| 31-12 | 1 C. F. A. | | Cont R Foot (acc) Sit. N | A108 | H8 | 11198 |
| 1-1-18 | 22. C.C.S. | | " | A108 | | 11191 |
| 4-1-18 | 18 (Chic) & Sa. G.H. Camiers | | " " | A110 | | 18200 |
| 24-1 | 6 con Dep. Etaples | | " " | A130 | | 18999 |
| 26-1 | Disc to Dep. Etaples | | " " | A131 | | 19033 |

E

| Date | Movement | | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|---|



REGT'L No. 503189

NAME Silver William Walker H. Q. FILE No. 649.

RANK AND CORPS Pte. 12 Fld. Co. Can. Eng. (form. Can. Eng. 14 R.D.

FOLLOWS No.

FOLLOWS

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| W.-8 13-2 | 9-1-18 | Adm. 22 Cas. Clg. Stn. Jan 1st 1918. Contusion foot. (Acc.) |

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A108 | No 1 Can Fd Amb | 31-12-17 | Cont. R. Foot Slt (acc) |
| A108 | 22 Cas Clg Stat | 1-1-18 | Cont R. foot Slt (acc) |
| A110 | 18 U S A Gen Dannes Camiers | 4-1-18 | Cont R foot Slt (acc) |
| A131 | Disch to Depot Etaples | 26-1-18 | " " " acc |
| A130 | 6 Conval. Depot Etaples | 24-1-18 | Cont rt foot acc |

SURNAME. Silver,

CHRISTIAN NAMES William Walker

REGL. No. 503189 RANK L/Cpl.

UNIT Can. Eng. (14th R.D.)

FORMER CORPS Nil.

CARD No. 4 80 S. Demob. 20/3/19.

Do. 80. 21/3/19. D104

FOLL.

NEXT OF KIN.

NAMES IN FULL Silver, George P.

RELATIONSHIP TO SOLDIER Brother.

ADDRESS 5 Cowan St. Glasgow Scot.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Glasgow. DATE Oct. 21st. 1879

PLACE OF ATTESTATION Montreal P. Q. DATE Feb. 15th 1916

O/S 20.5.16 438/2.

P/C. 1-3-19. 273/40. 4

L. L. 9450a. M. & D. 6518. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER Yes

TRADE OR CALLING Quantity surveyor RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 36 YEARS 4 MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Dark EYES Dk. Brown HAIR Black

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Montreal P. Q. DATE Feb. 15th. 1916

Present address, not stated.

No. 503189 RANK L/Cpl. NAME Silver W. W.

T. O. S. UNIT 14th Draft. Can. Engineers

M. D. Hdqs.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 May 1 | 1916 May 12 | N | | |

OnEC

a/2/cpe

~~B~~

WAC Number 503189 Rank ~~Spr.~~

Surname SILVER

Christian Name William Walker

Units C.E. Theatre of War France

Date of Service 5-1-17

Remarks Widow LD

Mrs E. Silver.

Latest Address 44 Percy St

Maryhill, Glasgow.

Scotland.

Roll No. "B" Page 10219.

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 |
| --- | --- |
| | |
| | |
| | |
| | |
| | |

DESP APR 3 1922
REGN. NO. [illegible]

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

S.O.S 20-3-19 Demob MD. 4.

H. Q. 649-S-32165.

12-th Fld. Coy. Can. Eng.

SILVER, Pte. William W. #503189, C.E.F.

#4

Med & D (Widow) Mrs. E. Silver,
44 Percy Street,
North Kelvinside,
Glasgow, Scotland.

986486

P & S (Widow) Address as above.

Mem Cross (Widow) Address as above.

Not Elig. for 14-15 Star
E " " d m
E " " B W m

S2 3/3

B. ar

JUL 19 1923
Plague Dep. Reqn. No. 56798

Plague Dep. Reqn. No.

AUG 13 1924
Plague Dep. Reqn. No. 678

APR - 5 1921

FORM D.M.S. 1300

SURNAME | CHRISTIAN NAME OR NAMES | REG. NO.

SILVER. | W.W. | 503189.

RANK | UNIT | CO. | TROOP | BATTY.

Spr. | C.E. 12FC.

HOSPITAL | DATE OF ADMISSION

1. C.F. Amb. | 31-12-17.

22. C.C.S. | 1-1-18.

1. 18 (Chicago) U.S.A. Gen Dannes Cannon HOSP. 4. 1. 18.

2. 6 Conval Depot Etaples HOSP 24. 1. 18

3. HOSP.

4. HOSP.

DIAGNOSIS Cont. Rt. Foot. Slt. Acc. JR

1

2-

3.

DISPOSITION | DATE

C.L. 9-1-18. A108/1/2. Dis to Depot Etaples 26. 1. 18

11. 1. 18 A110 ②.

4. 2. 18 a130

5. 2-18 a131

REMARKS

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. | | |

*Name SILVER, Wm Walker Rank Pte Regtl. No. 503189

Original unit C.E. Present unit D.D. #4 M. or S. W Age 39 Religion Pres. Fyle Depot 19-S-766 Ref. H.Q.

Port, ship, and date of arrival Halifax N.S. "LAPLAND" 1-3-19

Next of kin G.P. Silver 5 Cowan St. Glasgow Scotland (B)

Address on leave 44 Percy St. Mary Hill Glasgow, Scotland

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Surveyor Date and place of enlistment Feb. 15-16 ~~Cobalt~~ Montreal

Diagnosis Date of Medical Boards

| Date. | Remarks | Pt. 2 Order No. |
|---|---|---|
| 5-3-19 | T.O.S. from O-S 20-2-19. Posted to Cas. Coy. 3-3-19 | |
| | Fur. W-S to 17-3-19 | 64 |
| | | |

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

(over)

| Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| | | |
| | | |
| 22-3-19 | SOS Discharged RO 1420 Para C Demob | #80 |
| | Eff. ~~20-3-19~~ 20-3-19 Cat A | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

M.F.W. 192
150M—5-18.
1772-39-1443.

Rank Private Date of att. February 15th.1916

Regimental Number 503189 Date of Discharge March 20th.1919 E/.

Unit C.E., C. E. F.

Name SILVER Wm. Walker.

Address 44 Percy St. Maryhill, Glasgow, SCOTLAND.

B.P.C. District Office Montreal D.D. # 4

Attestation Form:-

Weight on enlistment: 136 pounds

Marks of Identification: One vacc. mark on left arm.
Scar over right eyebrow.
Scar at base of thumb, right hand.

Rank at attestation: Private

Casualty Form:-

Minor defects: Shortness of breath due to Chronic Bronchitis cause by exposure. Disability existed before enlistment but was aggravated by service.

Rank when disability was incurred: Private

Miscl.: Nil

Conduct:-

Venereal Desease: Nil

Conduct: Good

Self inflicted wound: Nil

B.C. Form 871.
20M-2-19.

E. Joyce

ORIGINAL

# MEDICAL HISTORY SHEET. 503189

*Surname* SILVER *Christian Name* William Walker

Examined { on 15th day of February 1916 / at Central Examining Bureau, MONTREAL, P.Que.

Approved by A. H. McCulloch

Rank Lt Adjt M.O.

Birthplace { City or Town Glasgow, / County Scotland

Apparent age 36 years 4 months

Trade or occupation Quantity Surveyor

Height 5 Feet 4 1/2 Inches.

Weight 126 Lbs.

Chest measurement { Minimum 31 inches. / Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm ~~Right.~~ Left. / Number 2

When Vaccinated last about 1904

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

| Date | Fit or Unfit | Examined for Re-engagement. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 5.5.16 | | J.W.S. M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 10.4.16 | | J.W.S. M.O. |
| 27/4/16 | | J.W.S. M.O. |
| | | M.O. |

*Enlisted on* 15th *day of* February 1916 *at* Montreal, P.Que.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | Engineers' Training Depot, Lansdowne Park, OTTAWA, Ont. | | | 15/2/16 |
| Transferred to.. | Can: Engrs: Pool | 503189 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Witley D.D.4 Montreal | 28-1-19. 17-3-19 | Debility Chronic Bronchitis | Bn Hdqrs Surrey cap fit for discharge J. Shuttleworth Capt |

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.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname [illegible] Christian Name [illegible]

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | | | | | | | | | | |

# CANADIAN EXPEDITIONARY FORCE
## Discharge Certificate

**This is to Certify** that No. 503189 (Rank) Private

Name (in full) SILVER, William Walker. enlisted in

the Canadian Engineers,

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC. on the 15th.

day of February, 19 16.

HE served in - - - - - - - - - - - - FRANCE - - - - - - - - - - - - -

and is now discharged from the service by reason of - - - - - - - - - - - - - - - - - -

- - - - - - - - - - - Demobilization - - - - - - - - - - - - - - -

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 42 yrs. 5 mos.

Height 5 ft. 4½ ins.

Complexion Dark

Eyes Brown

Hair Dark

Marks or Scars

One vaccination mark on left arm. Scar over right eyebrow. Scar at base of thumb, right hand.

W.W. Silver
Signature of Soldier

J. Fisher Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Issuing Officer

Rank

Appointment

Date of Discharge March, 20th, 1919.

Signed at Montreal, QUEBEC. this 20th. day of March, 1919.

in Military District No. 4.

File Reference No. DD4-19-S-766.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a MB.
200m.—2-18.
H.Q. 1772-39-882

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of ..... 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

294

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 503189 Rank Spr Name Silver William Walker
C. E. F.

Enlisted (a) ~~8.3.16~~ 15.2.16 Terms of Service (a) D of war Service reckons from (a) ~~8.3.16~~ 15.2.16.

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) Driver

| Report: Date | Report: From whom received | 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. |
|---|---|---|---|---|---|
| | | Embarked | Canada | 21.5.16 | |
| | | Disembarked | England | ~~30.5.16~~ 29.5.16. | |
| 31.5.16. | C.E.T.D. | Taken on the strength of the C.E.T.D. | Shrncl'fe | 30-5-16 | Pt.II, No. 128 ~~150~~. |
| 6-1-17 | O.C. C.E.T.D. | Struck off Strength of C.E.T.D. to Crowboro Law Eng Pool France | | 5-1-17 | Pt-II ord #5 |
| 14.7.16 | C.E.T.D. | Reverts to ranks (ex L/Cpl. | Shorncliffe | 30-5-16 | Pt-II O# 166. |
| | | Disembarked | France | 6/1/17 | |

Lieut. C.E.
Adjutant, C.E.T.D.

W. C. Hanover
Lieut.
for ~~Colonel~~ OFFICER. i/c Records, C.E.F.

CERTIFIED CORRECT. 15 JAN. 1917 CAN. RECORDS, LONDON.

LAPLAND
No. of Ship
Embarked FEB 20 1919
Disembarked

(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.

[P.T.O.

503189 Spr Silver, William Walker

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 6/1/17 | C.B.D. | S.O.S. of C.B.R.Pool on arrival in France | C.B.D. | 6/1/17 | N.R. P/22 dy. 12/17 |
| 11/1/17 | C.B.D. | S.O.S. to 12 Fld Coy | Field | 12/1/17 | N.R. P/2[illegible]4 - 14/17 |
| 20/1/17. | O.C. | Joined Unit | Field | 16/1/17. | B.213 - Rec. 48 - 29/1/17. |
| 29-9-17. | O.C. | On Leave | | 29-9-17 | B. 213. P/57. |
| 9/10/17. | O.C. | Rejoined from Leave | | 3/10/17 | B. 213. P/58. |
| 31-12-17. | 1-C.F.A. | Contusion R. foot | 1-C.F.A. | 31-12-17. | C.S337 - C.S608. |
| 4-1-18. | 18th (City) Field Hpl. | Contusion foot R. "S" | 18th (City. Hpl.) Field Hpl. | 4-1-18. | W.9410 - C.6505. |
| 1-1-18. | 1-C.F.A. | Contusion R. foot (acc) | 1-C.F.A. | 31-12-17. | C.S483 - C.6505. |
| Do. | Do. | Do to Hpl. | 22-C.C.R. | 1-1-18. | Do. |
| 1-1-18. | 22.C.C.R. | Contusion foot R. | 22 b.b.d. | 1-1-18. | C.5505 - C.6584 |
| 3-1-18. | Do. | Contused foot R. to | 24-A.Train | 3-1-18. | C.5656 - C.5780. |
| 5-1-18. | O.C. | Sick to | 1.Cmah. | 31-12-17 | B. 213. C |
| 26-1-18. | 6.G.B.A. | Arrived - T.B. | 6.G.B.A. | 26-1-18. | N.K.639. |
| 24-1-18 | 18 Fld. | Cont. foot R. acc. to | 6-C.Depot. | 24-1-18. | W.998 - C.9907. |
| 28-1-18. | C.G.B.A. | Classified for "T.B. treatment" | 6.G.B.A. | 28-1-18. | N.K.355. |
| 24-1-18. | 6-C.Hpl. | Contused foot R. | 6 C. Depot. | 24-1-18. | W.1055 - D691. |
| 26-1-18. | 6-C.Depot. | A. to | Med. Board. | 26-1-18. | W.1167 - D.1077. |
| 4-2-18. | C.G.B.A. | Classified "B" | C.G.B.A. | 4-2-18. | N.K. 345. 9/9. |
| 12-2-18. | Do. | Transferred to Con. Depot from 12th F. Coy. R.E. | Pool | 10-2-18. | N.K. 963 9/14/1.18 KR. 14/9/18. P/9. |

R—122

WGB

Rank Name SILVER, William Walker Reg'l No. 503189

Unit 14TH DFT. C.E.T.D, If in perm. Corps, What Unit? Married or ~~Single~~ Widower

Place and Date of Enlistment Montreal Feb 15th 1916. Place of Birth Glasgow Scotland

Name and Address, Next-of-Kin George P. Silver

5 bowen St Glasgow Scot Relationship Brother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6526
File R.L.
Category A1. Canadian

A.F.B. 133 CHECKED 3 JAN. 1917

| Report. Date. | From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Rank | Date. | Part II order No. | REMARKS. Taken from Official Documents. |
|---|---|---|---|---|---|---|---|
| E. | O.C. | Arrived in England. SS. 'Baltic' | | | 29 MAY 1916 | | |
| 31.5.16 | C.E.T.D. | Taken on strength | S'clyde | | 30 MAY 1916 | | P.I-II-O 128 |
| | | arrived in Eng' on 4/4/41. | | | | | |
| 14.7.16 | -Do- | Reverts to Ranks from ~~(24/7/16)~~ | -Do- | | 30.5.16 | -Do- | 166. |
| 5.1.17 | -Do- | S.O.S. to C.E. Pool, France. | -Do- | | 5.1.17 | -Do- | 5. |
| 12.1.17 | C.E. Reinf. Pool. | T.O.S. from C.E.T.D. | Field. | | 6.1.17 | " | 2 |
| 17.1.17 | Do | S.O.S to 12th 7th C.E. | " | | 12.1.17 | " | 4 |
| 19.1.17 | 12th Coy | TOS | " | | 13'17 | " | 3 |
| 20.2.18 | -"- | S.O.S. to Lab Pool. | " | Spr. | 10.2.18 | No Gn | & R/Pte to 20, 15, 3, 6 Lab Pool 7th Cable Coy. |
| 24.10.18 | Lab Pool | S.O.S. to 7th C.A.B. Coy | Fr. Field | | 18.10.18 | A/Cpl 172 & A/Cpl 206 | 6 cable 31/10/18 |
| 28.11.18 | 7th Cable Coy | Granted permission to Marry | Fr. Field | | | A/Cpl O.S.E. | |
| 16-12-18 | 1 C.A.B. Co | Hd to Eng + Posted to Gen Dep | " | " | 11-12-18 | 20 | 60 |

Engs

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| 11.12.18 | Gen Dep | TOS from 7th A&Coy | Witley | Pte. 6.12.18 | D0294 |
| 11-2-19 | Gen Dep | S.o.S. to MD 4 Ly. Camp Rhyl | Witley | Pte 9-2-19 | D034 |
| 12.2.19 | 4+5 MD. CW | T.O.S. from Gen Dep. | K. Pk | " 9-2-19 | D. O 38. |
| 1-3-19 | 4 MDC Wing | S.O.S. on proc. to Canada | — " — | " 20.2.19 | Pt II Do 53. |

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Silver, (Surname) Wm. H. (Christian Name)

Regimental Number 503189 Rank Pte.

Unit

Original Unit 12th T.C., L.E.

District where paid M.D. #4

Date of Discharge 20-3-19

P. D. P. Filing Number

Address (in full)

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 | | |
| | | | | | | | | | | | |

Remarks:

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

File No. 16799 W. 15

# WAR SERVICE GRATUITY.

Register No. Spec. Reg. Folio 01 Line 7

Reg. No. 503189

Name Silver, Wm. W.

Address

Dependent Mrs. Elizabeth McK. Silver,

Address 44 Percy St., N.,
Kelvinside, Glasgow,
Scotland.

Pay Soldier $ 70.00

L.B. Smart,
T.V. Ullett.

Clerk W.J. Irwin.

Pay Dependent $ 520.00

Days 183 Rate 100. Due 600.00

Less P.D.P. credited

Less further Dr. Bal. or overpayment. 10.00

Net 590.00

R: W134 19.4.20

| Date | Ck. Order | Ck. No. | Amount | Remarks. | Date | Ck. Order | Ck. No. | Amount. |
|---|---|---|---|---|---|---|---|---|
| 1 | Paid by M.D. #4 | | 70 00 | | 1 | Paid by O.M.F.C., | | |
| 2 | | | | | 2 | Eng Auth C.A.N. 528 | | |
| 3 | | | | | 3 | issued from M.D. #4 | | 170 00 |
| 4 | | | | 15 4/20 | 4 | C.A.N. #2431 issued | | |
| 5 | | | | | 5 | by W.S.G., Ottawa. | | 350 00 |
| 6 | | | 70 00 | | 6 | | | 520 00 |

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

GEN'L AUDITOR
Posting checked by
L. Irwin
Date 13/4/20

Form P. 812B.
79691 6m 22/8/19 D.671

Ca
FILE NO 4757

# WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Silver Mrs Em

Address 44 Percy Street
North Kelvinside Glasgow Scot.

Dependent of #503189 Silver WW.

Address

| Date | Cheque No. | Gratuity | Paymen | Balance Due | Remarks |
|---|---|---|---|---|---|
| 1919 | | 34 18 7 | | | S.A. |
| Sep 4 | 68566 | | 16 8 9 | 18 9 10 | |
| Oct 18 | 123456 | | 6 3 3 | 12 6 7 | |
| Nov 11 | 132248 | | 6 3 3 | 6 3 4 | |
| Dec 8 | 154053 | | 6 3 4 | . . . | |
| | | 34 18 7 | 34 18 7 | - - - | |

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO. 2663

L

# ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs. E. Silver

Address 44 Percy St.
North Kelvinside, Glasgow

Name SILVER W. W.

From Canada: No. 503189 Rank Pte Unit 7th E.C.

| Rank | Authority | Unit |
|---|---|---|
| | | |

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND PAIL ADVICE FROM DATE OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on L P C

## ASSIGNED PAY

| Authority | | Dol. | Effect |
|---|---|---|---|
| ASSIGNED PAY | SEPARATION ALLOWANCE | " | " |
| 20 | 30 | " | " |
| 1.3.19 | 21-10-18. | " | " |

| Month | Cheque No. | Assigned Pay | Amount Separation Allce. | Total A.P. and S.A. | REMARKS |
|---|---|---|---|---|---|
| DEC. 191 | | | | | |
| JAN. | | | | | DISCHARGED TO CANADA |
| FEB. | | | | | N R 2546 Wibley - Wibley |
| MARCH | G34929 F81896 | 20. | 160 64 | £. S. D. 33-0-2 | S.A. granted 21-10-18. to 31-3-19. approved by Gen Auditor MD 4 |
| APRIL | | | | | |
| MAY | | Discharged 20 3/19 | | | |
| JUNE | | | | | |
| JULY | | U.T. 4806 = 29 3/19. | | | |
| AUG. | | | | | |
| SEPT. | | | | | |
| OCT | | | | | |
| NOV. | | | | | |
| DEC. | | | | | |
| JAN. | | | | | |
| FEB. | | | | | |
| MAR. | | | | | |
| APRIL | | | | | |
| MAY | | | | | |
| JUNE | | | | | |
| JULY | | | | | |
| AUG. | | | | | |

MARRIED OR SINGLE: Widower

PLACE OF BIRTH: Glasgow. Scotland

NAME AND ADDRESS OF NEXT OF KIN: Geo. P. Silver
5 Cowan Street. Glasgow Scotland

RELATIONSHIP OF NEXT OF KIN: Brother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**CASUALTIES. PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| Reverts to perm. rank (Sapper) | 31-5-16 | Pt II, 166 |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L NO. 503189 RANK ~~L/Cpl~~ Sapper NAME Silver William Walker

IF IN PERMT. CORPS WHAT UNIT — UNIT C. E. D.

TRANSFERRED TO 4th Div Engrs (12 Feb 6) DATE 11.2.17 AUTHORITY DOS 19.1.17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO L.A.B. Pool DATE 1-3-18 AUTHORITY P.II. 20. 15/7/18.

PLACE OF ATTESTATION Montreal

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 15-2-1916.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 Too. DATE EFFECTIVE 1-10-17. A.2.M. 24-9-17.

PAYABLE TO George P. Silver 5 Cowan St. W. Glasgow Scotland RELATIONSHIP Brother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE 1916 | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | 23 20 | 23 20 | | | | | | | | | | | | | | | | 23 20 | | | | 6d from London |
| 12 May to June 30 1.31 | 50 | 1.05 | 52 | 50 | 50 | 10c | 5 | - | | | | | | | 54 50 | | 1095 15/7/16 | | | | | | | | 9 73 | | | | | | 9 73 | 70 94 | | | |
| July 31 | 31 | 1.00 | 31 | - | 31 | " | 3 | 10 | | | | | | | 34 10 | 1133 | 15.6.16 | 1256 | 30.6.16 | | | | | 19 44 | 14 60 | | | 1 60 | 35 67 | 69 40 | | | | Overdrawn May 30 - June 30. 5s per day. |
| 1.31 Aug 4 | 31 | 1.00 | 31 | - | 31 | " | 3 | 10 | | | | | | | 34 10 | 1575 1427 | 9.8.16 31.7.16 | 1817 | 15.7.16 | | | | | 9 73 9 73 | 9 73 | | | 1 10 | 30 30 | 73 20 | | | | A.W.L. 1 day. Pt II, 189. |
| Sept | 30 | | 30 | - | 30 | | 3 | - | | | | | | | 33 - | 1701 | 31/8 | 1823 | 15/9 | | | | | 19 47 | 9 73 | | | 67 | 29 87 | 76 33 | | | | 6 D.V. 3/55 29/8/16. |
| Oct | 31 | | 31 | - | 31 | | 3 | 10 | | | | | | | 34 10 | 1958 | 30/9 | 2065 | 15/10 | | | | | 9 73 | 9 74 | | | | 19 47 | 90 96 | | | | |
| Nov | 30 | . | 30 | | 30 | | 3 | . | | | | | | | 33 . | 2219 | 31/10/16 | | | | | | | 9 73 | | | | | 9 73 | 114 23 | | 100 50 | 13 73 | |
| Dec | 31 | | 31 | | 31 | | 3 | 10 | | | | | | | 34 10 | 2466 2395 | 29/11/16 15/12 | | | | | | | 9 73 4 87 | | | | | 14 61 | 133 72 | | 115 50 | | |
| Total Rolls 1917 | | | 23 | 40 | | | 23 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jany. | 31 | 1.00 | 34 | 10 | | | | | | | | | | | 34 10 | 2589 | 25/11/16 2715 | 30.12.16 | | | | | | 9 73 | 9 73 | | | | 19 46 | 148 36 | | 130 50 | | |
| Feb 1/10 | 10 | 1.10 | 11 | | | | | | | | | | | | 11 | | | | | | | | | ~~9 69~~ | | | | | | 159 36 | | 134 50 145 50 | 13 86 ~~4 36~~ | Transfd to 4th Div Engrs DOS 19.1.17 |
| " 11/28 | 18 | " | 19 | 80 | | | | | | | | | | | 19 80 | 685 | 23/11/17 | | | | | | | 2 67 | | | | | 2 67 | 162 04 | | 152 50 | | |
| Mch 1/31 | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | 920 448 | 27/3/17 15/1/17 | 829 910 | 8/3/17 24/1/17 | B.D. Rouelle 1076 | 15/1/17 | | | 2 61 2 62 | 2 61 | 4 36 | | 1 10 | 15 91 | 194 73 | | 164 50 | | Dr 1½ 12 May 1916. Paid 1st Mch day on L.P.C. & in June 1916 C.E.F.O. July Lists. |
| Mch 1/30 | 30 | " | 33 | . | | | | | | | | | | | 33 . | | | | | | | | | | | | | | . . | 224 73 | | 182 . | | |
| | | | 391 | 90 | | | | | | | | | | 23 20 | 415 10 | | | | | | | | | 110 06 | 61 48 | 4 36 | | 4 47 | 187 37 | | | | |

503189 Spr Silver W.W. A.P. Nil

| DATE 1914 | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bfwd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 224 43 | | 182. | | |
| May 1-31 | 31 | 1.00 1.8 | 34 | 10 | | | | | | | | | | | 34 10 | 64 | 30/11/17 | | | | | | 5 23 | | | | | | 5 23 | 256 60 | | 194 | 59 60 | |
| June | 30 | " | 33 | - | | | | | | | | | | | 33 - | 109 145 182 | 5 15 3 11-6. | | | | | R.R. 80. | 2 68 2 67 2 67 | | | 29 20 | | | 8 02 | 281 58 | | | | |
| July | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | R.R. 80 | | | | 29 20 | | | 29 20 | 286 48 | | | | |
| Aug | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | 4th Liberty Loan 1140 15-6 | | | 267 | | | | 267 | 317 91 | | | | |
| Sept | 30 | " | 33 | - | | | | | | | | | | | 33 - | 220 239 | 1-7. 15-7. | 448 341 | 24-8. 15-8. | | | | 2 68 5 35 | 2 67 2 68 | | | | | 13 38 | 337 53 | | 257. | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR 3 | DR 4 | BALANCE | DEFERRED PAY | SER. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Oct. 1. | | ~~337 53~~ | | | | | | | 337 53 | 257 | |
| | P. Pay | 34 10 | | Acct 8138 | | | 15 | | | | |
| | | | | AR 558 1-9-17 | 268 | | | | | | |
| | | | | AR 601 15-9-17 | 268 | | 15 | | 337 27 | 257 | |
| | | 34 10 | | | 536 | | | | | | |
| Nov | P. Pay | 33 - | | B 59336 | | | 15 | | | | |
| | | | | AR 681 22-9-17 | 1070 7 | | | | | | |
| | | | | AR 698 15-10-17 | 357 | | | | | | |
| Dec | " | 34 10 | | B 59337 | | | 15 | | | | |
| | | | | AR 735 1-11-17 | 803 | | 30 | | 269 72 | | |
| | | 67 10 | | | 1126 7 | | | | | | |
| 1918 Jan | " | 34 10 | | C 19529 | | | 15 | | | | |
| | | | | AR 776 " 15-12-17 | 1249 | | | | | | |
| | | | | " 823 " 1-12-17 | 446 | | 15 | | 271 85 | 257 | |
| | | 34 10 | | | 1695 | | | | | | |
| Feby | " | 30 80 | | C 81328 | | | 15 | | | | |
| | | | | AR 899 15-12-17 | 357 | | | | | | |
| | | | | Can. Gen. Bank Dept | | | | | | | |
| | | | | AR 7[illegible] 26-1-18 | 892 | | 15 | | 275 16 | 257 | |
| | | 30 80 | | | 1249 | | | | | | |
| | | | | C | | | | | | | |
| Mar. | | | | 23136 / 31-1-8. | | | 15 | | 26016 | | |
| | P Pay | 34 10 | | | | | | | 29426 | | |
| | | | | AR 526 Nov 10 C 7 E 25/2/18 | 357 | | | | 29069 | | |
| | | | | - 7663 C 4 A D 9/3/18 | 446 | | | | 28623 | | |
| | | | | ✓ 465 Nov 10 C 7 E 14/2/18 | 268 | | | | 28355 | | |
| | | | | ✓ 765 ✓ 25/3/18 | 357 | | | | 27998 | | |
| | | | | | 1429 | | | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR 3 | DR 4 | BALANCE | DEFERRED PAY | SER. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mch | Bal Fwd | 34 10 | | | 1428 | | 15. | | 279 98 | 257 | |
| | | | | AR 661 Nov 10 Dec 7 C | 13/3/18 | 446 | | | 275 52 | | |
| | | | | ✓ 9469 C A D | 20/3/18 | 446 | | ✓ | 271 06 | | |
| | | | | | 2320 | | | | | | |
| | | 34 10 | | | 2320 | | 15 | | | | |

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

P 820
12[illegible] 375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ENGLAND OR ~~CANADA.~~ | SEPARATION ALLOWANCE. | * ENGLAND OR ~~CANADA.~~ |
|---|---|---|---|
| EFFECTIVE DATE:- ~~4/10/17~~ | 1.12.18. | EFFECTIVE DATE:- 21/10/18 | |
| AMOUNT:- ~~15 00~~ | 20. 00 d/f. | AMOUNT:- 30 00 | |

NAME:- SILVER Walter Walker

NUMBER:- 503189

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Spr |

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

~~George P. Silver~~
~~5, Ceoan St W~~
~~Glasgow Scot~~
Mrs Elizabeth Silver (wife)
44 Percy St;
North Kelvin Side, Glasgow. Scot:
LP&C commenced 4.2.19
AP Stopped 1-3-19

Same

Granted permission to marry Bo 58 28 11/18 7 Emp Corp

UNIT AND TRANSFERS

ORIGINAL UNIT:- CETD

DATE ACCOUNT FIRST OPENED:- 12/5/16

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | Labor Pool |
| 56. 31. 10-18 | 1/11/18 | 26.11.18. | T/C Corps Emp Co. L. |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

| DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT |
|---|---|---|---|---|---|---|---|
| 23.12.18 | 13772 | Wilky £2 | 9 73 | | | L's Bal | 249 66 |
| ~~4.1.19~~ 3.1.19 | ~~14446~~ 455 | " £1 | ~~4 87~~ 3 80 | | | RPC a/c | 225 3 2 |
| ~~14.1.19~~ | 15936 | " £1 | ~~4 87~~ | | | | |
| ~~30.1.19~~ | 18448 | " £1 | ~~4 87~~ | | | | |
| | | | 2434 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBSISTENCE ALLOWANCE |
|---|---|---|---|---|
| | 1 | 10 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- dis to Base 28/1/19 as Wilky NR 25116 Wilky to Wilky 5/2/19 2nd 10 4/- 10 from 5/2/19 12/2/18

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mch 31st | Bal Ford - | | | | | | | | 27106 | 257 | |
| Apr | PP | 33 - | | APCK a 25850 £3-1-8 | | | 15 | | 28906 | | |
| | | | | Dnak 178 CCAF 5.4.18 | 4 46 | | | | 28460 | | |
| | | | | " " 455 CCM JC 2.4.18 | 3 57 | | | | 28103 | | |
| | | 33 | | | 8 03 | | 15 | | | | |
| May | PP | 34 10 | | CK A61560. £3.1.8 | | | 15 | | 30013 | | |
| | | | | AR 299 5 Dec 15.5.18 | 8 03 | | | | 29210 | 257 | |
| | | 34 10 | | | 8 03 | | 15 | | | | |
| JUN 1918 | PP | 33 - | | £ 3.1.8. B68034 | | | 15 | | 31010 | | |
| | | | | Dnak 1387 66 Sq Co 1.6.18 | 3 57 | | | | 30653 | | |
| | | | | AK 635 54 Bn 18.6.18 | 4 46 | | | | 30207 | 257 | |
| | | 33. | | | 8 03 | | 15 | | | | |
| | | | | B. 8766. £3.1.8 | | | 15 | | | | |
| July | PP | 34 10 | | | | | | | 32117 | | |
| | | | | AK 759 5H Bn 17.7.18 | 4 46 | | | | 31671 | 257 | |
| | | | | Dnak 1078 13th Coy 23 7/8 | 3 57 | | | | 31314 | | |
| | | 34 10 | | | 8 03 | | 15 | | | | |
| AUG | PP | 34 10 | | APCK C3404 £3.1.8 | | | 15 | | 33424 | | |
| | | | | AK 3901 11 Cc RQ 7.8.18 | 3 57 | | | | 32867 | 257 | |
| | | 34 10 | | | 3 57 | | 15 | | | | |
| SEP | " | 33 - | | D 11484. £3.1.8 | | | 15 | | 34667 | | |
| | | | | AK 5080 55 Ch Co 16.9.18 | 3 57 | | | | | | |
| | | | | Dnak 4422 " 1.9.18 | 7 14 | | | | 33596 | 257 | |
| | | 33 | | | 10 71 | | 15 | | | | |
| Oct | " | 34 10 | | B 4782 £3.1.8 | | | 15 | | 35506 | | |
| | | | | 3 AK 114 - Cmmd Mco 7.10.18. | 9 33 | | | | 34573 | | |
| | | | | 5 AK Rem 43714-b 10.10.18 | 73 . | | | | 27273 | | |
| | | 34 10 | | | 82 33 | | 15 | | | | |

NUMBER 503189 RANK NAME SILVER, W. W.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Oct. | | 3 14 10 | | | 82 33 | | 15 | | 272 73 | 287 | |
| | | | | 62 a.R. 7th - 4th C. Eng. Bty. 3.10.18 | 3 73 | | | | 269 00 | | |
| | | 34 10 | | | 86 06 | | 15 | | | | |
| Nov. | P. P | 33 . | | D. 99816 13.1.8. | | | 15 . | | 287 - | allowed 30-11-18 | |
| | | | | 7805 15 4/18 Sub Staff (1) | 16 79 | | | | 270 21 | | |
| Dec | | 3 14 10 | | No 659448 | | | 20 | | | 289 | |
| | | | | 5714 G B D 8 12/18 2. | 4 66 | | | | | | |
| | | | | CP 82025 12 12/18 2. 7012 | 48 67 | | | | 230 98 | 219 | |
| | | | | 5219 8 12/18 2. | 4 66 | | | | | | |
| Jany | PP | 3 14 10 | | No 701446 | | | 20 | | | | |
| | | | | 11825 G D 12.12.18 | 9 73 | | | | | | |
| | | | | 12176 12-12-18 | 9 73 | | | | 220 96 | 219 | |
| | | 10 120 | | | 94 24 | | 55 | | | | |
| | Interest on deposit pay to 28 2/19 | 1 90 | | | | | | | | | |
| Feby 1919 | PP | 30 80 | | Cheque No 7 96054 | | | 20 | | 249 66 | 219 - | |
| | | | | 13722 G D 24 2/18 | 9 73 | | | | | | |
| | | | | 15936 - 16 1/19 | 4 87 | | | | | | |
| | | | | 14469 3 1/19 | 4 87 | | | | | | |
| | | | | 7421 13 2/19 Cancelled Lee | 9 73 | | | | | | |
| | | | | 18418 G D 30 1/19 | 4 87 | | | | 215 59 | | |
| | | 48 70 | | | 34 07 | | 20 | | | | |

Sol Stotesbury 20 2/19 £5 17 6 D to 4

Army Form B. 103. Sheet II Regimental Number 503189

## Casualty Form—Active Service.

Regiment or Corps 12th Fld. Coy, C.E.

Rank Spr. Surname Silver Christian Name W. W.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|---|---|---|---|---|---|
| | Aay. | TOS Labour Pool Embarked ... from 12 Field Coy CE Disembarked ... | | 11.2.18 | KR16276 Pt 20 ... a/-15/2/18 |
| 12/2/18 | C.G.B.D. | To. #10 Dist C.F.C. | | 12/2/18 | N.R. 963. |
| 16/2/18 | 31 Co C.F.C. | Arrived for Duty | | 13/3/18 | B213. |
| 22.3.18 | C.G.B.D. | T.O.S. from 10 C.F.C. | | 21.3.18 | N.R. 761 |
| 23.3.18. | No 10 Dist. | To C.G. B.D. | | 20.3.18 | B213. |
| 30-3-18. | C.G. B.D. | To CCRC | | 30.3.18. | N/R 1102 |
| 25/3/18 | do | Classification unchanged. | | 25/3/18 | W5339/427 |
| 2/4/18 | CCRC | Arrived | CCRC. | 2/4/18 | NR/4. |
| 18/5/18. | C. Corps Troop. M.T. Coy. | Despatched to C.C. Salvage Coy | | 13/5/18. | B213. |
| 21/3/18 | S.O.S | Demob | DD4 | 20/3/18 | D.O 80 |

(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) Signaller, Shoeing-Smith, &c.

W. 8635 M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B/103 E/1807. P.T.O.

[signature] Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

| Report Date | Report From whom received | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|---|---|---|---|---|---|
| 16-10-18. | Lab Comdt. | Transferred to 7th Cdn Area Emp Coy and S.O.S. Cdn Lab Pool. | | 18/10/18. | Pt II 172: 23/10/18. KR 25502/5/2 |
| do | do | T.O.S. 7th Cdn Area Emp Co | | 19-10-18 | P II 056 d/= 31-10-18 |
| 2-11-18 | 7 C.A.E. Coy. | 14 days leave | uk. | 7-10-18 | B213 P II 058 d/= 28-11-18 |
| do | do | Returned from leave | | 21-10-18 | B213 |
| 2-11-18 | do | Granted permission to marry in accordance with order-in-council Canada P.C. 1872 d/= 6-7-18 | | 20-10-18 | B213 P II 058 d/= 28-11-18 |
| 4/12/18 | A.A.G. | Transferred to England + posted to Can. General Depot Witley | | 4/12/18 | K.R. 36343/3 P II 060 d/= 16-12-18 |
| | | | | | H. Christie Capt for Lt-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F. |
| 11-12-18 | Gen'l Depot | T.O.S. from 7th Area Emp Coy | Witley | [illegible] | [illegible] |
| | | | | | [illegible] Lieut. for Major i/c Records O.M.F.C. |
| 10-2-19. | Gen. Depot. | S.O.S. to C.C.C. Rhyl. M.D. 4 Wheel. | Witley | 9-2-19. | 0.0.33 |
| | | | | | J. W. McClung LIEUT. OFFICER i/c RECORDS, |
| | | 9/2/19 T.O.S. | | | |
| 20/2/19 | S.O.S. | | | | |

Lieut. Officer i/c Records No. 4 M.D. Concentration [illegible]

G.C.C. Kinmel Park on Embarking for Canada Part II Order No

G.C.C. Kinmel Park for return to Canada Part II Order No. [illegible]

93855

Perforated sheet for Will from Pay Book of Reg.

No. 503 189.

Name Silver L&W

Unit Canadian Engineers

## Military Will.

In the event of my death I give the whole of my property to my brother Geo P. Silver. 5 Cowan Street Glasgow Scotland.

*Signature* L&W Silver

*Rank and Regt.* Sapper Canadian Engineers

*Date* 22 Jany 1917

WAR SERVICE BADGE
Class "A" No. 248800 ISSUED

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. | 503189 |
| Rank | Pte. |
| Surname | SILVER, Wm. Walker |
| Christian Name | |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) | C.E., C.E.F. |
| Date of Discharge | Mar. 20th, 1919. |
| Place of Discharge | Montreal, QUE. |

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | |
|---|---|
| Age | ~~39~~ 42 years 5 months. |
| Height | 5 feet 4½ inches. |
| Complexion | Dark |
| Eyes | Brown |
| Hair | Dark |
| Trade | Surveyor. |
| Intended place of residence (To be given as fully as practicable.) | 44 Percy St., Maryhill, Glasgow, SCOT. |

Descriptive Marks

One vacc. scar lt. arm.
Scar over rt. eyebrow.
Scar at base of thumb, right hand.

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

R.O.#1420 Demob.

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.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

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

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, QUE. W. W. Silver (*Signature of Soldier.*)

(Date) Mar. 20th, 1919. D. Edwardson (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, QUE.

(Date) Mar. 20th, 1919.

(*Signature*) H. Fisher Lieutenant.

Officer i/c Discharge Section, District Depot No. 4

## Reservations referred to at Para. 8.

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

NO RESERVATIONS.

Lulu Silver

(OVER)

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form B. 263. | |
| Squadron / Battery / Company } Conduct Sheet, | " B. 263a. | |
| Copies of Convictions, by C. P. | in MS. | |
| Med. Hist. Sheet, | Militia Form B. 313 | |
| Medical Report for Invalid* | " B. 227. | |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " D. 877. | |

*Only if discharged "Medically unfit."

| | |
|---|---|
| Attestation Paper, | Militia Form B. 235. |
| Proceedings on Discharge | " B. 218. |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet (in the event of such having been prepared.)

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal, DATE March 14, 1919.

1. 1 (a) Unit D.D. 4 (b) Regimental No. 503189 (c) Rank Pte.

(d) Surname SILVER (e) Christian name William Walker

(f) Home address 44 Percy St. Maryhill, Glasgow, Scotland.

(g) Next of Kin Mrs. Elizabeth Silver (h) Relationship Wife

(i) Address of Next of Kin same as above

2. Age last birthday 42 Date of birth October 21, 1876

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Feb. 15th/16

4. Personal description:

(a) Height 5' 4½ (b) Weight 125 (stripped) (c) Complexion Dark

(d) Colour of hair dark (e) Colour of eyes brown (f) Identification marks, Scars, etc. one vac. scar left arm - scar over rt. eyebrow, scar base of thumb rt. hand.

5. Former trade or occupation Surveyor

| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | Days |
|---|---|---|
| | 3 | 27 |

| | Periods From | Periods To |
|---|---|---|
| Canada | Feb. 15, 1916 | June 1st, 1916 |
| England | June 1st, 1916 | Jan. 6th, 1917 |
| France or other theatres of War England & Canada. | Jan. 6th, 1917 Dec. 7th, 1918 | Dec. 7th, 1918 to date |

7. Original disease, or injury Chronic Bronchitis

(a) Date of origin Prior to enlistment (b) Place of origin England

(c) Cause Exposure to colds and general service.

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function of Respiratory system from Bronchitis.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective - Flat and poorly developed chest. Expansion very poor. No impaired resonance with the exception of numerous moist rales heard over both bases of the lungs (more marked on the left side). They are otherwise normal. Vesiculat-bronchial breathing over scattered areas of the back of left lung.

Subjective - Subjected to frequent coughs especially when lying down, expectorates about ZI phlegm daily of a stieky whitish and frothy appearance. No diffi culty in bringing up the sputum. Sleep is sometimes disturbed on account of cough. Gets easily tired on any kind of exertion. No night sweats. Little dyspnoea after moderate exercise. External Haemorrhoids prior to enlistment not aggravated during service No hernia, varicocele, varicose veins or goitre.

Urine analysis - alb) none
sug)

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No..Cardio-Vascular System..No.. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..No.. (Albumen and Sugar will be excluded.)

Special Senses..No..Respiratory System..No..Integumentary System..No..

Disturbances of Mentality..No..Digestive System..No..Muscular System..No..

Osseous and Joint Systems..No..Any other general condition..No..

10. (a) History (of the condition referred to in Section 9 (a).)

Prior to enlistment subjected to colds and sore throats. In Nov./18 at Etaples France just been troubled with an irritating cough. Was soon relieved from it; when he came back to England, Dec.7/18 sore throat came on suddenly followed by cough and phlegm. Had. M.O. treatment at Whitby for his bronchitis for 6 weeks. Felt somewhat relieved but in February 1919 condition started again and became somewhat worse. At present complains of the above symptoms.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles, Scarlet Fever, Whooping cough and convulsions during childhood
Abscess over his chest at age of 22. German Measles at 26 yrs.
Mala rial Fever 1895-1898.

(*c*) (Here give a description of wounds, scars and deformities.

Crushed big toe of rt. foot, 1917 in France - No disability

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Slightly aggravated - at time of enlistment cough and expectoration was not so troublesome.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 - 6 months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

6 weeks treatment in England.
No hospital treatment in France.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

H. P. Templeton Lt.
*Medical Officer by whom the case is brought forward.*

## STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned William Silver have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Colo Silver Rank.
*Signature of invalid examined.*

J.G.L.F.

## OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur.

19. Is the invalid fit for

| | | | |
|---|---|---|---|
| (a) General service, | (Category A) | (Yes or No.) | |
| (b) Service abroad, not general service, | ( " B) | (Yes or No.) | |
| (c) Home service (Canada only), | ( " C) | (Yes or No.) | N.A. |
| (d) Temporarily unfit. | ( " D) | (Yes or No.) | |
| (e) Unfit for service in Categories A, B and C | ( " E) | (Yes or No.) | |

20. It is certified that the invalid

~~(a) Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

[signature] Capt. President.

PLACE Montreal, P.Q., M.D. #4.

DATE March 17, 1919.

John F.C. Foster Capt. } Members

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE.....

DATE..... } Members

APPROVED BY

A.A. Robertson Capt
for Assistant Director of Medical Services.

DATE 17, Mar 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

PART I. A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 503189 Rank Pte Surname SILVER Christian Name WILLIAM WALKER

Unit or Corps—(a) Overseas from United Kingdom 7th Can. Inf. Coy. (b) in United Kingdom Gen. Depot

Born at—Town GLASGOW County or Province LANARK Country SCOTLAND

Date of Birth—Day 21 Month Oct. Year 1876 Age 42 yrs. 3 months.

Joined at MONTREAL QUE. CANADA Date 15-2-1916

Former trade or occupation SURVEYOR.

Permanent Marks or any peculiarity that will serve for future identification :—

2 VACCINATION MARKS L^F ARM

Height—feet 5' inches 4½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) Wm Silver

## Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) DEBILITY

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

| | | Place of origin. | Date of origin. |
|---|---|---|---|
| (*i.*) As to Group (*a*) above. | GENERAL SERVICE | France | 1917-18 |
| (*ii.*) As to Group (*b*) above. | | | |
| (*iii.*) As to Group (*c*) above. | | | |

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? NO. If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? N.A. If yes, has Active Service aggravated it ? N.A.

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? YES.

(*ii.*) As to Group (*b*) above ? N.A.

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY. Enlisted, 15th Feb. 1916. Montreal Que. In France 23 mos. Had Contusion R. foot 31-12-17 to 26-1-18 - No disability. Classified B2 4-2-18 C. G. B. D. (Documents) Man states that feels fit at present. Says he can walk 3 miles with a pack in his own time.
Scarlet fever ac. 7.
Abscess of abdominal wall? ac. 21.6 wks. in bed.

6. PRESENT CONDITION. Compl: none -
Moderately well developed, thin & debilitated looking man who appears older than the stated age.
Thin underdeveloped man - pigeon breasted - poorly developed chest - scar ins. long - epigastrium just below & to rt. of xiphoid cartilage - Heart apparently normal, Lungs Ditto - urinal sis 1020 - ac. no abb. no sugar.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. N.C.
(iii.) Was one advised and declined?

*NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.*

8. (i.) Is there loss or decay of teeth attributable to Active Service?
(ii.) If so, describe. No

9. DO YOU RECOMMEND:— (b) Invalid to Canada? No
(a) Fit for duty? (state category) B II (c) Discharge from the Service as permanently unfit? N.C.

Date of Report Jan. 27 1919. Signed J. M. P. Malone
Officer in medical charge of case.
Station Witley Camp Surrey. Capt. Cam. C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
NOT IN HOSPITAL {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....
*Delete if inapplicable.

PART II.

## Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier { Caused? / Aggravated? } no

(b) Misconduct of the Soldier { Caused? / Aggravated? } no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*)

na

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) na

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? na
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no

17. Can the former trade or occupation be resumed? yes

18. REMARKS :—

AVENORLEY. Adj 1 (9083) 7/11-11-18
Hasn't lost any weight. Eats well & sleeps well but becomes easily fagged on exerting himself

19. RECOMMENDATION :—

(a) Fit for duty? (*state category*) B II

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit? } no

Date of Board 28-1-19

Signatures of the Board { R. J. Barlow Major C.A.M.C. President. / W. Turey capt. Cam

Station Witley Camp Surrey

Approved [signature] CAPTAIN, For A.D.M.S. CANADIAN TROOPS, WITLEY, A.D.M.S.

Dated at

Station

HEADQUARTERS A. D. M. S. 28 JAN. 1919 File..... CANADIAN TROOPS, WITLEY.

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## Statement of the Soldier

*(This is to be completed only in the case of the Soldier taking his Discharge in England.)*
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
*Signature of Soldier examined.*

## Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

### ENTRIES OF RECATEGORIZATION

| Date | Station | Category | Signature of M. O. | Date | Station | Category | Signature of M. O. |
|---|---|---|---|---|---|---|---|
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527

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 503189 RANK Pte NAME (IN FULL) Silver Wm Walker

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1/4/19

AP 16799 - W-15 - d/16-6/19

TO WHOM PAID | RELATIONSHIP

ADDRESS

Mrs Elizabeth McGregor Silver
44 Percy Street
Kelvinside N.
Glasgow - Scotland

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| T.O.S | 21-2-19 | Do 64/3 |

ORIGINAL UNIT C.E.F. C.E. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Montreal | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 15/2/16 | TRANSFERRED TO S/S Lapland 20/2/19 O/S France | DATE | AUTHORITY

ASSIGNED PAY, $ 20.00 | DATE EFFECTIVE 1-4-19

PAYABLE TO Mrs E. Silver | RELATIONSHIP wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 44 Percy St
North Kelvin Side
Glascow

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Montreal | DATE 20/3/19 | REASON DD4 19 | AUTHORITY S 766 | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ C. | OTHER CREDITS $ C. | $ C. | TOTAL CREDITS $ C. | ACQUITTANCE ROLLS COL. NO. 1 NO. DATE | COL. NO. 2 NO. DATE | COL. NO. 3 NO. DATE | CASH PAYMENTS COL. NO. 1 $ C. | COL. NO. 2 $ C. | COL. NO. 3 $ C. | ASSIGNED PAY $ C. | REGIMENTAL CHARGES $ C. | OTHER CHARGES $ C. | $ C. | TOTAL DEBITS $ C. | BALANCE DEBIT $ C. | CREDIT $ C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Balance from previous account March | | | | | 135 72 | | | | | | | | | | | | | | | Cr. L.P.L. Subs 3-3-19 to 17-3-19 Do 64/3 |
| 28-2-19 - 1-3-19 20-3-19 | 20 | 1.10 | 22 00 | 12 00 35 00 | | 204 72 | 29478 14-3-19 | | | 274 72 | | | | | | | 274 72 | 70 00 | | 35.00 C C |
| | | | Other Credits | W. S. C. | S. A. | Total | War Service Gratuity | | | | | | | Other Charges | W. S. G. | S. A. | Total | Balance Soldier | Dependant | W/pd S/A for March 1919 - AP 16799-W-15 d/16-6-19 |
| | | | | 420 00 | 180 00 | 600 00 | | | | | | | | 10 00 | ~~420 00~~ 70 00 | | 80 00 | 350 00 | 170 00 | S.A. pd by Eng. |
| 20/4/19 | | | | | | | | | | | | | | | — | 20 00 | | | 150 00 | 2609 |
| 20/5/19 | | | | | | | | | | | | | | | — | 30 00 | | | 120 00 | rend. |
| | | | | | | | | | | | | | | | — | 30 00 | | | 90 00 | 16/7/19 |
| | | | | | | | | | | | | | | | — | 30 00 | | | 60 00 | |
| | | | | | | | | | | | | | | | — | 30 00 | | | 30 00 | |
| | | | | | | | | | | | | | | | — | 30 00 | | | | |
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| | | | | | | | | | | | | | | | | 180 00 | | | | |
| | | | | | | | Fol. 67, A.P. 16799 W 15. | | | C.A.N. # 2431, 15 4/30 W.J.S. | | | | | | 350.00 | | | | W.S.G., Ottawa. |

No payments to man. Died 28-4-
In order to pay SA only

60m.-11-18. L. L. 51777. M. & D. 9585.

| MONTH | PAY AND F. A. | | | | OTHER CREDITS | | | | TOTAL CREDITS | | ACQUITTANCE ROLLS | | | | | | CASH PAYMENTS | | | | | | ASSIGNED PAY | | REGIMENTAL CHARGES | | OTHER CHARGES | | | | TOTAL DEBITS | | BALANCE | | | | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT | | | | | | | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | | | | | | | | | DEBIT | | CREDIT | | |
| | | | $ | C. | $ | C. | $ | C. | $ | C. | NO. | DATE | NO. | DATE | NO. | DATE | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | |

Perforated Sheet for Will from Pay Book of Reg.

No. 503189

Name Silver W.W.

Unit Canadian Engineers now 7th Canadian Area Employment Co

# Military Will.

In the event of my death I give the whole of my property effects to my wife. Mrs Elizabeth Silver. 44 Percy St. North Kelvinside Glasgow Scotland. hereby revoking former will No E 80-4 E 17217 made Feby 17th - 1917 + declare this to be my last Will

Signature W W Silver 503189

Rank and Regt. Private. 7th Canadian Area Emp. Co late C.E. 12th Batt.

Date 27th Nov. 1918

DEPARTMENT
— IN —
DEC 11 1918
123, OXFORD ST.
LONDON, W. 1
O.M.F. OF CANADA.

REGISTERED
WILLS-SECTION
14 DEC 1918
STATES O.M.F.C., LONDON

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

absolutely, and my personal estate I bequeath to

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.

day of A.D.191

Signature of Soldier.

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.

Signature of First Witness

Address of Witness