

Unit 2<sup>nd</sup> Rec Co. 5<sup>th</sup> R.H.C Rank Lieut Name Thomas West  
CE.F

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? *West*  
 (b) What are your Christian Names? *Thomas*
2. (a) Where were you born? (State place and country) *Stalybridge, England*  
 (b) What is your present address? *158 Metcalfe St. Montreal*
3. What is the date of your birth? *4<sup>th</sup> Aug 1888*
4. What is (a) the name of your next-of-kin? *John West*  
 (b) the address of your next-of-kin? *Hough Hill, Stalybridge, Eng.*  
 (c) the relationship of your next-of-kin? *Father.*
5. What is your profession or occupation? *Chemist & Metallograph.*
6. What is your religion? *Protestant (Baptist)*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
8. To what Unit of the Active Militia do you belong? *5<sup>th</sup> R.H.C.*
9. State particulars of any former Military Service.  
*5 yrs. O.T.C. Manchester Univ.  
 1½ yrs. C.O.T.C. McGill Univ.  
 5 mos 5<sup>th</sup> R.H.C. Hunt.*
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

The undersigned hereby declares that the above answers made by him to the above questions are true.

*Thos West.*

(Signature of Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* *fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date *Nov 16* 1914

Place *Montreal*

\*Insert here "fit" or "unfit"

*For Army Capt*  
Medical Officer.

M. F. W. 51

40m.-12-15.

H. Q. 1772-39-917.



REGT'L. NO. Lieut

H. Q. FILE NO. 649

~~RANK AND CORPS~~ Lieut Thomas ~~42nd Regt~~ ~~5th R H. Inf.~~

~~CABLE~~ FOLLOWS

~~NO.~~ Reunited 3rd RD

~~FOLLOWS~~

100 1918

~~NATURE OF CASUALTY~~

5-10-18

01562

Killed in Action

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

List No.

# 51 Gen

HOSPITAL FILE

DATE OF  
ADMISSION

REMARKS

837-2

Mo 5. Gen. E. Lakes

14-11-17

N.D. Gell

1069-1

5. Ban. Sold. Amb.

15-8-18

Scoliosis

1073-1

14 Ban. Sold. Amb

26-8-18

...

1084-1

Discharged To Duty

2-9-18

"

1103-1

Rept from Base  
Keed in U.S. Cavin

29-9-18.

RANK

no

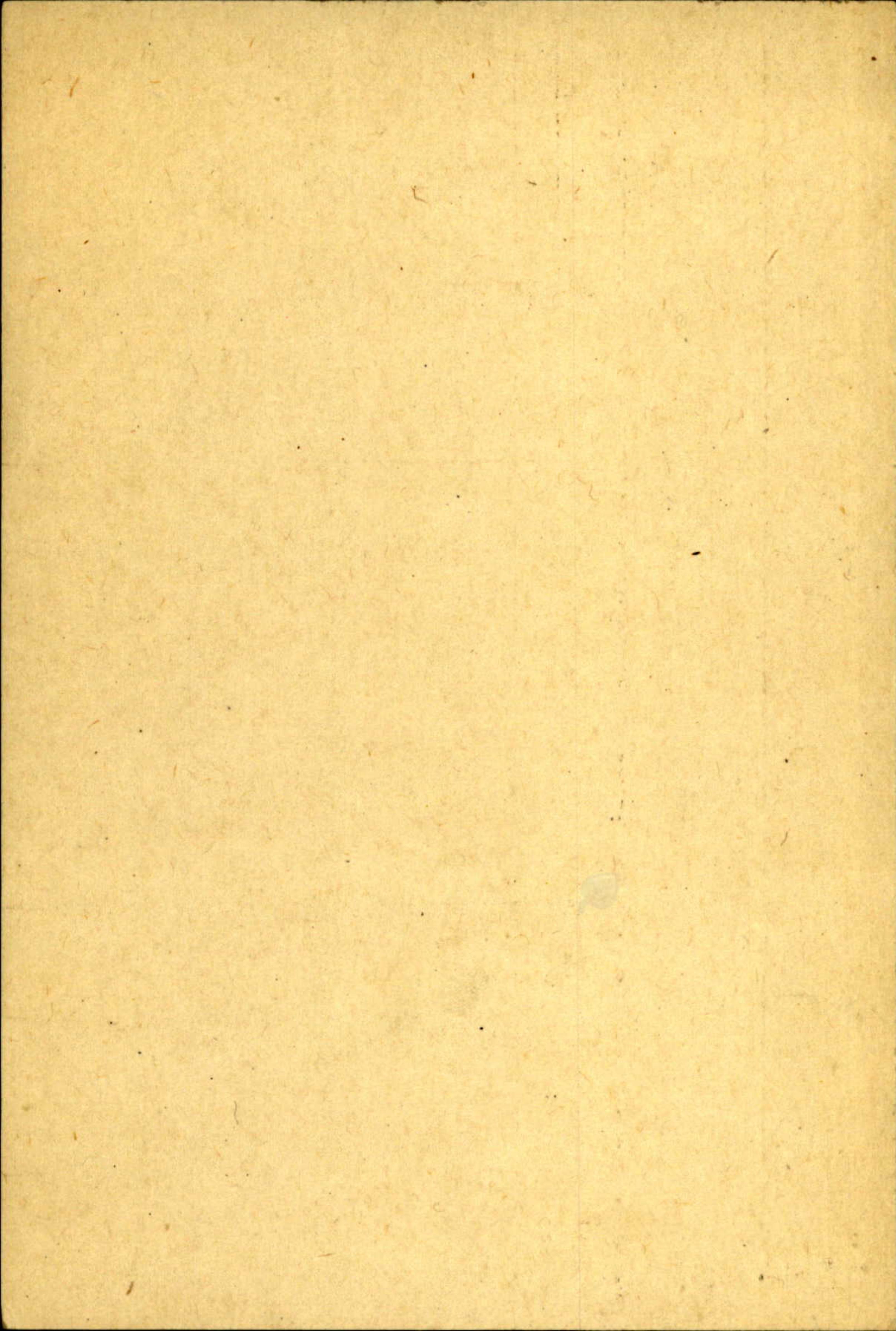
**NAME** *Welt, G.*

NAME

**T.O.S.** 22.11.16 **UNIT** 5<sup>th</sup> Clg.  
(10.0.13 of 1-12.16) **Dayalji**

s. 22. 11. 16 UNIT 3 stock.  
(100.13 of 1-12.16) Royal Highlanders of Canada.

M. D.



✓ 133 B 104 - 93 66  
Reg. No. 9-111-1074  
TEUT

~~1074~~  
Reg. No. 9-W-1074  
John West (father)  
Wrought Mill.  
Stalybridge. England.

Name	Rank
WEST	C/L 10 8
Unit	Next of Kin
✓ 42nd Battalion	✓ Mr. Kinsman



WEST ✓  
Rank Lieut.  
Reg. No.

Thomas

Unit

42nd Bn. ✓  
John Webb

Next of Kin John Webb (Father) Hough Hill, Staybridge • Eng.

卷之三

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23.10.17	51 G.H. Etaples	VD S1t.	813			
14.11.17	Break to duty (W.D.)	839	As. 3-12-17			
15.11.17	Break to duty	1069				
16.11.17	Break to duty	1073				
17.11.17	Break to duty	1084				
18.11.17	Break to duty					
19.11.17	Break to duty					
20.11.17	Break to duty					
21.11.17	Break to duty					
22.11.17	Break to duty					
23.11.17	Break to duty					

Date

Movement

Place

Casualty

List  
No.Notified  
N/K O.

W.O. List

558-23-21)

Surname. West

CARD NO.

FOLL.

Christian Names Thomas

Regl. No.

Rank

Lieut.

Unit 5th R.H. of C. (2nd Reinf. Co.) / 3rd R.D. /  
5th R. H.C. 5 mos.  
Former Corps O.R.C. (5 yrs.), C.O. 1/2 yrs. ) McGill Univ.

Next of Kin.

Names in Full West, John

Relationship to Soldier Father

Address Stough Hill, Otalybridge, Eng.

Change of Address

Country of Birth England

Place of Attestation

Date Aug. 4th. 1888.

Date

L. L. 6945 M. &amp; D. 6894

M. P. W. 22. 100M.-8-16, H. Q. 1772-39-330.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING *C hemist*

RELIGION *B aptist*  
DESCRIPTION.

APPARENT AGE

YEARS      MONTHS

HEIGHT

FEET      INCHES

CHEST MEASUREMENT

INCHES

COMPLEXION

EYES      HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE *Montreal, P.Q.* DATE *Nov. 16th. 1916.*

Present Address: 158 Metcalfe St., Montreal, P.Q.

~~73~~  
LIEUT.

Rank.

W.E.S.T.

Surname.

THOMAS

Christian Name.

F.R. A.N.G. E.

Unit.

4.3 m.d. Bn.

Type of War.

Dates of Service.  
11.4.17 - 13.10.17

Remarks.

On leave

Address.

Mrs. Mary

W.H. Young, Hamble West,

A.C. 18

Holybourne

Wiltshire

Roll No.

218

Date

21st June  
England

APR 18 1921

1921 SEP 14 1921  
WOO: 31188 ab  
Loy 933 223

WEST Thomas

Lieut.

14 - 15

Medals & Dec.

Mother,

Mrs Ann West,  
101 Spring Bank Street,  
Stalybridge Cheshire  
England.

Plaque & Scroll  
*Memorial Cross*

Plaque & Scroll  
*Memorial Cross*

Father,  
John West Esq.,  
as above

22110

Mother  
scroll Desp. 24192 Regn. No 22956

As above

Memorial Cross

Plague Desp. 19112 Regn. No 142834  
Sep 9 1920

Desp.

SEP 9  
1920

142834  
(m) C 2, 846

W

✓

312

Surname. Christian Name.  
WEST T.  
Rank. Unit.  
Lieut. 42nd. Batt

Date of admission.  
No. 51 General Hospital, Etaples. 23-10-17.  
5 Canadian Field Ambulance. 15-8-18.  
No. 14 Canadian Field Ambulance. 26-8-18.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. V.D.slt. (Q).

Later diagnosis. V.D.G. Scabies. QM.

R.F.B., KILLED in ACTION:-29-9-18. JR

Disposition. Date.  
Disch. to Duty:-14-11-17  
do. do. 2-9-18

25-10-17 813.

22-11-17 837-2.

26-8-18. 1069.

C.L. 30-8-18 1073. Remarks.

C.L. 12-9-18 1084.

C.L. 4-10-18 1103.

C.L. ....

C.L. ....

C.L. ....

A.M.D. 2 DEPT.

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

**Surname****Christian Name****Reg. No.****Rank****Unit****MEDICAL BOARD held at****Date****Serial No.**

(1)

**Other Medical Boards at****Date****Serial No.**

(2)

(3)

(4)

(5)

**Condition found by Board****Disposition Recommended**

(1)

(2)

(3)

(4)

(5)

**PENSIONS & CLAIMS BOARD held at****Date.....****Disposition****Remarks**

Register No. *Dul 1179*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

019149-7-11  
A.P. File No. ....

Reg't No. .... Name *Thomas West*  
(Christian Name)  
Unit *42 Bn* Rank *Sgt* Date of enlistment .....

Date of casualty *29/9/18* B.P.C. File No. *136208*

Was service performed overseas? *yes*

DEPENDENT

Name *John West* Relationship *Father*  
Address *10 Springbank St.*  
*Stonyfield, Shalbrough*  
*Cheshire, Eng -*

*J.W.* Amount of Special Pension Bonus \$ *nil*

Eligible for Gratuity .....

Less amount of Special Pension Bonus paid .....

Less Debit Balance of S. A. or A.P. ....  
Total deductions \$ *nil* *Mr. &*  
Balance due \$ *nil*

Cheque No. .... Date issued .....

REMARKS : *Excellent man paid*

Clerk *G. Anderson*

Audited by *G. Anderson*  
Date .....

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

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name	Surname	Christian Name	Address (in full)
Regimental Number	Rank	Original Unit	District where paid
Unit			
Date of Discharge			
P. D. P. Filing Number			

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

L.L. 53961—M. & D. 9721

### Remarks:

1772-39-1140

Estates. 223-40M.  
3556-19-9-17.

RECORD OFFICE  
BRANCH  
FORM OF WILL.  
21 JAN. 1919  
CANADIAN  
EXPEDITIONARY FORCE

L/131363.

I, Thomas West

(Name in full)

Regimental Number Lieutenant serving in 2nd Rein. Co. 5th R.H.C. of the  
the Overseas Military Forces of Canada, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Ann West

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

Hough Hill, Stalybridge

Cheshire England

absolutely, and my personal estate I bequeath to

Mrs. Ann West

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

Hough Hill, Stalybridge

Cheshire England

IMPORTANT NOTE

This must be signed  
and dated by the  
Soldier Himself.

this 15th day of March A.D. 1917

Thomas West

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

H M Fierro

The Two  
Witnesses  
Must Sign  
Here.

Address of Witness 510 Clarke Ave Westmount

P.Q.

Occupation of Witness Soldier

Signature of Second Witness W H Molson

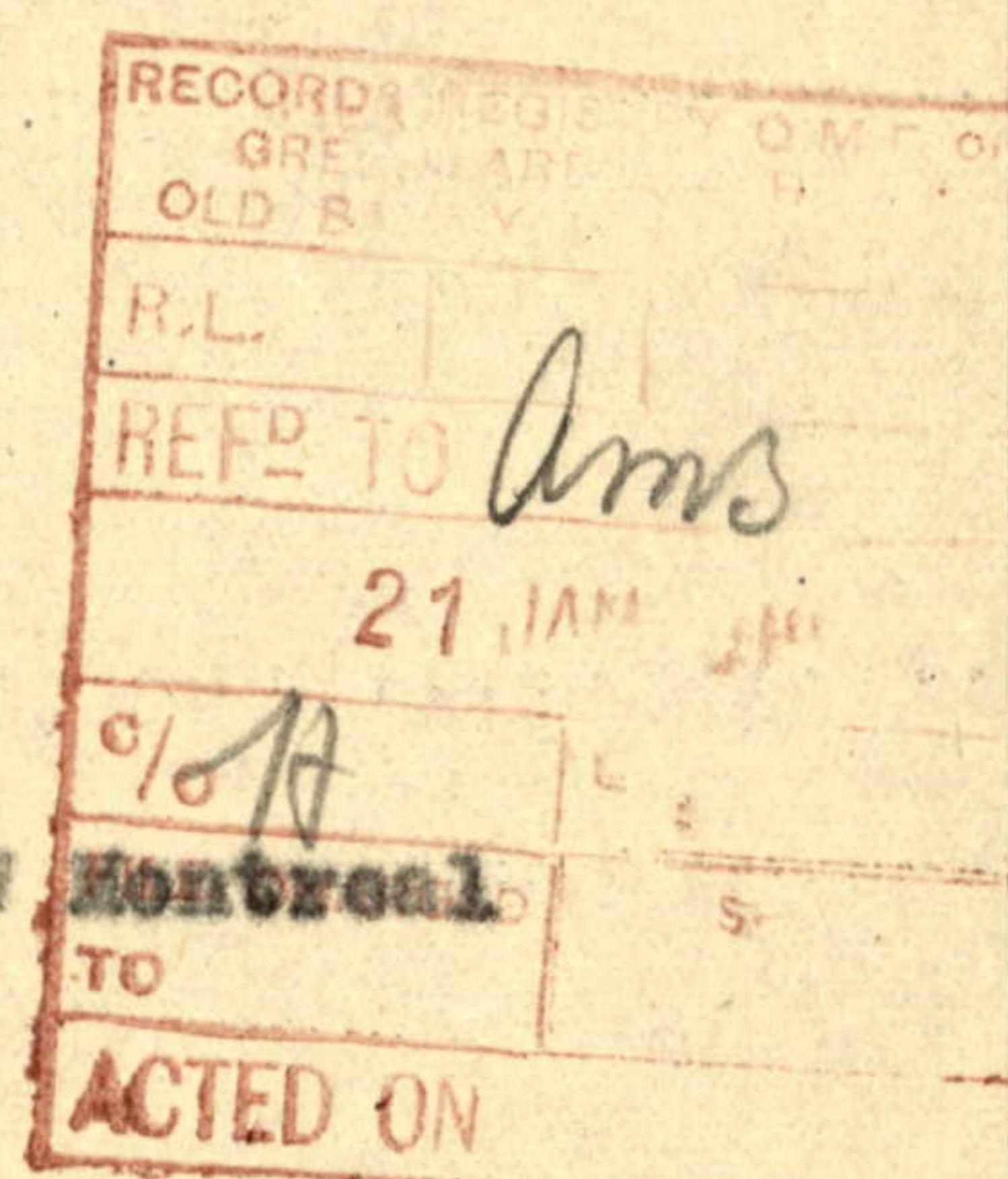
Address of Witness

384 Sherbrooke St

W Montreal

Occupation of Witness.

Soldier



I hereby certify the above to be a true copy of the original Will now on  
file in Estates Branch, O.M.F.C.

Thorpe

Date Jan. 1919.

Lieut.  
for OFFICER I/C ESTATES, O.M.F.C.

NOTE Died Killed in Action. 29-9-1918.

23-164. 35374.

Transferred 7-1919.

REGISTERED.  
WILLS-SECTION

16 JAN 1919

Es. Lieut. West. G.

42nd Batt.

ESTATES, O.M.F.C., LONDON

FORM OF WIT

(Find or send)

1. **WITNESS.** I, **John Doe,** do solemnly swear that I am the author of the paper or document which I now present to you, and that it is my original composition, and that I have not given or sold it to any other person.

2. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

3. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

4. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

5. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

6. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

7. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

8. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

9. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

10. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

11. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

12. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

13. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

14. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

15. **WITNESS.** I, **John Doe,** do solemnly swear that I have not given or sold the paper or document which I now present to you, to any other person.

John Doe

**N.B.**—This sheet to be dispensed 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.



STATION	DATE	DISEASE	RESULT
---------	------	---------	--------

Examined	on	16	day of	1916	Approved by
Birthplace	City or Town	28	County	Chowan.	State
Apparent age	Trade or occupation	5	feet	10 $\frac{1}{2}$	Inches
Weight	Weight	148	Ibs.		
Physical development	Maximum expansion	36	inches		
Height	Minimum	34	inches		
Small-pox Marks	Vaccination Marks	Arm	Right	X	Left
M.O.	Date	Result	Number	Date	
M.O.	Anti-Typhoid inoculations	Date	Result	When vaccinated last	
M.O.	(a) Marks indicating congenital peculiarities or				
M.O.	(b) Slight defects but not sufficient to cause rejection				
M.O.	Previous disease				
M.O.	When vaccinated last				
M.O.	ANTI-TYPHOID INOCULATIONS, ETC.	Date	Result	Date	
M.O.	SLIGHT DEFECTS	1916	6 at	-Moultrie	
M.O.	JOINED ON ENLISTMENT				
M.O.	TRANSFERRED TO				

# MEDICAL HISTORY SHEET

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.
		Admission into Hospital	Discharge from Hospital	Day Month Year			
Sgt. H. Stapher		23 10 17	14	11 17	V.S. S.S.	6	873.837

Christian Name

*John*

Surname

*Ward*



Report	From whom received	Place of Casualty	Date of Casualty	Remarks
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.			

WEST, The name  
of which is  
now used  
in the  
United States.

## Casuality Form—Active Service.

Unit, Regiment or Corps. 2nd Reinforcing Coy. 5th R.H.A.C. E.E.T.

Regimental No. ....

Enlisted (a).....

Date of promotion to }  
Present rank }

## Extended

Report

From whom  
received

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July 19

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SCOTT

14

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6

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51.

51 (cont)

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二十一

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

- (a) This form is only required for Overseas units for men joining 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.

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

H.Q. 54-21-23-53

To be made out in duplicate.

DUPPLICATE

2nd Reinforcing Co. 5th R.H.C. C.E.F.  
Officer Commanding Q.C.

Date Feb 20, 1917

*John W. Morris*

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

Have you made arrangements for payment of your Insurance premium **NOT APPLICABLE**

If so, in what Company? **NOT APPLICABLE**

(15) Are you insured? *Yes* **NOT APPLICABLE**

(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.

(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.

(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 herself.

Are you her sole support, or not? **NOT APPLICABLE**

(11) If your Mother is a widow. **NOT APPLICABLE**

(10) Is your Mother alive? *No* If so, state name and address.

(9) Is your Father alive? *No* If so, state name and address.

ASSIGNED PAY.	UNIT.	NAME OF	DATE	RANK.	MESS.	NAME.	
Beneficiary				Lieut	22/7/17	S. Canada (P.M.)	Name
Address			20 <sup>th</sup> Regt 42, Ba.	18 <sup>10</sup> /17		C.P.M. 04/23/17	Initials
Amount. \$							West
Separation Allowance issued. Yes or No.....							Thomas V
							Bank of Montreal /

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
19/7								
May 4	Hrs. f. 22-30 <sup>4</sup> / <sub>7</sub> £1 half f. Ban 190.00	3115		199				
11	"		9					
18	Cr. Bal. from Canada		190					
23	Pay R. May		111 60			£1 111 60		
25	Bank	6049		111 60				
June 20	Pay R. June		108					
22	Bank	9004		108				
July 4	Pay R. July		111 60					
27	Bank	130821		111 60				
Aug 20	Pay R. Aug.		111 60					
21	Bank	17394		111 60				
29	Rations 7-31 <sup>7</sup> / <sub>7</sub>	4162				£1.13. 4		
Sept 14	Pay R Sept		108					
21	Bank	21905		108				
28	Rations 1-31 <sup>8</sup> / <sub>7</sub>	5673				£2.1. 4.		
Oct 12	Pay R Oct		111 60					
" 15	Rations 1-71 <sup>9</sup> / <sub>7</sub>	6698				14/8		
18	00 18. 25 <sup>9</sup> / <sub>7</sub>	7073				10/8		
" 22	Bank	26193		111 60				
"	Rations 1-30 <sup>6</sup> / <sub>7</sub>	7302				£2.0.0		
"	00. 1-8 <sup>7</sup> / <sub>7</sub> (less 1 dy)	7323				9/4		
Nov 15	Pay R		108					
" 21	Bank 30.7.30		45 60					
" 28	Bal. Nov 27.0.		28 20					
			55 20					
			25 60					
			36 80					
Dec 6	Damage V.D. Fr. 23 <sup>10</sup> / <sub>7</sub> 14 <sup>11</sup> / <sub>7</sub> inc. Auth. C.L. 8135 Gen. acc. 8370/21 <sup>11</sup> / <sub>7</sub> V.O. 412					0		

## ASSIGNED PAY.

	UNIT. NAME OF	RANK.		NAME.	
		DATE	AUTHORITY	DATE	AUTHORITY
Beneficiary	427/Bn	Pay 2 <sup>00</sup> /M. 50 <sup>00</sup>	Capt.		
Address		Mess 1 <sup>00</sup> /3 <sup>60</sup>			
Amount. \$					
Separation Allowance issued. Yes or No.....					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Dec 11 Pay R.								
13								
Jan 18 Pay R.								
21								
Feb 18 Pay R.								
20								
March 19 Pay (R)								
22								

Dec 11 Pay R.

13

Jan 18 Pay R.

21

Feb 18 Pay R.

20

March 19 Pay (R)

22

# **ASSIGNED PAY.**

## UNIT.

## RATE OF P. AND A.

## RANK.

*Levi*

## AUTHORITY

Page 91

ASSIGNED PAY.		UNIT.	RANK.	MESS	NAME.
		NAME OF	RATE OF P. AND A.	DATE	AUTHORITY
Beneficiary		20 Regt	Pay \$200	Rec'd 22 4/17 T. Cen (P.D.)	Name West
Address		42 Ba	F.A. 60	C.P.W. 23 4/17	Initials Thomas
Amount.	\$		Messing <u>100</u> <u>3.60</u>		Bank of Montreal
Separation Allowance issued. Yes or No.....		Killed in Action 29 9/18 b.h. 1103 d/4 1/8			

# ASSIGNED PAY.

ASSIGNED PAY.	UNIT.	RANK.	NAME.	
	NAME OF	RATE OF P. AND A.	DATE	AUTHORITY
Beneficiary		Pay		Name
Address		F.A.		Initials
Amount. \$		Messing		Bank
Separation Allowance issued. Yes or No.....				

14719-12-18

Proceedings of Court of Inquiry or on men  
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....  
*2*

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for  
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....  
*2*

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*MFW67*

*1 Form of Bill*

*Arrears*

*M. F. W. 62.*  
100m.-6-17.  
H. Q. 1772-39-935.



*Officers*  
DISCHARGE DOCUMENTS

Name *WEST THOMAS*

Regt. No. \_\_\_\_\_ Rank *Lieut.*

Corps *42<sup>nd</sup> Bn. (3<sup>rd</sup> R.H.C.)*

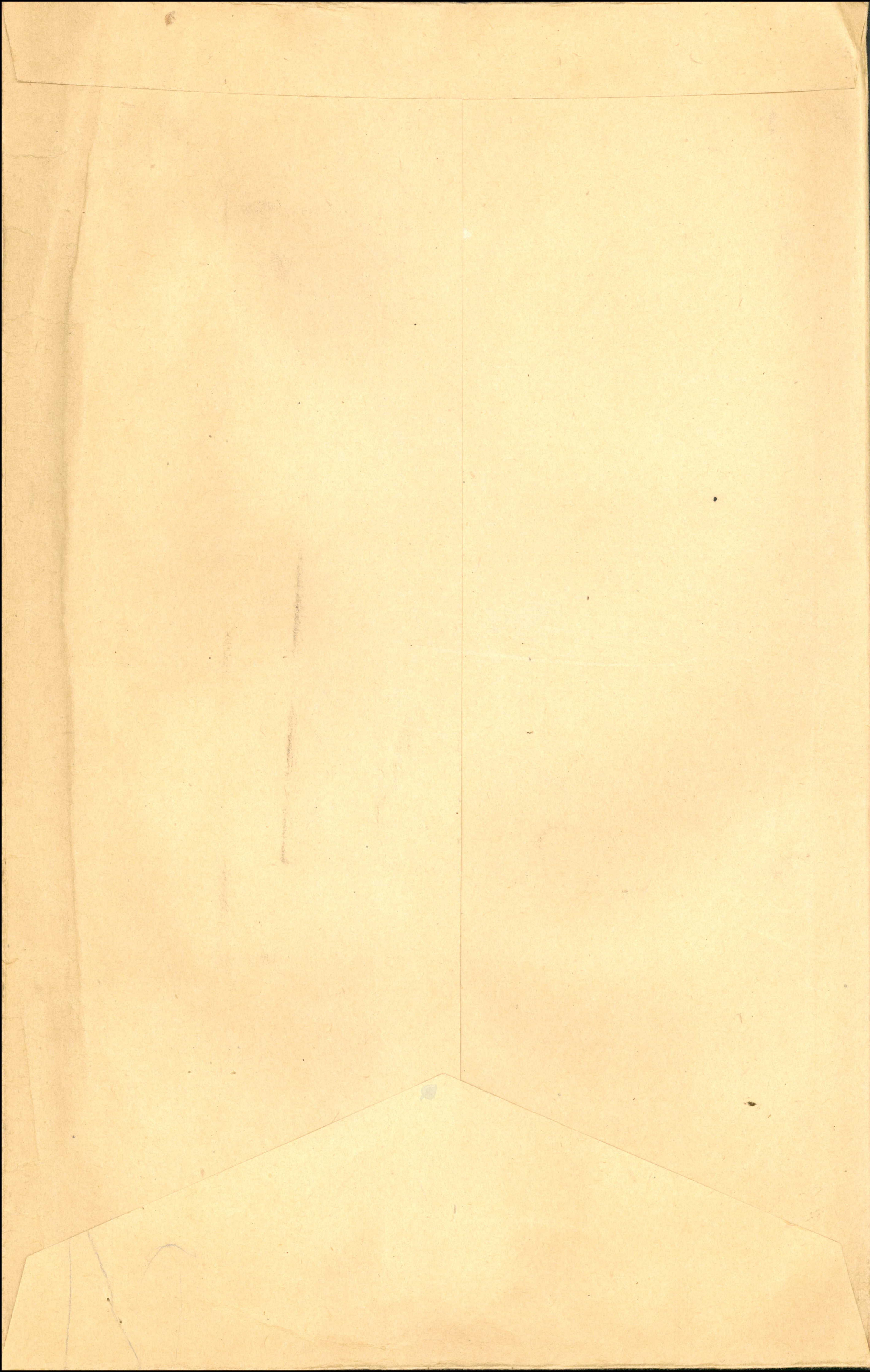
*RmA 29-9-18*



*14719*

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

*3*  
2- 10  
2- 10



E.T. Surname WEST  
Rank Lieut.

Promotion	2nd R. Inf. Dft. R.H.C. to Place of Birth Quebec Regt.
Married (Yes or No)	No
Appointments	

W  
to  
E

## Christian Names

Thomas.

M. 10<sup>th</sup> Aug 1917

## Name and Address of Next-of-Kin

Father. from R.

John West.

Hough Hill. Shalybridge England.

Unit 2nd R. Inf. Dft. R.H.C. to  
Place of Birth Quebec Regt.

Married (Yes or No)

Appointments

Date of leaving Canada 11-4-17 Nov 1918 Date and Cause of Resignation

Report	Date	From whom received	Place	REMARKS
				Taken from Official Documents
(53) J. W.				
24. 4. 17 Shoreham T.O.S from Canada to Segregation Camp (for 20 Regt Bn) 22. 4. 17 RO 1859.				
8. 9. 17 HQ CO 7 Qual. Distinguished at 3 <sup>rd</sup> Conv C.T. School Bexhill				
12. 10. 17 Shoreham S. O. S. Proceeded 0/Leave to 42 <sup>nd</sup> Bn Bexhill Hospital Etaples				
24. 10. 17 CO 7 Adm. No 51 Gen Hospital Etaples				
12. 7. 18 42 <sup>nd</sup> Bn Granted 14 Days leave to Etaples				
26. 8. 18 AM 8 Adm No 5. Conv Field Ambulance.				
30. 8. 18 AM 8 Discharged Adm. No 14 Conv Field Ambulance				
4. 10. 18 AM 8 "Killed in Action" Repatriated from Base				
				CL 1103 Q. 3 B. 104-93. 2090A. 2nd Station 17-12-18.
				7859

13. 10. 17 RO 4661, Pte 9119 (42<sup>nd</sup> Bn) 14. 11. 17 CL 103  
14. 11. 17 CL 103 V. D. Set. 23. 10. 17 CL 813.

A.F.B. 103 NOV 1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	
Date received	Place	Date	Taken from Official Documents
1898	1898	1898	1898

# FORM OF WILL.

65

I, Thomas West (Name in full)  
Regimental Number Private serving in 2<sup>nd</sup> Recr. Co. 5<sup>th</sup> R.H.C.

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

I bequeath all my real estate unto

Mrs. Ann West } Name and Address  
Hough Hill, Shalbidge } of person or  
Cheshire, England } persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Ann West. } Name and Address  
Hough Hill, Shalbidge } of person or  
Cheshire, England } persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**

This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 15<sup>th</sup> day of March A.D. 1917

Thomas West

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 John Fierro

Address of Witness 519 Clarke Ave Westmount P.Q.

**THE TWO  
WITNESSES**

Occupation of Witness Soldier

**MUST  
SIGN HERE**

Signature of Second Witness John McDonald

Address of Witness 384 Sherbrooke St W Montreal

Occupation of Witness Soldier

