

# ATTESTATION PAPER.

No. 72111

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William John Walker*
2. In what Town, Township or Parish, and in what Country were you born?..... *Five Mile Town - Tyrone - Ireland*
3. What is the name of your next-of-kin?..... *Mother - Mrs. M. Walker*
4. What is the address of your next-of-kin?..... *Five Mile Town - Tyrone - Ireland*
5. What is the date of your birth?..... *June 30<sup>th</sup> 1886*
6. What is your Trade or Calling?..... *Lab. Engineer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *no*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the } *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



*William John Walker*..... (Signature of Man).  
*[Signature]*..... (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Oct 22<sup>nd</sup>* 1914. *William John Walker*..... (Signature of Recruit)  
*[Signature]*..... (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William John Walker*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Oct 22<sup>nd</sup>* 1914. *William John Walker*..... (Signature of Recruit)  
*[Signature]*..... (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Benone* on this *22<sup>nd</sup>* day of *October* 1914.

*[Signature]*..... (Signature of Justice)

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

*[Signature]*..... (Approving Officer)  
 LIEUT. COL. (Approving Officer)  
 COMMANDING, 27th BATTN.  
 CAN. EXPD'TY. FORCE.



Description of William, John, Walker on Enlistment

Apparent Age 28 years 3 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 9 1/4 ins.

Chest measurement { Girth when fully expanded 39 1/2 ins.  
 Range of expansion 3 ins.

Complexion Medium

Eyes Grey

Hair Dark Brown

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



CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Dec 27th 1914.

Dr. J. G. ... M.D.

Place Kenora

Kenora  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William, John, Walker 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.

A. J. Zif (Signature of Officer)

Date Dec 27th 1914.

Capt "B" Company  
98th Regiment  
Kenora



REGIMENTAL DOCUMENTS

NAME **WALKER**

*William John* REGT. NO. *72111*

UNIT

H. Q. FILE NO.

**T**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

**M**

**DISCHARGE**

Category

**DESSERTION**

*3*  
*28-31*  
*16-31*  
*3-31*  
*3*

*Box*  
*#10,026*

**02906**

**H**

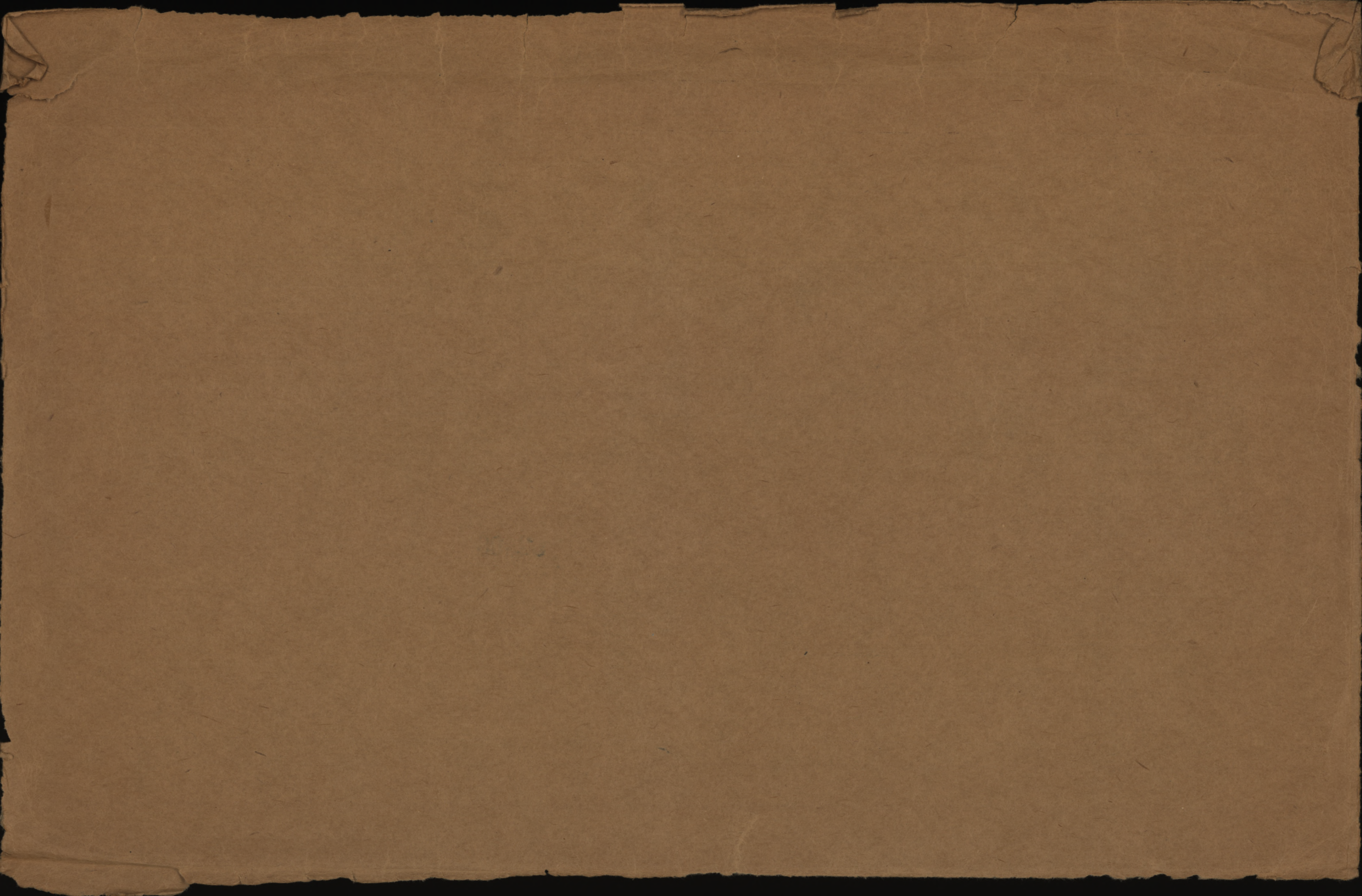
*Handpaid*

*SNX 17/6/20*

**S**

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)







72111

**I.D. number**  
**No. d'identification**

WALKER

**Surname**  
**Nom de famille**

WILLIAM JOHN

**Given names**  
**Prénoms**

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu**

10026

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**







A-11.

RS



Number 72111 Rank ~~Plt~~

Surname WALKER

Christian Name William John

Units 27th Bn Can Inf Theatre of War France

Date of Service 18-9-15

Remarks Mother

Latest Address Mrs. Mary Walker  
C/O 11th Five Mile Town

Roll No. B. Page 13678 - Co. 1st Yorks (Irish)

200m-2-21.M.



DESP. MAY 26 1922

REGN. NO. 17412





NAME

Walker, William John

H. Q. FILE No. 649-

REGT'L. No. 72111

RANK AND CORPS

Plt-Sgt 27<sup>th</sup> Batt

CASUALTY

NO.

DATE

NATURE OF CASUALTY

M 962 27-8-17  
24

Died of wds. St. John's Amb. Brigade  
Hosp. Etaples aug 25 1917. Gun Shoulder  
& spine

47B2090a Rouen 31-8-17  
(noted 25-10-17)

Died of wounds rec'd in action  
25-8-17



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 189	708 St. Wm. Mercy	3-4-16	Para-Phimosis.
a 198.	Duse. to Base Dpt.	14-4-16	Para-phimosis
A 214	Can. Base Dep. Left to Regina	26-4-16	Paraphimosis
A 300	No 4 Can. Hd. Amb. <sup>unit</sup>	11-8-16.	P. O. U. O.
A 300.	No 6 Can. Hd. Amb.	11-8-16	P. O. U. O.
A. 310	20 No. 5. Can. - Fld. Amb	16-8-16	P. O. U. O.
A 325 <sup>(1)</sup>	To. no. 12 Can. Fld. Amb	22-8-16	Influenza
A 325 <sup>(2)</sup>	Eg. " " " "	7-9-16	" Disch
A 66	St. Johns. Amb. Brigade Chaplain	25-8-17.	(killed of wounds) 1st Lt. spine



No. 1077  
72111

RANK

Pte

NAME

Walker. W


J

T. O. S.

UNIT

27th Bn.

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1914 Nos. 9	1914 Nos. 30.	✓		UNIT SAILED MAY 17 1915
Dec. 1915	Jan. 1915	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
		✓		











M.

113



Name **WALKER, W. J.** Rank **Pte.** Reg. No. **72111.**  
 (William, John)  
 Unit **27th. Battalion, 2nd. Can. Division.** **25-W-2858**  
 Next of Kin **Mrs. M. Walker,** **Fivemiletown,**  
**Tyrone, Ireland.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L
1916				A		
3-4	No. 8 Staty Hosp.	Wimereux	Paraphimos	189		
14-4.	Discharged to Base Depot	do	do	A198		
26-4	LEFT TO REJOIN UNIT.			A214		
11-8.	4.C.F.Amb.	P.O.U.O.		A300.		
11-8.	6.C.F.Amb.	P.O.U.O.		A300.		
16-8.	No. 5. Can. F. Amb.	do		A318.		
22-8.	No. 12. C. F. Amb.	Influenza.		A326		
7-9.	To Duty.	do		A326.		
25-8-17	St Johns Ambulance Brig. Hosp. Reports			A606/5962/28-8		
	DIED OF WOUNDS GSW SHLDR. SPINE.					







Surname *Walker* Christian Name or Names *W. J.*  
Rank *Pte.* Unit *27<sup>th</sup> Batt.* Co. *1<sup>st</sup> Batt.*

Reg. No. *72111*  
Troop *1<sup>st</sup>* Batty.

Date of Admission

Transferred *#8 Stet. Winerens* Hosp. *3.4.16*  
*4 Can. fld. Amb.* Hosp. *11-8-16.*  
*6 " " "* Hosp. *11-8-16*  
*5 - - - -* Hosp. *16-8-16*

Diagnosis

*Para-phimosis*



(1) *P.O.U.O.*  
(2)  
(3)

*Influenza*  
*R.W. Shoulder & spine*

Additional Diagnoses: If more than one state present

*Died of Wounds. 25-8-17 RW.*

DISPOSITION

*Dis to base depot*

Date

*C.L. 11.4.16 A189*

*14.4.16*

REMARKS

*C.L. 22.4.16 #0/198*  
*A. 11.5.16 #0/214*

*Left to reform unit*

*26.4.16*

*C.L. 24-8-16 A 300*  
*- 14.9.16 2318*

*To depot 7.9.16*

*23.9.16 P 325*  
*28.8.17 H 606*

**A.M.D. 2 DEPT.**

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

*3 for 10.11. RW.*



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 126 7th Amb 22-8-16

2. St. John's Amb. Bld'g stop. Cataplas 25-8-17

3.

4.



5.

6.

7.



Casualty Form—Active Service.

Regiment or Corps 27th Battalion

Regimental No. 72111 Rank Pte Name Walker N. J.

Enlisted (a) 22 Oct/14 Terms of Service (a) Duration of War 6 mos Service reckons from (a) 22 Oct/14

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) \_\_\_\_\_

UNRECORDED  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

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				

		Disembarked Boulogne		18/9/15	
24.3.16	OC 27 Bn	ad - Dis MT. D.	Fices	20.3.16	96. B213.
3.4.16	OC 8 Coy	Para Phimosia adn	8 Coy	3.4.16	213034 - 353.
6.4.16	OC 8 Coy	" " N.V. adn	8 Coy	7.4.16	A 36 - 102
6.4.16	"	" " Traud	5. AT.	3.4.16	" "
7.4.16	OC 27 Bn	Recd from 7th 22 Unit	Unit	1.4.16	B213. 106
22.4.16	Re 6th	Para Phimosia adn	CB Coy	14.4.16	Lt. A 198. "A"
26.4.16	OC CB Coy	Casual left Base for Unit	Unit	26.4.16	107 / B213 3 1797. 115.
23.4.16	"	2 Coy. CB Coy A.	CB Coy	23.4.16	1293. 117.
5.5.16	" 27 Bn	Recd from 27 Bn	Unit	28.4.16	B213. 123A.
5.5.16	"	adn New Green Sch,	Field	15.5.16	" "
17.5.16	"	from	Unit	5.5.16	" 128 F
30.6.16	"	Unit the side where 4 Coy	Unit	30.6.16	" 151 A - 62 1/2
12.8.16	" 4 Coy	P. H. O.	Unit	11.8.16	436. 170. 19 E

COPIED  
Active  
COPIED

(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.]



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				
12 <sup>8</sup> / <sub>16</sub>	6 CFA	P. U. O.	Gdn	6 <sup>8</sup> / <sub>16</sub>	Asst. 171. 24 <sup>8</sup> / <sub>16</sub>
19 <sup>8</sup> / <sub>16</sub>	"	"	Gdn	7 <sup>8</sup> / <sub>16</sub>	" " "
18 <sup>8</sup> / <sub>16</sub>	27 <sup>8</sup> / <sub>16</sub> P. U.	From Wareburying	Unit.	16 <sup>8</sup> / <sub>16</sub>	Bvt 3. 173. 27 <sup>8</sup> / <sub>16</sub>
14 <sup>8</sup> / <sub>16</sub>	5 CFA	P. U. O. French, Adv.	5 CFA	16 <sup>8</sup> / <sub>16</sub>	Asst. 175. 7 <sup>8</sup> / <sub>16</sub>
9 <sup>8</sup> / <sub>16</sub>	12 CFA	Influenza	12 CFA	27 <sup>8</sup> / <sub>16</sub>	" 178. 18 <sup>8</sup> / <sub>16</sub>
26 <sup>8</sup> / <sub>16</sub>	5 CFA	"	Dis	8 <sup>8</sup> / <sub>16</sub>	" 180. 23 <sup>8</sup> / <sub>16</sub>
15 <sup>8</sup> / <sub>16</sub>	27 <sup>8</sup> / <sub>16</sub> Bvt	Retn from Ketch,	Unit.	12 <sup>8</sup> / <sub>16</sub>	Bvt 3. "
1 <sup>8</sup> / <sub>16</sub>	"	Gravely 10 days leave		1 <sup>8</sup> / <sub>16</sub>	Bvt 3 P. U. ord 63 d/19 <sup>8</sup> / <sub>16</sub>
15/12/16.	"	Awarded Good Conduct Badge.	Field.	22/10/16.	P. U. O. 7. d/2/2/17.
25 <sup>8</sup> / <sub>16</sub>	24 GABA	From Sheldy n spine Died of wounds.	P. U. O.	25 <sup>8</sup> / <sub>16</sub>	D/15/17 - K. 16+1955 D/15/17 n P. U. O. 150. 21 <sup>8</sup> / <sub>16</sub>
		Whogan	Major		for Lt.-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon B. E. F.





# MEDICAL HISTORY SHEET.

Surname Walker Christian Name William John

Examined { on 22 day of Oct. 1914  
at Kenora

Approved by W.J. Gunn  
Rank \_\_\_\_\_ M.O.

Birthplace { City or Town Fremiletown  
County Tyrone Ireland.

Apparent age 28

Trade or occupation Engineer (Loco)

Height 5 Feet 9 1/4 Inches.

Weight 149 Lbs.

Chest measurement { Minimum 37 1/2 inches.  
Maximum expansion 3 inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right Yes  
Number 3

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None.

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

Date	Result	VACCINATIONS.
<u>1914</u>	<u>Mar</u>	<u>Calabaragas</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec.</u>		<u>500,000,000</u> <u>St. Pierce</u> M.O. <u>PHM</u>
<u>"</u>		<u>1,000,000,000</u> " " M.O. <u>Call</u>
<u>"</u>		<u>1,000,000,000</u> " " M.O.

Enlisted on 22 day of Oct. 1914 at Kenora

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>27 Battery</u>	<u>72111</u>		
Transferred to.. ..		<u>D</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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







Rank \_\_\_\_\_ Name **WALKER, William John**  
 If in perm. Corps, }  
 Unit **27th Bn.** What Unit? }

Reg'l No. **72III**

Married or Single **Single**

Place and Date of Enlistment **Kenora Ont. 22nd Oct. 1914**

Place of Birth **Tyrone, Ireland.**

Name and Address, Next-of-Kin **Mrs M. Walker,  
 Fivemiletown, Tyrone, Ireland.**

Relationship **Mother**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R.B. No. **7235**  
 File R.L. **25-W-2858**  
 Category **DW**

Discharge, Date and Place \_\_\_\_\_

Reason \_\_\_\_\_

Character \_\_\_\_\_



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
5-6-15	<i>do</i> 27 Bn	<i>Embarked for Eng. I.S. Carpathian</i>		17-5-15	
		<i>Transf. to 10 Coy</i>	<i>Shoncliffe</i>	1-6-15	<i>W.O.P. II. 135</i>
		<i>Embarked for France.</i>		17-9-15	<i>How Roll 17-9-15</i>
11-4-16	27 <sup>th</sup> Bn	<i>Adm'd nos staty hosp?</i>	<i>Wimereux</i>	3-4-16	<i>C.R. A189 "Para-phimosi"</i>
22-14-16	<i>do.</i>	<i>Discharged to Base Depot</i>	<i>France</i>	14-4-16	<i>C.R. A198 " do "</i>
11-5-16	<i>do.</i>	<i>Left to rejoin unit</i>	<i>do.</i>	26-4-16	<i>C.R. A214 do.</i>
24-8-16	<i>do</i>	<i>adm. no. 4. Can. 3rd. Amb.</i>	<i>do</i>	11-8-16	<i>L.T. 300 P.O. U.O.</i>
<i>do</i>	<i>do</i>	<i>" no. 6. Can. 3rd. Amb.</i>	<i>do</i>	11-8-16	<i>do do</i>
14-9-16	<i>do</i>	<i>" no. 5. Can. 3rd. Amb.</i>	<i>do.</i>	16-8-16	<i>P.O. A315 do.</i>
23-9-16	<i>do</i>	<i>Adm no 12 Can 3rd amb.</i>	<i>do.</i>	22-8-16	<i>C. List A326 Influenza</i>

17



72111 Walker H. J.

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
23.9.16.	27 <sup>th</sup> Bn	Assigned to Duty (En. C.C. Sta)	Field	7.9.16.	P. List A 326. Influenza
2.2.17	do	Awarded G. C. Badge	"	22.10.16	A 326.7
28.8.17	27 <sup>th</sup> Bn	St Johns Amb Bde Hosp.	Etaples	25-8-17	C.L.A. 606.
31.8.17	27 <sup>th</sup> Bn.	Died of Wounds.	Pte	25.8.17.	R. D. O. 50.
		Died of Wounds received in action Pte. Field	Field		





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

LL 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:



*W. Walker*

Register No. *D 15957*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *018699-W-45*

Regt'l No. *72/111* Name *William John Walker*  
(Christian Name) (Surname)  
Unit *27th Bn* Rank *Ote* Date of enlistment  
Date of casualty *25-8-1917* B.P.C. File No. *97560*  
Was service performed overseas? *yes*

DEPENDENT

Name *Mrs M Walker* Relationship *W Mother*  
Address *Green Givemiletown*  
*Co Tyrone*  
*Ireland*  
Amount of Special Pension Bonus \$ *MB nil* Abstracted by *J Maher*

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-89-1473

Eligible for Gratuity ..... \$ *Nil*  
Less amount of Special Pension Bonus paid ..... \$ .....  
Less Debit Balance of S. A. or A.P. .... \$ .....  
Total deductions \$ *Nil*  
Balance due \$ *Nil*

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

REMARKS : *Not Eligible*  
*noth paid.*

Clerk *A Sanderson*

Audited by  
Date .....

*Noted 25/8/20*  
*DG/18*



Rank

Name

WALKER, William John

Reg'l No. 72111

Unit

27th Bn.

If in perm. Corps,  
What Unit?

Married or Single Single

Place and Date of Enlistment Kenora Ont. 22nd Oct. 1914

Place of Birth Tyrone, Ireland.

Name and Address, Next-of-Kin Mrs M. Walker,

Fivemiletown, Tyrone, Ireland.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Entered on N.E. Card Index

Checked by T. J. Williams

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1 <sup>st</sup>	30 June	30	1	30	30	10	3	2 50	35 56			10			10	25 56		
1	31 July	31	1	31	31	10	3 10		34 10			57 50			57 50	2 10		
					adv of exchange			1 80	1 80									
1	31 Aug	31	1	31	31	10	3 10		34 10			34 06			34 06	3 94		
1	30 Sept	30	1	30	30	10	3		33							36 94		
1	31 Oct	31	1	31	31	10	3 10		34 10			6 17			6 17	64 87		
1	30 Nov	30	1	30	30	10	3		33			10 40			10 40	87 47		
1 <sup>st</sup>	31 <sup>st</sup>	31	1	31	31	10	3 10		34 10			14 01			14 01	107 56		
19 <sup>th</sup>	21 Jan	21	1	31	31	10	3 10		34 10			7 83			7 83	133 83		
12/16	29/1/16	29	1	29	29	10	2 90		31 90	821		2 62			2 62	163 11		
1/3/16	31/3/16	31	1	31	31	10	3 10		34 10	878 927		2 62 2 62			7 85	189 36		
								30 50	430	339 80		150 44			150 44	189 36		

Statement of  
 16 1918  
 428.63  
 Amount rendered

Carried forward to  
 Large Ledger sheet

Siddled











Walker W J

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	1	2	3	4	CREDIT	DEBIT	
			\$	C.						\$	C.																							\$
			70290						430	70720									18253	2088	10605	15086	46052	24698										
Mich 1-31	31	1.10	3410						2573	2707	29/3								262	261			1047	27057										
Apr 1-30	30	1.10	3300						2511	282	2655	19/3							262	262			262	30357										
May 1-31	31	1.10	3410						262	46	0/4												261	335-										
June 1-30	30	1.10	3300						3410	100	24/4												268	803	35997	270								
July 1-31	31	1.10	3410						237														268	48405	39407	285								
Aug 1-31	31	1.10	3410						33	191	27/5	271	9/6										268	42817	300									
			40530						692	91222													19574	3140	10605	15086	48405	42817	91222					

66 days charged on pay roll 26228.60  
 26228.60

24/6 Deph. 19.17. 624.566. 2/17  
 J. J. Woodman.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALICE ENB
Oct		42817							42817		
"	AR 2604 15/17			5361							
"	5/15 5.8.17. 27/13			268					42013		
Nov	Int. m. Def. Pay to 31-7-17	850							42863		
Jan 18				Dr. 268 AR 338 d 18.6.17					42595		
"				250c V 6/27-27/13					40811		
"				Dr. 1784 AR 370 d 7.7.17							
Mar 18				252c V 6/7-27/13							
				CR # 4848 25/3/18 V 567 31/23					2052		

19574  
 3140  
 10605  
 15086  
 26256  
 21261

48405  
 2856  
 51261  
 262  
 509199



WILL.

In the event of my death  
 I give the whole of my  
 Property and effects to  
 Mrs Mary Walker. (mother)

Corcreevey  
 Fivemiletown  
 Co Tyrone  
 Ireland

William John Walker

Private No 72111

Date 18<sup>th</sup> September 1915

27<sup>th</sup> City of Winnipeg Battalion  
 Second Canadians

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NOTE. Extracted from Pay Book page 14  
 Died of Wounds 25-8-17.  
 Transferred 27-3-17.

No. 72111 Pte. Walker, W.J. 27th Battn.

M.







To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
 Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname WALKER Christian Name WILLIAM JOHN

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Fivemiletown County Tyrone, Ireland

Examined ... { on 22nd day of Octr. 1914,  
 at Kenora

Declared Age ... 28 years 9½ days.

Trade or Occupation ... Engineer (Loco)

Height ... 5 feet 9½ inches.

Weight ... 149 lbs.

Chest Measurement { Girth when fully Expanded 40½ inches.  
 Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left  
 Number 3

When Vaccinated ... 1914

Vision ... { R.E.—V=  
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b)

Approved by (Signature) W.J. GUNN,  
 (Rank) \_\_\_\_\_  
 Medical Officer.

Enlisted ... { at Kenora  
 on 22nd day of Octr. 1914.

Joined on Enlistment	Corps.	Regtl. No.
	<u>27th Battn.</u>	<u>7 2 1 1 1 D.</u>
Transferred to		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and errors made in red have been taken from the Attestation Paper. On \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_







List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

A 300 . A 318

To duty 7/9/16

A 326



