

# REGIMENTAL DOCUMENTS

NAME HICKMAN Wm. (P6) REGT. NO. 796125 UNIT 133rd En. H. Q. FILE NO. \_\_\_\_\_

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

M

DISCHARGE

Category

Demobn

DESERTION

16.5 19  
3  
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)

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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)

12 Resp Cert

1 on 2067

1 B.A. 2090

1 R. 149

1 cas card

1 AFD 1237

1 9V-2

1 102

1. No. 796125		
2. Rank. Pte.		
3. Name. Hickman William		
4. Unit. 133rd Bn		
5. Date of Discharge.	APR 11 1919	Place HAMILTON, ONT.
6. Reason for Discharge. DEMOBILIZATION		
7. Authority. No. 2 District Depot, Part II. H. Q. No. 10/19		
8. Proposed Residence after Discharge. 7 Head St Sumner Ont		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? William Hickman Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place HAMILTON, ONT. Date APR 11 1919 Signature (O. C. Discharging Unit.)		

# LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....Militia Form W. 23  
 or Particulars of Recruit.....Militia Form W. 133  
 Field Conduct Sheet.....Militia Form W. 178 or A.F.B. 122  
 Casualty Form.....Militia Form W. 54 or A.F.B. 103  
 Last Pay Certificate.....Militia Form W. 44  
 Certificate that missing documents are unobtainable.....  
 Medical History Sheet.....Militia Form B. 313 or A.F.B. 178  
 Proceedings of Medical Board.....M.F.B. 227, A.F.B. 179 or A.F.A. 45  
 Dental History Sheet.....Militia Form B. 465  
 Medical Report.....M. F. W. 129 or D. M. S. 1375  
 Regimental Conduct Sheet.....Militia Form B. 263  
 Company Conduct Sheet.....Militia Form B. 263a

Group.....  
 Checked by No.....  
 Date.....

27 MAR 1919

2-3-16  
card  
aw  
DUPLICATE  
ATTESTATION PAPER.

796125A  
No. 796125  
Folio

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name?..... Hickman William
- In what Township or Parish, and in or near  
what Town and in what County or Country  
were you born?..... In or near the Town of Berkshire England  
in the County of.....  
in.....
3. \*What is the name of your next of kin?..... Annie Hickman
4. \*What is the address of your next of kin?..... Simcoe
5. What is the date of your birth?..... Nov. 29th, 1889
6. What is your Trade or Calling?..... Laborer
7. Are you an apprentice?..... No
8. Are you married?..... Yes
9. Are you willing to be vaccinated or ~~inoculated~~ Yes
10. Do you now belong to the Active Militia?..... 39th, Regt.
11. Have you ever served in His Majesty's Regular  
Army, Royal Marines, Royal Navy, Royal  
Naval Reserve, Indian or Auxiliary Forces,  
Territorial Force, Canadian Permanent Force,  
Canadian Naval Service, or in any Corps of the  
Active Militia of Canada, or the Royal North-  
West Mounted Police?..... No
- †† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.
12. Do you understand that enlistment into the Per-  
manent Force does not involve your discharge  
from the Army Reserve, but that if required  
for duty as an Army Reservist you will be dis-  
charged from the Permanent Force?..... Yes
13. Have you ever been rejected as unfit for His  
Majesty's Regular Army, Royal Marines, Royal  
Navy, Royal Naval Reserve, Indian or Auxil-  
iary Forces, Territorial Force, Canadian Per-  
manent Force, Canadian Naval Service, or in  
any Corps of the Active Militia of Canada, or  
the Royal North-West Mounted Police?..... No
14. Do you understand the nature and terms of  
your engagement?..... Yes
15. Are you willing to be attested to serve in the  
..... Canadian Overseas Expeditionary  
..... Force  
or for General Service for the term of one year  
..... or until legally discharged.
- (Signature of Man) William Hickman  
(Witness) L. F. Aiken

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Hickman, do sincerely and solemnly declare that to the best of  
my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and  
that I am willing to be attested for the term of duration of war, provided His Majesty should so long  
require my services, or until legally discharged.

William Hickman { Signature of { L. F. Aiken } Signature of {  
Man. } Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hickman, do sincerely promise and swear (or solemnly declare)  
that I will be faithful and bear true allegiance to His Majesty.

Witness my hand.

(Signature of Man) William Hickman

(Witness present) L. F. Aiken

The above questions were asked of the said William Hickman and answered by him  
in my presence, as herein recorded; and the said William Hickman made the above  
Declaration and Oath before me at Simcoe this 13th, day of Dec.  
One Thousand Nine Hundred sixteen Fifteen at 8.30 o'clock P. M.

†Signature of Commanding Officer of Squadron,  
Battery or Company, or Justice of the Peace. }

L. F. Aiken Major  
138th Bn

\* To be verified in the month of January in each year.  
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a  
Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

Mil. Form B. 235.

[OVER

Description of Hickman William Henry on Enlistment.Apparent Age 36 years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 1 ins.Weight 128 lbs.Chest measurement { Girth when fully expanded 37 ins.  
Range of expansion 3 ins.Complexion FairEyes BlueHair Brown

Religious denomination.

Church of England ☒

Presbyterian

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.)

## 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 Permanent Force.Date December 13th 1916Place Simcoe Ont.

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

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

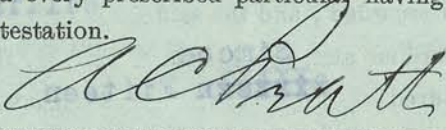


Major

Medical Officer.

## CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS.

William Henry Hickman 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.

  
Lt-Col Command. 133rd Batt.C.E.F.

Signature of Officer.

Date December 13th 1916

Statement of the Services of No. \_\_\_\_\_ Name \_\_\_\_\_

[illegible]

10-89317-28 10-70813-2

Deferred Pay or Pension).

N.B.—The country only to be shown—it is not necessary to show separately the service in the different stations of the same country.

Initials of Officers.

7. Medals, Decorations and Annuities.....

Date of  
being placed on  
Married Roll.

Initials  
of  
Officers.

(a)

(b)

(c)

(d)

Christian Names.

Date and Place of Birth.

Date and Place of Baptism, and Name of  
Officiating Minister.

10. Particulars as to  
Children... ..

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 796125 (Rank) Lt

Name (in full) William Hickman enlisted in  
the 133 Bn.

CANADIAN EXPEDITIONARY FORCE at Senec on the 13  
day of Decr 19XVIII

HE served in France - 14th Batten

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 39

Height 5' 1"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

W. Hickman

Signature of Soldier

Date of Discharge

**HAMILTON, ONT.**

**NO. 2**

**APR 11 1919**

**DISTRICT DEPOT.**

Issuing Officer  
For

W. North  
Lt  
**O. C. No. 2 District Depot,**

Rank

Date 11th April 1919

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.

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT NO.

(Rank)

Name (in full)

the

Uniform is not to be worn after  
expiration of one month from date of  
discharge, except by special permission  
of G. O. C. District.

day of

He served in

and is not discharged from the service by reason of

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Marks or Scars

Age

Height

Complexion

Eyes

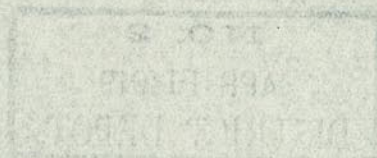
Hair

Signature of Soldier

Issuing Officer

Date

Date of Discharge



Date

NOTE: As no duplicate of this certificate will be issued any person finding same is requested to forward  
immediately same to the Secretary, Military Council, Ottawa, Canada.

M. R. 100  
100-100-100  
100-100-100

DUPLICATE

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 133rd O.S. Bn. C.E.F.
- (2) Regimental Number 796125
- (3) Full Name of Soldier HICKMAN William
- (4) Place of Birth Abingdon, Berkshire England.
- (5) Are you married, or not? Yes.
- (6) If married, state,
  - (a) Full name of your wife Annie Hickman  
Head St. Simcoe Ont.
  - (b) Present Postal Address
- (7) Are you a widower? No.
- (8) Have you any children? Yes.
  - If so, give number of boys and girls 2 boys 2 girls
  - Also their names and ages William 14 years  
Frank 12 years  
Gladys 6 years  
Phillis 4 Years

37A013900  
(9) Is your Father alive? No.

If so, state name and address XXX

(10) Is your Mother alive? No.

If so, state name and address XXX

(11) If your Mother is a widow XXX

Are you her sole support, or not? XX

(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.

(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.

Yes.

(15) Are you insured? Yes.

If so, in what Company? Sons Of England

Have you made arrangements for payment of your Insurance premium? Yes.

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

*A. C. Hatt*

Lieut. Col.  
Commanding 133rd. Inf. Regt. Bn. U. S. F.  
Officer Commanding.

Date Sept. 6th 1916

## PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bushy Park 1917.

No. 796125 Rank PTE Name HICKMAN W.

Local Unit \_\_\_\_\_ Overseas Unit 14<sup>th</sup> Bn Age 38

Examination held at Kingslean Com Hospital

DISABILITY.  
Overseas—Local  
(scratch one out).

D.A.H.

### PRESENT CONDITION.

No organic cardiac disease.  
Pulse rapid (92 - 120 at rest).  
Dyspnoea & precordial pain  
on exertion persist.  
Still evidence of shell-shock  
present.

### BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....BT
5. Discharge .....

### Signatures:—

Members

L. W. Murray President.  
W. D. Ainslie Captain.  
W. M. McCormick Capt.

APPROVED

Dated.....1917.

For A.D.M.S.

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

# Casualty Form—Active Service.

M. F. 54.  
150M. 10-15.  
H.Q. 1372-39-020.

Unit, Regiment or Corps 133rd C. S. Bn. C. E. F.

Regimental No. 796125 Rank Pte Name Hickman William  
C. E. F.

Enlisted (a) 13-12-15 Terms of Service (a) Duration of war. Service reckons from (a) 13-12-15

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) Laborer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Embarked  
Disembarked

Canada 30-10-16  
England 11-11-16

Taken on strength from  
133rd Battalion.

Dibgate 12-11-16 D.P. II O. 284

Drafted to 14th Bn.

Field 30-11-16 D.P. II O. 300

Lieut.  
for O.C. 23rd Bn. C.E.F.

Attached C.O.C. Kimmel Park  
return to Canada. Part 11 Order  
No. \_\_\_\_\_  
C.O.C. Kimmel Park on embarking for Canada, Part 11 Order  
No. \_\_\_\_\_

Commanding \_\_\_\_\_ Wing,  
Kimmel Park Camp.

Embarked 5 S Saturday  
Glasgow March 30 '18



(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.]

CERTIFIED CORRECT.

12-11-16

11 DEC 1916

CAN. RECORDS

265-14 am. T O S 45:13.4.17  
Sick furlo' fr. 7.8.17 to 18.8.17

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				
	G. B. D.	ARRIVED C. B. D.	FRANCE	1.12.16	1.12.16 PART II ORDERS No 83 D 73.12.16
	G. B. D.	LEFT C. B. D. FOR	14 Am	20.12.16	N. R. D. 20.12.16
	G. O. BN	ARRIVED 14 <sup>th</sup> BN.	FIELD	23 <sup>1</sup> / <sub>16</sub>	B. 213 D 29 <sup>1</sup> / <sub>16</sub> 387
5.4.17	Unit	7 days P.P. hol, 5 <sup>1</sup> / <sub>17</sub> , for "absent from 8.15 any leave" 3 <sup>1</sup> / <sub>17</sub>	do	5.4.17	do 16 <sup>1</sup> / <sub>17</sub>
18.4.17	36 ampt.	Shr: Ankle. L. To England per H.S. "U Denis" posted to 1 <sup>st</sup> Quebec Reg. Depot, Shoreham.		18.4.17	103082/8893. P.P. hol 18.4.17. Lieut. for Major Dard
26.4.17	18 RD	T.O.S. from 14 <sup>th</sup> BN.	Shoreham	15.4.17	P.P. DO# 445 for Colonel i/c Records, 60/12
27.8.17		1st. Que. Reg't. Depot. TRANSFERRED TO	B.O.C. Ashford		P. II. D.O. 151.27.8.17 Adjutant, 1st. QUEBEC REG'T. DEPOT.
3.9.17	no 1 Del- Coc	T.O.S. from 1 <sup>st</sup> Que. RD	Ashford	27.8.17	P.P. 246
24.9.17	do	as command of 1st. Que. Reg't. Depot	Hastings	24.9.17	P.P. 267
28.9.17	do	P.O. S. to 1st. Que. Reg't. Depot	Shelton	28.9.17	P.P. 267 Capt. O. C. Detachment G. O. O., C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Hickman Christian Name William H. 200

Examined on 13 day of DEC 1915  
at Simcoe

Approved by [Signature]

Birthplace { City or Town Berkshire  
County England

Rank Major M.O.

Apparent age 36

Trade or occupation Laborer

Height 5 Feet 1 Inches.

Weight 128 Lbs.

Chest measurement { Minimum 34 inches.  
Maximum expansion 3 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None

Enlisted on 13 day of December 1915 at Simcoe

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>133. Bn</u>	<u>796125</u>		
Transferred to	<u>14th. Bn</u> <u>no 1 C.V.H.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bushy Rk</u> <u>Witley</u>	<u>2.8.17</u> <u>19/3/19</u>	<u>Wash</u> <u>D.</u> <u>The Medical Board of all men proceeding overseas must be returned by the Commanding their unit to the Record Office when they leave England.</u>	<u>B.II</u> <u>B.II</u> <u>Joe D. Hammond</u> <u>In Charge of</u> <u>Canadian Continuation</u> <u>apocryph</u>

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.

CANADIAN

Surname Hickman Christian Name William

STATION.	Date of Arrival at the Station:	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Manor Court Folkestone The Military Hospital, Shorncliffe.		13	4	17	18	5	17	Sprained Foot L	35	Better (on massage).	P. J. Lewis J. A. R. W. P. C. M.
		18	5	17	19	5	17	do	1	Trans Monks Horton	
Canadian Convalescent Hospital, Monks Horton, Kent.		19	5	17	13	6	17	D.A.H.	25	Transferred to Hampton Hill Bushey Park.	J. M. C. Registrar Capt. Canadian Conv. H. Monks Hort
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		13	6	17	8	AUG	1917	D.A.H.	57	Wounds - pubic rapid hypomora & pre-cordial pain on exertion - no organic heart condition Dec. 6 1917 Duplicate Medical History Sheet posted to here. 7.5.	H. C. C. M. Capt.

H. J. Davis  
Capt. R. A. M. C.

JM.

Rank

Name

HICKMAN, William Henry.

Reg'l No.

R-122  
8,401-50,000-21-10-16.  
796125

Unit 133rd Bn.

If in perm. Corps, }  
What Unit? }

Married or Single Married.

Place and Date of Enlistment Simcoe. 13th Dec 1915. ✓

Place of Birth Brookshire, Eng.

Name and Address, Next-of-Kin Annie Hickman. ✓

Simcoe, Ontario. ✓

Relationship Wife. ✓

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No. 10646

Separation Allowance \$

Payable to

File R.L.

Relationship

Category OR Can

Discharge, Date and Place

Reason

Character

Report.

Date.

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.

H3

14-11-16 O/C. 23rd Bn. Taken on strength.

30. 11. 16 " Sol. on trans to 14th Bn

13. 12. 16 14th Bn Taken on Strength,

17-4-17 -11- adm S. Can Gen Hoop

24-4-17 -" - To Military Hospital

21-4-17 " Invalided Sick &amp; Ported 1st &amp; 2nd.

25. 8. 17 " Trans Com. Hq. Mmms. Nodm

20. 6. 17 " Trans Hq. Can Red X Hq. Hq.

28. 8. 17 18 R B S.O.S. to C.O.C.

S. S. Lapsland 11-11-16

Dibgate 12-11-16 Pt. II O. 284

" 30. 11. 16 " " " 300

Field. 1. 12. 16 Pt, 2, O-83

Boulogne 10-4-17 C.F. 4634 Sprained foot.

Shorncliffe 15-4-17 C.F. 339

Field 12-4-17 12-4-17 12-4-17 12-4-17 12-4-17 12-4-17

Munk Station 20. 5. 17 Ch B. 366 Spr. L. Hq.

Buck, Pt. 14. 6. 17 388

Shackan 27. 8. 17 150 &amp; 152 400 Ash 246 d/p. 9. 17

A.F.B. 103 CHECKED

8 DEC. 1916

R2B

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.				
6.9.14.	Q.A.D. (C)	Dis King Can R.X. Wpl	Buckley St.	8.8.14	C.L.B. 4
24.9.17	Coc	on Com Sch of Stenography	Ph. Ashford	24.9.17	Pr II DV 267
28.9.17	Gen Depot	SOS from Coc Ashford.	Ph. Schiffe	27.9.17	Pr II DV 173 + Gen Depot 171 d/2.10.17
20.10.17	-	On Com 2 CVH	"	20.10.17	Pr II DV 191
24.10.14.	2 <sup>nd</sup> C.V.H.	Y.O.S. from Gen Dep	"	19.10.14	" 295
31.10.14	Gen Dep.	Peace On Com 2 <sup>nd</sup> C.V.H. is	"	18.10.14	" 200
8.11.14	2 <sup>nd</sup> C.V.S.	S.O.S. to 2 <sup>nd</sup> C.V.H.	"	8.11.14	" 310
12.11.14.	1 <sup>st</sup> C.V.S.	Y.O.S. from 2 <sup>nd</sup> C.V.H.	St. Filla	8.11.14.	" 134.
20.12.17	Misc C.L.	Adm. No 40 Sta. Hosp.	" Harplem	14.12.17	b.L.A 91 D.A. 14 (mild)
C6-34	Gen Dep.	TOS from CAVC	" Wiley	21.2.19	Pr O 54/6/14 80.28/34.219)
25.3.19	"	On Com to 4 <sup>th</sup> Res.	"	22.3.19	Relo 69
		+Soston D-2 Rhyl		30/3/19	
20-3-19	2 MDC.	TOS. (pending return) K. Park.		22-3-19	DO. 70.
31-3-19	"	SOS. on proc. Canada	"	29-3-19	DO 76. Sailing 35-J-12

4th Res Bn

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 Witley Camp DATE Mar 15 1919

1. 1 (a) Unit C.H.V.G. (b) Regimental No. 796175 (c) Rank 1st Lt  
 (d) Surname Hickman (e) Christian name William Henry  
 (f) Home address Head St. So. Simcoe Ont  
 (g) Next of Kin Annie Hickman (h) Relationship Wife  
 (i) Address of Next of Kin Same as above

2. Age last birthday 40 Date of birth Nov 29 1878

3. Enlistment, or Appointment (if an Officer) (a) Place Simcoe (b) Date Feb 9 1916

4. Personal description:

(a) Height 5-2 (b) Weight 130 (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Note right cheek. Tattoo left forearm

5. Former trade or occupation "Labourer"

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).

	PERIODS	
	From	To
Canada	9/2/16	30/10/16
England	11/11/16	30/11/16
France or other theatres of War	30/11/16	11/2/19

7. Original disease, or injury 1. S.A.H.

(a) Date of origin 1917 (b) Place of origin France

(c) Cause General Service

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.)

(D.H.H.)

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.)

Well developed, well nourished man  
who appears younger than stated age (40)  
No dyspnoea at rest - Color good.  
Pulse 118 - at rest - Right P. J.  
150 - Dyspnoea +. B.P. 145-80  
Heart no cardiac enlargement.  
1st & 2nd sounds accentuated at  
Open - no other abnormality  
Mucous 10 & 8 acid - no  
alb - no sugar

R. 48 & L. 48 Eos. 21-22

(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..... Genito-Urinary System.....no.....  
(If pulse rate is abnormal, B. P. will be taken.) (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).)

Man states that in June, 1917, he began  
to suffer from precordial pain & giddiness,  
together with insomnia - 9 wks. in hosp. Eur.  
Hills. - since - has been gradually improving.  
Dyspnoea only symptom at present.  
Light duty since 1917. Can walk 3 miles  
- own time.

URINALYSIS REPORT.  
(for Board)

Reg. No. 796125-

Rank.

Page... Hackman W

Unit

Sp. Gravity

Reaction.

Albumen

SUGAR

Microscopic

Captain, C.A.M.C.  
for Major, C.A.M.C.  
O.C., Canadian General Laboratory.





# 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.

yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	( <del>Yes</del> or No.)	no
( " B)	(Yes or <del>No</del> )	371
( " C)	( <del>Yes</del> or No.)	no
( " D)	( <del>Yes</del> or No.)	no
( " E)	( <del>Yes</del> or No.)	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. yes
  - (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.)

Boarded for return to Canada Auth of 1. 9883  
April 18

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.

PLACE

Witley

DATE

19/3/19

*[Signature]*  
President.

Members

*[Signature]*

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.

PLACE

DATE

APPROVED BY

*[Signature]*

Assistant Director of Medical Services

APPROVED BY



President.

Members

DATE

1919 A.D.M.S. CANADIAN TROOPS, WITLEY

DATE

I have this day.....11/6/17.....examined

796125 Pte Hickman W.....and find him free

From all Infectious and Contagious Diseases, Infectious  
Skin Diseases, Venereal Disease and Vermin.

*W. M. McEwen*

Capt. C.A.M.C. for.

O.C. O.C.H. Monks Horton.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	796125	Pte.	Nickman	W.
Year	Unit.	Age.	Service.	
1917.	1st Battln.	38.	16/12/	
Station and Date.	Disease			
	DASH			
Bushy Park. 15/6/17	C. C. H. Monks Horton Kent. Bushy Park 13-6-17.			
	Occupation: Labourer.			
	Service abroad 6/12.			
	Family History Negative.			
	Personal History: No Rheumatic Fever or other infectious disease.			
	History of Present Illness: Patient has had Symptoms of D.A.H. for several years but much since he was buried on 9-4-17 he was admitted into Hospital on that date suffering from Contusion and has done no duty since.			
	Complaints of Dyspnoea, Palpitation, Vertigo, Pre-cardial Pain, Excessive Fatigue on Effort & Sweating Tubercle at rest. 92			
	Physical Examination reveals, Contusion of L. Foot & leg when he was buried 9-4-17 - no enlarg. of Heart - no abnormal sounds is a skull - shock cast			
19-6-17	Performed Exercise A without symptoms			

Station  
and Date.

25/6/17

Precordial Pain on Exercise B Pulse 108

3-7-17

Performed Exercise C without complaint  
Pulse 104

9-7-17

Complains of Vertigo on Exercise A B Pulse 96

17-7-17

Precordial Pain on Ex B C 92

24-7-17

Complains of Dyspnoea, Slight Precordial  
Pain & Fatigue on C 30. Pulse 120.

1-8-17.

Complains of Dyspnoea & Precordial Pain on Ex C 30  
Pulse 116

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	796125	Pte	Luckman	Wm
Year	Unit.	Age.	Service.	
1917	14 <sup>th</sup> Bn	38	18/12	
Station and Date.	Disease			
Monks Horton 19/5/17	Sprain of Foot -	Railway Construction France 5/12		
	Was buried April 9 <sup>th</sup> on Vim Ridge - left foot and rt leg hurt contused - Camieres & Bolelogne one day each sent to Manor Court April 13 <sup>th</sup> - SMH 18/5/17 Monks Horton May 19 <sup>th</sup> -			
	Foot and leg still stiff and painful big toe bruised Held for convalescence excused marches good for sitting down job - MOM Cowen Capt came			
25/5/17	Tachycardia	Transfer Bushy Park		
	MOM Cowen Capt came Pain about heart & short of breath; present Always short of breath - worse since being buried. Dizzy & headache. Nervous & shaky.			
	Pulse. Heart normal Skin moist Tumor of muscles.			
	Discharged 8-8-17 1st Que C.D. Shouham B 2.			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

**Casualty Form—Active Service.**Regiment or Corps 133<sup>rd</sup> O.S. Bn. CoyRank Pte Surname Hickman Christian Name William

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

Enlisted (a) 13/12/15 Terms of Service (a) S.W. Service reckons from (a) 13/12/15

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Signature of Officer. ....

Report		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
Date	From whom received				
		Embarked .....			
		Disembarked .....			
28.9.17	C.O. Co	T.O.S. Gen. Report	Scipbe	27.9.17	Pb II Do 173. 28.9.17
28.9.17	Gen. Report	Comd School of Steers	St Leonard	27.9.17	Pb II Do 173. 27.9.17
2.10.17	St Leonard	Comd School of Steers			
		Reprints Gen. Report	Scipbe	1.10.17	Pb II Do 176. 2.10.17
20.10.17	Gen. Report	S.O.S. Gen. Report P.O. & V.C.	"	20.10.17	Pb II Do 191. 20.10.17
			M. P. Highton		
			Leahey		
			T.O.S. Gen. Report		
			Scipbe		
24.10.17	2 C.V.H.	Taken on Strength C.A. V.C.	Shoondiffe	24.10.17	Pb II Do 295
		2 C.V.H.			

(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.

[P.T.O.]

Report		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
Date	From whom received				
8-11-17	2 C.V.H.	Transferred to C.V.H.	Shorncliffe	8-11-17	P.T. 10 310
8/1/17	C.F.B.D.	T.O.S. Can. Vet. Hosp.		8/1/17	R.R. 360 9/17
18/1/17	C.V.H.	Joined Unit	Home	12/1/17	B213
14-12-17	H.O. Staly	D.A.H. Adm.	H.O. Staly	14-12-17	W. 3039-7801
14-12-17	C.V.H.	Lo. Hosp.	do	14-12-17	B213
2-1-18	H.C. Dapri	Debility Adm.	H.C. Dapri	2-1-18	W. 2223
2-1-18	do	do	do	2-1-18	W. 2223
25-12-17	C.V.H.	Clasf. P.H. (D.A.H.)	Home	14-1-18	W. 3339
15-1-18	H.C. Dapri	M.B. Li.	Can. Vet. Hosp.	15-1-18	W. 259
2-1-18	C.V.H.	Rep. from Hosp.	Home	16/1/18	B213
7-3-18	R.O. M.C.	Clasf. B3	Field	7-3-18	W. 3339-436 R. 36.
26-10-18	C.V.H.	Leave from 2/10/18	do	2/10/18	R. 109 of 19.5
9-11-18	do	Rep. from Leave	Home	6/11/18	B213
14/2/19	C.F.B.D.	Rejoined to England		19/2/19	R. 15

for Lt. Col., AAG.,  
Canadian Section

796125 Pte. Hickman, W. 74.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
24-2-19	4th. Can Res. Bn.	D.O. 46	Attached for all purposes from General Depot.	Witley	21-2-19	
27-2-19	do	D.O. 49	Granted leave with Free Warrant	do	27-2-19.	
22.3.19	do	D.O. 69	Ceases to be attached on proceeding to M.D. Wing No. 2 Kimmel Park.	do	22.3.19	
						<i>For Adj. 4th. Can. Res.</i>
			Attached C.C.C. Kimmel Park return to Canada. Part II Order No. _____ Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No. 76 for <i>Moasharp Capt</i> #2 Wing. Kimmel Park Camp.		73/3/19	
					30-3-19	
MAR 30 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO						
PART II D. O. 106						
APR 11 1919 S.O.S. (Discharged) No. 2 District Depot, Part II, D.O. No. 106						
<i>Hickman</i> For G. G. No. 2 District Depot.						

Nothing to be written in this margin.

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co (3490)

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.  
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]				(2) Regiment or Corps		(3) Regtl. No.	
(4) Surname							
(5) Christian Names							
(6) Army Form, number of, Attestation } Form or Record of Service paper }							
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]							
(8) Date of birth as stated on enlistment							
(9) (a)							
(10) Enlistment (b)				(11) Engagement (c)			
(12) Service reckons from (date)				(13) Special conditions (if any) of enlistment (d)			
(14) Any subsequent variations (if any) } of conditions of service }				Initials and Rank of an Officer.			
(Authority) (date)							
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) [Record of Occupation in Civil life (vide Army Order 93 of 1917)			
				Industrial Group No.			
				Trade or Calling			
				Married or Single			
				Particulars of Trade Test			
				Occupation Cards despatched on (date)			
				Second Occupation Card despatched on (date)			
(17) Next of Kin							
(18) Demobilizer (f)				(Place)		(Signature of	
(19) Pivotal-man (f)				(Date)		Posting Officer	
(20) Qualifications (g)				or (21) Corps trade and rate			
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries:—							

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

REMARKS:

14-7-17. Precordial Pain on Ex. B. C. 92.

24-7-17 Complaints of Dyspnoea, Slight

Precordial Pain & Fatigue on Ex. C. 80

Pulse 120.

1-8-17. Complaints of Dyspnoea &  
Precordial Pain on Ex. C. 80

Pulse 116

Discharged as per - reverse

Exby Park; 15-6-14 History of present illness. Patient  
had had symptoms of D. H. for several years  
but much since he was buried on 9-4-14  
he was admitted into hospital on that date  
suffering from Contusion and has done no duty  
since. Complaints of Dyspnoea, Palpitation, Irritability  
Recordial Pain, Exercise Fatigue on Exertion  
& Sweating Pulse at Rest 92 Physical Exam.  
reveals Contusion of L. foot & leg when he  
was buried 9-4-14 - no enlargement of  
Heart - no abnormal sounds in or shell of  
chock case. 12-6-14 Performed Exercise A  
without symptoms Pulse 88 22-6-14 Recordial  
Pain on Exercise B Pulse 108 3/7/14 Performed  
Exercise C without symptoms Complaint Pulse 104  
9/7/14 Complaint of backache on Exercise A B Pulse 96

THE KING'S CANADIAN RED CROSS  
CONVALESCENT HOSPITAL

FORM D.M.S. 1313.  
7065 20m 6,2/17.

ADMITTING CARD.

Regt. No. 796125. A. & D. No. ~~1670-7.~~ T 1585-7.  
Rank Pte.  
Name Hickman, W.  
Corps 14th. Battn. 3.  
Religion C.E. Age 38  
M. H. Rec'd D.A.H. M. H. Requested 13-12. 6-12. M. H. Ret'd   
Disease   
Admitted 13-6-17. Can Cony Hosp. Monks Horton.  
Discharged 8-8-17 1 Que Rd Sherburn B2  
Place in Hospital   
Transferred   
Results

*mtH*

Number *796125*

Rank *Pte*

Surname *HICKMAN*

Christian Name *William Henry*

Units *14<sup>th</sup> Bn Co Inf.* Theatre of War *France*

Date of Service *1-12-16*

Remarks

Latest Address *1 ~~Head St~~*

*172 Owen Rd Sincere,*

Roll No. *B* *Out*

200m.-2-21.M. *Page 13634*

DESP. JUN 16 1922

REGN. NO.

439579

NAME

*Stickman*  
*Pte**St N.*  
*14th Bn.*

REGT'L. NO.

*796125*

H. Q. FILE NO. 649

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

9634	#8 Can Gen, Boulogne	10-4-17	Sprained Foot
13389	Mil. Shoelcliffe	13-4-17	Sprained L Foot
B366.	Can <sup>24</sup> Con Monks Horton	20-5-17	spr L Foot.
B388.	King Can Red + Con Bushy Park	14-6-17	D.A. N.
B4 <sup>3</sup> .	Disch	8-8-17	D.A. - N. Spr Foot.
991	#40 Star Harfleur	14-12-17	" " " mild
9105	#4 Con Depot Havre	2-1-18	Debility.
9117	Disch.	15-1-18.	"

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

FOLL.

Surname: *Hickman* 649-H-10234. *g. 2* 30-3-19. CARD NO. *11-4-19*  
 Christian Names: *William* *S.O.S.W.S. FOLL. Wemoor*  
 Regl. No. *796125* Rank *86.* *Pt. II No. 106 of 16-4-19*  
 Unit: *133rd* *# 2.W.W.* *B.W.*  
 Former Corps: *39th Regt.*  
 Next of Kin: *Hickman, Annie*  
 Relationship to Soldier: *P. N. S.*  
 Address: *Simcoe Ont.*  
 Country of Birth: *England, Berkshire.* Date: *Nov. 29th 1879.*  
 Place of Attestation: *Simcoe Ont.* Date: *Dec. 13th 1915.*  
*R/B. 10-4-19. 3.00. Pte*  
*44*

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

## DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5

FEET

1

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Simcoe Ont.

DATE

Dec. 13<sup>th</sup> 1916.

No. 796125. RANK *Rte.*NAME *Hickman William*T. O. S. 9-2-16 (20<sup>34</sup> 11<sup>11</sup>) UNIT 133rd Battalion C. E. F.

M. D. 21

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Feb. 9th	Feb 29th	✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		n.		
July.		n.		
Aug.		n.		
Sept.		n.		
Oct.		n.		

UNIT SAILED  
OCT 30 1916

*Next of Kin*      Canada.

Reg. No. 796125

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-4	Can. Gen.Hosp.	Boulogne.	Spr. Foot.	A634		
13-4	MilHosp	Sh'cliffe.	do.	B339		
20-5	L. H. monks Norton		do	B. 366		
14-6-17	Kings. C. R. C. C. A. Busby Park		D.A.H. + do.	B388		
8-8	Discharged (B.C. 9)		do	B4		

[illegible]

796125

*Reg. No.*

*Next of Kin*

Canada

WMS R II HF

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						20.12.17
14.12.	40. 8th 14. Hufers	D.A.H. Mild	C91			17468
1918						
2. 1.	4 Con Dep. Hufers	Debility		Q 10 5		18094
15. 1	Dischd to Duty. Hufers	do	P 117			18551
	from					

[illegible]

Surname **Hickman** Christian Name or Names **W H** Reg. No. **796125**  
 Rank **Pte.** Unit **1st. Que. Reg. 14th Batt** Co. **1** Troop **G. V. H.** Batty. **Miss. Units**  
 Hospital **# 3 Can Gen Boulogne** Date of Admission **10-4-17**  
 Transferred **Mil. Shorncliffe** Hosp. **13-4-17**  
**Monds Horton Can Con** Hosp. **20-5-17**  
**Bucley Park Can Con** Hosp. **14-6-17**  
**40 St. Hop. Harfleur** Hosp. **14-12-17**  
**Spr. Foot**  
 Diagnosis **D. A. H. ph**  
 (1) **Debility**  
 Later Diagnosis (if changed)  
 (2)  
 (3)  
 Additional Diagnosis: if more than one state present

## DISPOSITION

C.L.17-4-17 A 634

24-4-17 B 339

25-5-17 B 366

20-6-17 B 388

7-9-17 B 40

21-12-17 A 91

9-1-18 A 105

23-1-18 @ 117-2

Disc. 8-8-17 Date

Dis. 16-1-18

## REMARKS

A.M.D. 2 Dept.

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

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 4 Con. Depot Havre

2- 1-18

2.

3.

4.

5.

6.

7.

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.-6-16.  
 H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

NOV 1 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



## MILITIA AND DEFENCE

M. F. W. 12a.

50m.-6-16.

1772-39-819.

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Amie Hickman*Wife  
PAYMENTS.

Name of Soldier

*Hickman Wm*  
*Pto 133 d Bu*

L. L. Job 4503. -Req. 6532.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>7 15.00</i>	<i>NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>K 30854</i>	<i>15</i>	
Dec.		<i>S 35525</i>	<i>15</i>	
Jan.	1917	<i>Z 39810</i>	<i>15</i>	
Feb.		<i>Z 45147</i>	<i>15</i>	
March		<i>W 47250</i>	<i>15</i>	<i>15 P.</i>
April		<i>X 2451</i>	<i>15</i>	<i>15 B</i>
May		<i>R 8727</i>	<i>15</i>	
June		<i>O 14934</i>	<i>15</i>	<i>15. Bu</i>
July		<i>U 21946</i>	<i>15</i>	<i>Cu</i>
Aug.		<i>Z 31313</i>	<i>15</i>	<i>15-60</i>
Sept.		<i>M 39056</i>	<i>15</i>	<i>15</i>
Oct.		<i>Z 43899</i>	<i>15</i>	<i>15</i>
Nov.		<i>A 28214</i>	<i>15</i>	
Dec.		<i>N 58156</i>	<i>15</i>	
Jan.	1918		<i>210.00</i>	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

## SEPARATION ALLOWANCE

Name *Annie Hickman* Name of Soldier *Hickman William*  
 Address *Simcoe*  
*Ont.*  
 Relation to Soldier *Wife -*  
 wife, child or mother }  
 Regtl. No.  
 Rank *Pte.*  
 Corps *133<sup>rd</sup> Batta C.E.F.*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6374.

Annie  
Hickman

Wife  
PAYMENTS.

Name of Soldier

Hickman William  
Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 2317	40	40
May		R 6428	20	20
June		T 6433	20	20
July		K 10407	20	20
Aug.		X 10699	20	20
Sept.		V 15629	20	20
Oct.		L 19665	20	20
Nov.		Q 21921	20	20
Dec.		Q 25498	20	20
Jan.	1917	U 28448	20	20
Feb.		U 31557	20	20
March		U 34634	20	20
April		V 1177	20	20
May		U 4347	20	20
June		X 7825	20	20
July		U 10267	20	20
Aug.		H 14283	20	T
Sept.		G 18039	20	B
Oct.		M 20609	20	Bo
Nov.		L 23618	20	T
Dec.		D 28362	20	Hd
Jan.	1918		40	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

12689

Nov 1/16

## RATE OF SEPARATION ALLOWANCE

20	25 1/2	30
----	--------	----

PC 32575-9-18  
 P. 6.2253.  
 M. O. 22408.

## RATE OF ASSIGNMENT

15			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 796125  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name William Hickman  
 Battalion 133 Bn.  
 Beneficiary Annie Hickman  
 Relationship wife M.F.W. 7554-7517/18  
 Address Held 25-1/18

## PARTICULARS OF ASSIGNMENT

Name Annie Hickman Wife  
 Address Simcoe, Ont.  
 Change of Address

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					File 8589-W-42
Dec 31		440	210	650	
1919 Jan	F 65245	30	15	45	00 Br.
Feb	Y 72899	25	15	40	
Mar	I 91237	25	15	40	
Apr	I 13490	25	15	40	
May	D 9036	25	15	40	
June	A 19379	25	15	40	
July	U 27770	25	15	40	
Aug	D 34050	25	15	40	
Sept	S 41860	25	15	40	
Oct	E 48522	25	15	40	
Nov	G 56587	25	15	40	
Dec	F 64513	45	15	60	
Jan	G 75546	30	15	45	
Feb	E 76409	30	15	45	
Mar	E 87531	30	15	45	
Apr	D 4269	30	15	45	

M. F. W. 128  
 4004-617-1772-58-1141  
 L. L. 22520-M. & D. 7183.

S.A. 885-00 A/c Closed 30-4-19  
 Ret'd per. "M. F. W. 187"  
 Date 10-4-19 M.F.W. 187  
 Closed M.D. #2

M.A.D. Det. 83595 15-4-19



Date of Assignment

## OVERSEAS CONTINGENTS

### RATE OF ASSIGNMENT

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## PARTICULARS OF ASSIGNMENT

4

M. F. W. 128  
400M.—6.17—1772-29-1141  
I. L. 22320—M. & D. 7993.

39 86  
 21st  
 2

stopped 28/1/19.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 133 Br.  
DATE ACCOUNT FIRST OPENED:- 1/1/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			6 av 6

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
26/1/19	4902	Witley 10-0-0	4867			Leg Bal	10580
						L.P.C.	5713
							4867

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	100	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Trans Canada RR 4. 3986 - Witley 3/2/19 Witley mtd 2

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	br Balance forward								11562		
Apr	P Pay	33		6 a P				15	10062		
"									13362		
				AR 52 b Y 21 15/4/18 (9)	446				12916		
				" 169 " 30/4/18 (48)	446				12470		
		33			892			15			
May	P Pay	3410		6 a P				15	15880		
				AR 323 b Y 21 15/5 (7)	446				13934		
				" 464 " 31/5 (57)	446				13488		
		3410			892			15			
June	P Pay	33		6 a P				15	16788		
				AR 649 b Y 21 15/6 (19)	446				15288		
				AR 116-15207 19/6 (24)	2920				14842		
				AR 830 b Y 21 30/5 (50)	446				11922		
		33			3812			15	11470		
July	P P	3410		6 a P				15	14886		
				AR 994 b Y 21 16/7 (23)	446				13386		
				" 1138 " 31/7 (65)	446				12940		
		3410			892			15	12494		
Aug	P P	3410		6 a P				15	15904		
				AR 1265 b Y 21 15/8 (33)	446				14404		
				✓ 1419 ✓ 31/8 (69)	446				13958		
		3410			892			15	13512		

NUMBER

796125

RANK

NAME

HICKMAN 10<sup>th</sup>

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	P.P.	33							13512		
									16812		
				Cap				15	15312		
				AR 1549 672 16/9 24 466					14866		
				✓ 1723 ✓ 38/9 62 466					14420	as paid	
		33			892			15			
Oct	✓	3410		Cap				15	16330		
				AR 1846 ✓ 15/10 22 466					15864		
				CP 576 48 London 22/10 30 9733					6131		
				AR 2018 26 722 24/10 32 466					5665		
		3410			18665			15			
Nov	✓	33		Cap				15	7465		
				AR 2254 ✓ 15/11 13 466					6999		
				✓ 2411 ✓ 38/11 40 1399					56		
Dec	✓	3410		Cap				15	7510		
				AR 2563 ✓ 16/12 72 466					7044		
Jan	✓	3410		Cap				15	8954		
		10120			2331			45			
Feb	✓	3080						15	10534		
				AR 2711 ✓ 31/12 10 466					10068		
				✓ 2826 ✓ 15/12 26 466					9602		
				✓ 2920 ✓ 31/1 60 466					9136		
				✓ 6424 GBD 16/1 77 466					8670		
Mar		3410						15	10580		
				✓ 4902 Wilby 27/1 116 4867					5713		
		6490			6731			30			
				✓ 11528 na Rhyl 27/3 7 9733					4740		
					9733						

A.O.S. 28<sup>3</sup>/<sub>19</sub> N° 35

			AR 2018. 26 721 2/10 (32)	466	5665
		3410		18665	15
Nov.	✓	33	cap		15
			AR 2254 ✓ 18/11 13	466	7465
			✓ 24/11 ✓ 38/11 (40)	1390	6999
					56
Dec.	✓	3410	cap		15
			AR 2563 ✓ 16/12 72	466	7510
					7044
Jan	✓	3410	cap		15
		10120		2331	45
Feb.	✓	3080			15
			AR 2711 ✓ 31/12 10	466	10534
			✓ 2826 ✓ 15/12 26	466	10068
			✓ 2920 ✓ 31/1 60	466	9602
			✓ 6424 GBD 16/1 77	466 ✓	9136
					8670
Mar.		3410			15
			✓ 4902 Willey 27/1 116	4867	10580
		6490		6731	30
			✓ 11528 ma Rhyl. 27/3. 7	973 ✓	5713
				973	4740

S.O.S. 28<sup>3</sup>/<sub>19</sub> N° 35

P. 559.  
MARRIED OR SINGLE

Married

PLACE OF BIRTH

"Brookshire" England

NAME AND ADDRESS OF NEXT OF KIN

Mrs Annie Hickman  
Simcoe Ont.

RELATIONSHIP OF NEXT OF KIN

Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

20<sup>00</sup>

EFFECTIVE (DATE)

29/2/16

PAYABLE TO

Mrs. Annie Hickman  
Simcoe Ont.

RELATIONSHIP OF DEPENDANT

Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE  
DATE

AUTH

ADMISSIONS TO HOSPITAL, &c.

DATE  
ADMITTED

DATE  
DISCHARGED

V.  
OR  
A.

NAME OF HOSPITAL

Checked

Bluestein

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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1916													18 10	18 10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

EFFECTIVE DATE	AUTHORITY
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ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

[illegible]

796125 Pfc Hickman William

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2	3
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE			
			266	20					18 10	284	30							24 73	22 63	4 36		
July 31	1 <sup>st</sup>		34	10						34	10											
Aug 31			34	10						34	10											
Sep 30			34						8 03	41	03											

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	CR.2	DR.3	DR.4	BALANCE	DATE	SER.	MONTH	PARTICULARS	CR.1
										PAY	ENG.			
		16911												
Oct	PP	34 10								15	18821			
Nov.		34 10								15				
Dec		33		AR 249. CRR. 29/10.	9 73.					15				
		34 10		DR 2880. CRR. Bursley 8/8/17	48 67.					15				
				" 2497 " " 16/7.	4 87.									
				" 4397. Cg. Bst. 10/11	4 46.									
				" 604. Coc. 30/8.	9 74.									
				" 2267 CRR. Bursley 31/7	4 87.									
				" 652 Coc. 15/8.	9 73.									
		67 10		" 854 CRR. 15/11	13 38.					30	133 24			
				" 899 " 30/11	4 46.									
				" 1463. Det. S. Cliffe 13/10	9 73.									
Jan		34 10		" 116. CRR. Works 24/5.	2 44.					15	12233			
Feb		34 10			30 01					15				
		30 80		bat						15				
				" 1009 15/1 CRR. 4 46.										
				" 1074 31/1 do 13 38										
				AR 557 13/1 4 bon. Dep. - 89	18 73					15	11940			
Mar		30 80		bat						15				
		34 10		" 1168 15/2. CRR. 4 46.										
				" 1278 28/2 " 4 46.										
				" 3069 27/2 - 18										
				" 3185 28/2 B. Park. 4 86.										
				" 1391 15/3 CRR. 4 46.										
				" 1490 23/3 " 4 46.										
		34 10			77 88					15	11562			

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

436		120	770	179 42	103 98				
		15		15	122 98				
		15		15	143 08				1 <sup>st</sup> error in Bldg (12/20) 14 Bn being a tick
		15		15	169 11				7. 8/8 - 18/8/17 Do 139. 22 Rec 15/8/17

S CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE

REGT. No. 796125

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					PLACE OF ATTESTATION
					DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$
TO WHOM PAID	RELATIONSHIP				PAYABLE TO
ADDRESS					ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED

[illegible]

"SATURNIA" 10.4.19

DISPERSAL "J" 83251

<b>AUDITOR</b>	<b>PAYMASTER</b>
----------------	------------------

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

REGT. No. 796125

RANK

Pte.

NAME (IN FULL)

HICKMAN.

W.

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE	
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
			ADDRESS		
			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
			DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*See attached*

*Sample.*

*Head Start South. Simcoe ONT.*

*13/12/15*

*15.00 closed by Ottawa 30-4-19.*

*Sub. a Sectionman*

*Simcoe Ont*

*Hamilton*

*11.4.19*

*Demob.*

*D.O. 106*

*yes*

[illegible]