

**DEPARTMENT OF MILITIA AND DEFENCE.**

**WAR SERVICE GRATUITY  
(IMPERIAL)**

File No. ....

Register No. *936377*

Declaration required of Officers, Warrant Officers, Non-Commissioned Officers and Men who claim War Service Gratuity payable by the Canadian Government to such ex-members of His Majesty's Imperial Forces as are entitled thereto under the provisions of P.C. 2389.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable the words "Not Applicable" must be written in.

If discharged in Canada from a Canadian Expeditionary Force Unit, this Declaration is to be returned to the Assistant Director of Pay Services of the Military District in which the soldier was discharged. If service in Imperial Forces only, or if discharged from the Canadian Expeditionary Force in England, Declaration is to be returned direct to the Paymaster-General, Canadian Building, Ottawa, Canada.

Final Imperial  
Regimental Number *85824* Rank *Pte* Imperial Unit from *Royal Defence Corps*  
which discharged  
Christian Name *Alfred* Surname *Hill*

Address in full, to which payments of gratuity are to be forwarded  
*Alfred Hill*  
*448 Lansdowne Ave*  
*Toronto Ontario*

1. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in His Majesty's Naval, Land or Air Forces: or in the Naval or Land Forces of Canada (ON AND AFTER THE 4TH AUGUST, 1914). Answer in the following order in spaces allotted.

**IMPERIAL SERVICE.**

	Regimental Number.	Rank on Enlistment or Transfer.	Unit. Regiment. Reserve Depot. (If Royal Air Force state Squadron or Wing).
1st Enl.	<i>129813</i>	<i>Gunner</i>	<i>Royal Garrison Artillery</i>
2nd Enl. or Transfer	<i>85824</i>	<i>Private</i>	<i>Royal Defence Corps</i>
3rd Enl. or Transfer			
4th Enl. or Transfer			

**CANADIAN SERVICE.**

1st Enl.			
2nd Enl. or Transfer	<i>Not</i>	<i>Applicable</i>	

**IMPERIAL SERVICE.**

	Date of Enlistment or Transfer.	Date of Transfer, Retirement or discharge.	Rank on Transfer, Retirement or Discharge.	Unit from which Transferred, Retired or Discharged.	Place of Transfer, Retirement or Discharge.	Reason for Transfer, Retirement or Discharge.
1st Enl.	<i>12/12/16</i>	<i>20/8/18</i>	<i>Gunner</i>	<i>R.G.A.</i>	<i>Toronto</i>	<i>Unit for duties</i>
2nd Enl. or Transfer	<i>27/8/18</i>	<i>3/2/19</i>	<i>Private</i>	<i>R.D.C.</i>	<i>Toronto</i>	<i>Demobilized</i>
3rd Enl. or Transfer						
4th Enl. or Transfer						

**CANADIAN SERVICE.**

1st Enl.			
2nd Enl. or Transfer	<i>Not</i>	<i>Applicable</i>	

*S.A.S.A.*

2. I proceeded Overseas to Liverpool per S.S. Scandinavian  
 Sailing from Montreal on or about Nov 15<sup>th</sup> 1914  
 I returned to Canada per S.S. Leona Sailing from Liverpool  
 on August the 9<sup>th</sup> 1919. (Date) (Port in England)

3. Have you already received any payment of Post Discharge Pay, Bonus or Gratuity? If so, state amounts you and your dependents have already received, from where paid, and on what dates.

	Date paid.	Amount.	By Whom paid	Place paid from.
For Service with Imperial Forces.	<u>May 1919</u>	<u>8-5-0</u>	<u>G.P.O</u>	<u>Westbury Hill</u>
For Service with Canadian Forces.	<u>Not</u>	<u>Applicable</u>	<u>Payments</u>	<u>Forwards</u>

4. Were you at the time of any enlistment a civil employee of the Dominion or a Provincial Government of Canada? If so, state what Government, what Department, and whether Civil Pay was issued on your account while on Active Service, also state monthly or yearly amount of such civil pay, and the period or periods during which same was issued on your behalf.

Not Applicable

5. Names of Dependents, if any, to whom Separation Allowance, Married Man's Allowance, Dependent's Allowance, or Family Allowance was being paid, by virtue of (1) Service in the Canadian Forces, or (2) Imperial Forces immediately prior to your retirement or discharge from either force.

1. Name Thomas Hill Relationship Brother  
 Present Address 29, Alfred St  
Westbury Hill, Ont.

6. Give dates covering periods during which said Allowance was paid and from whom Dependents last received the Allowance.

	Dates.		Amount.	By whom paid.
	From	To		
1.			<u>S. d.</u>	
2.	<u>12/12/15</u>	<u>3/5/19</u>	<u>10.2</u>	<u>per bank Imperial Government</u>

7. Is said Dependent now, or was said Dependent at any time in receipt of Separation Allowance, etc., on account of another Soldier? If so, give his regimental number, rank, unit, full name and place of discharge below.

Regt. No.	Rank.	Unit.	Christian Name.	Surname.	Place of discharge
<u>Not Applicable</u>					

8. (a) Were you on the 4th day of August, 1914, a resident of the Dominion of Canada? Yes  
 (b) If so, give address at which you were so resident.

(Street) 448 Lansdowne Ave  
 (City) Toronto (Province) Ontario

(c) Is it now your present intention to permanently settle in the Dominion of Canada? Yes  
 (d) If so, give present address.

(Street) 448 Lansdowne Ave  
 (City) Toronto (Province) Ontario

REMARKS: Sworn in Dec 12<sup>th</sup> 1915.  
Suffering from the effects of a  
compound, complicated, comminuted  
fracture of the leg. at the time.

And I Make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if under oath and by virtue of the Canada Evidence Act.

Signature of Applicant A. Hill

Declared before at Toronto Ont

This 19<sup>th</sup> day of January 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths [Signature]

I hereby certify to my own personal knowledge that the statements made in paragraph 8 of this Declaration are true in all respects.

(The persons signing here should have personal knowledge of the facts as contained in paragraph 8).

Signature [Signature]  
 Profession Tailor Cutter  
 Address 448 Lansdowne Ave Toronto Ontario

Signature [Signature]  
 Profession Manager  
 Address 200 Ashworth St. Toronto Ont

REMARKS: .....

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Space below to be used (only when applicant has had service in the C.E.F.) by The Assistant Director of Pay Services of the District in which soldier was discharged.

POST DISCHARGE PAY AND WAR SERVICE GRATUITY.

Dates paid.	Amounts paid Soldier.	Amounts paid Dependents.
<u>Not</u>	<u>Applicable</u>	
		TOTAL PAID .....

Certified Correct .....

Asst Director of Pay Services, M.D. No. ....

REMARKS: .....

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~~BROTHER~~  
~~SISTER~~

# CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

## NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the Office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the Office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in the form in the required manner, in order that no delay may be caused by lack of information required by the Separation Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. P. DIVISION  
MILITIA DEFENCE,  
OTTAWA, CANADA

(This application is to be made out for the last unmarried brother that enlisted).

1. Name in full of Soldier	Rank	Regt. or Unit	Regtl. No.
<i>Alfred Hill</i>	<i>Pte</i>	<i>R. D. 6.</i>	<i>85824</i>

2. Age of Soldier	Married or Single
<i>41</i>	<i>Single</i>

3. Date of enlistment of Soldier in C.E.F. *Imperial*  
*12/12/14.*

4. Is Soldier at present in Canada or Overseas?  
*Canada.*

5. Name in full of <del>Sister</del> <sup>Brother</sup> of Soldier.	Age	Occupation	Address
<i>Thomas Hill</i>	<i>47.</i>	<i>None.</i>	<i>29. Alfred Street Westbury, Wilts.</i>

6. Name of Father and Mother. (If dead, give date and place of death).	Age	Occupation	Address
<i>Henry Charles Hill</i>	<i>Dead</i>	<i>17/8/06</i>	<i>29 Alfred Street Westbury</i>
<i>Jane Hill</i>	<i>-</i>	<i>1/3/41</i>	

Section  
 F.W.E. as numbered above  
 is charged to you since  
*21-1-20.*  
 attach this letter  
 necessary action. Please  
 and take  
*28-2-21*

①

7. If your father or mother is alive but not contributing to your support, state reason.

*Both dead.*

8. Are you married?

*No.*

9. Names of all your other **unmarried** brothers and sisters. (If any are soldiers, give **Regimental number and Unit.**) Address in full. Age. Occupation.

*None*

10. Names of all your other brothers and sisters. (If any are soldiers, give **Regimental number and Unit.**) Address in full. Age. Date married.

*Mr E. W. Morris.*

*High Street.*

*Downton Wells.*

11. If you are a widow, state date and place of death of your husband.

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12. Are you a chronic invalid and totally incapacitated? (If so, form of Medical Certificate attached hereto must be filled out and returned with this Declaration.)

*Yes.*

13. State amount earned by you per month during the past year.

*None.*

14. State amount earned by you per month at present.

*None.*

15. State amount and source of any other income.

*5/- Weekly. Sick Pay. Arment Order Forecasts*

16. What is the value of your

(a) real property

(a)

*None*

(b) personal property?

(b)

*None.*

17. State actual amount contributed in cash by the Soldier during the year prior to enlistment.

*10/- Weekly*

18. Was this amount contributed weekly or monthly? Weekly.
19. Did Soldier live with you during the year prior to enlistment? No.
20. State Soldier's trade or occupation prior to enlistment. Outfitter
21. State amount of his wages per week. Do not know
22. State name and address of his last employer. Mr. E. Rowe. Market Place. Westbury.
23. State amount of support monthly from Soldier since enlistment. £2.0.8. This is the full amount received by me including assigned pay.
24. State amount of ASSIGNED PAY received by you from Soldier monthly. £2.0.8. This is the full amount received by me including assigned pay.
25. From what date did you receive ASSIGNED PAY? 12.12.16.
26. Actual amount contributed by other brothers and sisters during the year prior to enlistment of Soldier. Weekly Monthly Nothing
27. Actual amount contributed by other brothers and sisters at present. Weekly Monthly Nothing
28. If not receiving support from other brothers and sisters, state cause. Explain fully. Sister unable to contribute not being in position to do so.
29. With whom are you residing at present? State relationship, if any. Miss Mabel Kate Gray.
30. How long have you resided with the above person? Seven years
31. State amount of rent or board paid by you per month. 15/- Rent.
32. Have you made a previous claim for Separation Allowance? Give particulars. ~~Yes~~ No.
33. Are you already in receipt of Separation Allowance from any source? If so, how much? No
34. Was Soldier a member of the Permanent Force at time of attestation in the C.E.F? (If so, give Regimental number, Rank and Unit.) No.
35. Was the Soldier at the time of his enlistment an employee of the Dominion or a Provincial Government? No.
36. If so, in what capacity and in what place? None.

37. Is he in receipt of a Salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month?

No

38. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much?

No

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

Signature of Applicant Thomas Hill

Place of Residence 29 Alfred Street, Westbury, Wilts

Declared before me at Westbury

this 11 day of Sept 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. F. W. Lavelle J. P. Wilts

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the Applicant.

Signature of Clergyman W. Beakem Rankin (Baptist) Breton Road, Westbury.

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund.

MEDICAL CERTIFICATE

1. Is applicant a chronic invalid and totally incapacitated? Yes.

2. Of what nature is disability? Old accident to pelvis in Left hip and hnd. Only able to walk with 2 sticks

3. From what date has this total incapacity been existent? 13 years.

4. How long is total incapacity likely to continue and what will be effect on her earning power? Permanent

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date? Inable to work at any remunerative occupation since accident

6. Are you the regular attending physician? Yes  
E. T. Shorland  
Physician.

Westbury Wilts Place.  
Feb 12 1920 Date.