REGIMENTAL DOCUMENTS

NAME Boland Wallace Lynn REGT. NO. 302204 UNIT 18th Bn H. Q. FILE NO. 26424

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	5/1/19				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
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1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CDJ					5-29
1	MJWH67					3-4.28
1	Casual					29-29
1	APD					
1	APD 1237					1
1	AFB 818					
1	Misc					
1	pay card					
1						

W. 2589
10M-11-18
1772 39-1377

ORIGINAL

72nd (Queen's) Battery, C.F.A., C.E.F.

ATTESTATION PAPER.

No. 343204.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Boland,
1a. What are your Christian names?	Wallace Lynn,
1b. What is your present address?	Eganville, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Eganville, Ont.
3. What is the name of your next-of kin?	Mary Jane Boland,
4. What is the address of your next-of-kin?	Eganville, Ont.
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	April 4th, 1899.
6. What is your Trade or Calling?	Banker.
7. Are you married?	single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? If so, state particulars of former Service.	no Cadets.
11. Do you understand the nature and terms of your engagement?	yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	no
14. If so, what was the nature of the disability?	---
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	no
16. If so, what was the reason?	---

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. R. Boland (Signature of Recruit)

Date 26th Nov. 1917. 191 . J. M. Roe (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

W. R. Boland (Signature of Recruit)

Date 26th Nov. 1917. 191 . J. M. Roe (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 Kingston, Ont. this 26th day of November, 1917.

R. R. Cameron Harris, Major (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of WALLACE LYNN BOLAND, on Enlistment.

Apparent Age 18 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6 ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	2 ins.
Complexion	Med Dark,
Eyes	blue,
Hair	brown,
Religious denominations. Church of England	yes.
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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).

SCARS.
right Hip
Right Knee Cap.

Moles.
Pigmentation Rt. Buttock
2 ~~in~~. Back Lt. Leg.

slight enlargement isthomus throid

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 November 18th 1917. C.H. Ellis Capt.

Place Kingston, Ont. .....
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.

Wallace Lynn Boland, 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.

R.R. Carr Harris (Signature of Officer)
Major
O.C. 72nd (Queen's) Battery, C.F.A., C.E.F.

Date ~~18th~~ November, 1917. 191 .
26 Jan 18

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Issued.
Class A No. 917203

THIS IS TO CERTIFY that No. 3433204 (Rank) Gnr.

Name (in full) Wallace Lynn Boland enlisted in

the 72nd (Queens) Bty. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Kingston Ont. on the 26th

day of November 1917

HE served in France in 18th Bty. C.F.A.

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 20

Height 5' 6"

Complexion Medium dark

Eyes Blue

Hair Brown.

W. L. Boland.
Signature of Soldier.

Marks or Scars Scars right, right knee cap. Mole pigmentation right buttock " back right leg.

C. S. Bullman Capt
Major
O. C. Dispersal Station "B"
Issuing Officer.

Date of Discharge JUN 3 1919

Dispersal Station "B" Military District No. 6

Rank

MAY 27 1919
Date ..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

War Service Badge
Class "A" No. .....

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Regtl. No. Rank and Name 343204 Gm. Boland N.Z. Corps N.Z.A.

Disease Mumps Hospital Bramshott

To Officer i/c Laboratory. Ward Ames 9

Please carry out an examination of the accompanying specimen of Urine

with special regard to Examination

Date 1.7.18

O. i/c Ward.

LABORATORY REPORT.

React acid
Alb neg

Sp.gr 1030
Sugar neg

Date of Examination 3/7/18

A. Montgomery Capt
O. i/c Laboratory.

W.3212. 50M-4-4-18.

ПРОБУКЛЕТ

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BOLAND. Wallace Lynn

REGIMENT 18th Battery. C.F.A. RANK Gr No 343204.

Date of Examination in England 17/4/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England Yes
- (*c*) In France

ASSISTANT DIRECTOR OF DENTAL SERVICES M.D. NO. 6 MAY 27 1919

Signature of Dental Officer H C Hardman Capt

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5105	543204	Gnr.	Boland	N.Z.
Year		**Unit.**	**Age.**	**Service.**
1916		C.R.A.	19	7/12

Station and Date.

Disease Mumps

Bramshott

1.7.16 Complaint. Pain & swelling in jaws. Duration four days.
F. H. nil.
Past Hist. Bank clerk in civil life. Has always been healthy except for scarlet fever when a child.
Present condition.
Temp 104.5 P 96 R 20.
All systems nil. except Rt parotid gland swollen slightly
Routine Treat.

8/7. Feels well. Temp normal. today.
No signs of complications.

13/7 T. P. R normal. no complication.
Is quite well.

16.7.16. General condition good.

22/7/16 Recovered. Discharge to Unit Capt A. Duncalfe R.A.M.C.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps C.R.A. Military Hospital Bramshott

No. 343204 Rank and Name Gnr. Boland W.L. Age 19 Service 7/12

Disease Mumps Date of admission 1.7.18 Date of discharge 22.7.18 Result Recovered

Dates of Observation	1	2	3	4	5	6	7	8
Days of Disease								
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	120	96	84	84	80	78	76	72
Respirations per Minute	20	20	20	20	18	18	18	18
Motions per 24 hours	Cal. 4 ozs in Mist. Salph.							

Dates of Observation	9	10	11	12	13	14	15	16
Days of Disease								
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	64	72	64	84	78	60		
Respirations per Minute	18	18	18	18	18	18		
Motions per 24 hours								

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature [illegible] In charge of case.

Form R 122.
10287—65M—28-7-17.

No9 Dft 72nd Bty to C. R. A

Rank Name BOLAND, Wallace Lynn. Reg'l No. 343204

Unit If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kingston, Ont. 26th Nov.1917 Place of Birth Eganville, Ont.

Name and Address, Next-of-Kin Mary Jane Boland,

Eganville, Ontario. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. O.B. No. 9537
File No.
Category

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		11-3-18	S/S METAGAMA
15-3-18	R-B-C Fd.	T.O.S. on arrival fr. Canada	Gr. Witley	12-3-18	PT II 74
14-8-18	do	S.O.S. Overseas	Gr. "	13-8-18	P/S 2269 Art Pool P.L. 107 D/9 8/18
17-9-18	5th Bde C Fd.	T.O.S. from Arty Pool.	Gr. Field	7-9-18	-145 + 123 d/169/18 Pool.
15.4.19	"	proceeded to Eng. 2 ft. 10 "	le Harve	16.4.19	" 48
28.4.19 H	WAGCCC	TOS Pndg RTC	WITLEY	16.4.19	30
28.5	✓	SOS to Canada	✓	19.5.	40
		To Canada	58-B-3	19-5-19	

A.F.B. 10 CHECKED 20 AUG 1919

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.				

Surname Bolesover Christian Name Ulverston

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Kirkpton	26-11-17										
No 12 CAN. GENERAL HOSPITAL,		1	7	18	22	7	18	Mumps.	23	Recvd. Discharged & Cmds Category A.	A Macdonald Lt

343204.

MEDICAL HISTORY SHEET

ORIGINAL

2

Surname BOLAND *Christian Name* Wallace Lynn

Examined { on 18th day of November 191 7.
at Kingston, Ont.

Birthplace { City or Town
County Eganville, Ont.

Apparent age 18

Trade or occupation Banker.

Height 5 feet 6 Inches

Weight 166 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development good.

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number nil.

When Vaccinated last never.

(*a*) Marks indicating congential peculiarities or previous disease Scars. Rt. Hip, Rt. knee cap.

S1

(*b*) Slight defects but not sufficient to cause rejection slight Enlargement isthomus throid.

Approved by C.T. Ellis Capt. Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		War Service Badge Class "A" No.	M.O.

Date	Result	Vaccinations	
8-12-17		C.T. Ellis Capt	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
1-12-17		C.T.E.	M.O.
3-12-17		C.T.E.	M.O.
8-12-17		C.T.E.	M.O.
11/6/18		2nd Rv Capt	M.O.

Enlisted on ~~18th~~ 26th *day of* November 191 7. *at* Kingston, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	72nd (Queen's) Battery.	343204.	—	Nov. 18/17.
Transferred to	CFA. O/S			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kingston Ont.	4-2-18	none	A2 Mfd Coglm Capt Canada Pres Med Board

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley Camp (Overseas)

Date 18-2-19 Signed [signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

G 2.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 343204 Rank Gnr Surname BOLAND

(Given name in full) Wallace Lyon

Unit or Corps 18th Battery Birthplace Egmont Ville

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION: 2/t

Physique Good Weight 180 lbs. Height 5 ft. 6 in. Colour of Eyes Blue

Nutrition Good

Pulse 72 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Rt hip Birth mark
scar Rt knee pre war

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

1-7-18 Mumps
pre war Pleurisy
11 Measles
Rec

War Service Base
Class "A" No. .....

(If space is insufficient, continue on back of form.)

[OVER]

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....Eganville, Ont.....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Eganville, Ont.....

.....

(11) If your Mother is a widow.....-------.....

Are you her sole support, or not ?.....-------.....

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

.....

.....

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

.....

.....

.....

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

.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?..Canada Life Assurance Co.....

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.

R. Clare Harris Major

Officer Commanding.

O.C. 72nd (Queen's) Battery, C. F. A., C. E. F.

Date.....Feb. 23, 1918.....

To be made out in duplicate.

I.O. 54-21-23-53

2

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....72nd (Queen's) Battery CFA. CEF

(2) Regimental Number 343204

(3) Full Name of Soldier....Boland, Wallace Lynn,

(4) Place of Birth....Eganville, Ont.

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

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

(b) Present Postal Address....~~----~~

(7) Are you a widower ?....-------

(8) Have you any children ?....--------

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

Also their names and ages....------

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 3

NAME OF SOLDIER Boland W. L. No. 3433204

REGIMENT 72nd C.F.A. RANK Gnr.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jan 23.	6/ 14. 15. 18.	3/4 3/4													1/8				Lt. C.F.A. McCartney	3	Complete

M.F.B. 465
2'40M 1-17
1772-39 950

D.M.S. 1300 50M-21-'17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Boland.	W.L.	343204.

RANK	UNIT	CO.	TROOP	BATTY.
Gnr.	C.A.R.B.			

HOSPITAL — DATE OF ADMISSION

12. C. G. B'Shott. — 2.7.18

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS — Mumps. R

1.

2.

3.

DISPOSITION — DATE

Dis 22. 7. 18

REMARKS

Bl. 5. 7. 18 C285.
25. 7. 18 C302

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form R. 149.

Wallace Lynn

Name BOLAND Rank Gnr Reg. No. 343204

Unit Res Bde 6.7 a.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-7	12 can Gen Hpl	Bramshott	Mumps	6385	20753	
22-7	Discharged		do	6302	6755	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6285-1	12 San Con. Hosp	2-7-18	Mumps.
C302.	" " " Dis.	22-7-18.	"

NAME Bolgard W. Lee

RANK AND CORPS Pvt. CPS

REGT'L. No. 343204

H. Q. FILE No 649

FOLLOWS
No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

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

M. F. W. 42 -100M.—28-11-17.
H. Q. 1772-39-893.

Form DMS 1401.

A 1

12. Can Gen HOSPITAL.

A. & D. CARD

AT

A. & D. No. 5105 PL. OF ACTION

RANK Gnr REG. No. 343204 UNIT C.F.A. A Battery SICK OR WOUNDED

NAME Roland W.L. AGE 19 RELIGION C of E.

PLACE IN HOSPITAL Annex

DIAGNOSIS Mumps

ADMITTED 1. 4. 18 FROM

DISCHARGED 22-7-18 TO

TRANSFERRED

SERVICE AT HOME 4/12. IN FIELD

RESULTS 4/12.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

No. 843204 RANK Pte. NAME Boland Wallace L.

T.O.S. 26-11-17
D.C. 60 of 27-11-17

UNIT 72nd Battery C.F.A. C.E.F.

M.D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov. 26	1917 Nov. 30	N.		
	Dec.	N.		
	1918 Jan.	N.		
	Feb.	✓	Proceeded O/S. 24-2-18	D.O. 57 of 26-2-18

SURNAME. Boland

CHRISTIAN NAMES Wallace Lynn.

REGL. NO. 3413204. RANK Gr.

UNIT 72nd Bty. C.F.A. (Depot Bty. M.D.3) (9th M.D.)

FORMER CORPS nil.

B CARD NO. 6

3-6-19

D.S.D. 27-5-19

Boland FOLL.

168 17-6-19

NEXT OF KIN.

NAMES IN FULL Boland, Mrs. Mary J.

RELATIONSHIP TO SOLDIER mother.

ADDRESS Eganville, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Eganville, Ont. DATE Apr. 4th 1899.

PLACE OF ATTESTATION Kingston, Ont. DATE Nov. 26th 1917.

To Halifax per S.S. Metagama 28/2/18. 1114/9.

R/C. 27-5-19 336. Gnr.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H Q. 17 2-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Banker. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 18. YEARS 7. MONTHS

HEIGHT 5. FEET 6. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 2 INCHES

COMPLEXION Med. Dark. EYES Blue. HAIR Brown.

DISTINGUISHING MARKS Moles, pigmentation right buttock. Two black left leg. Slight enlargement of isthmus thyroid.

MEDICAL EXAMINATION. PLACE Kingston, Ont. DATE Nov. 18th 1917.

Present Address Eganville, Ont.

Number 343204 Rank Gnr

Surname BOLAND

Christian Name Wallace Lynn

Units C.F.A. Theatre of War Kanee

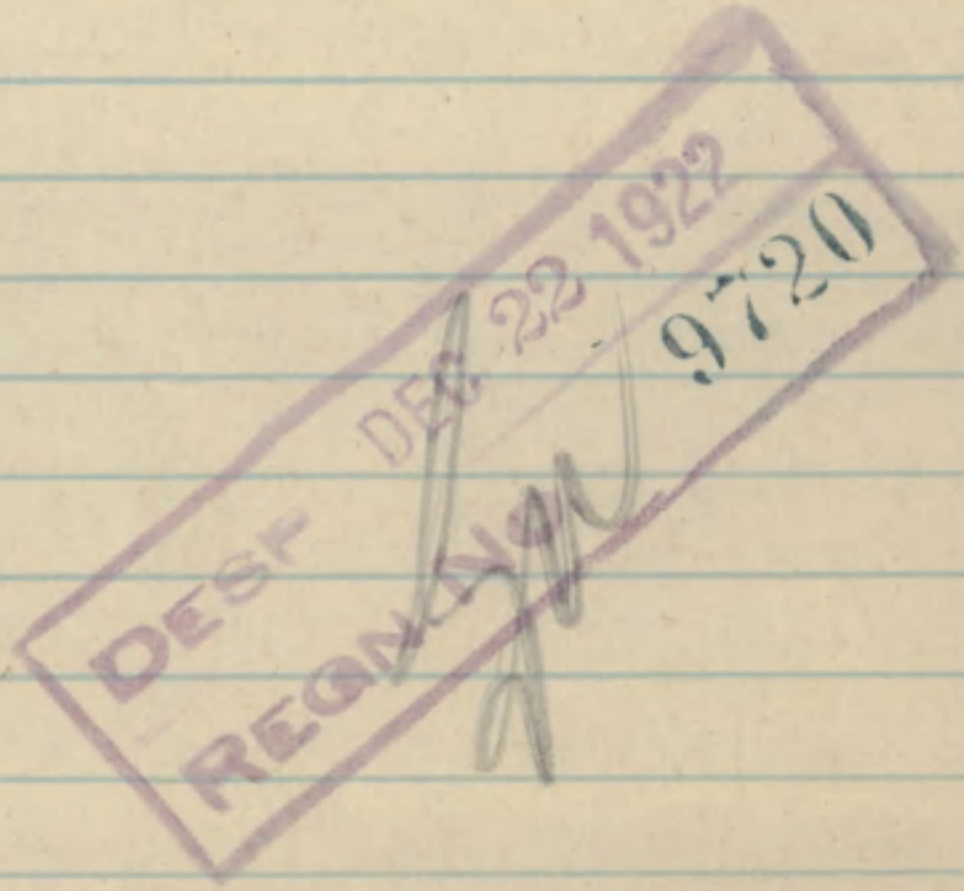
Date of Service 13-8-18

Remarks c/o Merchants Bank of Canada.

Latest Address ~~Egmondville Ont.~~ Wallaceburg Ont.

Roll No. B. Page 20546

200m.-6-21.


DEC 22 1922
9720

W. S. B. Class A.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. No 9 Dft 72nd (Queen's) Battery, C. E. F. to 6 Res.

Regimental No. 343204 Rank Private Name Boland, Wallace Lyons

C. E. F.

Enlisted (a). Nov. 26/17 Terms of Service (a). Can. Ex. Force Duration of War Service reckons from (a). November 26/17.

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). Gunner Banker.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax	27/2/18	H.M.T.
		Disembarked	Glasgow	11/3/18	Metagama
11/3/18	Res Bde C.F.A.	T.O.S. From Canada	Witley	12/3/18	BO. P.T. 74
14-8-18	Res Bde C.F.A.	Proceeded O/S to C.F.A.	Witley	13-8-18	B.O.Pt.11 226.
15-8-18	CCBD	Arr'd Reinf Tons Can Art	BOOL	15-8-18	NR T 5 PT II O 107 d/19-8-18
18-8-18	do	Left base for CCRC		18-8-18	NR B 1
18-8-18	CCRC	Arrived at CCRC		18-8-18	NR 1281
5-9-18	Can Corps	Posted to 5th Bde C.F.A.		6-9-18	a.941 CCRC 2nd R. 1569 Pt II O. 123 d/-16-9-18
do	do	T.O.S. 5th Bde. CFA.	Field.	7.9.18	P2.0. 145. do - do.
Emb. Camp.		Proceeded to England.			

W. Holevenner
LIEUT. & ASST. ADJUTANT.
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

14 AVR 1919

P.S.B O.No. d/.....
G. H. Skelton
LIEUT.
FOR LT COL.
A.A.G.

CERTIFIED CORRECT. 2 AUG 1918 RECORDS, LONDON. C.E.F.

(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				
		S. O. S. ON PROCEEDING TO CANADA.			
Rt. 2 Ord #44 A Wing CCC				17-5-19	
		A/Adjt. H.Q. for Major, O.C. BATTERY C.F.A.			
Embark H.M.T. Celtic. Liverpool 18-5-19					J. H. Macdonald. Lieut. ADJUTANT R.M.T.
19-6-19		T. O. S. No. 6 D. D. from C.A. and posted Disp. Sto. B. 168.			
3-6-19	S. C. S.	M Dockray Lieut. Officer i/c Records No. 6 D.D.			168

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
40m.—4-17—1772/39-1141
L. L. 22320—M. & D. 7953.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B 8757

Enlisted 26/11/17

Date of Assignment 1-3-18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. N.R.

RATE OF ASSIGNMENT

20.50			

PARTICULARS OF SEPARATION ALLOWANCE

E

No. 343204

Rank Gr. Promoted Reverted Discharge

Soldier's Name Boland. W. Lo.

Eattalion 72nd. Batty

Eeneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Jane Boland

Address Eganville.

Change of Address Ont.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 0509-N-23
Mar/1/18	M 77797		20	20	R	
April	6 3365		20	20	E.	
May.	E 10153.		20	20	✓	
June	D 18190		20	20	✓	
July.	X 32527		20	20	✓	
Aug.	B 29976		20	20	✓	
Sept.	D 36053		20	20	✓	
Oct.	B 47823		20	20	✓	
Nov	B 51427		20	20	✓	
Dec	B 65116		20	20	✓	
JAN 1919	D 75001		20	20	✓	
Feby	J 76932		20	20		
Mch	F 83483		20	20		
Apl	E 4267		20	20		
MAY	D 4872		20	20		
JUN						

M. F. W. 128.
400m.—4-17—1772 39-1141
L. L. 22829—M. & D. 7993.

8-3-18 R. Armstrong

M.D.6.

A/c Closed 31-5-19

Ret'd per Cedric

Date 27/5/19 M.F.W.187 4/6/19 J.D.

Closed G.I.S.

MRO. 117432

AUDITED.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

A.1

Group B
Checked by No. 17
Date 12 MAY 1919

War Service Badge
Class "A" No. 87202

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 3

D.A. B

1. No. 343704.
2. Rank. Gunner.
3. Name. Boland. Wallace. Lyll.
4. Unit. 18th Battery. C.F.A.
5. Date of Discharge 3-6-1919 Place Halifax N.S.
6. Reason for Discharge Demobilization
7. Authority. R.O. 1420
8. Proposed Residence after Discharge Cyanville. Ont. Canada G.P.O.

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. ?

W. W. Boland
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. MAY 27 1919

Place

Date

Signature R. S. Bellman Capt. Major
O. C. Dispersal (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

FORM P. 559
8245, 150M.-7/5/17

MARRIED OR SINGLE S

PLACE OF BIRTH Egonville,

NAME OF NEXT OF KIN Mary Jane Boland RELATIONSHIP Mother

ADDRESS Egonville, Ont.

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS. PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE DATE

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

NEW PAYBOOK ISSUED

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

NEW PAYBOOK ISSUED

REG'L. No. 3432014 RANK Gnr NAME Boland, Wallace Lynn.

PLACE OF ATTESTATION Kingston Ont. DATE OF ATTESTATION 26/11/17 ORIGINAL UNIT 72nd Bty dft

PRESENT UNIT C.F.A.

ASSIGNED PAY

(1)
PER MONTH $20.00 DATE EFFECTIVE 1/3/18 AUTHY.

PAYABLE TO Mrs Mary Jane Boland Egonville, Ont RELATIONSHIP Mother

(2)
PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3)
PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4)
PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

AUDITOR 6 | PAYMASTER

Cedric 27-5-19

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

M. OR S. | REGT. NO. 343204 | RANK Lcpn. | NAME (IN FULL) Boland W. L. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION allowance PAID? Phil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Mms	19-1-19	Can. 168

ORIGINAL UNIT C.E.F. Arty. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

1489

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-6-19

PAYABLE TO Mrs M J Boland. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS Merchants Bank Savgs. Dept. Eganville Ont

ADDRESS Eganville Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Halifax | DATE 3-6-19 | REASON Demob. | AUTHORITY Can. 188 | IF ENTITLED TO POST DISCHARGE PAY

2 P.P. adj to

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							2	51																											Balance 6 mo Allowance 180 89 Col 1-2 Ex Boat Col 2 Hosp 71055 a/c may allowance England.
30-4-19																																			
1-5-19	34	1 10	37	40	5	00											4	87	6	00	85	84	20	00			29	20			144	91				
3-6-19					100	00			144	91																									
					W.S.G.		S. A.										WAR SERVICE GRATUITY W.S.G. S. A.																					
122 days	1		280	00			280	00															70	00											1st Payment 280.00
																							7	00							140		883227 10-7-19
																							7	00									899872 2-8-19
																							7	00							280		1133227 3-9-19
			280	00			280	00															280	00							280	00			

All payments made 1/2 Sixes on Lapse

JUL 4 1919 JUL 4 1919

200M-3-19.—L. c. 5878S-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.

P 820
474—375M—13-2-18.

* Strike out whichever is inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/3/18	EFFECTIVE DATE:-
AMOUNT:- 20.00	AMOUNT:-

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

Mrs Mary Jane Boland N/R
Eganville Ont
Mother

Stop 1/5/19

NAME:- BOLAND Wallace Lynn

NUMBER:- 343204

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can L.F.C.		Gnr

UNIT AND TRANSFERS

ORIGINAL UNIT:- 9th Dft 72 Batty

DATE ACCOUNT FIRST OPENED:- 1/3/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C R A.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
~~3/11/19~~	~~116~~	~~C.F.C.~~	~~3 13~~				
~~19.11.19~~	~~1121~~	~~C.F.C.~~	~~13 00~~				
			76 13				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can L.F.C.	1 . . 10			

PARTICULARS OF RENDERING NON-EFFECTIVE Dis. to Can. 30/4/19. 7615-Pte Lott. M.D. 2 28/4/19-Pte Lott Can Inf 2. ST

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal Fwd								24 10		
Apr	Q.P.	33		a/p				20			
				ab 83. CRA. 6.4.	1947						
				ak 572. CRA 24.4.18	243				15 20		
		33			21 90			20			
May	Q.P.	34 10		a/p				20			
				Lon R. 3646. CRA 9.5.18	08						
				ak 999 CRA 8.5.18	487						
				ak 1518 do 29.5.18	487				1948		
		34 10			982			20			
June	Q.P	33		a/p				20	32 48		
				ak 1616. CRA 11.6.18	487						
				" 2014 do 20.6.18	1460				1301		
		33			1947			20			
July	Qp	34 10		a/p.				20	27 11		
		34 10						20			
Aug	Q.p	34 10		a/p				20	41 21		
				ak 3302 CRA 10/8/18	243				38 78		
		34 10			243			20			
Sept	Q.p.	33		a/p				20	51 78		
				Lucas 703. 5.B 11.9.	714				4464		
		33			714			20			
Oct	Q.P.	34 10		a/p				20	58 74		
				ak 436. 6.10.18.	446						
				" 799. 24/10.	393				47 55		
		34 10			1119			20			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									44 55		
				aR934. 16/11/18	3 73				41 20		
				" 1040. 29/11/18.	13 06				88 45		
Nov Dec & Jan		101 20		Cash				60	41 96		
					16 79				41 96	agreed	
		161 20			16 79			60	64 90		
				1184 17/12 S C J.a/	6 49				126 86		
				1358 21/ " /	7 54				61 49		
Feb	Jan pay	30 80		Cap.				20			
				1473. 8/2 " /	3 73						
				1606 19/2 " /	3 73						
Mch	P.P.	34 10		Cap	21 49			20	75 37		
		64 90						40			
				1716 7/3 " /	5 48						
				1845 19.3 "	3 65				66 24		
		64 90			30 62			40			
Apr	L. Pay-	33		L. A. P.				20	79 24		
				46- 3/4- S.E.F.A.	365				76 73		
				1276- 21/4- L.Wing	7 3 00				2 51		
				3200 5/5 "	1460						
				6x59- 11/5/ "	9 4 87						
				7364 15/5 " E	9 73				26 61		
		33			105 85			20			

Sos to Com. 58. 1873d. 19/5