

Liphicade

C.O.O. C.E.F. (SIBERIA)

2771351

No. ~~2771357~~

Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Walker
- 1a. What are your Christian names?..... Frank Robert
- 1b. What is your present address?..... 95, St. Foye Rd. Quebec, P.Q.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Manchester, Lancashire, Eng^d
- 3. What is the name of your next-of kin?..... Beatrice Walker
- 4. What is the address of your next-of-kin?..... 95, St. Foye Rd., Quebec, P.Q.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 24th November, 1884
- 6. What is your Trade or Calling?..... Engineer
- 7. Are you married?..... Yes
- 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?..... C.O.C. (P.F.) 1 year 10 mos.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } 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, Frank Robert Walker, 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.

F. R. Walker (Signature of Recruit)

Date Oct 30 1918. W. J. McKay (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

F. R. Walker (Signature of Recruit)

Date Oct 30 1918. W. J. McKay (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 Victoria this 30 day of October 1918

W. J. McKay (Signature of Justice)

Description of Frank Robert Walker on Enlistment.

Apparent Age.....34.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft 7 1/2.....ins.

Chest measurement { Girth when fully expanded.....37 1/2.....ins.
 Range of expansion.....2.....ins.

Complexion.....Dark.....

Eyes.....Blue.....

Hair.....Black.....

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

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 MOBILIZATION CENTRE Canadian Overseas Expeditionary Force.

Date.....3 - 10 - 1918.....
 Pres. [Signature]

Place.....Victoria, B.C......
 Member [Signature] 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.

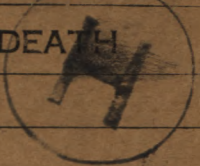
Frank Robert Walker.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....[Signature].....(Signature of Officer)

Date.....Oct 31.....1918.....
W. A. O. C. No. 105 Det. C.O.C. C.E.F. (Inberia)

REGIMENTAL DOCUMENTS

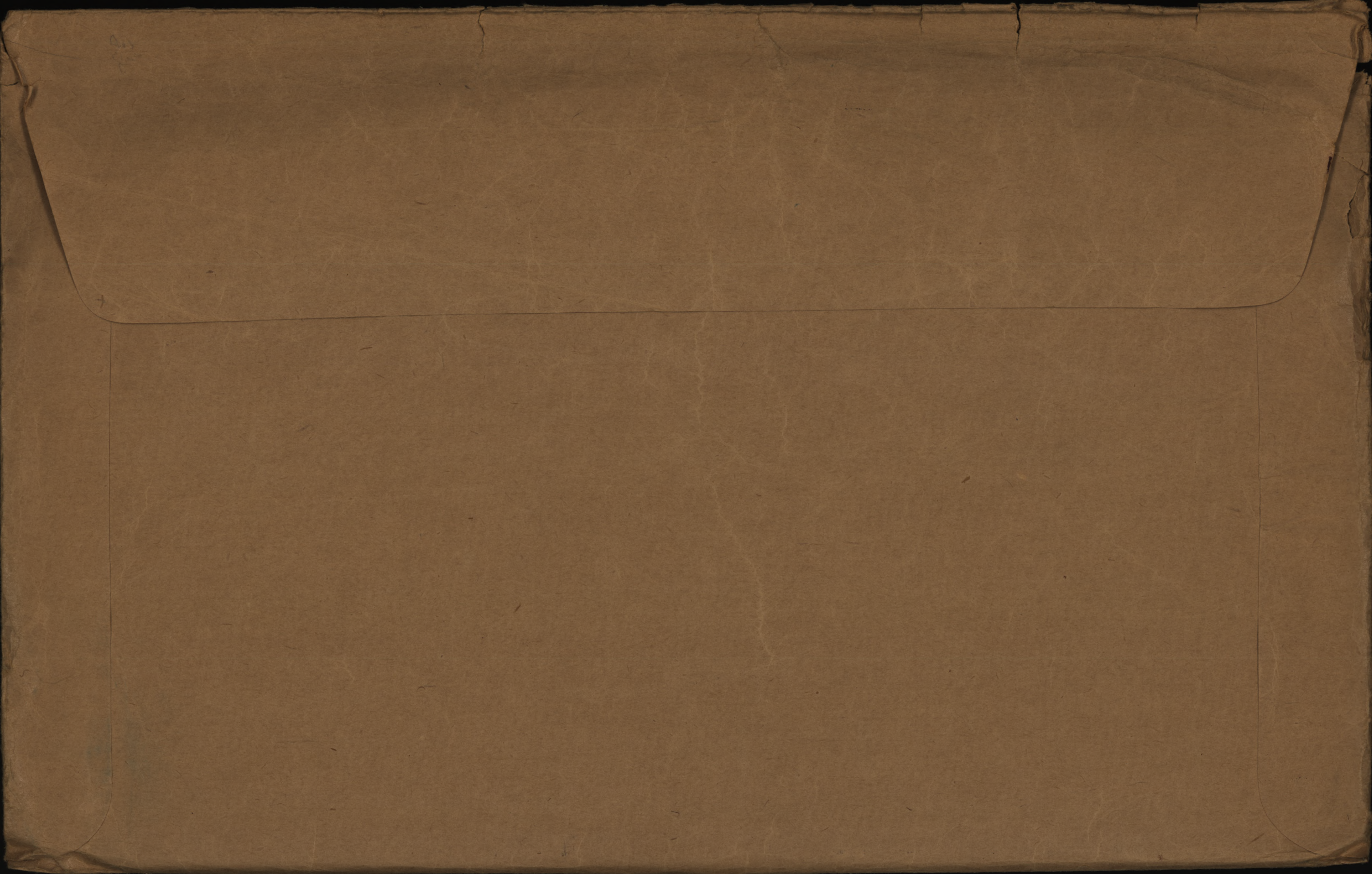
NAME WALKER FRANK ROBERT REGT. NO. 2771351 UNIT #10 Det. C.O.C. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		S			DEATH Category 
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
9 TRAINING HISTORY SHEET (M.F.W. 113)					
9 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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category <i>Demob</i>
1 DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 MFW 192					

01886



25 = 30
 10 30
 5 20
 1



sub *Ham*

Number 2771351 Rank G. M. S.

Surname WALKER

Christian Name Frank Robert-

Units C. S. G. F. Theatre of War Siberia

Date of Service 26-10-18

Remarks

Latest Address ~~1171 Sargent Street~~

1034 Notre Dame Ave., Winnipeg

Roll No. B. Page 11161. *man.*

200m-2-21.M.

C
MAR 18 1922
REGN. NO. *3328*

TRANSFERRED TO C. E. F. (Siberia)

no. 11-10-18. 2000 mp of Japan.

77. 10 #10.

Correct No. 2771351.

M.D. 11
34-21-1375
8.5.19.

H. O. _____
M. D. No. 11nd
T. O. S. June 22, 1918.

Surname Walker

Christian names Frank Robert

D. O. Pt. II 162 of 30-11-8.

Regtl. No. ~~2771351~~ 491 Rank Arms S. Sgt

S. O. S. 10-7-199.

Unit C. O. C.

Reason Demob.

Auth. 10. 187 to 193 of
10. 6-7-19 to 12-17-19.

Next of kin Walker Mrs. Beatrice Relationship Wife.

Address 95 St. Joyce Rd.,
Quebec, P. Q.

Also notify: _____

BORN—Place England Manchester Date Nov. 24th. 1884

ATTESTED—Place Victoria, B.C. Date Oct. 3rd. 1918.

O/S. _____

R/C. 29. 5. 19. 4/19. 17. 19.



*Name **Walker, F. R.** Rank **A/A/QMS** Regtl. No. **2771351**

Original unit **#9 Det. C.O.C.** Present **C.O.C.** M. or **/** Age **34** Religion **C. of E.** Fyle Depot Ref. H. Q.

Port, ship, and date of arrival **SS. "EMPERESS OF RUSSIA"**

Next of kin **Wife) Beatrice Walker, 95 St. Foye Rd. Quebec P. Q.**

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation **Engineer** Date and place of enlistment **Victoria, Oct. 3rd. 1918**

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
19-5-19	T. O. S. #10 D. D. & Posted to Cas. Coy. <i>on leave till July 5/19</i>	D. O. 157-2

*—Name will be given in full; surname first.

Date

Remarks

Pt. 2 Order No.

10-7-19

Discharged. R 01420/c Perry duty station

191 d/10-7-19

REGT. NO. 2771251 RANK S. Sgt NAME Walker, J. P.
UNIT 606 AGE 38 SERIAL NO. IN A. AND D. BOOK 608
TOTAL SERVICE WHERE AND HOW LONG 20/12 Cam. 2/12 S. DATE AND PLACE OF ORIGIN _____
DISEASE OR INJURY Dysentery *DUE TO SERVICE
*NOT DUE TO SERVICE
OPERATIONS _____
RESULT OF OPERATIONS _____
(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 6.2.19.
(B AS A TRANSFER (STATE WHERE FROM) _____
NAME OF HOSPITAL _____
DATE OF DISCHARGE TO UNIT 14-2-19 IN CATEGORY A₂
DATE OF DISCHARGE AS AN INVALID _____
DATE OF DEATH _____
DATE OF TRANSFER (STATE WHERE TO) _____
NAME OF HOSPITAL _____
OTHER INDEPENDANT CCNDITIONS DIAGNOSED _____

M. F. W. 142.

1772-39-1171.

100M.-6-18.

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

REMARKS:-

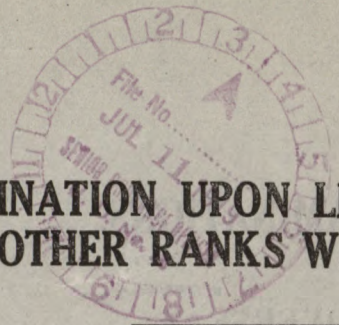
dry weather. ⁱⁿ Blue hills
Cool for Oct. 1705. Recovering
H. Collins
C.M.

XXXX

XXX

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

600 *
44-W-1630



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. 2771351 Rank a/a/ams Name WALKER, Frank Robert
(Name in full in block letters.)
Age 35 Address after discharge 1171 Dugessol St. Winnipeg Man
Unit or Corps 1st Det. C. I. C. Birthplace Manchester, England

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes grey
Nutrition good
Pulse 78 sitting
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
scar left leg; accident in boyhood.

Opinion as to general health and physical condition good. good.

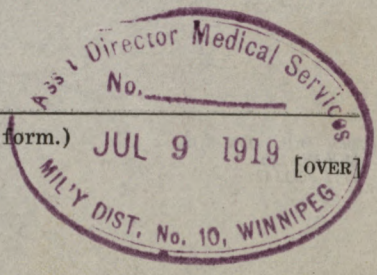
2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System yes
Osseous and Joint System no Any other general condition no

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.

Dysentery in Feb. 1919. In hospital 7 days. Complete recovery. No disability.

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



arm.

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

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 Medical Board.)

5. THIS SECTION FOR USE IN CANADA—

Examined at *Winnipeg* (Canada)

Date *July 8th 1919* Signed *J. R. Walker* 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 *J. R. Walker*

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

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

APPROVED
[Signature]
JUL 9 1919
FOR A. D. M. S., M. D. No. 12
WINNIPEG, MAN.

608

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

26027

This is to Certify that No. 2771351 (Rank) Armt. Lt. Q. M. S.

Name (in full) Walker Frank Robert enlisted in

the Canadian Bedouane Corps

CANADIAN EXPEDITIONARY FORCE at Quebec on the 22nd

day of June 1918

HE served in Siberia

and is now discharged from the service by reason of R.O. 1420/6

Remobilization Pt II Order No. 191 of 10-7-19

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

Age 35¹/₂ 7 Months

Height 5 ft. 7¹/₄"

Complexion Dark

Eyes Blue

Hair Black

F. R. Walker

Signature of Soldier

Marks or Scars

Nil

Date of Discharge July 10th 1919

Issuing Officer

McCallin Lieut. Col

Rank

06 No 10 Det. C.O.C

Appointment

Signed at Monrovia this 10th day of July 1919

in Military District No. 0

File Reference No. _____

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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				

C.E.F. (SIBERIA) RECORD SHEET

M.F.W. 2581 (25M-9-18).
1772-39-1368.
L.L. Job 48477.

Next-of-Kin	Beatrice Walker, (Wife)		Surname	Walker
	95 St. Foye Rd.,		Christian Names	Frank Robert
	Quebec, P.Q.		Regimental No.	2771351
Also Notify			Rank	Amt.S/Sgt.
			Unit	#9 Det. C.O.C.
			Place and Date of Enlistment	Victoria, 3-10-18 M.D. 11
Subsequent changes in Next-of-Kin			NON-EFFECTIVE:	
			(1) Place (1)	M.D. 10
			(2) Date (2)	10-7-19
		(3) Reason (3)	Demobilization	
Country of Birth	Married or Single on Enlistment	Subsequent Marriage Date	H.Qs. File No.	34-W-1375.
Manchester, Lancs., Eng.	Married.			

Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Rank Shewn	Effective Date	Unit	Authority	
					Part II D.O. No., Cas. List. &c.	Dated
Embarked for Overseas. "Emp. of Japan"	Vancouver	Amt. S/Sgt.	OCT 11 1918	#9 Det. C.O.C.	Sailing list.	
App. a/Armt. S/Sgt.	Eng. J.	a/Armt. S/Sgt.	1-10-18.	"	No. 3	21-10-18.
Above Order cancelled	Eng. J.	Armt. S/Sgt.	"	"	5	1-11-18.
App. Armt. S/Sgt. (with p. & a.)	"	"	1-10-18.	"	8	12-11-18.
Adm. to Hosp. (Colic)	"	S/Sgt.	6-2-19.	"	6	11-2-19.
Dis. #11 Stat. Hosp. (Colic)	"	S/Sgt.	14-2-19.	"	7	18-2-19.
Apptd a/Armt. Q.M.S. (Prov.) with P. & A.	"	a/Armt. S/Sgt.	1-10-18.	"	#8	25-2-19.
Rank of Armt. Q.M.S. confirmed	"	Armt. Q.M.S.	1-10-18.	"	#8	25-2-19.
S.O.S. #9 Det. C.O.C. on trans to Ord. mob. wk. shop (light)	"	Armt. Q.M.S.	1-10-18.	"	#13	1-4-19.
S.O.S. Ord. M. wk. shop (light) on trans. from #9 Det. C.O.C.	"	Armt. Q.M.S.	1-10-18.	Ord. M. wk. shop.	#1	1-4-19.

Over

Record of Promotions, Reductions, Transfers,
Casualties, Reports, &c.

	Place	Rank Shewn	Effective Date	Unit	Authority	
					Part II D.O. No., Cas. List &c.	Dated
Pt II D.O. # 13. Para 1d-14-19. Amended to read with effect from	Vlad.	Armt/Arms	25-3-19	*Det. L. Ob.	# 15	15-4-19.
Pt II D.O. # 1. Para 1d. 1-4-19 Amended to read with eff. from	Vlad.	Armt/Arms	25-3-19	Ord. Mob. Wkgr.	# 3	15-4-19.
Returned to Canada per 11 Exp. of Russia m.D. 10.	Vlad.	Armt/Arms	29-5-19	S.L. # 4	P. 19.
S.I.S. "Ord. Mob. Wkgr." on Evacuation to Canada.	"	Q.M.R.	19-5-19	" "	# 8	20-5-19
S.O.S. Disch on Demobilization.	m.D. 10.	10-7-19	PO. 184. 6-7-19.	# 10 C.C.C.

Perm. Force - Became C.E.F. 22.6.18 R.O. 795.

600

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 9 Det. C.O.C. C.E.F. (Libertia)
army. det.
 Regimental No. 2771351 Rank S. Sgt. Name Walker Frank Robt
3-10-18 C. E. F.
 Enlisted (a) Nov 23 1916 Terms of Service (a)..... Service reckons from (a) Nov 23 1916
 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).....

10
1916
Walker

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				
		<u>Embarked Canada</u>	<u>U.S.</u>		
		<u>Arrived Sierra</u>	<u>26/10/18</u>	<u>with #9 Detachment C.O.C.</u>	
<u>12.11.18</u>	<u>O.C. 9 Det. C.O.C.</u>	<u>To be Actg. Arm^t. Staff Sgt. Madras</u>	<u>prova.</u>	<u>1.10.18</u>	<u>Pt. II D.O. #8</u>
<u>11-2-19</u>	<u>- do -</u>	<u>Admtd #1 Staly Hosp. (Colie)</u>	<u>- " -</u>	<u>6-2-19</u>	<u>Pt. II D.O. #6</u>
<u>18-2-19</u>	<u>- do -</u>	<u>Discharged from Hospital</u>	<u>do</u>	<u>14-2-19</u>	<u>Pt. II D.O. #7</u>
<u>25-2-19</u>	<u>- " -</u>	<u>To be Act. Arm. 2 M.S. with P.O.</u>	<u>- " -</u>	<u>1-10-18</u>	<u>Pt. IV D.O. #8</u>
<u>"</u>	<u>"</u>	<u>Confirmed in rank of Arm. 2 M.S.</u>	<u>- " -</u>	<u>"</u>	<u>"</u>
<u>1-4-19</u>	<u>"</u>	<u>S.O.S transfer Ord Mobile workshop</u>	<u>"</u>	<u>1.10.18</u>	<u># 13</u>
<u>1-4-19</u>	<u>Ord Mobile</u>	<u>T/O S</u>	<u>"</u>	<u>1.10.18</u>	<u># 1</u>
<u>15.4.19</u>	<u>"</u>	<u>Pt II Do #1 Para 1 d-1-4-19 is amended to read T/O S. effect</u>	<u>"</u>	<u>25.3.19</u>	<u># 3</u>
<u>15.4.19</u>	<u>#9 Det C.O.C.</u>	<u>Pt II Do #13 Para 1 d-1-4-19 - is amended to read S.O.S effect</u>	<u>"</u>	<u>25.3.19</u>	<u># 15</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

600

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents
Date	From whom received				

Embarked Siberia
S.S. Empress of Russia

MAY 10 1919

D. A. G.

MAJOR

D. A. A. G. BASE RECORDS
CAN. EXPED. FORCE (SIBERIA)

DISSEMBLED
VANCOUVER
MAY 29 1919

19/5/19

T. O. S. of No. 10 District Depot,
Part 2 Order No. 107 Para 2
Major
O. C. No. 10 District Depot.

* 600

A II Medically Examined in full on 28-9-16

MEDICAL HISTORY OF

Surname: Walker

Christian Name: Frank Robert

Examined { on 23rd day of Nov 1916
at Winnipeg

Approved by [Signature]
(Rank) Captain
Medical Officer.

Birthplace { City or Town Manchester
County England

Apparent age 32

Trade or occupation Engineer

Height 5 Feet 7 1/4 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 35 1/2 inches.
Maximum expansion 37 1/2 inches.

Physical Development Good

Small-Pox Marks none

Vaccination Marks. { Arm Right Left X
Number Four

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease none

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

Examined for re-engagement
day of 190...

* Considered

(Signature) [Signature]
Medical Officer.

* If unfit, state disability.

Re-vaccinated on day of 190...

Arm Number

Result

(Signature) [Signature]
Medical Officer.

Enlisted on 23rd day of November 1916, at Winnipeg Man

	CORPS.	REGTL. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>Canadian Ordnance Corps</u>	<u>812</u>		<u>23-11-16</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

FORM OF WILL

I, Frank Robert Walker (Name in full)

Regimental Number 2771351 serving in No 9 Det. C.O.C. C.E.F. (Siberia)

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

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

My Wife Mrs Beatrice Walker
95 St Loye Road
Quebec P. Q. } Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 9th day of October A.D. 1918

F. R. Walker Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness F. J. Laker

Address of Witness 438 Atlantic Ave Winnipeg

THE TWO WITNESSES

Occupation of Witness Sentmender

MUST SIGN HERE

Signature of Second Witness P. S. ...

Address of Witness No 12 Church Field Halifax N.S.

Occupation of Witness Blacksmith

FORM OF WILL

My wife, Mrs. [Name] of the County of [County] State of [State] do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of the within and foregoing [Name] of the County of [County] State of [State] as the same appears from the records of the County of [County] State of [State] and that the within and foregoing is a true and correct copy of the original of the within and foregoing will of the within and foregoing [Name] of the County of [County] State of [State] as the same appears from the records of the County of [County] State of [State]

Witness my hand and seal of office this [Date] day of [Month] 19[Year] at [City] [State] [County]

[Signature]

[Signature]

[Signature]

[Signature]

*Please note
date of enlistment
do not correspond.*



600



21-3-32

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 2771351.	
Rank Armt. Art. Q.M.S.	
Surname Walker.	
Christian name Frank, Robert. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) No. 10 Det., Canadian Ordnance Corps.	
Date of discharge 10-7-1919.	
Place of discharge Winnipeg, Man.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 35 years 7 months.	Descriptive marks N I L.
Height 5 feet 7 1/2 inches.	
Complexion Dark	
Eyes Blue	
Hair Black	
Trade Engineer.	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of R.O. 1420/c. Demobilization. Authority for discharge..... Pt. II Order 191, d/-10-7-19.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. ----- <small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) -----

*Declassified
Oct. 15 1921
649 W 24062*

5. He is in possession of the following number of G. C. Badges:

When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Winnipeg. Man.

McCallin Lieut. Col.

(Date) 10-7-19.

Commanding #10 Detch., C.O.C.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Winnipeg. Man.

F. R. Walker

A. A. QMS.
(Signature of Soldier.)

(Date) 10-7-19.

John Wood Sq. Col. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

F. R. Walker

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg. Man.

(Signature) McCallin Lieut. Col.

(Date) 10-7-19.

#10 Det., C. O. C.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

Frank Robert Walker

N I L.

<p>Proceedings on Discharge</p> <p>Medical History Sheet</p> <p>Discharge Certificate</p> <p>Dental History Sheet</p> <p>Statement of Service</p> <p>Proceedings on Discharge</p> <p>Medical History Sheet</p> <p>Discharge Certificate</p> <p>Dental History Sheet</p> <p>Statement of Service</p>	<p>Company</p> <p>Battery</p> <p>Squadron</p> <p>Field</p> <p>Medical History Sheet</p> <p>Discharge Certificate</p> <p>Dental History Sheet</p> <p>Statement of Service</p> <p>Proceedings on Discharge</p> <p>Medical History Sheet</p> <p>Discharge Certificate</p> <p>Dental History Sheet</p> <p>Statement of Service</p>
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I hereby certify that the following documents are indelible:

Other Documents

N.B. - In the case of a man discharged by purchase the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, ----- Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, ----- " ----- B. 263a Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. ----- in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalids ----- " ----- B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate ----- " ----- W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>Form of Will ----- " ----- W. 82</p> <p>§ Only if discharged " Medically unfit." ‡ Only if man has not been overseas.</p>	<p>Attestation Paper, Militia Form W. 23 or Particulars of Recruit ----- " ----- W. 433</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Walker Christian name Frank Robert.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any).

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of October 1917, by the undersigned medical board sitting at VICTORIA, B. C.

- 5. Age as stated 34 Years - Months. 6. Apparent age 34 Years - Months.
7. Height 5 Feet 7 1/4 Inches. 8. Weight 160 Pounds.
9. Chest measurement { Minimum 35 1/2 Ins. Maximum 37 1/2 Ins.
10. Complexion Dark { Eyes Blue Hair Black
11. Physical development Good { Good Fair Poor
12. Smallpox marks none
13. Number of vaccination marks { Right arm Left arm One
14. When vaccinated last Childhood (1918)
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Dental attention

16. Slight defects but not sufficient to cause rejection. The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

- 17. (a) Vision R. 20/20 L. 20/20 (b) Hearing R. N L. N

President. Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 2/10/18 and 23/10/18.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry 2771351 and date 3-10/18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is 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.

Signature of Man

Date of Enlistment *24-11-16 Reported 22-6-18*

MILITIA AND DEFENCE

OV 12872.

Date of Assignment

Separation and Assigned Pay Branch

1 Oct 1918

OVERSEAS CONTINGENTS

Siberian.

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>#75.00</i>			
---------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *Siberian Draft*

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 _____

2 *MRS. BEATRICE WALKER,*
95 ST. FOYE ROAD,
QUEBEC, QUE. 75 75.00

3 *% 2771351 ARMT. STAFF SGT FRANK R. WALKER*
SEVENTY FIVE DOLLARS

4 _____

more payments

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>					<i>File 018694-7-55</i>
<i>Oct 4</i>	<i>52049</i>		<i>75</i>	<i>75</i>	<i>✓</i>
<i>Nov 0</i>	<i>59192</i>		<i>75</i>	<i>75</i>	<i>✓</i>
<i>Dec 16</i>	<i>62359</i>		<i>75</i>	<i>75</i>	<i>✓</i>
<i>Jan 11</i>	<i>70631</i>		<i>75</i>	<i>75</i>	<i>✓</i>
<i>Feb 18</i>	<i>81821</i>		<i>75</i>	<i>75</i>	<i>a</i>
<i>Mar 28</i>	<i>86266</i>		<i>75</i>	<i>75</i>	<i>a</i>
<i>Apr 7</i>	<i>4073</i>		<i>75</i>	<i>75</i>	<i>a</i>
<i>May 7</i>	<i>5482</i>		<i>75</i>	<i>75</i>	<i>✓</i>
<i>June 11</i>	<i>10793</i>		<i>75</i>	<i>75</i>	<i>✓</i>

A.P. #675

A/c Closed *30-6-19*

Ret'd per *"Empress of Russia"*

Date *31-5-19* M.F.W. 187 *16-6-19*

Closed *W.H.*

M.D. #10

M. F. W. 128.
4000-5-17-1772 39-1141
L. L. 22520-M. & D. 7583.

gud *M.D. Dist. R.P. 96995 issued 16/19*

AUTHORITY *files.*
FOR *018694755*
NEW ACCT. *W. Gagne 30/18*

