

3-7-16
Camp
B-7

Duplicate

ATTESTATION PAPER.

No. 300924

Folio. *ok*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Wilfred Harrison Wallace*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Toronto, Canada*
 3. What is the name of your next-of-kin?..... *Edwin B. Wallace, Sr.*
 4. What is the address of your next-of-kin?..... *610 Carleton Ave, Westmount.*
 5. What is the date of your birth?..... *July 1st 1897*
 6. What is your Trade or Calling?..... *Student*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
 9. Do you now belong to the Active Militia?..... *No*
 10. Have you ever served in any Military Force?..... *2nd Bn Battery R.F.C.*
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*
- W. Wallace*.....(Signature of Man.)
J. Fuller.....(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. Wallace.....(Signature of Recruit)
Date *November 15th 1915* *J. Fuller*.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wilfred Harrison Wallace*, 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. Wallace.....(Signature of Recruit)
Date *November 15th 1915* *J. Fuller*.....(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 *Montreal* this *15th* day of *November* 191*5*.

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

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

R. H. [Signature].....(Approving Officer)

Description of Wilfrid Harrison Wallace on Enlistment.

Apparent Age 18 years 4 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. 6 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sherbrooke, P. Q. 1915

Place November 15/15 Capt. J. G. Gull 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.

Wilfrid Harrison Wallace 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. H. Fletcher (Signature of Officer)
Major

Date November 15 1915

28-M
28-8-18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

a. & B. 122

R149

Handwritten signature

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name, **WALLACE, Wilfred Harrison**

Regt. No. **300.924** Rank. **Enr**

Corps. **35th Bu. E. 4**

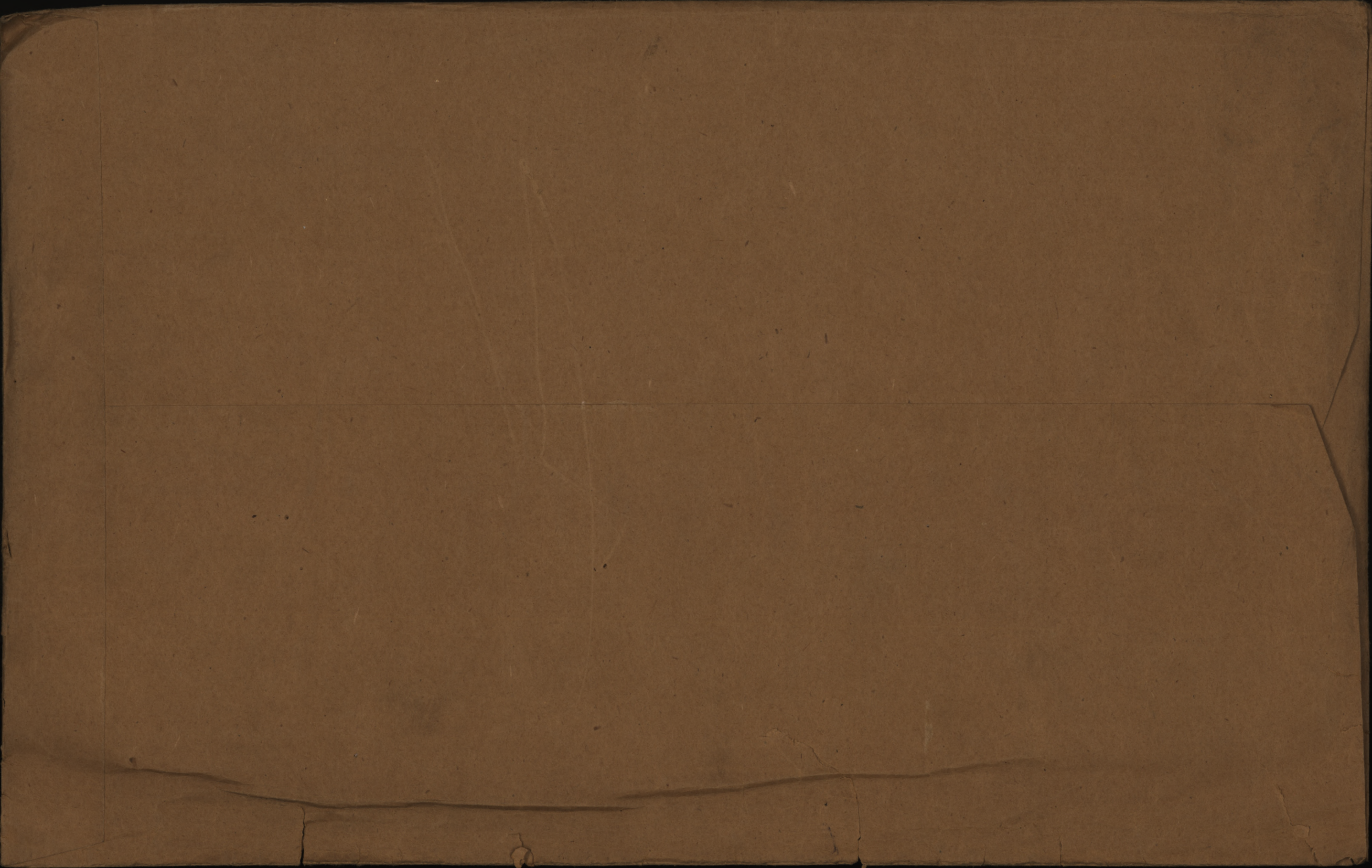
Died of Wound 23-10-17

Index Card.....
Casualty Card.....
Non-Effective Card.....
Part II Order Card.....
Change of Address Card.....
Honour & Award Card.....

03639



22-2
14-2
11-2



#11
A
Number

3 0 0 9 2 4

Rank

Plt. Gen. 10

Surname

WALLACE

Christian Name

Wilfred Harrison 11

Units

C. F. A.

Theatre of War

France

Date of Service

13-7-16

Remarks

father

Latest Address

Mr. Edwin B. Wallace
610 - Carteton Ave.

Roll No.

12 Page 13138 Westmount
P.Q.

200m.-2-21.M.

DESP. MAY 29 1922

REGN. NO. *18003*

649-W-2802.

Wallace, Wilfred H. #300924 Gnr. 10th Bde. *C.I.A.*

Meds. & Decs. Father Mr. Edwin B. Wallace,

Scroll Desp. **FEB 16 1921** Reqn. No. 2-20514 S. R 83 ~~404 Westhill Ave~~
" redesp. 3-9-21 - B 734 21. Notre Dame de ~~Stas~~

Plague Desp. **DEC 20 1921** Reqn. No. P 21469 Prov. Que. ^{40 Carleton} Westmount
P. & S. Father Same as above. ^{ave} P.Q.
(Serial no. 781428.) (19-9-21)

Mem. Cross Mother Mrs E. B. Vallance,
Add. as above.

Not elig for 14-15 star

E.. .. son

E.. .. B W son

35121

B. ac

M

G.34954 DEC 6 1920

851

(649-W-12802)

CARD NO.

✓

SURNAME. Wallace

CHRISTIAN NAMES Wilfred Harrison

FOLL.

REGL. No. 300924 RANK Gnr.

UNIT 35th Bty 11th Bde.

FORMER CORPS 21st Bty C.F.A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Wallace Edwin B. Sr.

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS 610 Carleton Ave. Westmount
P.Q.

COUNTRY OF BIRTH Canada Toronto Ont.

DATE July 1st 1894

PLACE OF ATTESTATION Sherbrooke P.Q.

DATE Nov 15th 1915

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

4

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

not-stated

MEDICAL EXAMINATION.

PLACE

Sherbrooke PQ

DATE

Nov 15 14

Present Address

not-stated

Name WALLACE W H ^{WILFRED HARRISON} Rank Gnr. ✓

Reg. No. 300924

Unit 25/10 Bde CFA ✓ Can Div Train

Next of Kin Canada

Black 2m

Date	Movement	Place	Casualty	List No.	Notified N/K-O.	W.O. List
1917	24-10 8th. Can Fld Amb. reports DIED OF WOUNDS	reports	✓	279	M653 A	6344 36
<i>Ottawa cabled 21-10-17</i>						
<u>R.L. 25-W-3073</u>						
<p><i>Ref above Casualty, it has now been ascertained that this man died of wounds in No 10 C. Fld. Amb. on 23/10/17 and R.L. 25-W-3073 <u>M6564</u></i></p> <p style="text-align: right;"><i>all 9</i></p>						

NAME

Wallace Wilfred Harrison

REGT'L NO.

300924

RANK AND CORPS

Gnr 10th Bgde 6. F. A.

H. Q. FILE NO. 649.

FOLLOWS

NO.

11th Bde

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

M6283

3-10-17

b. Died of wounds No 8 Fld amb
Dep. Oct 24th, 1917.

38-6

92

M6584

1-1-18

Casualty should read Died of Wounds
A.F. 3090 a No 10 Fld. Ambulance Oct 23/17.

A.F. 3090 a

Rauen

2-11-17

(noted 1-3-18)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 79(1)	No. 8 b. Hld amb	24-10-17	Died of wounds
10	Can ¹⁰ Hld amb	23-10-17	Died of wounds
	as per List	A 129 ³	states

No. *300924* RANK *Plt.*

NAME *Wallace W.*

T. O. S. *15-11-15* UNIT *35th Battery C. 7. 11th Howitzer Brigade*
do 16/8-11-15.

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915 Nov. 15.</i>	<i>1916 Nov. 30</i>	<i>✓</i>		
<i>Dec. 1916</i>		<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		



SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S. 1300.

REG. NO.

Wallace

W A

300924.

RANK

UNIT

CO.

TROOP

BATTY.

Sgt.

10 B.C. Co.

HOSPITAL

DATE OF ADMISSION

1.

8 Can Fld Amb -

HOSP. 24-10-17

2.

10 Can Fld Amb

HOSP. 23-10-17

3.

HOSP.

4.

HOSP.

DIAGNOSIS

U.S.

1.

2.

3.

Died of W.D.

23-10-17 B.
~~24-10-17~~
aw

DISPOSITION

DATE

C.L. 1-11-17-279.

REMARKS

2-1-18 2129 (3) Note changing date + place of death

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.

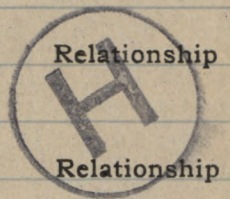
6.

7.

IR . Rank *Private* Name WALLACE, Wilfrid Harrison ✓ Reg'l No. 300924 ✓
 Unit 35th Bty, C.F.A. If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment Sherbrooke, 15th Nov, 1915. ✓ Place of Birth Toronto, Can.
 Name and Address, Next-of-Kin Edwin B. Wallace, Sr.
 610 Carleton Ave, Westmount, P.Q. Canada. Relationship

*mt
27-11-20
al*

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



N/E. R.B. No. *3227*
 File R.L. *26. W. 3073*
 Category *D.W.*

Discharge, Date and Place Reason Character



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS: Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	<i>12 MAR 1916</i> ✓		<i>S. S. Misenable</i>
<i>25-5-16</i>	<i>" 8th Bde 57A</i>	<i>S.O.S Tfd. 8th Bde. 67A.</i>	<i>Witley Camp</i>	<i>25-5-16</i>	<i>PT II D.O. 83.</i>
<i>25-5-16</i>	<i>24. 8th Bde</i>	<i>J.O.S 8th Bde 67A.</i>	-	<i>25-5-16</i>	<i>141.</i>
<i>12-7-16</i>	<i>"</i>	<i>Embarked for France.</i>		<i>13 JUL 1916</i> ✓	<i>Checked 27.2.103 PT. II D.O. 189 25-7-16 HES</i>
<i>21.5.17</i>	<i>10 "</i>	<i>To S from 8 Bde</i>	<i>Field</i>	<i>6.5.17</i>	<i>12-90 + 8th Bde P. 67 21/5/17</i>
<i>31-10-17</i>	<i>" "</i>	<i>Died of Wounds (Ch. 1st 7th ant)</i>	-	<i>24-10-17</i>	<i>C.L A79</i>
<i>31.12 17</i>	<i>" "</i>	<i>Date of death amended to read.</i>		<i>23.10 17</i>	<i>CRA 129</i>
<i>2.11.17</i>	<i>" "</i>	<i>Died of Wounds.</i>		<i>23.10.17</i>	<i>P. 40. 167</i>

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.

CERTIFIED CORRECT.

9 - AUG. 1916

CAN. RECORDS, LONDON.

Certified correct O/G.R. RR-2-25-91 Ref file KOT-101/607
R25-3117
 Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
 150M. 10-15.
 H.Q. 1772-39-928.

Casualty Form—Active Service.

35th OVERSEAS BATTERY C.F.A.

Unit, Regiment or Corps

Regimental No. *30924* Rank *Gnr* Name *Wallace, Wilfred Harrison*

Enlisted (a) *Nov 15/15* Terms of Service (a) *Duration of War* Service reckons from (a) *Nov. 15/15*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } *student*

Extended Re-engaged Qualification (b)

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				

<i>Embarked Canada</i>		<i>Feb 26-16 Disembarked</i>	<i>England</i>	<i>13.1916</i>	
		<i>Embarked for England</i>			
		<i>Embarked from Canada</i>	<i>St. John</i>	<i>26/2/16</i>	<i>S/S Missanabie</i>
		<i>Disembarked England</i>	<i>Plymouth</i>	<i>13/3/16</i>	<i>for O.C. 8th Bgde.</i>
<i>12.7.16</i>	<i>8th Bgde</i>	<i>Embarked for overseas</i>	<i>LAURE</i>	<i>13/4/16</i>	<i>Pt II D.O. 189</i>
		<i>LANDED IN FRANCE</i>		<i>14 JUL 1916</i>	
<i>14/5/17</i>	<i>G.R.A.</i>	<i>Transferred to 10th Bgde</i>	<i>Field</i>	<i>5/5/17</i>	<i>A.3/10 Unit B213 d/12-5-17</i>
		<i>67th on reorganization</i>			<i>Pt. II. O. 67 d/21-5-17</i>
<i>11-5-17.</i>	<i>CRA.</i>	<i>T.O.S. on transfer from 8th Bde CFA.</i>	<i>Field.</i>	<i>6-5-17.</i>	<i>A3/10 Ref AAG File S/290-90.</i>
<i>22-6-17</i>	<i>OC Unit</i>	<i>on reorganisation.</i>			<i>Ppt 11 O 90 d/21-5-17.</i>
		<i>Granted Leave of Absence</i>	<i>to Paris</i>	<i>18-6-17</i>	<i>B213 Pt. 11. O. 122 5-717</i>
<i>6-7-17</i>	<i>% Unit</i>	<i>Repos Unit from Leave of Absence</i>		<i>29-6-17</i>	<i>B213. Pt II. O. 127. 14-7-17</i>
<i>26-10-17</i>	<i>106.7 Amb.</i>	<i>Deed of Wounds</i>	<i>106.7. Amb.</i>	<i>23-10-17.</i>	<i>D. 3-25 K.F. 16-28317.</i>

(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. [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				
27-10-17	Unit	<i>Wounded in Action Died of wounds at Dressing Station</i>		23-10-17 23-10-17	<i>B. 213 P&I-O. 167 d 2-11-17</i>
	<i>86. 2 Amb.</i>				<i>Chas. R. Hatwell</i> LIEUT. OFFICER in RECORDS CANADIAN SECTION G.H.Q. 3 rd ECHELON

ORIGINAL MEDICAL HISTORY SHEET.

300924

Surname Wallace Christian Name William Harrison

Examined { on 15th day of November 1915
 at Sherbrooke, Que.
 Birthplace { City or Town Toronto,
 County Ont. Can.

Approved by J. Crull
 Rank Capt. Ame. M.O.

Apparent age 18 yrs. 4 mos.
 Trade or occupation Student
 Height 5 Feet 6 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 34 inches.
 Physical development good
 Small-Pox Marks 2

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left 2
 Number 2

Date	Result	VACCINATIONS.
<u>11/2/12</u>		<u>J. Crull Capt. Ame.</u>

When Vaccinated last 1912
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Nov. 25/15.</u>		<u>500 m. J. Crull. Capt. Ame. M.O.</u>
<u>12/2/15</u>		<u>1000 m. J. Crull. Capt. Ame. M.O.</u>
<u>2/2/16</u>		<u>1000 m. J. Crull. Capt. Ame. M.O.</u>
<u>28/6/16 TAB</u>		<u>J. Crull. Capt. Ame. M.O.</u>

Enlisted on 15th day of November 1915 at Sherbrooke

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	35th OVERSEAS BATTERY C.F.A.	<u>300924</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.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd. Contingent

*Wilfred Harrison*To Whom *Mrs. E. B. Wallace*
Address *610 Carleton Rd.
Westmount
Que.*
Rate *20⁰⁰* **MAR 1 1916**By Whom Assigned *Wallace* ~~M~~
Regtl. No. *300924*
Rank *Gr.*
Corps *35th Batty.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<div style="border: 1px solid black; padding: 5px;"> Pensions Notified Date... <i>7/11/17</i> Killed in Action Died of Wounds } Date... <i>24/10/17</i> Missing C. L. <i>27-3/11/17</i> Clerk... <i>Greynolds</i> Date Noted... <i>7/11/17</i> 1917 </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				<i>15484 20.</i>
March				

1900
Kilgus

1900

1900

1900

1900

2nd Contingent

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs. E. B. Wallace

PAYMENTS.

Name of Soldier

Wallace E. W.

300924

35th Batty.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 20 ⁰⁰
April	1916	1530	20	
May		B5087	20	
June	m	8489	20	
July		A9901	20	
Aug.		P16188	20	
Sept.		K21068	20	
Oct.		J26063	20	
Nov.		J29096	20	
Dec.		F34060	20	
Jan.	1917	T42307	20	
Feb.		M41275	20	
March		C54169	20	54169 caused r/c. 21/3/17
April		B5639	20 ²⁰	
May		B11911	20	
June		32111	20	
July		Q25973	20	B 65K 16 31/10/17 \$400 ⁰⁰ Reynolds 7/11/17.
Aug.		432956	20	
Sept.		S40565	20	
Oct.		C48911	20	a/c closed 31/10/17 Reynolds 7/11/17.
Nov.		K54219	20	K 54219 Cancelled
Dec.				
Jan.	1918			400
Feb.				
March				
April				
May				
June				
July				

MAR 1 1916

92

M

Cancelled

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

IR

Rank _____ Name **WALLACE, Wilfrid Harrison** Reg'l No. **300924**
 Unit **35th Bty, C.F.A.** If in perm. Corps, _____ Married or Single **Single**
 What Unit? _____

Place and Date of Enlistment **Sherbrooke, 15th Nov, 1915.** Place of Birth **Toronto, Can.**

Name and Address, Next-of-Kin **Edwin B. Wallace, Sr.** **18 SEP 1918**

610 Carleton Ave, Westmount, P.Q. Canada. Relationship _____

Assigned Pay Monthly \$ **20⁰⁰** Payable to *Mrs. E. B. Wallace, 610 Carleton Ave, Westmount, Que.*
 Relationship _____

Separation Allowance _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____



Entered on N.E. Card Index
MR. G. J. [Signature]

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amo	No. of Days	Rate			Amount	No.						
<i>Feb 29</i>																
<i>1 MAR 31</i>	<i>31</i>	<i>100</i>	<i>3100</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>			<i>9732000</i>		<i>2973</i>	<i>2127</i>	<i>16907.90</i>	<i>Canada</i>

BALANCE TRANSFERRED TO NEW LEDGER.

Carried forward to Large Ledger sheet

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Toronto, Ont.*
 NAME AND ADDRESS OF NEXT OF KIN *Edwin B. Wallace, Jr.,
 610 Carleton Ave., Westmount, Que.*
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.
 PARTICULARS *Wid of wounds*
 EFFECTIVE DATE *24.10.17*
 AUTHORITY *Ch 79*
C. D. of D. 23-10-17
31/10/17
A 129 31-12-17
10 c 74

REG'L. No. *300924* RANK *Law* NAME *Wallace Wilfrid Harrison*
 IF IN PERM. CORPS | UNIT *35th Coy* TRANSFERRED TO *5th Coy* DATE *16/6/16* AUTHORITY *30.82*
 WHAT UNIT | *11 Bde C 44*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *10th Bde 6/14* DATE *11/8/14* AUTHORITY *5064 2/1/14*
 PLACE OF ATTESTATION *Sherbrooke, Que.* TRANSFERRED TO *Pay R/P* DATE *21/10/17* AUTHORITY *Ch 79*
 DATE OF ATTESTATION *November 15th 1915* TRANSFERRED TO DATE AUTHORITY *31/10/17*
 ASSIGNED PAY MONTHLY \$ *30.00* DATE EFFECTIVE *1/3/16*
 PAYABLE TO *Mrs. E. Wallace, 610 Carleton Ave., Westmount, Que.* RELATIONSHIP *18 SEP 1918*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2/11/17* EFFECTIVE *7/1/17* REASON *Wid of Wds 24/10/17 Ch 79/6*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Entered on N.E. Card Index
 Checked by *[Signature]*

ADMISSIONS TO HOSPITAL &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

Checked *J. Hutcheon*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.				No. OF DAYS	RATE	AMOUNT \$ C.	1	2	3	4	1				2	3				4	CREDIT
1916	31	31	31	31	310				1690 56					973					20		2993	121 27					
Apr 30	10	3000	30	10	300				3300	38	7/4/16	67	22/4/16	486	730				3000		3216	22 11					
May 31	31	31	31	31	310				3410	106	236			487	1460				20		3947	16 74					
June 15	15	15	15	15	150				1650					2908	930	1460			20		20	1324					
June 30	15	15	15	15	150				1690	134	60			315	12/6/16				30		121 36	484	24 84				
July 31	10	31	31	10	310				3410	32	30/6/16			943					20		2943	29 24					
Aug 31	10	31	31	10	310				3410	73	147	52	15/8	762	761				70		2484	35 50	35 50				
Sept 30	30	30	30	30	300				33	12	29/8	145	14/9	261	261				20		2572	43 28					
Oct 31	31	31	31	31	310				3410	141	29/9	209	15/10	262	761				20		2523	52 15					
Nov 30	30	30	30	30	300				33	240	29/10			262					20		2262	62 53	62 53				
Dec 31	31	31	31	31	310				3410	74	31/11			261					20		2261	44 02	74 02				
1917	10	3060							3410	385	31/12			762					20		3221	45 91	45 91				
Jan 31	10	3410							3410	346	1/1			761					20		3721	45 91	45 91				
Feb 28	28	3080							3080	473	20/1			762					20		2824	81 47	81 47				
Mar 31	31	3410							3410	596	26/2	644	26/2	761	762				20		3309	82 48	82 48				
									1690	52	14/2	636	14/2	762	762				20		3702						

A.P. correct with B.M. P.D. 400 1/3/16-31/10/17

Small Ledger Sheet

Small Ledger Sheet

300924 G. Wallace Wilfred Harrison \$20.00

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
			435	60				1690	45250					7578	2574	1460		260	37007	8248							
Apr 30	1st	33						33										20	20	9548							
May 31		3410						3410		94 15				268				20	2530	10428							
June 30		83						33		35 27/4				608				20	2530	11194							
July 31		3410						3410		22 34/5				263				20	2530	11194							
Aug 10		11						11		165 14/5				264				20	20	17604							
Aug 21		2210						2210						264				20	20	11404							
Sept 30		3800						3800	428					268	268	268		20	2804	13529							
		63690						1690	65380					9831	2792	1778		380	45551								

Transfer to Bde 11/14/50 642/15/14

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	BR.3	DR.4	BALANCE
Oct		13529							13529
Nov	Grp pay	3410		CP					20 149 39
				606 10/9 9 Bde	535				
				560 12/9 10 Bde	268				
				1091 23/6 8 Gen. Pk. 3579					
				547 21/6 "	3579				
				784 23/6 "	3579				
		3410			11510		20		13479 Dr Note 100% requested 3/8
				649 22/7 10 CBA	268				
				827 24/7 "	357				
				702 10/8 CBA 8 1/2	446				
					1071				12358
				Balance transferred to N. E. Branch.					12358
Apr.				Stk. 490 9/5/8 Oct. 1917 Bal. 440	100				2358
				as 65134 29 should be 65 34 29	100				
Aug				Voucher 74683 Bal. Manof 15 Ottawa	23 58				23 58

A 3 M. FORM DEN. 1/1/42. EFFEC. 1/1/49
 DISCHARGED TO DATE
 PAY BOOK VERIFIED
 Cr. BAL. 2358 L.P.O. REN'D
 AUTHY.
 Form P 59 Rev. 20/5/48

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 1-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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*4 L1 W 10
for*

PARTICULARS OF SEPARATION ALLOWANCE

No. *300 924*

Rank *Gr* Promoted Reverted Discharge

Soldier's Name *Wilfred Harrison Wallace*

Battalion *35th Batty*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. E. B. Wallace*

Address *610 Carleton Ave. Westmount Que.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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<i>1917</i>	<i>—</i>	<i>—</i>	<i>400</i>	<i>400</i>	
<i>Oct 31</i>	<i>—</i>	<i>—</i>	<i>400</i>	<i>400</i>	

Pensions Notified Date *7/11/17*
 Killed in Action
 Died of Wounds } Date *24/10/17*
 Missing
 C. L 27 - *3/11/17* Clerk.....
 Date Noted 191

*A.P. 40 closed 31/10/17.
 \$400.00 E. FX and 27/6/18 and.*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 40006-6-17-1772-89-1141
 L. L. 22820-M. & D. 7883.