

Card  
4. 5. 8. 11.  
21-10-16

Duplicate

# ATTESTATION PAPER.

No. 2000201

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ✓

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....	WELFLEY
1a. What are your Christian names?.....	CECIL ROY,
1b. What is your present address?.....	Depot Sq' L.S.H.(R.C.).
2. In what Town, Township or Parish, and in what Country were you born?.....	Kenora, Ontario, Canada,
3. What is the name of your next-of kin?.....	Mrs F.G.B. Welfley, Chesley, Ontario
4. What is the address of your next-of-kin?.....	4 <del>Marion</del> Court, Winnipeg, Canada,
4a. What is the relationship of your next-of-kin?.....	Mother,
5. What is the date of your birth?.....	5th November 1895,
6. What is your Trade or Calling?.....	Student,
7. Are you married?.....	No,
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....	Yes,
9. Do you now belong to the Active Militia?.....	Permanent Force,
10. Have you ever served in any Military Force?.. If so, state particulars of former Service.	No,
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,



### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Cecil Roy Welfley**, 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.

Date 1st October 1916 *C.R. Welfley* (Signature of Recruit)  
*D. Cameron* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Cecil Roy Welfley**, 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.

Date 1st October 1916 *C.R. Welfley* (Signature of Recruit)  
*D. Cameron* (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 Camp Hughes, this 1st day of October 1916. 1916  
*C. Barnett* (Signature of Justice)  
Commanding Strathcona's.



5120110

Description of Cecil Roy Welfley, on Enlistment.

Apparent Age 20 years 11 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 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.  
Range of expansion 4 ins.

Complexion Dark, Grey,

Eyes Brown,

Hair Nil.

Religious denominations. { Church of England.....  
Presbyterian Yes,  
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 Canadian Over-Seas Expeditionary Force.

Date Sept-27th 1916. [Signature] Captain.

Place Camp Hughes, Man. C.A.M.C.  
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.

Cecil Roy Welfley,

.....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] Captain. (Signature of Officer)

Date 1st October 1916 Commanding Strathcona's.



REGIMENTAL DOCUMENTS

NAME

*Shelley Cecil Roy*

REGT. NO.

*2000281*

UNIT

*L.S.H.*

H. Q. FILE NO.

*RM*  
*101*  
**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

*6467*

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

*2* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

*1* FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

*1* REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

*1* 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)

DENTAL HISTORY SHEET (M.F.B. 465)

*2* MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

*Misc*

*Handbook*  
*9147*  
*A 7.1. 1238*

*(Red circle with cross)*

**M**

**13145**

**II**

DEATH

Category

*(Red circle with 'E')*

DISCHARGE

Category

*Demob.*

DESERTION

*42-16*  
*4-16*  
*6-17*  
*B*



52

11



MB  
Smb

PTE  
10  
✓

Number 2000201 Rank

Surname WELFLEY

Christian Name Cecil Roy

Units 2-S.H.(P.C) Theatre of War France

Date of Service 2-16-17

Remarks 14 Arlington St

Latest Address ~~10 W. of Bangall Bellvue~~  
Winningway man

Roll No. B Page 13/12

200m.-2-21.M.



DESP. MAY 16 1922

REGN. NO.

8/33498



No.

6467

RANK

Pte.

NAME

Welfley C. R.

T. O. S.

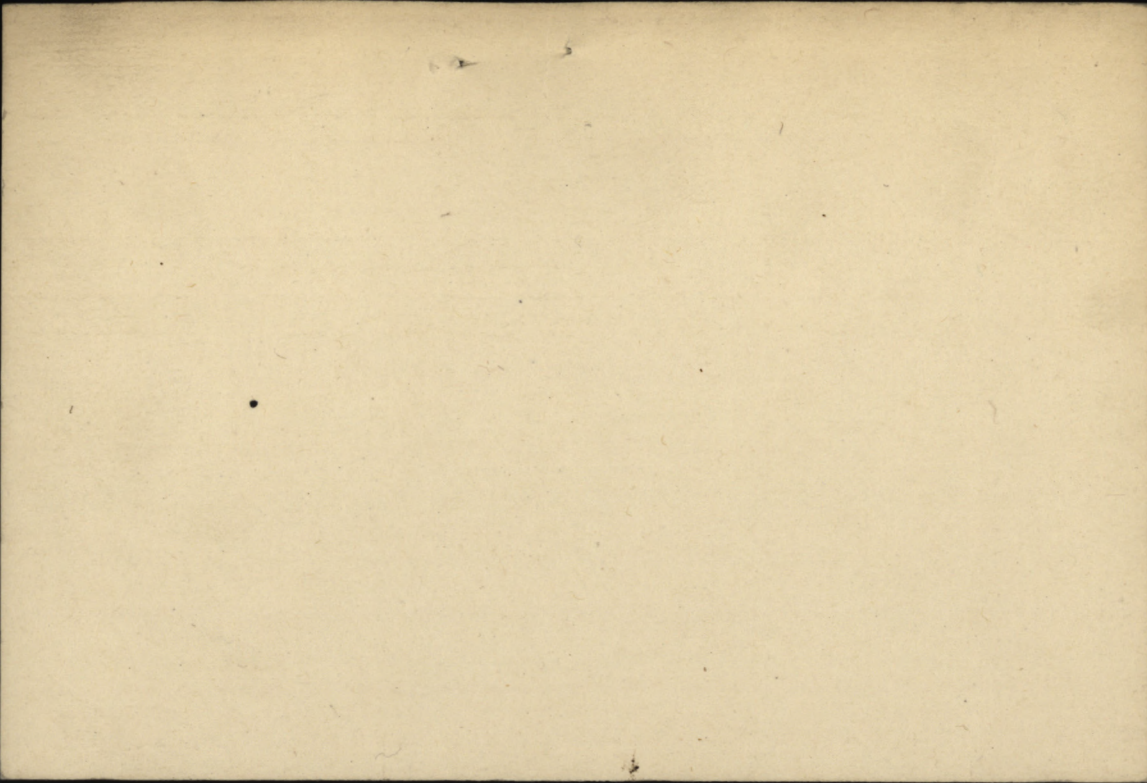
UNIT

Lord Shāshōna Horse (Depot Squadron)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 6	1916 Mar. 31	✓	working pay. " f "t	Apt. Pay list
April		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept- Oct		✓		







Cecil Roy

N.C.

Name WELFLEY

Rank

Pvt.

Reg. No. 2000201.

Unit L. S. H.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
26 12	No. 7. Can Cav Field Amb		Scabies	A104		10957
27 12	Discharged to Duty		do	A105		11069
1918						
28 1	No. 7 Can Cav Fld Amb		Scabies	A125		12573
24 1	To Duty		do	A128		12708
12 2	No. 7 head Can Fld Amb		U.T. Hand L.	A141		13581
14 2	Disch to Duty		do	A143		13710







NAME

*Welfrey G. P.*

RANK AND CORPS

*Pte. Can. Inf. Cal. Reg.*

REG'TL NO.

*2000201*

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

41	Law, Etching	Lymington	18-6-17	U. I. S.
57	Discharged		30-6-17	V. I. S.
A 104	No 7 Can.	Cavalry Fld Amb.	26-1-17	Scabies
A 105	# 7 Can.	Car. Fld Amb.	27-12-17	" "
A 125	No 7 Can.	Car. Fld Amb.	22-1-18	" "
A 128	" Disch.	" "	24-1-18	" Can. Car.
A 141	No 7 Can.	Car. Fld Amb.	12-2-18	J. C. I. Lt. Hand.
A 143	# 7	" " " "	14-2-18	" " " "











Surname **Welfley** Christian Name or Names **C.R.** Reg. No. **2000201**  
 Rank **Pte** Unit **(Res) Cavy.** Co. **L. & H.** Troop  Batty.   
 Hospital **Etchinghill 18-6-17** Date of Admission

Transferred **7 Can. Cav. 1st Amb.** Hosp. **26-12-17**  
**7** Hosp. **27. 1. 18.**  
**7 Can. Cav. 1st Amb.** Hosp. **12-2-18**  
**7 Can. Cav. 1st Amb.** Hosp. **14.2.18**

Diagnosis **V.D.S. 2<sup>nd</sup>**

(1) Later Diagnosis (if changed) **Lubus**

(2)

(3) **Scabies head**

Additional Diagnosis: if more than one state present **J. C. T. L. Hand J. Hand**

DISPOSITION

Date

**C.L. 22-6-17 41**

**Dis: - 30-6-17**  
**Dis to duty 27-12-17**  
 REMARKS

**13-7-17 57**

**4-1-18 A104.**

**5-1-18 A105**

**29. 1. 18. a 135.**

**1-2-18 A128 Disch. to Duty 24-1-18**

**16-2-18 A141**

**19.2.18 A143.**

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.

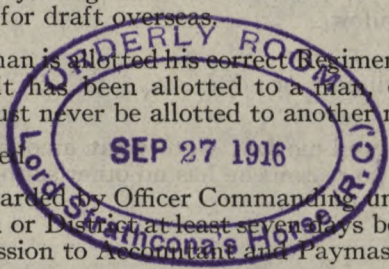
7.



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 Assistant 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..... Lord Strathcona's Horse, (R.C.).

(2) Regimental Number..... 2000201

(3) Full Name of Soldier..... Cecil Roy Walfley,

(4) Place of Birth..... Kenora, Ont., Can.

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

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

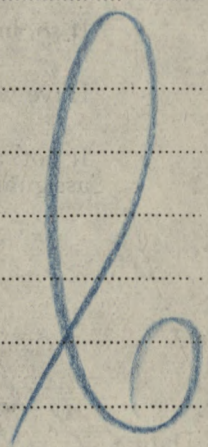
(b) Present Postal Address.....

(7) Are you a widower?..... No.

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

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

Also their names and ages.....





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

If so, state name and address..... **Fred-erick Welfley, B.E.F. France,**.....

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

If so, state name and address..... **Frances Gage Welfley,**.....

..... **Chesley, Ontario, Canada,**.....

(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?..... **No.**.....

If so, in what Company?.....

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

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

Date **27 Sept 1916**.....

**J. L. Brnott** Captain.....  
Officer Commanding.  
**Strathcona's.**



C. Ewing

PARTICULARS OF A CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

The particulars below are required for statistical purposes and further referenced. Unless these are furnished the Test will not be carried out.

Name..... Welfley CR Rank..... Plt ..... Reg. No. 2000201.....

Unit..... L. S. H. (R.C.).....

Diagnosis (If Syphillis what stage).....

Date of first sore..... T. Pallidum found, date & Place.....

Secondaries, if any..... Date.....

Other Symptoms.....

Treatment:- Arsenical preparations employed.....

Total Dosage..... Of Injections.....

Date of last.....

Mercurial preparations employed.....

Total Dosage..... Of injections.....

Date of last.....

Other Treatment.....

Previous Wasserman's date..... Result.....

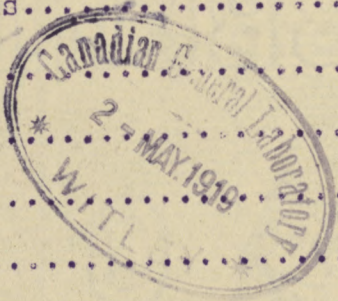
Where performed.....

Station and date..... Signature.....

Result of Test (Original Wasserman) Quarter System

Date..... Serial..... Result

Remarks.....



WASSERMANN  
NEGATIVE

Wasserman  
Cap



~~S~~

F. J. Hill  
(22)

~~W. J. Hill~~

[Redacted]



# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WEHFLEY, C R  
REGIMENT L S H. RANK Pte. No. 2000201  
Date of Examination in England 30/4/19 Date of Examination in France \_\_\_\_\_

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



L S H

### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 11. 28
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES \_\_\_\_\_
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

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 \_\_\_\_\_
- (c) In France Yes

Signature of Dental Officer [Signature]

BRANSHOTT CAMP  
HANTS



WELFRED C R  
P.E.  
300041  
12 H.  
Pitt

12 H



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 166432

THIS IS TO CERTIFY that No. 2000201 (Rank) PTE

Name (in full) WELFLEY CECIL ROY enlisted in

the L. S. H.

CANADIAN EXPEDITIONARY FORCE at Camp Hughes on the 1st

day of October 19 16

HE served in S.A. England & France

Demobilization. Demobilization R.O. 1420 (4)

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

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

Age 23 yrs

Height 5' 6 1/2"

Complexion Dark

Eyes Grey

Hair Brown

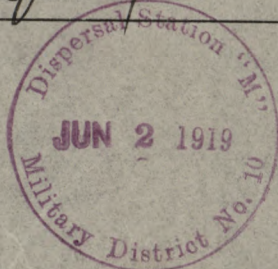
Marks or Scars Small scars back & legs

C.R.W. Welfley  
Signature of Soldier

J. Wood  
Issuing Officer

Rank

Date of Discharge



Date 2 . 6 . 19 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.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_

enlisted in \_\_\_\_\_

the \_\_\_\_\_

on the \_\_\_\_\_

day of \_\_\_\_\_

19 \_\_\_\_\_

HE served in \_\_\_\_\_

Demobilization \_\_\_\_\_

and is now discharged from the service of the \_\_\_\_\_

THE DESCRIPTION OF HIS SERVICE is as follows:

- 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.

Age \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Signature of Soldier \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Issuing Officer \_\_\_\_\_

Rank \_\_\_\_\_

Date \_\_\_\_\_

N.B. As no duplicate of this certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

11-1-1918  
100-01-2001-1-18  
M.C. 11-1-1918



FCA Rank Name **WELFLEY, Cecil Roy.** Reg'l No. **2000201**  
 Unit Dft. **L.S.H.** If in perm. Corps, } Married or Single **Single.**  
 What Unit? }  
 Place and Date of Enlistment **Camp Hughes. 1st. Oct. 1916** Place of Birth **Kenora. Ont..**  
 Name and Address, Next-of-Kin **Mrs F.G.B. Welfley**  
**Chesley. Ontario. Canada.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Relationship Character

N/E. R.B. No. **4404**  
 File R.L.  
 Category **CAN. OR**

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 per S.S. Metagama</i>		<i>28/10/16</i>	
<i>29-10-16</i>	<i>L.S.H. R.R.</i>	<i>T on S.</i>	<i>Thorncliffe</i>	<i>28/10/16</i>	<i>M.I.O. 140.</i>
<i>6-3-17</i>	<i>C.R.C.R.</i>	<i>Ton S. by Reorganization Class A1</i>	"	<i>6-3-17</i>	<i>M.I.O. 1. of B</i>
<i>22-6-17</i>	<i>4/2</i>	<i>adm. Can. Hosp. Etchingell</i>	<i>Lyminge</i>	<i>18-6-17</i>	<i>C.R.C.R. M.I.O. 104 d 17/6/17</i> <i>92. NO. 41. (V.D.S)</i>
<i>13-7-17</i>	<i>6/2</i>	<i>Discharged: Ex above Hosp</i>	"	<i>30-6-17</i>	<i>" " 54 "</i>
<i>2. 11. 17</i>	"	<i>On proceeding Overseas to R.S.H. Telp.</i>	<i>St.</i>	<i>2. 11. 17</i>	<i>M.I.O. 242 L.S.H. M.I.O. 098 6 1/2</i>
<b>APR 19 19</b>	<b>LSH</b>	<b>SOS TO ENg.</b>	<b>Apr 17 19</b>	<b>19</b>	<b>452/30419 B Wing 666</b>
<b>26 5 19</b>	<b>C. Win 3</b>	<b>SOS TO CAN</b>	<b>B. ST</b>	<b>21 5 19</b>	<b>Pt 80</b>

*S.L. 66-M-53.*  
*21/5/19*







707



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

# Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps Lord Strathcona's Horse (R.C.)  
 Regimental No. 2000 201 Rank Private Name Cecil Roy Welfley  
 Enlisted (a) 1.10.16 Terms of Service (a) D. R. W. Service reckons from (a) 1.10.16  
 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) Nil Student

W. S. B. CLASS. A

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				
29.10.16.	OC. LSH	Taken on the strength of L.S.H.(RC) R.R.	Shorncliffe	28.10.16.	<p><i>Embarked Canada 18.10.16</i>  <i>Disembarked England 28.10.16</i></p> <p><i>S.S. Helena</i></p> <p><i>H.S. White</i> CAPT. &amp; ADJT.            L.S.H. (R.C.) RES. REG.            L.S.H. (RC) R.R. Pt. II            Order No. 140.</p> <p><i>H.S. White</i> CAPT. &amp; ADJT.            L.S.H. (R.C.) RES. REG.</p>
7.3.17.	O.C. LSH (RC) RR.	Transferred to C.R.C.R.	Shorncliffe	6.3.17.	<p>Pt. 11. Order No. 66.</p> <p><i>H.S. White</i> LIEUT. &amp; ADJUTANT</p>
6/3/17	OC C.R.C.R.	Jos.	Shorncliffe	6/3/17	<p>Pt. II Order No. 201.</p>

(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.]



2000201 Pte Welfley CR.

CERTIFIED CORRECT  
 5 NOV 1917  
 CAN. RECORDS DIVISION  
 LONDON

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.
2/11/17	O.C. CRCR	S.O.S. having proceeded overseas to L.S.H. France	S,cliffe	2/11/17	Part 1 Order No 242 W. Bishop Capt. ASST. ADJUTANT. FOR OFFICER COMMANDING, CANADIAN RESERVE CAVALRY REGIMENT.
2.11.17	C9B7	Landed in France as Reinfm (LSH)		2.11.17	NR356 P <sup>t</sup> 598 dt 6.11.17
7.12.17	"	Left base for Unit	Field	7.12.17	794
15.12.17	O.C.	Rejoined Unit	"	10-12-17	B213.
26.12.17	7cc7a	Scabies adm 7cc7a		26.12.17	} a 36 (C4400)
		to 7 corps & Str		26.12.17	
29.12.17	72 F. Amb	do do	duty	29.12.17	A36(5390)
do	R.S.D.	Rejoined Unit	Field	27.12.17	B213.
22.1.18	7cc7a	Scabies adm 7cc7a		22.1.18	} a 36 - C9539
		to 7 corps Scabies Str.		22.1.18	
25.1.18	O.C. Unit	Adm. Hoop.	Field	22.1.18	B. 213
26.1.18	72 F. Amb.	Scabies Adm. 17.1.18	do duty	24.1.18	A 36. (W. 189)
12. 2. 18	7 Cav. 3A	L.C. 7. 1. Hand	7 Cav. 3A	12. 2. 18	" W. 2638.
14. 2. 18	1 C. Cav. 3A.	do do	do duty	14. 2. 18	" W. 3056
16. 7. 18	O.C. 3A.	Adm. Hoop. Sick	Field	12. 7. 18	B. 213
16. 7. 18	"	Rej. Unit from Hoop.	Field	14. 7. 18	B. 213
30-5-18	"	Sentenced to forfeit 1 Days Pay under R.W. for "When on Active Service, - absentsing himself from Tattoo Roll Call 26.5.18 until Reveille 27.5.18, (8 1/2 hrs).		30.5.18	B2069 R II @ 60 dt 5.6.18
29-6-18	"	On Command to Cav. Corps Equitation School, Cayenn.		22-6-18	B-213
11-8-18	"	Rejoined Unit from C.C. Equit. School		4-8-18	B. 213.











MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs. G. D. Welfley*  
 Address *Chelsley,  
 Ont.*

By Whom Assigned *Welfley C. R.*  
 Regtl. No. *2000201*

Rank *PTE.*  
 Corps *5th. RE-inforcing Draft.*

Rate *16.<sup>00</sup>*

**NOV 1 - 1916**

*H. S. N. (R. C.)*

PAYMENTS

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









MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2. *Mrs. G. D. Welfley*

OVERSEAS CONTINGENTS

Name of Soldier *Welfley C. R.*  
*2000201 PTE* *S. H.*

L. L. Job 4503. -Req. 6832.

PAYMENTS.

*16.<sup>00</sup>*

Remarks. **NOV 1-1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>C 30469</i>	<i>16</i>	
Dec.		<i>Z 34855</i>	<i>16</i>	
Jan.	1917	<i>842508</i>	<i>16</i>	
Feb.		<i>H 97284</i>	<i>16</i>	
March		<i>G 53496</i>	<i>16</i>	
April		<i>J 5678</i>	<i>16</i>	<i>16R</i>
May		<i>J 12424</i>	<i>16</i>	
June		<i>I 19348</i>	<i>16</i>	<i>Lu</i>
July		<i>B 27601</i>	<i>16</i>	
Aug.		<i>Q 32994</i>	<i>16</i>	
Sept.		<i>G 40215</i>	<i>16</i>	
Oct.		<i>P 45834</i>	<i>16</i>	<i>9mm</i>
Nov.		<i>S 54440</i>	<i>16</i>	<i>224</i>
Dec.		<i>M 64692</i>	<i>16</i>	<i>M 64691 Canc L.O.M.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: - 1-11-16		EFFECTIVE DATE: -	
AMOUNT: - 16 <sup>00</sup>		AMOUNT: -	

NAME: **WELFLEY Cecil Roy**  
NUMBER: **2000201**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs F. G. D. Welfley Mother  
Chesley Ont  
*Stopped Eff 1/5/19*

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: -

DATE ACCOUNT FIRST OPENED: - 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
A.R.	1-7-18		6 P.P. L.S.H.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
29.6.17	13	10/10/18 604	750				
2/1/19	7	407	1.00				
6/4/19		507	913				
20/4/19	521	CCES	73				
			911.13				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discontinue 1/19/18 R 7302 Bury 23/4/19 Bury m D 10 P.P.B. 28 205*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Nov. 31	Bal. ftd.								54 94		
Apr.	P.P.	33		total 47 L.S.H. 22-4-18	1071						
May	P Pay	33		A.P.	1071			16	61 23		
		34 10		D.N.A.R. 95 L.S.H. 11-10-18	357			16			
				" 150 " 22-5-18	357				72 19		
		34 10			714			16			
		33		" 197 " 11-6-18	357				105 19		
				at				16			
				70 pts 1 day pay R.W. and Roll call 27/5/18 to 6/2/18 8/6/18		110					
				total 217 187 22-6-18	357				80 95		
July	" "	33			714	110		16			
		34 10		bar							
				1918. 7/6 CCES	268						
				1998 417 "	268				93 69		
		34 10			536			16			
Aug		34 10		A.R. 22939. 13/8 London.	82 73						
				" 427 7/8 L.S.H.	357						
				at							
				2185 13/7 CCES	268						
				2085 11/6 "	268						
				26941 24/8 London.	730						
				2351 28/7 CCES	268						
				2388 31/7 "	268						
				1100 11/8 3 <sup>rd</sup> Div Details	268				479		
		34 10			107			16			
		33		C.A.P.				16			
				A.R. 577. 25/9/18 L.S.H.	357				18 22		
		33			357			16			

COMPILED BY *aw Ball*  
CHECKED BY *[Signature]*

SEP 1918

*de approved*



NUMBER 2000201 RANK *Pte*

NAME *WELFLEY C.R*

*c-16<sup>00</sup>*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>OCT</i>	<i>Pte P. &amp; A.</i>	<i>34</i>	<i>10</i>	<i>cap</i>				<i>16</i>	<i>18 22</i>		
				<i>a.R. 1457. 17/9/18. CCRC.</i>	<i>3 73</i>						
				<i>" 1457. " "</i>	<i>3 73</i>						
				<i>" 1597 30/9/18 ✓</i>	<i>3 73</i>						
				<i>775 30/10/18 LSH</i>	<i>3 73</i>				<i>21 40</i>		
		<i>34</i>	<i>10</i>								
<i>NOV 1918</i>	<i>P.P.</i>	<i>33</i>	<i>-</i>	<i>b.a.p.</i>				<i>16</i>			
<i>Dec/18</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>a.R. 911 15/11/18 L.S.H</i>	<i>9 33</i>						
<i>Jan/19</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>" 19237 16/10/18 O.S.B</i>	<i>3 73</i>						
				<i>" 1025 27/11/18 L.S.H</i>	<i>7 46</i>						
				<i>" 1115 12/12/18 ---</i>	<i>3 73</i>						
				<i>cap</i>				<i>16 -</i>			
								<i>16 -</i>	<i>50 35</i>		
		<i>101</i>	<i>20</i>								
<i>Feb/19</i>	<i>"</i>	<i>30</i>	<i>80</i>	<i>a.R. 1214 26/2/18 L.S.H</i>	<i>5 60</i>						
				<i>" 1348 16/1/19. ---</i>	<i>3 73</i>						
				<i>" 1479 30/1/19. ---</i>	<i>5 60</i>						
				<i>cap</i>				<i>16 -</i>			
				<i>a.R. 1598 14/2/19. L.S.H.</i>	<i>3 73</i>				<i>115 25</i>		
				<i>" 1711 26 2/19. ---</i>	<i>5 60</i>						
<i>Mar/19</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>b.a.p.</i>				<i>16 -</i>			
				<i>a.R. 1896 23 2/19 L.S.H</i>	<i>3 73</i>						
				<i>" 1768 16 2/19 ---</i>	<i>3 73</i>				<i>51 53</i>		
		<i>64</i>	<i>90</i>								
<i>April</i>	<i>"</i>	<i>33</i>	<i>-</i>	<i>cap</i>				<i>16 -</i>	<i>68 53</i>		
				<i>9 3.8.4. H. 6 1/2 19 913</i>							
				<i>29. N.E.H advised 21 2/19 500</i>							
				<i>521. b.Wing. 20 1/2 19 73-</i>							
				<i>7871. "Endors. 9 1/2 19 487</i>							
				<i>27. L.S.H. 6 1/2 19 730</i>							
		<i>33</i>						<i>16</i>	<i>30 77</i>		
				<i>2837 CCC Endors 15 1/2 19 24 33</i>							
					<i>24 33</i>				<i>55 10</i>		
<i>May</i>				<i>9048. 13 days U.S. 29/6/17 780</i>					<i>68 90</i>		
				<i>S.O.S. ban 21 1/2 19 5 J.L. 66.</i>							







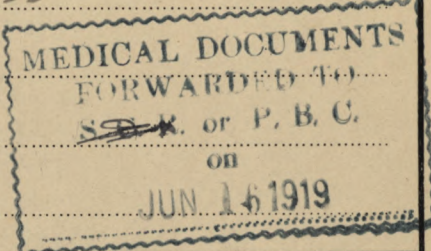


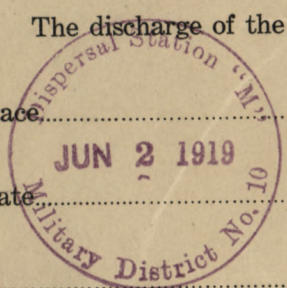
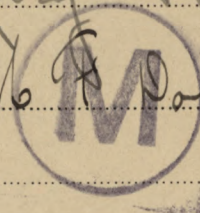
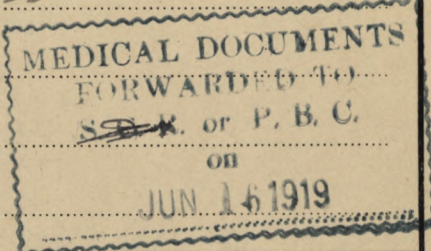


D. a. M  
O. G. 19

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

War Service Badge  
Class "A" No. 166432

1. No. <u>2000201</u>	
2. Rank. <u>Pvt.</u>	
3. Name. <u>WELFLEY Cecil</u>	
4. Unit. <u>L.S.H.</u>	
5. Date of Discharge	Place
<u>2. 6. 19</u>	<u>Winnipeg</u>
6. Reason for Discharge <u>Demobilization</u>	
	
7. Authority. <u>SO 154</u>	
8. Proposed Residence after Discharge <u>Winnipeg man</u> <u>Ball avz of 16 St. Pongall</u>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p style="text-align: right;"><u>C. W. Welfley</u> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>Winnipeg</u></p> <p>Date <u>JUN 2 1919</u></p> <p style="text-align: right;"><u>J. J. Clever</u> for (O. C. Discharging Unit.)</p>	





SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Revised 1917)

1. Name of Soldier		2. Grade	
3. Regiment		4. Company	
5. Post		6. Division	
7. Reason for Discharge			
8. Proposed Discharge after Discharge			
9. Certificate to be issued to Soldier			
10. Confirmation			

*[Faint handwritten text and stamps are visible throughout the form, including a circular seal on the left side.]*



LIST OF DISCHARGE DOCUMENTS

Attention from Tipton	1
of Particular of Board	2
Field-Guide Book	3
General Form	4
and for Contingent	5
Articles that relate to the discharge	6
Medical Library Book	7
Proceedings of Medical Board	8
Final History Sheet	9
Medical Report	10
General Order Sheet	11
Company Order Sheet	12

13. General Discharge Form (Form 100) (100)  
 14. Certificate of Discharge (Form 101) (101)  
 15. Monthly Report (Form 102) (102)  
 16. Discharge Certificate (Form 103) (103)  
 17. Discharge Certificate (Form 104) (104)  
 18. Discharge Certificate (Form 105) (105)  
 19. Discharge Certificate (Form 106) (106)  
 20. Discharge Certificate (Form 107) (107)  
 21. Discharge Certificate (Form 108) (108)  
 22. Discharge Certificate (Form 109) (109)  
 23. Discharge Certificate (Form 110) (110)  
 24. Discharge Certificate (Form 111) (111)  
 25. Discharge Certificate (Form 112) (112)  
 26. Discharge Certificate (Form 113) (113)  
 27. Discharge Certificate (Form 114) (114)  
 28. Discharge Certificate (Form 115) (115)  
 29. Discharge Certificate (Form 116) (116)  
 30. Discharge Certificate (Form 117) (117)  
 31. Discharge Certificate (Form 118) (118)  
 32. Discharge Certificate (Form 119) (119)  
 33. Discharge Certificate (Form 120) (120)

Discharge Certificate  
 Form 100  
 100



**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

- 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). *dup*
- 13. Pay Book (A.B. 64).
- 14. War Service Gratuity (Form M.F.W. 2595).
- 15. Sundry Documents.

Group..... *B*

Checked by No. *10*

Date..... *19-5-19*



100607

20

Perforated sheet for Will from Pay Book of Reg.

No. 2000 201

Name Basil Roy Welby

Unit L. S. H. (R. G.)

**Military Will**

I leave all my effects  
to my mother Mrs F. H  
Welby

c/o Miss R. Rodworth  
Chesley  
Ontario  
Canada

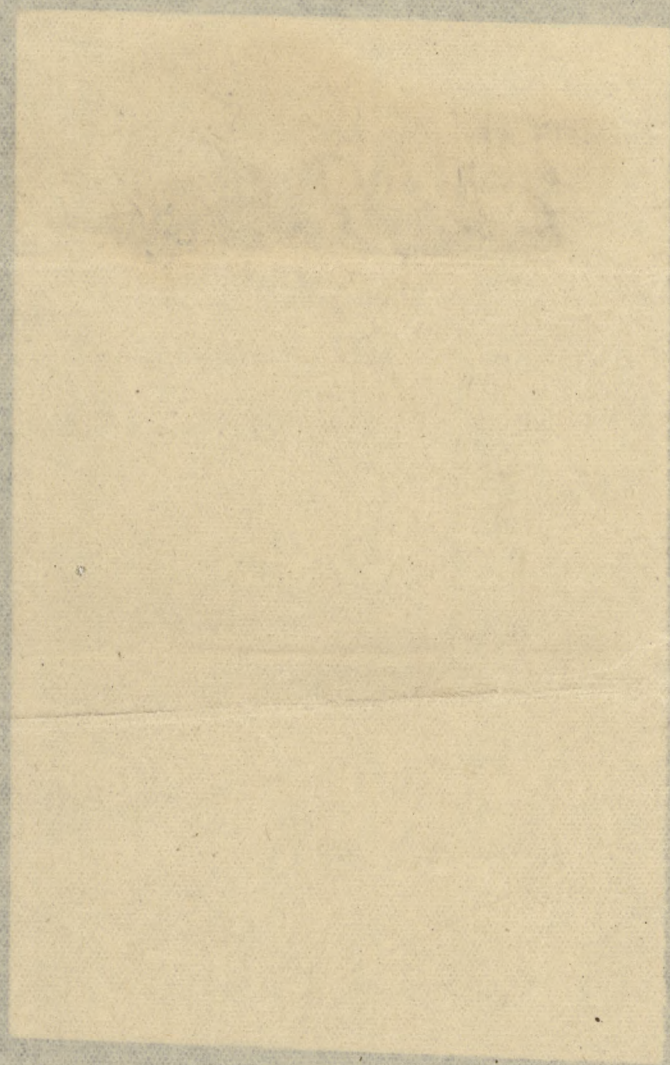
Signature B. R. Welby

Rank and Regt. Pte L. S. H.

Date March 18, 1917

PAYMASTER  
CANADIAN CAVALRY  
MAR 19 1917  
SHORNCLIFFE.







THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

P.O.G.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 5-5-19

1. 1 (a) Unit L.S.H. (b) Regimental No. 2000201 (c) Rank Pte.  
 (d) Surname Welfley (e) Christian name Cecil Roy  
 (f) Home address Winnipeg, Man.  
 (g) Next of Kin Mrs. F.G.B. Welfley (h) Relationship Mother  
 (i) Address of Next of Kin Chesley, Ont.
2. Age last birthday 22 years Date of birth 5-11-1897
3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 6-3-16
4. Personal description:  
 (a) Height 5' 6 $\frac{1}{2}$ " estimated (b) Weight 155 lbs. (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Number  
of scars small of back and legs from Impetigo.
5. Former trade or occupation Student

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		3
	PERIODS	
	From	To
Canada	1-10-16	28-10-16
England	28-10-16	6-11-17
France or other theatres of War	6-11-17	30-4-19

7. Original disease, or injury V.D. Syphilis  
 (a) Date of origin 17-6-17 (b) Place of origin England  
 (c) Cause Infection



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

V.D.S. No disability ~~of~~ from it at Present.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:-

Can. Gen. Lab. Witley 2-5-19

Wassermann Negative.

Subjective:- None

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System.....No..... Genito-Urinary System.....No  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No

Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No

Osseous and Joint Systems.....No..... Any other general condition.....No

10. (a) History (of the condition referred to in Section 9 (a))

Documentary:- M.H.S. Entry "17-6-17 Syphilis" Etchinghill.

Man's Statement:- Following exposure sore developed, cleared up rapidly under treatment with 606 and Hg.



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

26-12-17 Scabies. No disability

12-2-18 I.C.T. Hand Lt. No disability

March 1918 Impetigo - No disability

(c) (Here give a description of wounds, scars and deformities.)

See 4 (f)

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) Yes (b) No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? N.A.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Full course 606 and Hg.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Suggested he be dealt with on arrival in Canada in accordance with

P.C.O. 47 of 20-1-19.

16. Can the former trade or occupation be resumed? Yes (If not, briefly state why)

17. Recommendations None

I. Y. Patrick Lt. C.A.M.C.

Medical Officer by whom the case is brought forward.

### STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, C. R. Welfley, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

D.N.

C. R. Welfley (Pte) Rank.

Signature of invalid examined.

E.N.M.



OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) Yes Cat A
- (b) Service abroad, not general service, ( " B) (Yes or No.)
- (c) Home service (Canada only), ( " C) (Yes or No.)
- (d) Temporarily unfit. ( " D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Suggested he be dealt with on arrival in Canada in accordance with

P.C.O. 47 20-1-17

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Authority Tel. A.G. 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

D. Nathan Capt. President.

PLACE Bramshott

DATE 5-5-19

E. N. Macdonald Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE

DATE

Members

APPROVED BY

APPROVED BY

H. McKenzie Capt.

for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 5-5-19

DATE

CERTIFIED A TRUE COPY

Davidson CAPT CAMC



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Nov. 1. 1916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>16</i>			
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# W

*4150*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *2000201*

Rank *Pvt.* Promoted Reverted Discharge

Soldier's Name *C. R. Welfley.*

Battalion *5<sup>th</sup> Rein. Lt. P. S. N. (R.C.)*

Beneficiary

Relationship

Address

Name *Mrs. F. G. D. Welfley.*

Address *Chesley Out.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>224</i>	<i>224</i>	
<i>Jan 1918</i>	<i>W 71012</i>		<i>16</i>	<i>16</i>	
<i>Feb</i>	<i>T 71002</i>		<i>16</i>	<i>16</i>	<i>D</i>
<i>Mar.</i>	<i>X 91724</i>	<i>v</i>	<i>16</i>	<i>16</i>	<i>ABV</i>
<i>Apr</i>	<i>W 13860</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>May</i>	<i>W 19700</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>June</i>	<i>R 27484</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>July</i>	<i>B 22804</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Aug</i>	<i>V 36933</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Sept</i>	<i>V 47214</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Oct.</i>	<i>K 51043</i>		<i>16</i>	<i>16</i>	<i>L</i>
<i>Nov.</i>	<i>D 57017</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Dec 1919</i>	<i>X 64577</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Jan</i>	<i>W 73753</i>		<i>16</i>	<i>16</i>	<i>✓</i>
<i>Feb.</i>	<i>V 78893</i>		<i>16</i>	<i>16</i>	
<i>Mar</i>	<i>N 88918</i>		<i>16</i>	<i>16</i>	
<i>April</i>	<i>V 1114</i>		<i>16</i>	<i>16</i>	
<i>May</i>	<i>T 7207</i>		<i>16</i>	<i>16</i>	
			<i>496</i>	<i>496</i>	

*1908. to 1913*

*A/c Closed 31/5/19.*

*Ret'd per... Carnanica*

*Date 29/5/19. M.F.W 187 M-D-10*

*Closed 7/6/19. G.M. Olway.*

*Mk of \$ 10000 to Deshay 6/19 RMD*







81.1262

CARMANIA

AUDITOR *[Signature]* 50

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

REGT. No. 2000201 RANK *Pte* NAME (IN FULL) *WELFLEY C.R.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					Y.H.	TRANSFERRED TO <i>Dis Stn M</i>	DATE <i>MAY 21 1919</i> AUTHORITY <i>D.O. 157</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>3-3-16.</i>	TRANSFERRED TO	DATE <i>1/6/19</i> AUTHORITY
TO WHOM PAID <i>nil</i>	RELATIONSHIP				ASSIGNED PAY \$ <i>16.00</i>	DATE EFFECTIVE	
ADDRESS					PAYABLE TO <i>Mrs. Y.G.D. Welfley</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS <i>Home Bank Winnipeg</i>
					ADDRESS <i>Welfley, Ont.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>M. D. 10</i>	DATE <i>JUN 2 1919</i>	REASON <i>D</i> AUTHORITY <i>D</i> IF ENTITLED TO POST DISCHARGE PAY

2

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY			REGI-MENTAL CHARGES			OTHER CHARGES			TOTAL DEBITS			BALANCE			PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	C.	C.	C.	C.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	C.	C.	C.	C.	C.	C.	C.	C.	C.	C.	C.	C.				
																												\$	C.	\$	
1/5-10/6	41	1.10	45.10		35.00		40.00		150.10				4.84	24.33	4.84	5.00	40.00	16.00						28.70	28.70	28.70	3.67	Dr BAL. ENG. L. P. C. 28.70 Paid to 10/6/14 Clothing Allee. 1st payment W.S.G. Advances - Boat - Train A.P. chgd. on Eng. L. P. C. to May Dr Bal. 7d. 3.67 overcredited l/c.			
183 Days at Min.					W.S.G.		420.00		420.00									W.S.G.							341.20	337.53	1st Payment W.S.G. as above Dr 8.50 O/P - Paid Dr. 3.67 as above				
June 25																									267.53	197.53	70 - 2nd payl w/ly				
July 10																									127.53	57.53	70 - 3rd 7000 4th 7000 5th				
																										57.53	57.53 final				
									420.00																420.00	407.53	12.47	420.00	account closed.		

AUDITED  
 30/10/1919  
 Audit Clerk  
 M. B. 10



AMAMCHA

Die 100 100 100



100 100



*Temporary*

**Casualty Form - Active Service.**

Regiment or Corps L.S.Horse  
 Rank..... Surname Welfley Christian Name C.R.  
 Religion..... Age on Enlistment..... years..... months  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>18-8-18</u>	<u>L.S.H.</u>	<u>To C.C.R.C., Abbeville</u>		<u>12-8-18</u>	<u>B-213</u>
<u>31-8-18</u>	"	<u>Granted 14 days leave to U.K.</u>		<u>13-8-18</u>	<u>B-213. P-17 093d/1 9/6/18</u>
<u>21-9-18</u>	"	<u>Rejoined C.C.R.C. from leave</u>		<u>28-8-18</u>	<u>B-213</u>
<u>21-9-18</u>	"	<u>Rejoined Unit from C.C.R.C.</u>		<u>21-9-18</u>	"
<u>28-9-18</u>	"	<u>On command to C.C.R.C., Abbeville</u>		<u>25-9-18</u>	"
<u>26-10-18</u>	"	<u>Joined Unit from C.C.R.C.</u>		<u>20-10-18</u>	"

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.







**SYPHILIS CASE-SHEET.**

Regtl. No. *2000201* Rank and Name *Welfley Pte C* Corps *C R C R*  
Placed on Syphilis Register at **CANADIAN HOSPITAL,** on *17-6-17* No. in Register  
Disease contracted at *London* **ETCHINGHILL, LYMINGE.** Primary sore appeared on (date) *7-6-17*

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Ulcer of meatus*  
Lymphatic glands *Marked general adenitis*  
Skin (nature and distribution of rash) *Negative*  
Mucous membranes *Negative*

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Present.*

Examination of blood serum— Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

**CANADIAN HOSPITAL,**  
Station **ETCHINGHILL, LYMINGE.** Date \_\_\_\_\_ Signature of M.O. *B R August*  
*capt M C*

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_











