

Enlisted for Special Duty in Canada Only  
O.C. No. *11-3-1918* S.S. Coy. *8th*

ATTESTATION PAPER.

No. *330719*  
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

1. What is your surname? *Welsh*
- 1a. What are your Christian names? *Thomas*
- 1b. What is your present address? *631 West Madison Street Chicago, ILLINOIS U.S.A.*
2. In what Town, Township or Parish, and in what Country were you born? *Gray, Essex, England*
3. What is the name of your next-of-kin? *Frank Welsh*
4. What is the address of your next-of-kin? *32 Hampden Rd Gray Essex England.*
- 4a. What is the relationship of your next-of-kin? *Brother*
5. What is the date of your birth? *Oct 15<sup>th</sup> 1893*
6. What is your Trade or Calling? *Cook*
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? *No*
10. Have you ever served in any Military Force? *In naval 16<sup>th</sup> years, 8 years*
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, *Thomas Welsh*, 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.

*T. Welsh* (Signature of Recruit)

Date *11-3-* 191*8* *P. W. Berlin* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Welsh*, 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.

*T. Welsh* (Signature of Recruit)

Date *11-3-* 191*8* *P. W. Berlin* (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 *Winnipeg* this *11<sup>th</sup>* day of *March* 191*8*.

*H. Williams* (Signature of Justice)

# Description of Thomas Welsh on Enlistment.

Apparent Age.....44.....years.....5.....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.....41 1/2 ins.  
 Range of expansion.....2 1/2 ins.

Complexion.....Sallow

Eyes.....Blue

Hair.....Black

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

VISION R. EYE 20/30  
 " L. " 20/30  
 HEARING R. EAR N  
 " L. " N

## 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..... FIT FOR SPECIAL DUTY IN CANADA for the Canadian Over Seas Expeditionary Force.

Date.....March 15th.....1918.

Place.....Winnipeg

*W. H. [Signature]*  
 Lieut.  
 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:—

ENLISTED IN ACCORDANCE WITH  
 C.O. 1 PARA 1 1918.

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Thomas Welsh.....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]*  
 ..... Major (Signature of Officer)  
 O. C. No. 10 S. S. Coy. C.E.F.

Date.....March 15th.....1918.

American Recruit.

~~SPECIAL~~

A II

TRIPPLICATE

Enlisted for Special Duty in Canada Only  
O.C. No. 10 S.S. Coy. C.E.F.

# ATTESTATION PAPER.

No. 3307579.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Welsh
- 1a. What are your Christian names?..... Thomas U.S.A.
- 1b. What is your present address?..... 631 West Madeson St. Chicago Illinois
2. In what Town, Township or Parish, and in what Country were you born?..... Gray, Essex, England
3. What is the name of your next-of kin?..... Frank Welsh
4. What is the address of your next-of-kin?..... 32 Hampden Road, Grays Essex England
- 4a. What is the relationship of your next-of-kin?..... Brother
5. What is the date of your birth?..... October 15th, 1873.
6. What is your Trade or Calling?..... Cook
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?..... No
10. Have you ever served in any Military Force?..... 16th Lancers 8 years.  
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, Thomas Welsh, 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.

T Welsh (Signature of Recruit)

Date 11th March 1918. P W Burlin (Signature of Witness)

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

I, Thomas Welsh, 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.

T Welsh (Signature of Recruit)

Date 11th March 1918. P W Burlin (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 Winnipeg this 11th day of March 1918

H Kison (Signature of Justice)

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

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

CERTIFIED A TRUE COPY

No. 10 S.S. CO'Y

Description of Thomas Welsh on Enlistment.

Apparent Age.....44 years.....5 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 $\frac{3}{4}$  ins.

Chest measurement. { Girth when fully expanded.....41 $\frac{1}{2}$  ins.  
 { Range of expansion.....2 $\frac{1}{2}$  ins.

Complexion.....Sallow

Eyes.....Hazel

Hair.....Black

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

VISION R. EYE 20/30  
 " L. " 20/30  
 HEARING R. EAR N  
 " L. " N

**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\*.....C.I......**FIT FOR SPECIAL DUTY IN CANADA**  
 for the ~~Canadian Overseas Expeditionary Force.~~

Date.....March 11 $\frac{1}{2}$  th.....1918

Place.....Winnipeg

*[Signature]*  
 Lieut.  
 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:—

**ENLISTED IN ACCORDANCE WITH  
 C.O. 1 PARA 1 1918.**

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

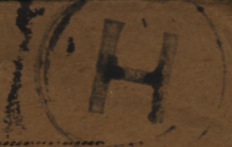
.....Thomas Welsh.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

**O. C. No. 10 S. S. Coy. C.E.F.**

Date.....March 11th.....1918

M 71-1-89



DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- 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..... 2
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Barment Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

Name WELSH THOMAS

Regt. No 3307579 Rank Serjeant

Corps H Squad L.H (R.C)

*Remobilization*  
**OTL**

M 71-1-89  
M 71-178-1  
M 71-129-1



13922



NAME *W. W. Thomas*

REGIMENTAL NO. *3307579*

RANK *Sergeant*

ENLISTED AT *Winnipeg Man.*

PROMOTIONS, &C.  
AND DATE

DATE *11-3-18*

IF SERVED PREVIOUSLY. STATE UNIT. &C. *16th Lancers*

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN *Frank Walsh* RELATIONSHIP *Brother*

ADDRESS OF *35 Hampton Rd Grays Essex England*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*11*





SURNAME.

*Welsh*

10

CARD NO.

13

CHRISTIAN NAMES

*J.*

*S.O.S. Dis 31-12-18  
auth 502 FOLL. 2-6-19  
Serial 2.54 (14.6)*

REGL. No.

*3307579*

RANK

*Pte.*

UNIT

*Spec. Ser. Co.*

*T. O. S. Mar. 13 1918*

FORMER CORPS

*Part II No 72*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

*No to be filed*

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

# SPECIAL CLASS ORIGINAL

## MILITARY SERVICE ACT, 1917.

### MEDICAL HISTORY SHEET

SQUADRON  
S. H. (R. C.)

**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 Welsh Christian name Thomas
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 11 day of Mar 1918, by the undersigned medical board sitting at Mc Gregor Bldg Wipeg.

5. Age as stated 44 Years 5 Months.
6. Apparent age..... Years..... Months
7. Height 5 Feet 7 3/4 Inches.
8. Weight 169 1/2 Pounds.
9. Chest measurement { Minimum 39 Ins.  
Maximum 41 1/2 Ins.
10. Complexion Sallow { Eyes Hazel  
Hair Black
11. Physical development Good { Good  
Fair  
Poor
12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 3  
Left arm.....
14. When vaccinated last 14 years ago

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar R forearm  
Tattoo L forearm. Scar over L knee + L cheek.

16. Slight defects but not sufficient to cause rejection Needs dental attention. Few varicose veins both legs  
The man denies having had { Rheumatism  
Tuberculosis  
Syphilis We find no evidence of past { Rheumatism  
Tuberculosis  
Syphilis Small testes both hammer type

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

M. J. Gaultoff President.

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
MAY 4	<u>110</u>	<u>W. Rend</u> Captain C.A.M.C.	20 7		<u>W. Rend</u> C.A.M.C.
		M.O.	APR 27 1918		<u>W. Rend</u> C.A.M.C.
		M.O.	MAY 4 1918		<u>W. Rend</u> C.A.M.C.
		M.O.			<u>W. Rend</u> C.A.M.C.

Joined 11 day of March 1918 at Winnipeg

Corps	REG'TL NUMBER	HABITS	DATE
<u>NO. 10 SPECIAL SERVICE COY</u> <u>L.A.H. (R.C.)</u>	<u>3307579</u>		<u>11.3.18</u> <u>17-4-18</u>

#### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Winnipeg</u>	<u>3-4-18</u>		<u>A 2</u>

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

Cook England.



# 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. 3307572 ... Rank Sgt. ... Surname WELSH  
(Given name in full)

Thomas

Unit or Corps L.S.H. ... Birthplace London, Eng.

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

1. GENERAL DESCRIPTION:

Physique good ... Weight 169 lbs. Height 5 ft. 7 3/4 in. Colour of Eyes Hazel

Nutrition good

Pulse 84

Condition of arteries good

Vision Rt. 20/30 ... Left 20/30

Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
Scar rt. forearm  
Scars L. forearm  
Scar over left knee & left  
cheek

Opinion as to general health and physical condition. Good

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

Nervous System no ... Genito Urinary System no ... Cardio-Vascular System no ...  
 Special Senses no ... Integumentary System no ... Respiratory System no ...  
 Disturbance of mentality no ... Muscular System no ... Digestive System no ...  
 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.

n.a

# EXAMINATIONS

## 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.)

## THIS SECTION FOR USE IN CANADA—

Examined at **CALGARY** .....(Canada)

Date **DEC 28 1918** ..... Signed *S. Astrof* ..... M.O. *A.M.C.*

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 *S. A. T. Wood* .....

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

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

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3307579 (Rank) Sergeant  
 Name (in full) Thomas W. Moh. enlisted in  
 the 50 10 Special Service Co.  
 CANADIAN EXPEDITIONARY FORCE at Winnipeg, Man. on the Eleventh  
 day of March 1918  
 HE served in Canada.  
 and is now discharged from the service by reason of P.O. 1328 Para 7187 All  
other personnel whose services are not required

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

<p>Age <u>Forty four yrs 5 mos</u></p> <p>Height <u>Five feet 7 3/4 ins</u></p> <p>Complexion <u>Tallow</u></p> <p>Eyes <u>Hazel</u></p> <p>Hair <u>Black</u></p>	<p>Marks or Scars</p> <p><u>Scar right forearm</u></p> <p><u>Scar left forearm</u></p> <p><u>Scar over left knee</u></p> <p><u>and left cheek</u></p>
---	---

Signature of Soldier Thomas W. Moh.

Issuing Officer J. P. Spence Rank Capt

Date of Discharge December 31st 1918 Appointment Commanding Lt 501 R B Co

Signed at Calgary area this thirty first day of December 1918  
 in Military District No. 13  
 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. 3307579 (Rank) Sergeant Name Thomas Walsh

Unit Low Strathcona's Horse (R.C.)

Address on Discharge 633 West Madison St Chicago Ill

Character and Conduct Good

Former Occupation Book

Special Qualifications of Value in Civil Life

Medals and Decorations Queen's Medal Three clasp

Cape Colony Orange Free State Belfast

Remarks Rings Medal South Africa 1902

Signed at Calgary this thirty first day of December 1918

J. S. Sparks Capt  
Name of Officer

Lt-Col  
Rank

Commanding L.S.M. (R.C.)  
Appointment







# SPECIAL

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

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

## Casualty Form—Active Service.

250M.—1-18,  
H. Q. 1772-39-920.

Unit, Regiment or Corps No. 10 SPECIAL SERVICE CO'Y

Regimental No. 3307579 Rank Pte Name Welsh Thomas  
C. E. F.

Enlisted (a) 11-3-18 Terms of Service (a) Duration of War Service reckons from (a) 11-3-18

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) \_\_\_\_\_

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>17-4-18</u>	<u>Advt. Trans. to L. S. H. (R.C.)</u>		<u>Winnipeg</u>	<u>17-4-18</u>	<u>CO. 90 Apr 17, para 2078</u> <u>W. H. Shiner</u> <u>W. H. Shiner</u>
				<u>Discharged 31-12-18</u>	
				<u>R.O. 1338 Para 7164</u>	
				<u>J. H. Jones</u>	
				<u>Adj. Lt. Col</u>	
				<u>Commanding L.S. S.A.R. Co</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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *13*

NAME OF SOLDIER

*L. S. H. weld. S.*

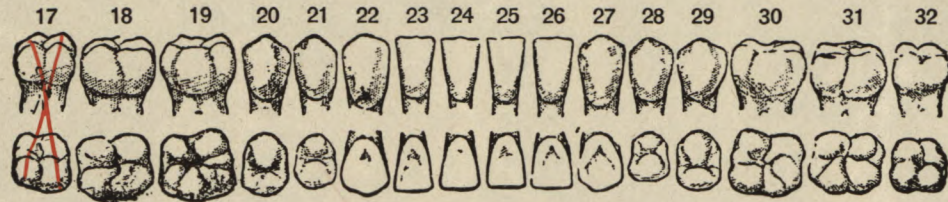
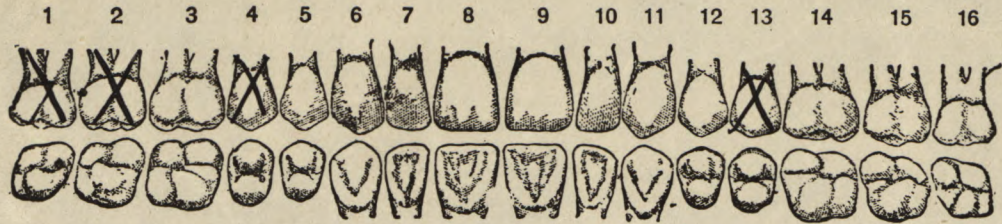
REGIMENT

*L. S. H.*

RANK

*P. U.*

No. *3302579*



## INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination										<del>13</del> <del>13</del> <del>13</del>												
<i>may 31</i>																			<i>M. P. Thomas Capt.</i>	<i>13</i>	<i>Ex 6, 2, 4, 13, Prof.</i>	
<i>restored from</i>										<i>4</i> <i>1, 2</i> <i>4, 13</i>									<i>M. P. Thomas Capt.</i>	<i>13</i>		

# INSTRUCTIONS

On examination the condition of patient's teeth to be recorded on

condition on red ink

On first line of report record of teeth to be shown in red ink.

Only such entries to be made on this sheet as will fit in

1. Condition on examination in red

2. Condition on leaving Canada

3. Condition on discharge

REMARKS

EXAMINER

OPERATOR

DATE

CASE

NO.

INITIALS

EXAMINER

Condition on Exam

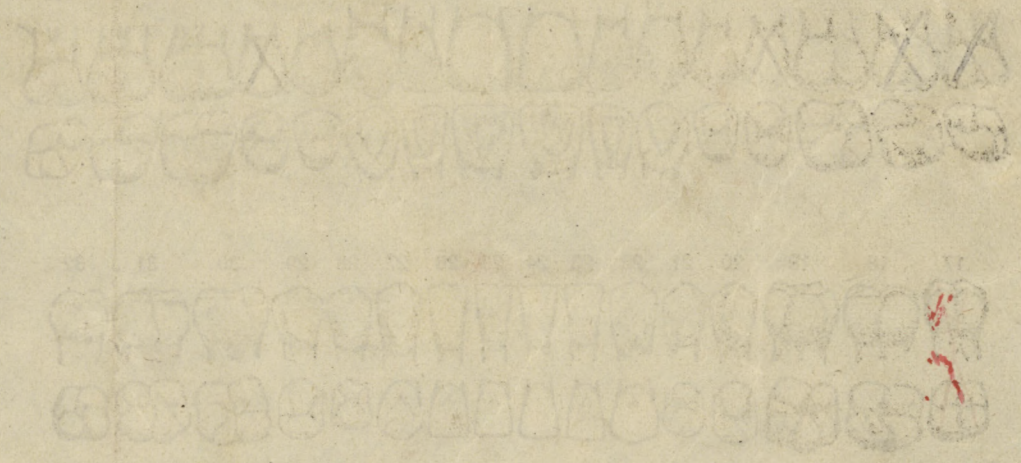
EXAM

RECORD

PAGE 66 200000

DENTAL SURVEY BOARD

DENTAL HISTORY SHEET



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No 3307579 ..... Rank ### Sgt. ..... Name Welsh, I. .....  
 Corps L.S.M. (RC) ..... who was\* Discharged. .....  
 On 31-12-18 191....., to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 ..... 191.....  
 to 31-12-18 ..... 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month .....			Balance Cr. from prev. month .....	10	24
Advances } No. ....			Reg'l. Pay ... <u>31</u> ... days at \$ <u>1.30</u> .....	41	89
by } <u>Cash</u> .....	25	00	Field Allow. .. <u>31</u> ... days at \$ <u>.19</u> .....	4	65
Cheques } No. ....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allee. No. ....			Other Allowances* <u>clothing</u> .....	35	00
Other charges .....		55	Other Credits* <u>xmas Allee.</u> .....		25
Payment on transfer or discharge No. <u>836</u> .....	66	44	Bal. Dr. (to be deducted by new unit) .....		
Balance Cr. (to be paid by the new unit) .....			Total .....	89	99
Total .....	89	99			

\*Give particulars.

A monthly stoppage of \$ Nil. ..... (†) has ..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n Allee. for month of ..... 191... } (to) Assignee .....  
 (Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Out Allowance of \$ ..... has been paid by Paymaster, Military District No. ....

REMARKS:—

State (1) date of enlistment 11-3-18 .....  
 (2) if married and if a Separation Allowance Card has been submitted .....  
 (3) cause of discharge ..... authority Reg. 1328 Para 7 (c) .....  
 (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 31-12-18 .....

Place Calgary, Alta. .....

*W.J. Galt*  
 Lieut.  
 Paymaster L.S.M. (RC)  
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN NATIONAL ARCHIVES

1911-1912



77985

*Amended*

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

3307579

CENTRAL REGISTRY  
 Military District No. 13  
 CALGARY, ALTA.  
 JAN 7 1919  
 13 M. D. ✓

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3937579 Rank Sergeant Name Walsh, J.

Corps L.S.M. (RC) who was\* Discharged

On 31-12-18 191... to .....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191... to 31-12-18 191..., the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Balance Cr. from prev. month		10	24
Advances by Cheques	No. <u>693</u>	30	00	Regt'l. Pay	<u>31</u> days at \$ <u>1.50</u>	51	85
	No. <u>694</u>	25	00	Field Allow.	<u>31</u> days at \$ <u>.25</u>	4	65
Assigned Pay and Sep'n Allee. No.				Separation Allowances* (Monthly)			
Other charges			55	Other Allowances* <u>clothing</u>		35	00
Payment on transfer or discharge No. <u>836</u>		66	44	Other Credits* <u>Imas Allee</u>			25
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)		30	00
<b>Total</b>		<b>121</b>	<b>79</b>	<b>Total</b>		<b>121</b>	<b>79</b>

\*Give particulars.

A monthly stoppage of \$ 112 (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... and Sep'n Allee. for month of ..... 191... (to) Assignee .....  
 (Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

### REMARKS:—

- State (1) date of enlistment 11-3-18
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge ..... authority P.O. 1328 Para 7 (e)
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 31-12-18  
 Place Calgary, Alta.

*W. J. Smith* Lieut.  
 Paymaster L.S.M. (RC)

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

AMERICAN CONTINENTAL BANK

NEW YORK

1883

Name Welsh Emb. 11-3-18

Date of Embarkation for England 74

Proceeded to France.

Returned to England.

Date returned to Canada.

Canada only - booked  
21-3-28

P.R. 2855.

Name

Date of Birth

Address

Occupation

Notes

Page