

13 M. D. First Depot Battalion Alberta Regiment

Regtl. No. 3208293

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class **1k**)

1. Surname..... Welsh,
2. Christian name..... Wilfred Laurier,
3. Present address..... Lundbreck, Alberta
4. Military Service Act letter and number..... 347198MC
5. Date of birth..... June 2nd, 1898
6. Place of birth..... Merlin, Ontario
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Farmer
10. Name of next-of-kin..... Mr. Robert Welsh,
11. Relationship of next-of-kin..... Father
12. Address of next-of-kin..... Lundbreck, Alberta
13. Whether at present a member of the Active Militia..... no
14. Particulars of previous military or naval service, if any..... no
15. Medical Examination under Military Service Act:—
 (a) Place MacLeod, Alta. (b) Date 12-11-17 (c) Category A.2.

DECLARATION OF RECRUIT

I, Wilfred Laurier Welsh,, do solemnly declare that the above particulars refer to me, and are true.

W. L. Welsh

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 20 yrs. 5 mths.
 Height..... 5 ft. 8½ ins.
 Chest measurement } fully expanded..... 34 ins.
 } range of expansion..... 3 ins.
 Complexion..... Light
 Eyes..... Lt. Blue
 Hair..... Lt. Brown

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

Scar over right eye, scar on right wrist

W. G. Jeffrey

O. C. Depot Btl.

Regt.

Place Calgary, Alta. Date 14-5-18

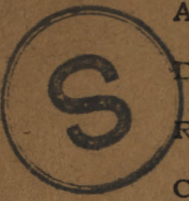
J P H 13.3.19

DISCHARGE DOCUMENTS

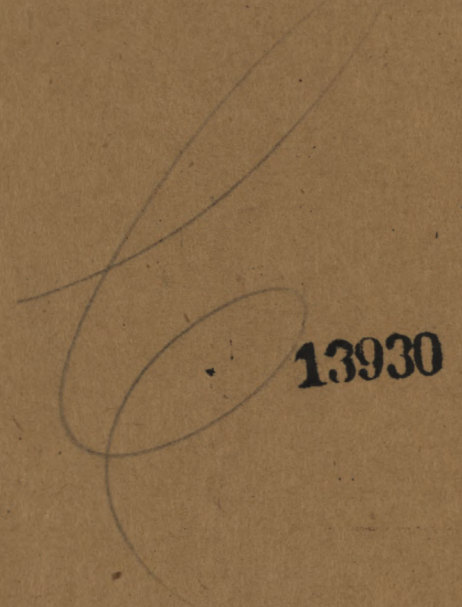
R. O. No.
H. Q. No.



- 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..... 2
- 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.....

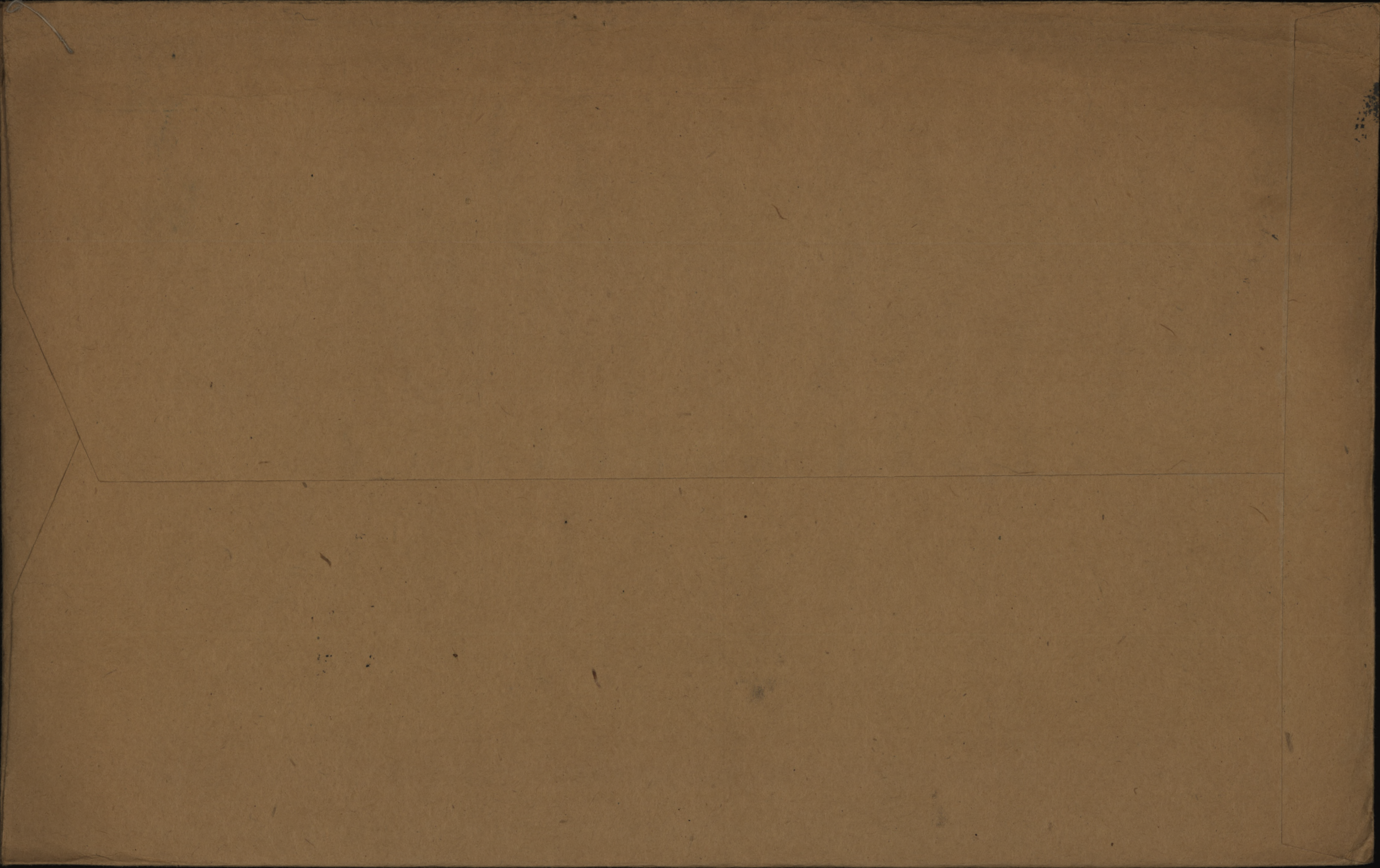


Name WELSH, WILFRED LAURIER
 Regt. No. 3208293 Rank Gunner
 Corps 1713 Artillery Depot
Dumobi



Last Pay Certificate..... 1
 M F W 71- 1
 M F W 39a- 1
 M F W 122- 1
 M F W 113- 1
 M F W 465- 1

24-16
 14-16
 11-17
 /



NO. 13 ARTILLERY DEPOT

M. F. W. 71.—200M.—4-16.
1772—39—961.

NAME.

Welsh. Wilfred Laurier.

REGIMENTAL NO.

3208293

RANK

Sergeant.

ENLISTED AT

Calgary Alta

PROMOTIONS, &c.
AND DATE

DATE

May 31. 18.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single.

NEXT OF KIN.

Robert Welsh.

RELATIONSHIP

father.

ADDRESS OF

Lundbrook, Alta.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &C.
	No.	DATE	
<i>W leave.</i>	<i>24.</i>	<i>24-10-18.</i>	
<i>Trans. to #13 A.O.</i>	<i>1</i>	<i>Oct 1/18</i>	<i>R.O. 1144.</i>

No. 3208293 RANK *Pte*

NAME *Welsh W* *L*

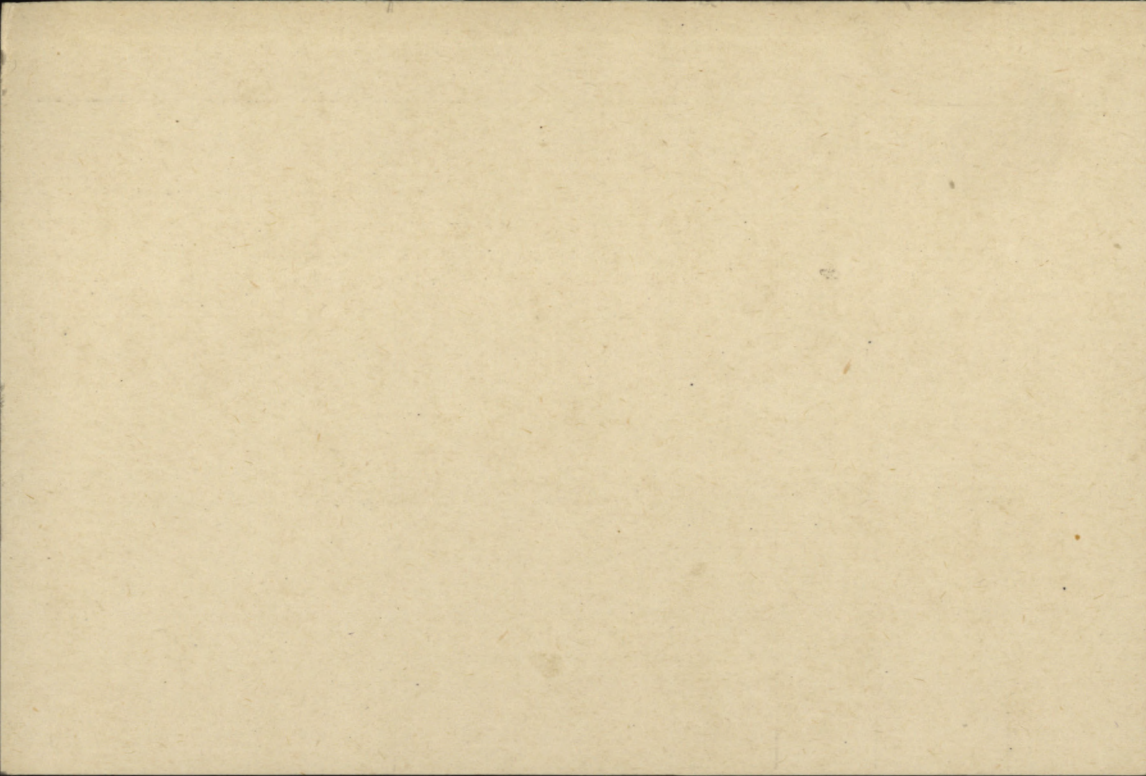
T. O. S.

UNIT

1st Depot Battalion, Alberta Regt.

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918</i> <i>May</i>	<i>1918</i> <i>no dates</i>		<i>Reposted from <i>W Coy</i></i> <i>147 5-18</i>	<i>no. O. 148 of 5-18</i>



No. 3208293 RANK

Gnr.

NAME

Welsh W. L.

T.O.S. Transfer.

UNIT

78th Depot Battery C & A

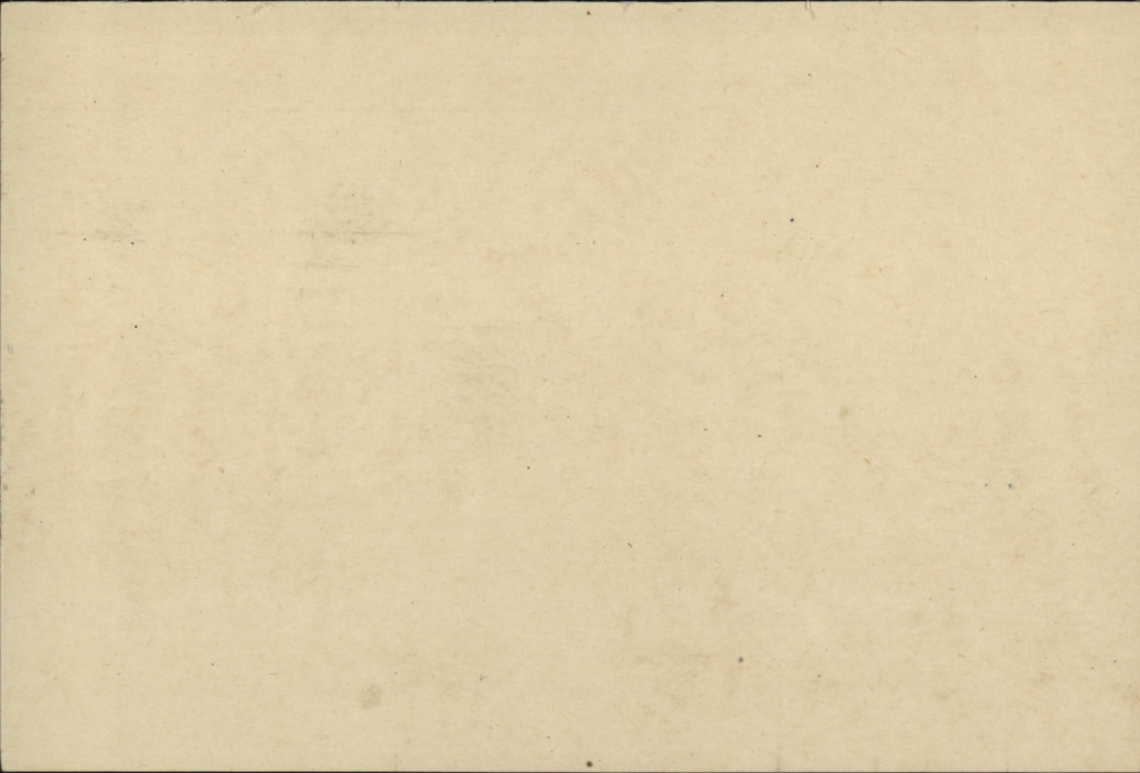
M. D.

13

Ind. An. A. R. 3/5/18

OO 172 } of 4/5/18

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
May 3	May 31	n		
June		n		



29

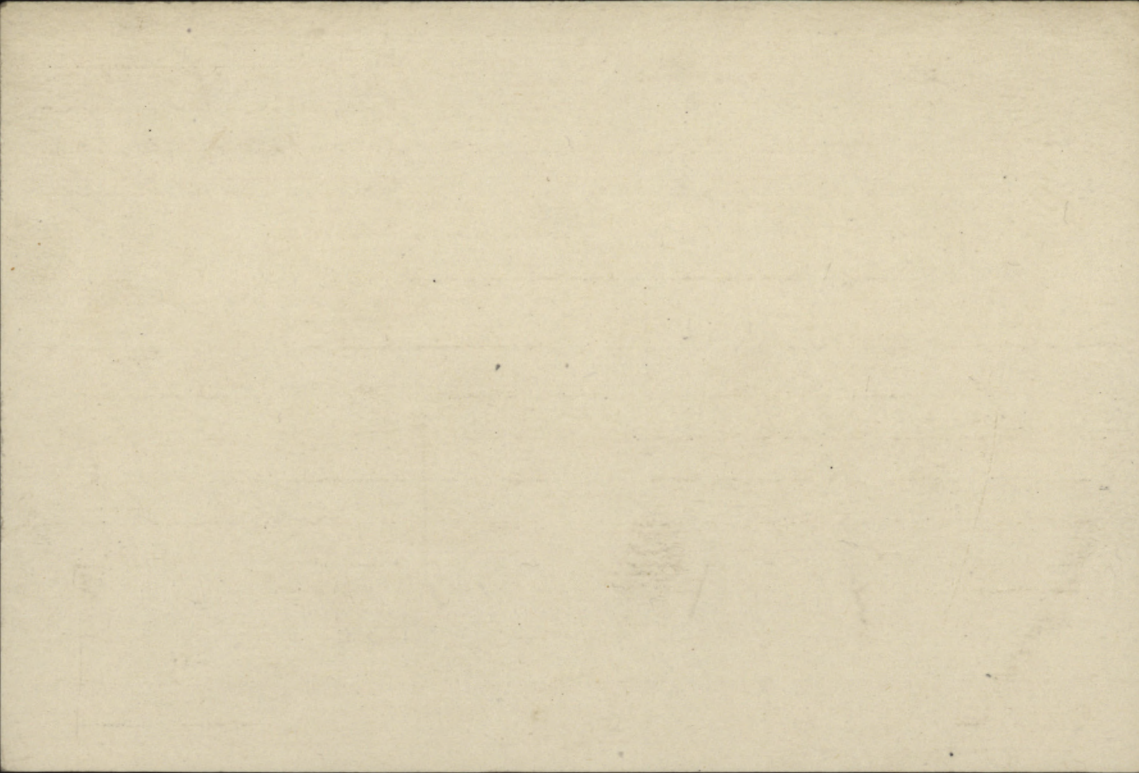
Surname *Welsh*
 Christian names *Wilfred Laurier*
 Regtl. No. *3208293* Rank *Pte*
 Unit *Alta. Regt. 1st Depo. Bn.*

H. Q.
 M. D. No. *13*
 T. O. S. *May 14 19 18*
 D. O. Pt. II *13* of *15/5/18*
 S. O. S. 19...
 Reason
 Auth.

Next of kin *Welsh, Robert* Relationship *Father*
 Address *Lundbreck Alta*

Also notify:

BORN—Place *Canada, Merlin Ont.* Date *June 2nd 1898*
 ATTESTED—Place *Calgary Alta* Date *May 14th 1918*
 O/S R/C



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

NO. 13 ARTILLERY DEPOT

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

~~FIRST DEPOT BATTALION, ALBERTA REG'T~~

Regimental No. 3208293 Rank Plt. Name Welsh, Wilfred Laurier,
C. E. F.
Enlisted (a) 14-5-18 Terms of Service (a) duration of war. Service reckons from (a) 14-5-18
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) Farmer

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				
					Discharged January 31/19. R. O. 1420
					300 Jan-19

[Signature] Capt
O. C. No. 13 Artillery Depot

(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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3208293. (Rank) Serjeant.
Name (in full) Welsh Welford Laurier. enlisted in
the NO. 13 ARTILLERY DEPCT
CANADIAN EXPEDITIONARY FORCE at CALGARY, ALTA. on the 14.
day of May 1918
HE served in _____
and is now discharged from the service by reason of _____
Demobilization

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

Age 20 yrs. 7 mos.
Height 5' 8 1/2"
Complexion Light
Eyes Light Blue
Hair Dark Brown
W L Welsh
Signature of Soldier

Marks or Scars _____

Welford Laurier Capt.
O. C. No. 13 Artillery Depot.
Issuing Officer

Date of Discharge January 31/19. Rank _____
Signed at CALGARY, ALTA. this 31st day of January 1919 Appointment _____
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. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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.

3208293
 Gnr. Rank Gnr. Surname Welsh
 No. Rank Surname (Give name in full)
 13 Oct 1916 Wilfrid Laurier
 78th. Btty Birthplace Merlin, Ontario
 Unit or Corps Birthplace

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *146* lbs. Height *5* ft. *10* in. Colour of Eyes *Blue*
 Nutrition *Good*
 Pulse *Normal*
 Condition of arteries *Good*
 Vision Rt. *20/20* Left *20/20*
 Hearing (conversational voice) Rt. *20* ft. Left *20* ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
*2 Vacc. marks left arm
 Scar over right eye. Accidental
 when 8 yrs old.
 Scar on right wrist accidental.
 March 1916.*

Opinion as to general health and physical condition *Good Ar*

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 *Yes* 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.

*Had measles in childhood. Recovery good.
 Had chickenpox in childhood. Recovery good*

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

Lundbreck Alia

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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**JAN 31 1919**..... Signed*A. W. Valens*.....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*A. W. Valens*.....

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

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

[OVER]

No. 13 ARTILLERY DEPOT
NOV 19 1917
MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. **MACLEOD**

MEDICAL BOARD NO. 5
SERIAL NO. 347198 MC
SECRET NO. 14
CONF. NO.

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

W. L. Laurier

- 1. Surname Welsh Christian name W. L.
- 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)..... Lundbrook, Alta. *W. L.*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of November 1917, by the undersigned medical board sitting at MacLeod, Alta.

- 5. Age as stated 20 Years 5 Months. 6. Apparent age 20 Years 5 Months
- 7. Height 5 Feet 8 1/2 Inches. 8. Weight 145 Pounds.
- 9. Chest measurement { Minimum 31 Ins. 10. Complexion Light { Eyes Lt. Blue
Maximum 34 Ins. { Hair Lt. Br.
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm..... 14. When vaccinated last 1912
Left arm 1
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar over right eye
Scar on right wrist.

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Vision R: D. 20. L: D. 20
Hearing R & L normal.

E. J. G. N. N. N. President. CAPTAIN C. A. M. C.
A. D. G. G. G. Member. *H. G. G. G.* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4-5-18</u>	<u>M.O.</u>	<u>St. Barrett</u>	<u>4-5-18</u>	<u>M.O.</u>	<u>St. Barrett</u>
	<u>M.O.</u>			<u>M.O.</u>	
	<u>M.O.</u>		<u>17-5-18</u>	<u>M.O.</u>	<u>St. Barrett</u>

Joined 3rd day of May 1918 at Calgary Alta

CORPS	REG'TL NUMBER	HABITS	DATE
<u>BTH DEPOT BATTERY, C.E.F.</u>	<u>3208293</u>		<u>3-5-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

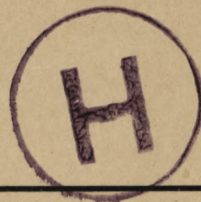
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

The copy of this document which is delivered to the man examined will be attached by him to the report for Service, or claim for exemption made by him, or on his behalf, when the Proclamation under the Military Service Act calling out Class 1, has been issued.

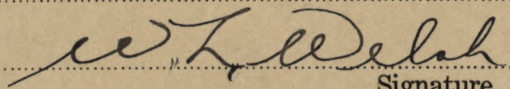
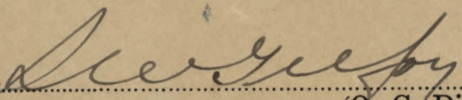
No. 6
Ckd. to Schedule by

Signature of Man *W. L. Welsh*

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

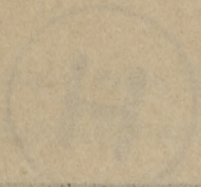


24-2-19 19

1. No. 3208293.	
2 Rank. Gunner.	
3. Name. WELSH, Wilfred Laurier.	
4. Unit. No.13 Artillery Depot.	
5 Date of Discharge 31-1-19.	Place Calgary, Alta.
6 Reason for Discharge..... DEMOBOLIZATION.....	
7. Authority. R.O. 1420.	
8. Proposed Residence after Discharge...Lundbrock, Alta.....	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?..... 39.....	
 Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..Calgary, Alta..... Date..January, 31st. 1919.....	
Signature  Captain..... O.C. No.13 Artillery Depot. (O. C. Discharging Unit.)	

no
Pl r Order

SHORT FORM
 PROCEEDINGS ON DISCHARGE
 (Demobilization)



1	No. of Service	
2	Rank	
3	Name	
4	Unit	
5	Date of Discharge	
6	Reason for Discharge	
7	Authority	
8	Proposed Discharge after Discharge	
9	CERTIFICATE TO BE SIGNED BY SOLDIER	
	I hereby acknowledge that at the underlined date and date I received my discharge Certificate	
		M. K. W. A.
	Signature of Soldier	
10	COMMENTS	
	The discharge of the above named man is hereby confirmed.	
	Date	
	Signature	
	(O. C. Discharging Unit)	

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3208293 Rank Gunner Name W.L. Welsh
 Corps No. 13 Artillery Depot who was* Discharged
 On Jan. 31st. 1919 191...., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st. 1919 191....
 to Jan. 31st. 1919 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	20	80
Advances } No.			Reg'l. Pay <u>31</u> days at \$ <u>1</u>	31	00
Cheques } No.			Field Allow. <u>31</u> days at \$.....	3	10
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges <u>Har. Fur. Jan. 1 to Jan. 31st</u>		34	Other Allowances* <u>Div. Clothing</u>	35	00
Payment on transfer or discharge No. <u>374</u>		55	Other Credits*.....		
Bal. Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total		89	Total	89	90

*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 Nil
 (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..... 3. 5. 18.....
 (2) if married and if a Separation Allowance Card has been submitted..... No..... No.....
 (3) cause of discharge Demobilization..... authority R.O. 1422.....
 (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 Jan. 31st. 1919...

Place Calgary. Alta......

Wm. Slevoch
 Captn...
 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.

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