

FOURTH M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3084360

A.B.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class First)

E

1. Surname WELSH
2. Christian name William Gerald
3. Present address 270 Regina St. Montreal Verdun P.Q. Cana
4. Military Service Act letter and number 103704 DC
5. Date of birth 10th May 1896
6. Place of birth Montreal P.Q. Canada
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Steamfitter Asst.
10. Name of next-of-kin Mrs Mary Ann Murry
11. Relationship of next-of-kin Sister
12. Address of next-of-kin 270 Regina St. Montreal P.Q. Canada
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act: (a) Place Montreal P.Q. (b) Date May 13th 1918 (c) Category FIT CATEGORY 'A'

DECLARATION OF RECRUIT

I, WELSH William Gerald, do solemnly declare that the above particulars refer to me, and are true.

William Gerald Welsh (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. mths.
Height 5 ft 7 1/4 ins.
Chest measurement fully expanded 32 ins. range of expansion 31 ins.
Complexion Medium
Eyes Brown
Hair Brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease. Vision R. 20..L 20.. Hearing R. M..L ch..

Major for O.C. 1st Depot Btl. 1st Quebec Regiment Depot Btl. First Quebec Regt.

Place Montreal P.Q. Date May 13th 1918



PARTICULARS OF RECRUIT

TREATED UNDER MILITARY SERVICE ACT 1917

Class First

RECORDED  
INDEXED  
SERIALIZED  
FILED

1. Name: WILLIAM GERALD  
 2. Service Number: 103704 DC  
 3. Date of Birth: 10th May 1896  
 4. Place of Birth: Montreal, P. Q., Canada  
 5. Religion: Roman Catholic  
 6. Trade or Profession: Recruit  
 7. Name of Present Employer: Mrs. Mary Ann Murphy  
 8. Address: 270 Regina St., Montreal, P. Q., Canada  
 9. Home Address: Home XXXX  
 10. Date of Entry into Service: 1st May 1918  
 11. Category: "A"

DECLARATION OF RECRUIT

I, WILLIAM GERALD, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height: 5' 10"

Weight: 140 lbs

Complexion: Fair

Hair: Brown

Eyes: Brown

Build: Medium

Scars: None

Medical History: None

Other: None

Recruit Depot Montreal, P. Q.

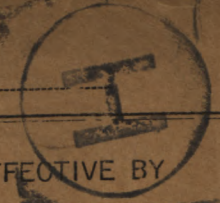
Date: 1st May 1918

Signature: [Signature]



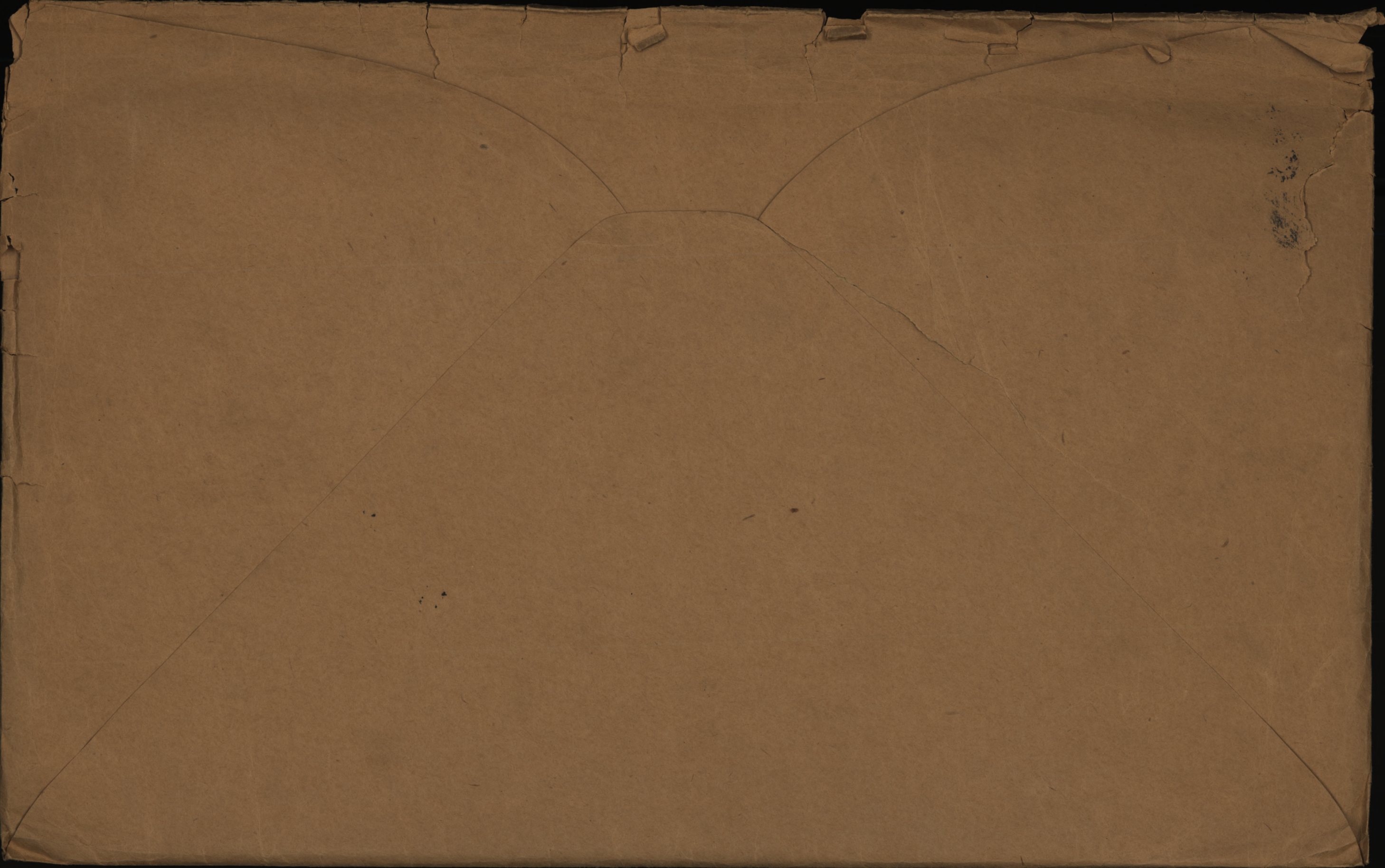
REGIMENTAL DOCUMENTS

NAME WELSH WILLIAM GERALD REGT. NO. 3084360 UNIT CDMC H. Q. FILE NO. \_\_\_\_\_



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 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)					
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)					<b>DISCHARGE</b>
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Demob.</i>
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)					<b>DESERTION</b>
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)				<b>13937</b>	
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>Dent Cert.</i>					
1 <i>SCR Form 132</i>					
1 <i>MFC 762</i>					
1 <i>CD3</i>					
1 <i>19102</i>					







*A.L.*  
*gr*

~~B~~

Number *3084360.*

Rank *Pte.*

Surname *WELSH*

Christian Name *William Gerald.*

Units *Q.R.* Theatre of War *England.*

Date of Service *15-7-18.*

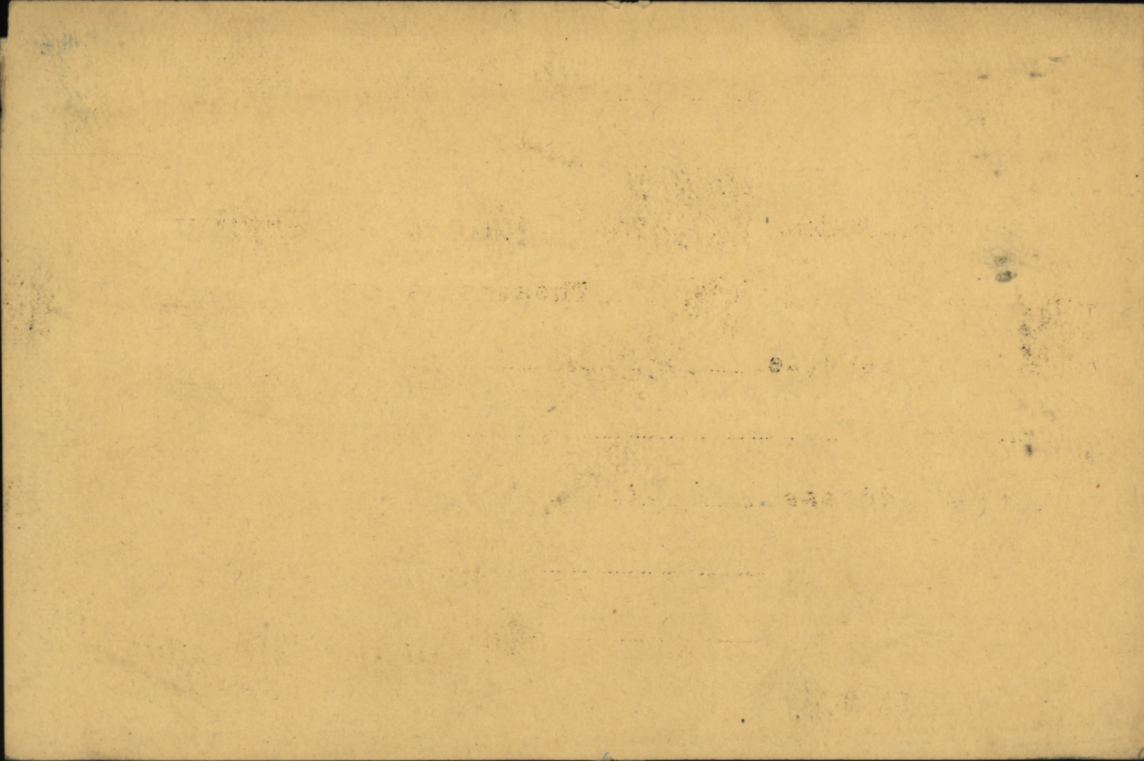
Remarks

Latest Address *270 Regina St.,  
Montreal,*

Roll No *a Page 2888* *P.D.*

200m-2-21.M. Received Medal by Hand.  
*14-2-55* *Mrs. W. Welsh.*







NAME.

*Welsh,*

RANK.

*Pvt. J. M. 4*

REC. FILE.

4

No.

*3084 360*

CORPS.

*1st. Que. Regt.  
1st. Dep. Bn.*

H. Q. FILE.

*H. Q. FILE.*

*William Gerald*

ENLISTMENT, PLACE.

*Montreal P. Q.*

DATE.

*May 13th 1918*

BIRTH DISCHARGE, PLACE,

*Canada, Montreal P. Q.*

DATE.

*May 10th 1896.*

REASON.

ADDRESS ON DISCHARGE.

*T. O. S. May 13 1918*

*D.O. Part II No. 131*

*Sold. Demob 15-7-19  
D.O. 204 of 23-7-19 4MB*

DOCUMENTS.

NEXT OF KIN

*Murray, Mrs. Mary Ann*

RELATIONSHIP

*sister*

ADDRESS

*270 Regina Ave, Montreal P. Q.*

*Op. 26-6-18. 1298*

*R/C 12-7-19-371  
Pte 34a.*



**CHARGED OUT**

**TO                      DATE                      BY**

**RETURNED**

**RECEIVED  
BY                      DATE**

**CHARGED OUT**

**TO                      DATE                      BY**

**RETURNED**

**RECEIVED  
BY                      DATE**





Duplicate 30.1.19

made out Army Form B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname WELSH Christian Name WILLIAM CEGALD

TABLE I.—General Table.

Birthplace	Parish	.....		
	County	.....		
Examined	on	..... day of .....	191	.....
	at	.....		
Declared Age	..... years	.....	days	.....
Trade or Occupation	.....			
Height	..... feet	.....	inches	.....
Weight	..... lbs.			
Chest Measurement	Girth when fully Expanded	..... inches		
		Range of Expansion	..... inches	
	Physical Development	.....		
Vaccination Marks	Arm	<u>RIGHT.</u>	LEFT.	.....
	Number	.....		.....
When Vaccinated	.....			
Vision	R. E. — V =	.....		
	L. E. — V =	.....		
(a) Marks indicating congenital peculiarities or previous disease—	.....			
(b) Slight defects but not sufficient to cause rejection—	.....			
Approved by	.....			
Rank	.....			
	Medical Officer.			

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature.
30.1.19	Cowden
	Ch. Bronchitis B.i. not plus. head fever only
	leprosome

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Enlisted	at	.....	
	on	..... day of .....	191

Joined on enlistment	Corps.	Regtl. No.
	.....	.....
Transferred to	.....	.....
	.....	.....

Became non-effective by .....

on ..... day of ..... 191

(Signature) .....

(Rank) .....







# Casualty Form—Active Service.

1st. D.BN.Lst.Q.R.

Unit, Regiment or Corps.....

Regimental No. 3084360 Rank Pte. Name WELSH William Gerald.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
7-19 "	O/S	T.O.S. D.D.#4Disp.Stn."F" S.O.S. D.D.#4Demob.	MONTREAL "	5-7-19 15-7-19	D.O. PT. II #204 " " " " R.O. 1420

*[Signature]*  
Lieutenant,  
Assistant Adjutant,  
District Depot No. 4.

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				



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

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

500M.—9-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REG'T.

Unit, Regiment or Corps

Regimental No. 3084360 Rank Private Name WELSH William Gerald  
 C. E. F.  
 Enlisted (a) 13-5-18 Terms of Service (a) C.E.F. DofW Service reckons from (a) 13-5-18  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) Steamfitter Ass.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A, 38, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B, 213, Army Form A, 36, or other official documents
Date	From whom received				
		<i>Embarked arrived</i>	<i>Canada Liverpool</i>	<i>22.6.18 15.7.18</i>	<i>A.M.T Oxfordshire</i>
25-7-18	23rd Can Res. Bn.	taken on strength from <i>Canada.</i>	Bramstott	15-7-18	D.P.11 O.206
25-7-18	do	On Command Segregation Camp, Frensham Pond.	do	15-7-18	D.P.11 O.206
4-8-18	do	On command Segregation Camp <i>cesses.</i>	do	13-8-18	D.P.11 O.228
<i>15/8/18</i>	23rd CAN. RES. BN.	POSTED TO 1st. QUE. REG. DEPOT.	<i>do</i>	<i>15/8/18</i>	D.P. II. O. No. 927 <i>W. Chalmer</i> for O.C. 23rd. Can. Res. Bn.
<i>23.8.18</i>	<i>W. R. D.</i>	TAKEN ON STRENGTH <i>Quebec Reg't, Depot B'shott</i> <i>is detailed to Depot Coy.</i>			Pl. II. D.O. <i>199-16.8.18.</i>
<i>26.8.18</i>	<i>Que. Reg't. Depot.</i>	TRANSFERRED TO <i>C. H. M. C. Shoncliffe</i>			Pl. II. D.O. <i>208</i> <i>27.8.18.</i> <i>C. H. M. C. Shoncliffe</i> QUEBEC REG'T. 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.

[P.T.O.]



Embark RMS-Carmania

Liverpool 5.7.19

*J. Kelly* Capt. & A.I.

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				
28-8-18	Caucer	Taken on Strength	S'cliffe	27-8-18	P 20-240
12-9-18	do	S.O. of P. B. Hill	do	12-9-18	P 255 Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot
13-9-18	O.C. P.C.R.C.H.	T.O.S. on Posting from C.A.M.C. R+T. Depot	Cooden Camp	12-9-18	Pt II D/O 181 d/13-9-18
20/4/19	O.C. P.C.R.C.H.	S.O. on Posting to Coy B.C.H. Base at Stoke	Stoke	20/4/19	Rt. M.O. No 82 G.P. Street Major ADJUTANT
3-5-19	No 4 C.G.H.	S.O. from P.C.R.C.H. Bixhill	B' Stoke	30-4-19	Pt II D/O #35
18.6.19.	No 4 C.G.H.	S.O. to M.C. Hosp. Epsom	B' Stoke.	19.6.19.	Pt II D.O. #48. 9/18.6.19. Major Cairns For O.C. No 4 Can Gen. Hosp
20.6.19	Epsom	S.O. from No 4 C.G.H. B' Stoke	Epsom	19.6.19	P 2 D/O 17/20.6.19
21 7/19	Crest	ADMS L.A. 2.1.6/16.6.19 S.O. on ...	Epsom	21 5/19	...



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS ~~TO~~ CERTIFY that No. 3084360 (Rank) Private

Name (in full) William Gerald Welsh enlisted in  
the 1st N.B.Q.R.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 13th  
day of May 1918

HE served in England 23rd Res. Bn. & Camb

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

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

Age 23 yrs

Height 5 ft 7 ins

Complexion Black

Eyes Brown

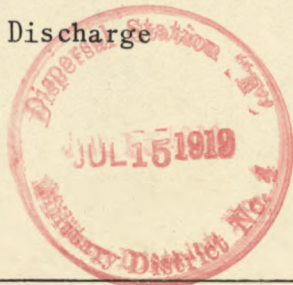
Hair Brown

Welsh W. G.  
Signature of Soldier.

Marks or Scars

Transverse scar  
back Right hand.

Date of Discharge



Issuing Officer Lieutenant

Officer in Charge Discharge Section, Dispersal Station "F"

Rank

Date July 15 19 1919

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.



UNIVERSITY MICROFILMS  
SERIALS ACQUISITION



1980  
SERIALS ACQUISITION  
UNIVERSITY MICROFILMS  
SERIALS ACQUISITION  
SERIALS ACQUISITION



# 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. 308434 Rank Pte Surname Welsh W. H. Meald  
 (Given name in full)

Unit or Corps Came Birthplace Montreal P.Q.

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

1. GENERAL DESCRIPTION: est.  
 Physique good Weight 134 lbs. Height 5 ft. 6 in. Colour of Eyes blue  
 Nutrition good  
 Pulse 78 reg  
 Condition of arteries soft  
 Vision Rt. normal Left normal  
 Hearing (conversational voice) Rt. normal ft.  
 Left normal ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
traumatic scar back R hand

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 yes  
 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.

States - Bronchitis before entering.



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Epsom (Overseas)

Date 28/6/19

Signed W.C. Bayliss 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 William G. Welch

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date JUL 15 1919

Signed J. Andrews 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 Welch W. G.

(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.)



PROCEEDINGS OF A MEDICAL BOARD

Dated at Bramshott. July 23 1917. <sup>8</sup>

No. 308-4360 Rank. Plt Name. Welch W. G.

Local Unit. 23 Res Overseas Unit. \_\_\_\_\_ Age 22

Bramshott.

Examination held at \_\_\_\_\_

Disability  
Overseas - Local.  
(scratch one out)

Bronchitis

PRESENT CONDITION

This man has coarse & whistling  
rales over both lungs which he claims  
is old standing. ~~Wet~~ This clears up  
somewhat on coughing. Heart normal.  
Claims he has had asthma. Recommend  
vaccination in one month.

BOARD RECOMMENDS.

1. Fit for Duty ~~Fit~~ <sup>m K.</sup> B III one month.
2. Fit for duty after \_\_\_\_\_ weeks' physical training.
3. Fit for Temporary Base Duty. \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty. \_\_\_\_\_
5. Discharge. \_\_\_\_\_

Signatures: -

Charles P. Jentsch President.

Members {

D. H. Kerzic Capt C.A.M.C.

M. MacKay Capt

APPROVED

Dated Bramshott. 23/7/1917. M. MacKay Capt.







OCT 25 1917

10370426

M.S.A.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

- 1. Surname Welsh Christian name William Gerald
- 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)..... 171 Regina St. Montreal

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of Oct. 1917, by the undersigned medical board sitting at Drill Hall Craig St.

- 5. Age as stated 21 Years 5 Months. 6. Apparent age..... Years..... Months
- 7. Height 5 Feet 8 Inches. 8. Weight 124 Pounds.
- 9. Chest measurement { Minimum 34 Ins. 10. Complexion Med. { Eyes Brown  
Maximum 36 Ins. { Hair Brown
- 11. Physical development. Good { Good Fair Poor 12. Smallpox marks No
- 13. Number of vaccination marks { Right arm 0 14. When vaccinated last Child  
Left arm 2
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection..... Dental  
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

A11

W. Marshall Member. W. Williams President. G. G. G. Capt.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12.6.18.		<u>G. G. G.</u>	MAY 14 1918		<u>two tubercles lost</u>
			MAY 27 1918		<u>two tubercles lost</u>
			JUN 13 1918		<u>G. G. G.</u>

Joined 12 day of May 1918 at Montreal Que

CORPS	REG'TE NUMBER	HABITS	DATE
	<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>		
Joined on enlistment	<u>3084830</u>		
Transferred to.....	<u>8084830</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Bramshott</u>	<u>JUN 24 1918</u>	<u>Bronchitis</u>	<u>2</u>
<u>Bramshott</u>	<u>24/7/18</u>	<u>do</u>	<u>2</u>
<u>Bramshott</u>	<u>19/8/18</u>	<u>do</u>	<u>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.

JUL 15 1919

Signature of Man W. G. G.

The copy of this document which is delivered to the man examined will be attached by him to his report for service or claim for exemption or to his report for service or claim for exemption after the procedure prescribed in the Regulations for Army Medical Service, or to his report for service or claim for exemption after the procedure prescribed in the Regulations for Army Medical Service.







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

Canadian Printing and Stationery Services, London

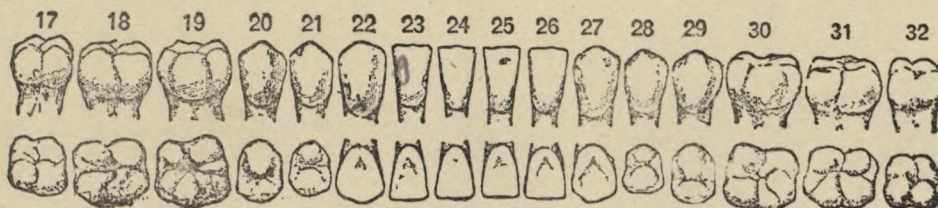
### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) IN. ELSH IN. G.

REGIMENT R 4 MC RANK Plt No. 3084360

Date of Examination in England 29.6.19 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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 23

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS \_\_\_\_\_

4. DENTURES
- (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada no
- (b) In England yes
- (c) In France no

E. J. Anderson .... Lieut. Col.  
A. D. D. 3<sup>rd</sup> M. D. 4

Signature of Dental Officer B. E. Brumley  
Rep. Case







TO: Director,  
War Service Records, D.V.A.,  
325 Slater Street,  
Ottawa, Canada.

File Ref: \_\_\_\_\_

APPLICATION FOR RECORD OF SERVICE TO RE-  
PLACE LOST OR DESTROYED SERVICE CERTIFICATE.

Date \_\_\_\_\_

Service Number 3084360 Rank PL6

Name WELSH William Gerald  
Surname Christian names in full

Unit in which enlisted Army  
Unit Navy, Army or Air Force

Place where enlisted Montreal Date 13 May 1918

Theatres of service Canada England

Place where discharged Mont Date 15 July 19

Date of birth 10 May 1896 Place of birth Montreal

State why record of service is required \_\_\_\_\_

To receive Pension (C.N.R.)

If original service certificate was lost or destroyed, state under what  
circumstances \_\_\_\_\_

Please NOTE

To ensure positive identification,  
service number must be quoted, all  
questions answered fully, and this  
form signed personally by veteran.

Mrs. D. Welsh  
Signature of Veteran

221-1st ave Ville LaSalle  
Street & Number or P.O. Box No.

Montreal Que  
City or Town Province or State



File Ref:

TO: Director,  
War Service Records, D.V.A.,  
The Plaza Building,  
Ottawa, Canada.

APPLICATION FOR RECORD OF SERVICE IN THE  
FORCE OF DESTROYERS

Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Christian names in full \_\_\_\_\_

Unit in which enlisted \_\_\_\_\_  
UNIT \_\_\_\_\_  
NAVY, ARMY OR AIR FORCE \_\_\_\_\_

Place where enlisted \_\_\_\_\_  
Date \_\_\_\_\_

Place where discharged \_\_\_\_\_  
Date \_\_\_\_\_

State why record of service is required \_\_\_\_\_

If original service certificate was lost or destroyed, state under what \_\_\_\_\_

Signature of Veteran \_\_\_\_\_  
Date \_\_\_\_\_

Street & Number or P.O. Box No. \_\_\_\_\_  
To ensure positive identification \_\_\_\_\_

City or Town, Province or State \_\_\_\_\_



ET. Rank Name **WELSH, William Gerald** Reg'l No. **3084360**  
 If in perm. Corps, }  
 What Unit? } **1st Dft 1st Bn. 1st QUE** Married or Single **Single**  
 Place and Date of Enlistment **Montreal. May 13th. 1918.** Place of Birth **Montreal.**  
 Name and Address, Next-of-Kin **Mrs Mary Ann Murry**  
**270. Regin<sup>a</sup> St. Montreal. Quebec, Canada.** Relationship **Sister**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

*Camb*

Discharge, Date and Place Reason Character

H. W. & V., Ld.-9546-16.

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.				
		Arrived in England		15-7-18	S/S OXFORDSHIRE
25-7-18	23 Res	T.O.S	Bshott	-	Do 206
15-8-18	QRD	TOS from 23 Res Bn	Pte Bshott	15 <sup>8</sup> / <sub>18</sub>	Pte O. 199 & Pte O 227 <sup>23 Res</sup> 15-8-18
27-8-18.	do.	S.O.S. on trans. to Camb. Dpt.	Pte	do.	27-8-18. - " - 208.7 <sup>6 Camb. Dpt. No 20240</sup> d/28-8-18 (T.O.S.)
12-9-18.	Camb. Dpt.	S.O.S. on postg. to P.P.C.R. & S.H.P.	Pte	Schliff.	12-9-18. - " - 255.7 <sup>P.P.C.R. &amp; S.H.P. No 181</sup> d/13-9-18 (T.O.S.)
30/4/19	PPCR Co. Hq.	208 to No 4 Coy. Lt. Baunigstoke	Beech Hill	30/4/19	- " - 82 <sup>46 Lt. Hq.</sup> 35/10/35-19
20-6-19	MCHq	208 from 4 Coy Hq.	Pt Epsom	19-6-19	- 171 <sup>44 Coy Hq.</sup> 48/18-6-19
		93 - F - 44 d/ 5.7.19			
5-7-19	MCHq	208 to 4 Coy Hq.	Pt Epsom	5-7-19	- 186

*Quebec*







ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>WELSH No Ward</b>
EFFECTIVE DATE: <b>1-7-18</b>		EFFECTIVE DATE: -		NUMBER: <b>3084360</b>
AMOUNT: <b>20.</b>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY <b>Richard Welsh 92 Milbeault St Longueuil Que</b>	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<b>From Can</b>	<b>1-7-18</b>	<b>Plt</b>

UNIT AND TRANSFERS	
ORIGINAL UNIT	<b>1 Plt 1-7-18 1 Me</b>
DATE ACCOUNT FIRST OPENED: -	<b>1-7-18</b>
AUTHORITY	DATE EFFECTIVE
	<b>240 22/8/18 1/9/18 20/9/18</b>
	<b>23rd Res. Came G</b>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				<b>28/6/19</b>	<b>1026</b>	<b>Epsom</b>	<del>473</del>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
<b>5 C Bal.</b>	<b>6335</b>	<b>1</b>	<b>10</b>	
<b>LTC</b>	<b>5362</b>			

PARTICULARS OF RENDERING NON-EFFECTIVE: **1/19 G 11327 Epsom 1 Epsom**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<b>1918</b>											
<b>June 30</b>	<b>Bal from Can</b>								<b>8 90</b>		
<b>July</b>	<b>Plt Pay</b>	<b>34</b>	<b>10</b>	<b>Can app.</b>				<b>20</b>	<b>23 00</b>		
				<b>AR 1456 23 Res 22/7/18</b>	<b>4</b>	<b>87</b>			<b>18 13</b>		
		<b>34</b>	<b>10</b>		<b>4</b>	<b>87</b>		<b>20</b>			
<b>Aug.</b>	<b>Plt Pay</b>	<b>34</b>	<b>10</b>	<b>Can app.</b>				<b>20</b>	<b>32 23</b>		
				<b>AR 1465 BRDQ. 27/8/18</b>	<b>4</b>	<b>87</b>			<b>27 36</b>		
		<b>34</b>	<b>10</b>		<b>4</b>	<b>87</b>		<b>20</b>			
<b>Sept</b>	<b>Plt Pay</b>	<b>33</b>		<b>Can app.</b>				<b>20</b>	<b>40 36</b>		
				<b>A.P. 1831 3/9 Camey 1</b>	<b>4</b>	<b>87</b>			<b>35 49</b>		
				<b>" 105 16/9 Bex 2</b>	<b>4</b>	<b>87</b>			<b>30 62</b>		
				<b>" 148 27/9 " 14</b>	<b>4</b>	<b>87</b>			<b>25 75</b>	<b>Approved 30/9/18</b>	
		<b>32</b>			<b>4</b>	<b>61</b>		<b>20</b>			
<b>Oct</b>		<b>34</b>	<b>10</b>					<b>20</b>	<b>39 85</b>		
				<b>" 283 15/10 " 19</b>	<b>9</b>	<b>73</b>			<b>30 12</b>		
				<b>" 363 29/10 " 39</b>	<b>7</b>	<b>30</b>			<b>22 82</b>		
		<b>34</b>	<b>10</b>		<b>17</b>	<b>03</b>		<b>20</b>			
<b>Nov</b>		<b>33</b>		<b>Can app.</b>				<b>20</b>	<b>55 82</b>		
				<b>" 474 14/11 " 2</b>	<b>9</b>	<b>73</b>			<b>35 82</b>		
<b>Dec</b>		<b>34</b>	<b>10</b>					<b>20</b>	<b>26 09</b>		
				<b>" 553 28/11 " 7</b>	<b>4</b>	<b>87</b>			<b>40 19</b>		
									<b>35 37</b>		

COMPILED BY *[Signature]*  
CHECKED BY *[Signature]*

*[Handwritten mark]*



NUMBER

RANK

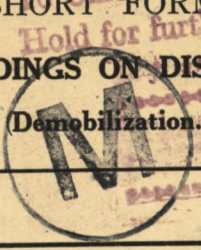
NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec	Bt fund.	6710			1460			40	3532		
Jan	P.P.	3410						20	4942		
		10120			1460			60			
Feb		3080						20	6022		
				Q.P. 746 18/12	1460				4562		
				" 927 6/1	1703				2859		
				" 1472 12/2	730				2129		
				" 1684 26/2	487				1642		
Mar		3410						20	3052		
				" 1822 13/3	730				2322		
		6490			5110			40			
Apr		33						20	3622		
				" 1923 26/3	487				3135		
				" 571 11/4	973						
				" 768 29/4	487						
May		3410			1947			20	3085		
June		6710						40			
		33						20	4385		
				" 500 29/5	973				3412		
				" 604 11/6	487				2925		
July		3410						20	4335		
				" 1026 28/6	973				3362		
		6710			2433			40			

S.O. S.L. 93 5/7/19



SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)



1. No. 3084360

2. Rank. Pte

3. Name. Welsh William Gerald

4. Unit. Bamb

5. Date of Discharge 15-7-19 Place \_\_\_\_\_

6. Reason for Discharge SERVICE IN FRANCE

..... NEXT OF KIN Sister

..... RELIGION R.C.

..... CATEGORY A.F.

..... OCCUPATION 13

7. Authority. R.O.1420.D.D.4. D.O.PT/II-204

8. Proposed Residence after Discharge 270 Regime St

Montreal Quebec Canada

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. No. B39 Montreal

July 15 19

W. L. N. G.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 13 19 Embark R. S. Germania

Liverpool 5.7.19

Capt. & Adj.

Signature [Signature]

(O. C. Discharging Unit.)

AS  
 13-2-57



SHORT FORM  
PROCEEDINGS ON DISCHARGE

1. Name of Soldier		2. Rank	
3. Regiment		4. Component	
5. Date of Discharge	6. Place	7. Authority	
8. Reason for Discharge			
9. Proposed Residence after Discharge			
10. CERTIFICATE TO BE SIGNED BY SOLDIER			
I hereby acknowledge that at the named place and date I received my discharge and that I am a discharged soldier.			
Signature of Soldier			
11. CONFIRMATION			
The discharge of the above named man is hereby confirmed.			
Date		Place	
Signature		Signature	



LIST OF DISCHARGE DOCUMENTS

Allegation Paper, Tablets ..... Militia Form W 23  
 or Particulars of Receipt ..... Militia Form W 103  
 to the Hospital ..... Militia Form W 178 or A.P. 127  
 Casualty Form ..... Militia Form W 51 or A.P. 103  
 Last Pay Certificate ..... Militia Form W 44  
 Certificate that missing documents are unobtainable  
 Medical History Sheet ..... Militia Form H 178  
 Proceedings of Medical Board ..... M.F.B. 227 A.P. 126 or A.P. 74  
 Dental History Sheet ..... Militia Form H 175  
 Medical Report ..... M.F.W. 129 or D.M. 1375  
 Regimental Conduct Sheet ..... Militia Form H 243  
 Company Conduct Sheet ..... Militia Form H 252

Blank Form ..... Militia Form W 201 or  
 ..... Militia Form W 103  
 ..... Militia Form W 129  
 ..... Militia Form H 175  
 ..... Militia Form H 178

Group .....  
 Checked by Name .....  
 Date .....



**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

1. 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. 361).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... a-1 .....

Checked by No. 21 .....

cms .....

Date..... 3/7/19 .....



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 Boadew DATE 24-3-19

1. 1 (a) Unit Camb. (b) Regimental No. 3084630 (c) Rank Pte.  
 (d) Surname Welsh (e) Christian name William Gerald  
 (f) Home address 27 Regim St. Montreal-Que.  
 (g) Next of Kin Mrs. Mary A. Murray (h) Relationship Sister  
 (i) Address of Next of Kin 27 Regim St. Montreal Que.

2. Age last birthday 22 Date of birth 10-5-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal Que. (b) Date 13-5-18

4. Personal description:  
 (a) Height 5-7.5" (b) Weight 145 lbs. (c) Complexion oark  
(stripped)  
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. 2 linear scars transversely across back of wrist.  
 5. Former trade or occupation Asst.-steam fitter

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
	— 0 —	— 315 —

		PERIODS	
		From	To
Canada	<u>Soldier</u>	<u>13-5-18.</u>	<u>29-6-18</u>
England	<u>Statement</u>	<u>17-7-18</u>	<u>24-3-19</u>
France or other theatres of War		<u>nil</u>	<u>nil</u>

7. Original disease, or injury Bronchitis Chronic

(a) Date of origin Prior to service (b) Place of origin Canada  
 (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.)

(Chronic Bronchitis) - cough expectoration shortness of breath especially at night in wet weather

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.)

Soldier well developed well nourished healthy looking of about age stated. Respiratory System chest resonant throughout marked wheezing over both upper lobes anteriorly & posteriorly & left lower lobe posteriorly - <sup>right</sup> lobe breath sounds harsh, expiration prolonged

Soldier states coughs most at night in damp weather - not much sputum raised

(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.) no

- 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).)

M.H.S. no entries  
Soldier states has had bronchitis for last 8 years - and not aggravated by service. Has never reported sick at any time with it.



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).)

*Pneumonia 1904 - Asthma 1916*

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

*2" linear scar transversely across back of rt wrist*

11.—(a) Did the disabling condition have its origin before enlistment? *Yes*

(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.)

*No*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *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? *Permanent in this climate*

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

*None available from documents*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*  
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations.

*B II*

*H. J. Pelland Capt Camb*  
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 *Pte. W. G. Welsh* 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.....

*WGP*

*W. G. Welsh Pte* Rank.  
Signature of invalid examined.



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 <sup>no</sup>No.)
- (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~~)

*Briples*

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.)
- (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.)

*Boarded for return to Canada  
according to G. order Telegram 9083 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.

PLACE *Cooden*

DATE *25.3.19*

*W. H. Kelly* President.  
*W. H. Kelly* Members  
*W. H. Kelly* 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.

PLACE.....

DATE.....

..... President  
..... Members

APPROVED BY

APPROVED BY

*W. H. Kelly*  
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....





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

REGT. No. *3084360* RANK *pt* NAME (IN FULL) *WELSH* *1119*

M. OR S. *[Blank]*

ORIGINAL UNIT C.E.F. *6 AME* IF IN P.F. WHAT UNIT? *[Blank]* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *13/5/18* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

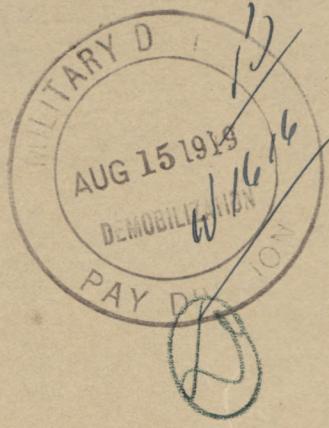
ASSIGNED PAY \$ *2000* DATE EFFECTIVE *1/8/19*

PAYABLE TO *Robert Welsh* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *459 Bank of Montreal*

ADDRESS *92 Guilbeault St* *Montreal*

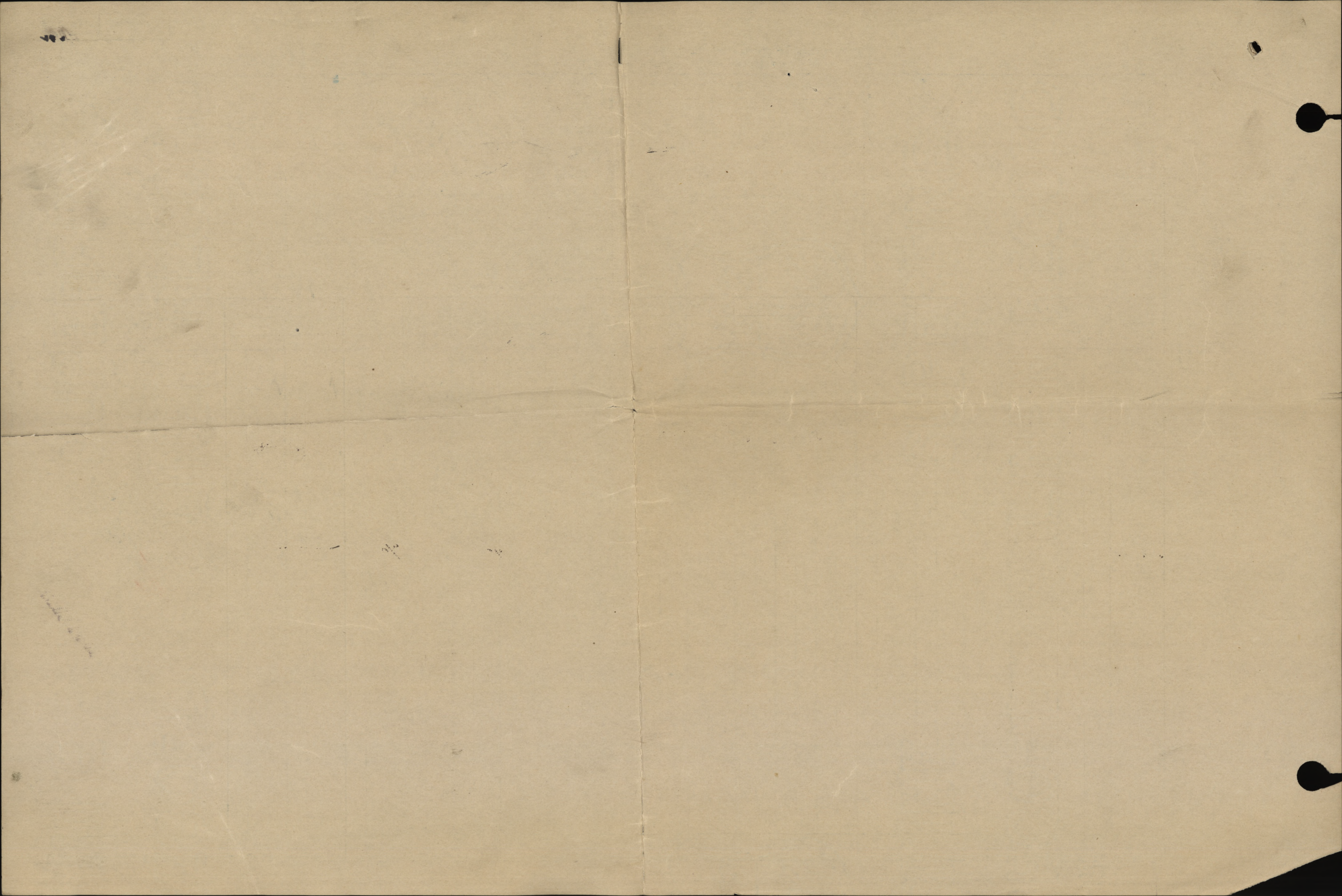
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *Montreal* PLACE *15/7/19* DATE *15/7/19* REASON *100 200* AUTHORITY *NR96* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*



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.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	C.	C.	C.	C.	C.	C.	
<i>Balance 31/1/19</i>																				<i>Balance</i>
	<i>110</i>		<i>35.00</i>			<i>5362</i>														<i>5362</i>
			<i>70.00</i>			<i>105.00</i>														<i>105.00</i>
						<i>158.62</i>														<i>158.62</i>
																				<i>War Service Gratuity</i>
																				<i>Other Charges</i>
																				<i>W. S. G. S. A.</i>
																				<i>Total</i>
																				<i>Soldier Dependant</i>
																				<i>Balance</i>
																				<i>210</i>
																				<i>1760</i>
																				<i>70</i>
																				<i>70</i>
																				<i>5240</i>
																				<i>5240</i>
																				<i>7000</i>
																				<i>70</i>
																				<i>280</i>
																				<i>12240</i>
																				<i>19240</i>
																				<i>1284300</i>
																				<i>1531400</i>
																				<i>1639157</i>







Date of Enlistment 13.5.18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **W**

11600

1 July 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 <sup>00</sup>			
------------------	--	--	--

*1st 5000*

## PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	1st DB	1st Que	71 Dft	
Beneficiary				
Relationship				
Address				

## PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	RICHARD WELSH, W11600
2	92 GUILBEAULT ST., LONGUEUIL, QUE. 20 20.00
3	% 3084360 PTE WM. GERALD WELSH TWENTY DOLLARS
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	A 27933		20	20	✓
Aug	V 37162		20	20	✓
Sept	V 47439		20	20	✓
Oct	K 51266		20	20	✓
Nov	Q 57241		20	20	✓
Dec 1918	M 64717		20	20	✓
Jan	N 73962		20	20	✓
Feb	V 79075		20	20	✓
Mar	M 89084		20	20	
Apr	V 1237		20	20	
May	J 7310		20	20	✓
June	W 10114		20	20	✓
July	V 12161		20	20	
			260	260	

019089-71-22

ENTERED IN  
AUDIT LEDGER  
JUL 16 1918  
VOUCHER SECTION

M. F. W. 128  
400M-6-17-1772-38-1141  
L. L. 22220-M. & D. 7993.

31/7/19  
A/c Closed Carmama  
Ret'd per  
Date 12/7/19 M.F.W. 187  
Closed M 8 4  
M Robes L.P. 117352

AUTHORITY } H-136  
FOR } Robt. Armstrong  
NEW ACCT. } 17. 7. 18



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.  
400M. 5-17-1772 38-1141  
L. L. 22320-M. & D. 7998.



Reserved for M.H.C.

Regt. No. 3084360 Rank PTE Surname WELSH Christian Name WILLIAM GERALD. Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom 23rd Reserve Bn

Born at—Town Montreal County or Province Quebec Country Canada

Date of Birth—Day 10 Month May Year 1896 Age 23 yrs 3 months.

Joined at Montreal Date

Former Trade or Occupation Steam Fitter Apprentice

Permanent marks or peculiarities that will serve for future identification: Scar over Right Wrist

Height—feet 5 inches 8 Colour of eyes Brown

Signature of Soldier (for identification purposes) W. G. Welsh

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

- 1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). Group (a) cough and shortness of breath BRONCHITIS (RKG) Group (b) M. A. D. M. Group (c) M. A. D. M.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row (i) As to Group (a) above: Bronchitis, Infection or exposure on active service (RKG), Canada, Childhood. Row (ii) As to Group (b) above: M. A., M. A., M. A. Row (iii) As to Group (c) above: M. A., M. A., M. A.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

- 3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? Yes. If yes, has Active Service aggravated it? Yes. (ii) As to Group (b) above? M. A. If yes, has Active Service aggravated it? M. A. (iii) As to Group (c) above? M. A. If yes, has Active Service aggravated it? M. A.

- 4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes. (ii) As to Group (b) above? M. A. (iii) As to Group (c) above? M. A.



5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? *M.A.*

(ii.) While off duty? *M.A.*

(iii.) Was a Court of Inquiry held? *M.A.*

(iv.) Where? *M.A.*

(v.) When? *M.A.*

(vi.) Opinion of the Court? *M.A.*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Enlisted in Montreal May 19 1918. Left Canada 22-6-18. and arrived in England. 15-7-18. While at Bramshott Pond bank complained of cough and shortness of breath and was sent before a Medical Board 23-7-18. Medical Board marked him BIII for one month, to be reexamined at end of this time.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient is a young man well developed and well nourished. Complains of cough and shortness of breath. Says it is worse in winter weather or damp weather. X-rays show perthine nodes over both lungs. Shows up some what on comparative blaus he has asthma. Heart normal. Nervous System normal. Digestive System normal. Genito Urinary system normal.

8. OPERATION. (i.) Was one performed? *Not*

(ii.) If so, state what. *M.A.*

(iii.) Was one advised and declined? *M.A.*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? *No*

(ii.) If so, describe. *M.A.*

10. DO YOU RECOMMEND:—

(a) Fit for duty? *No*

(b) Fit for base duty? *Medical Board recommends BIII for one month*

(c) Invalid to Canada? *No*

(d) Discharge from the Service as permanently unfit? *No*

Date of Report... August 16 1918

Station... Bramshott

Signed... *R. J. Linton Capt R.C.M.C.*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

*M. MacTay Capt*

Officer in Hospital } Strike out one  
S.M.O. Brigade } of these.

Dated at... Bramshott Station on... Aug. 18 1918

\* Delete if inapplicable.



Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

Yes.

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?

Yes.

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

No

Aggravated?

No

(b) Misconduct of the Soldier

Caused?

No

Aggravated?

No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not applicable.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Not applicable.

(ii.) If not permanent, what is its probable minimum duration (in months)?

Not applicable.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable.

18. Remarks.

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

Yes. B III one month

(c) Invalid to Canada?

No

(d) Discharge from service as permanently unfit?

No

Classification for the Military Hospitals Commission.

Date of Board 19 AUG 1918

Station Bramshott.

(Spa) N.H. Sutton, Major, C.M.C. President.  
W.M. Kenzie Capt. C.M.C.  
Charles P. Gento. Capt

Signatures of the Board.

Approved [Signature] Major,

A.D.M.S.

D. A. D. M. S. for A. D. M. S.,

Dated at Canadian Troops, Bramshott Camp Bramshott, Station

19 AUG 1918



Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Chairman for the  
Military Board

*no further evidence*  
*no further evidence*  
*no further evidence*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

*Genl. J. M. Johnston*  
*Major General*  
*Chairman of the Board*

Signatures of  
the Board

President.

*[Handwritten signature]*