

78

ATTESTATION PAPER.

No. 807  
Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Howard C. Wolfe*
2. In what Town, Township or Parish, and in what Country were you born?..... *Dartmouth, Nova Scotia*
- What is the name of your next-of-kin?..... *A. S. Wolfe*
- What is the address of your next-of-kin?..... *127 Portland St., Dartmouth, N.S.*
5. What is the date of your birth?..... *Sept. 15 - 1886*
6. What is your Trade or Calling?..... *Journalist*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *yes. 8 yrs 63rd Rifles Halifax*  
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*
- Howard C. Wolfe*..... (Signature of Man).  
*E. B. Ferguson*..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

*Howard C. Wolfe*..... (Signature of Recruit)  
*E. B. Ferguson*..... (Signature of Witness)

Date, *21st* 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Howard C. Wolfe*, 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.

*Howard C. Wolfe*..... (Signature of Recruit)  
*E. B. Ferguson*..... (Signature of Witness)

Date, *Sept 22* 1914.

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 entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Valcartier* this *22nd* day of *Sept* 1914.

*Robert Richmond*..... (Signature of Justice)

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

*Robert Richmond*..... (Approving Officer)

*C. J. Bataillon*  
 Description of Howard C Wolfe on Enlistment.

Apparent Age.....28.....years.....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. 9 1/2 ins.

*mole left leg.  
 Scar right knee*

Chest measurement { Girth when fully expanded.....35 ins.  
 Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

**CERTIFICATE OF MEDICAL EXAMINATION.**

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

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

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

Date.....9th Sept.....1914.

*R. Graham*

Place.....Val Cartier

*Lieut. A. M. C.*

Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....Howard C Wolfe.....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.

*W. M. [Signature]*  
 (Signature of Officer)  
*Capt.*

Date.....Sept 21st.....1914.

REGIMENTAL DOCUMENTS



NAME

WOLFE Howard @

REGT. NO.

807

UNIT

8<sup>th</sup> Bn

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)

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

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)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 Misc  
1 R.I.P.  
2 1000 bands  
1 P.W.  
1 Pay Card  
1 Int Card

16-10-1911  
61



30782

DEATH

Category

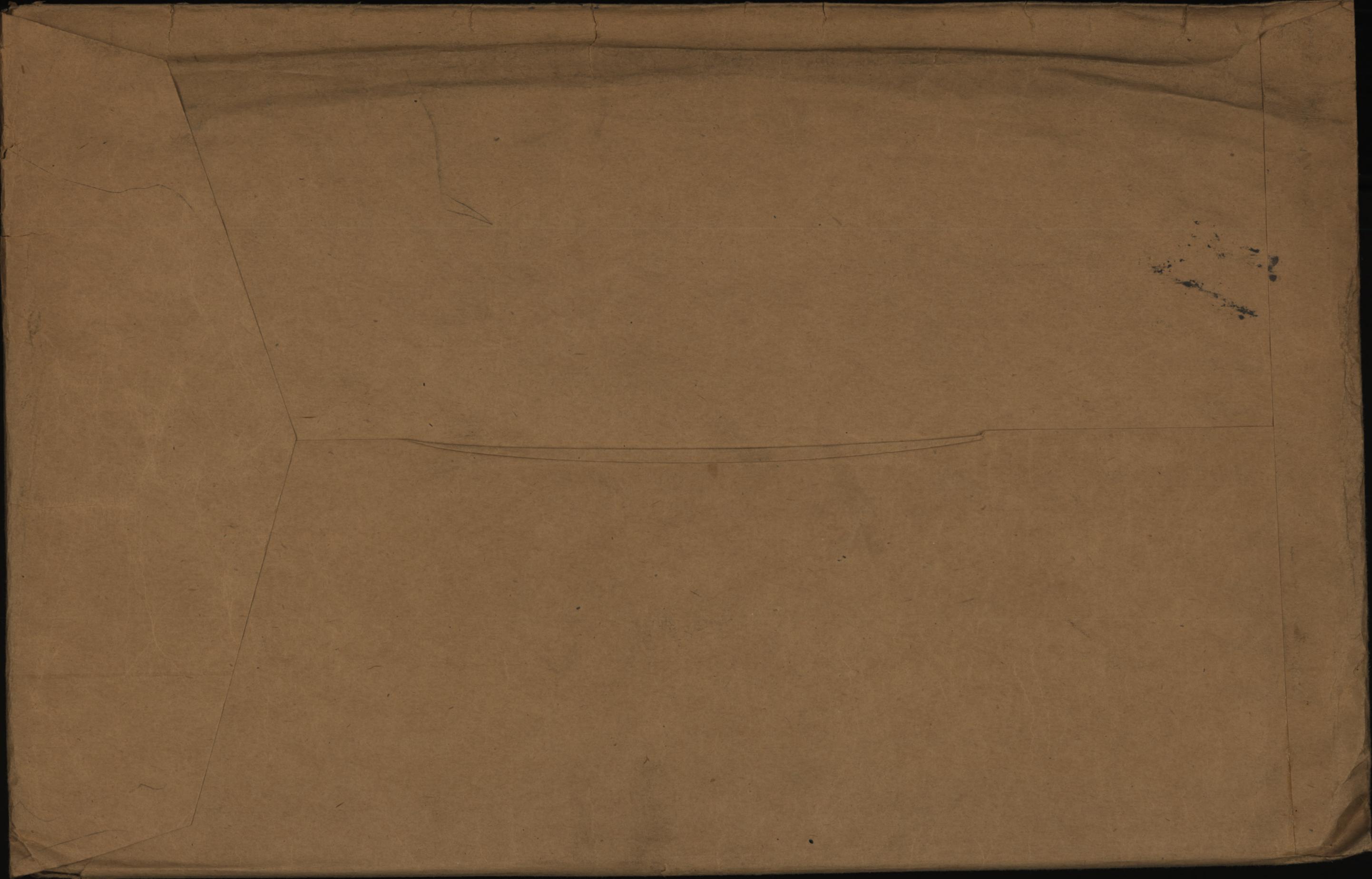
DISCHARGE

Category

Demob.

DESERTION

Med 5-17-19



14581

H. Q. FILE No. 649- ✓

NAME

Wolfe. Howard C.

REG'TL. No. 807

RANK AND CORPS

Pte <sup>as per #12 B384</sup> Sgt-

8th Batt. NO. 2080

CABLE

NO.

DATE

"C."

NATURE OF CASUALTY

FOLL.

C. 829 8/5/15

Missing ✓

C. 2657 28/6/15

Missing, now unofficially P. of W. Lager Two. Block Four Rennbahn Camp, Munster.

M. 698. 20-8-15

Prev. rep. unofficially now officially P. of W. at Lutersloh

H 92. 14-1. 29-3-18.

Prev. rept. Prisoner of War, now interned Holland. ✓

Hofst

A. S. Wolfe (R. N. S.)

127 Portland St. Dartmouth N. S.

2-1  
H 507 23-11-18prev rept P of W now report arrived at Hull England Nov 18<sup>th</sup> 1918

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

14581

52 a. Rep. Base by Telegram.

93 a.

8-5-15.

missing.  
prev. reported  
Missing, now unofficially  
P. of W. Lager II Block 4  
Pennbahn Camp, Munster

138

25-4-15

Prev. unofficially, now  
officially rep. P. of W. at  
Gutersloh. Captured ✓

352

Prev. off. rep. Pris. of War at  
Gutersloh, Now unoff. rep.  
Pris. of War at Minden I/W.

a 431

Prev. rep. Unoff. P. of W. at  
Minden, now rep. Off.

P. of W. at Gutersloh

Prev unoff. now off. rep P. of W. at Minden

Prev unoff. rep. P. of W. at Minden now off. rep. P. of W. at Gutersloh.

a 449

a 449

a 459

Prev off. rep. P. of W. at Minden now

unoff. rep. at Schneverdingen (Head  
Camp  
Solttau)

14584

NAME

Wolfe Howard C.  
Pte. 8th Bn.

REG'TL NO

807

RANK AND CORPS

H. Q. FILE NO. 649-

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

14581

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

- a 449 Prev. Unoff rep. Prof W at Schneverdingen now off. rep at Soltan.
- a 7.  $\frac{1}{2}$  Pre rep. P. of war at Soltan now trans to Hamelin
- a 175<sup>c</sup> Previously reported Prisoner of War  
at Hamelin now interned in Holland
- B379 Prev kept in & d Holland 18-11-18 now Repat- arr at Hull

R. 149.

2345-5m-5/12/16.

Name WOLFE Howard *e.* Rank *Sgt.*Unit 8th Battn. ~~Pte.~~

Reg. No. 807

File No. R.L. 15.W. 2077.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	Unoffly.rptd.at	MUNSTER		93	28/6/15	
	Offly.rptd.at	<del>MUNSTER</del> GUTTERSLOH		138	698.	
	Rptd.at	MINDEN		A352		
	Offly.rptd.at	GUTTERSLOH		A431		
	Offly.rptd.at	MINDEN		A449		
	Unoffly.rptd.at	SCHNEVERDINGEN		A459		
	Offly.rptd.at	SOLTAU		A499		
	<i>Trans to Hamburg.</i>					
	<i>Interred in <del>Wolfsburg</del> Holland</i>			A7	H 92	H/2001
	<i>W.O.L. of 25-3-98</i>			H 175	H	
18-11	<i>Repatriated - arrived at Hull.</i>			B379	507	216

Date

Movement

Place

Casualty

List  
No.Notified  
N/K O.

W.O. List

correct rank on A 175 & B 379 to read SGT.

A 384  
B 384

N/E

Reg. patented 12.11.18.  
SURNAME. *Wolfe.*

649-W-190

11581

CARD NO. 600  
with 86 of 27-7-19, 20-3-19  
S.O.S. Serial 20-1-19.6  
P.O. 187 FOLL. 18/19  
AD 46

CHRISTIAN NAMES *Howard C*

REG. No. 807

RANK *Corpl.*

UNIT *8th.*

*Bn.*

FORMER CORPS *63rd Regt. (8 yrs.)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Wolfe, A. S.*

RELATIONSHIP TO SOLDIER *not stated*

ADDRESS *127 Portland St, Dartmouth,  
N. S.*

COUNTRY OF BIRTH *Canada, Dartmouth, N.S.*

DATE *Sept. 15th. 1886.*

PLACE OF ATTESTATION *Valcartier, P. Q.*

DATE *Sept. 22nd. 1914.*

*O/S. 7-10-14 <sup>8</sup>/<sub>13</sub>*

*R/C. 26/12/18. <sup>246</sup>/<sub>28</sub>. 6*

14581

*From Quebec per S.S. Francois 4/19/14*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*journalist*

RELIGION

*Baptist or Congregationalist*

## DESCRIPTION.

APPARENT AGE

*28* YEARS

MONTHS

HEIGHT

*5* FEET*9 1/2* INCHES

CHEST MEASUREMENT

*38* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Fair*

DISTINGUISHING MARKS

*Mole left leg, scar right knee.*

MEDICAL EXAMINATION.

PLACE

*Valcartier, P. Q.*

DATE

*Sept. 8th. 1914.**Present address, not stated*

No 807

RANK

Sgt.

NAME

Wolfe H.

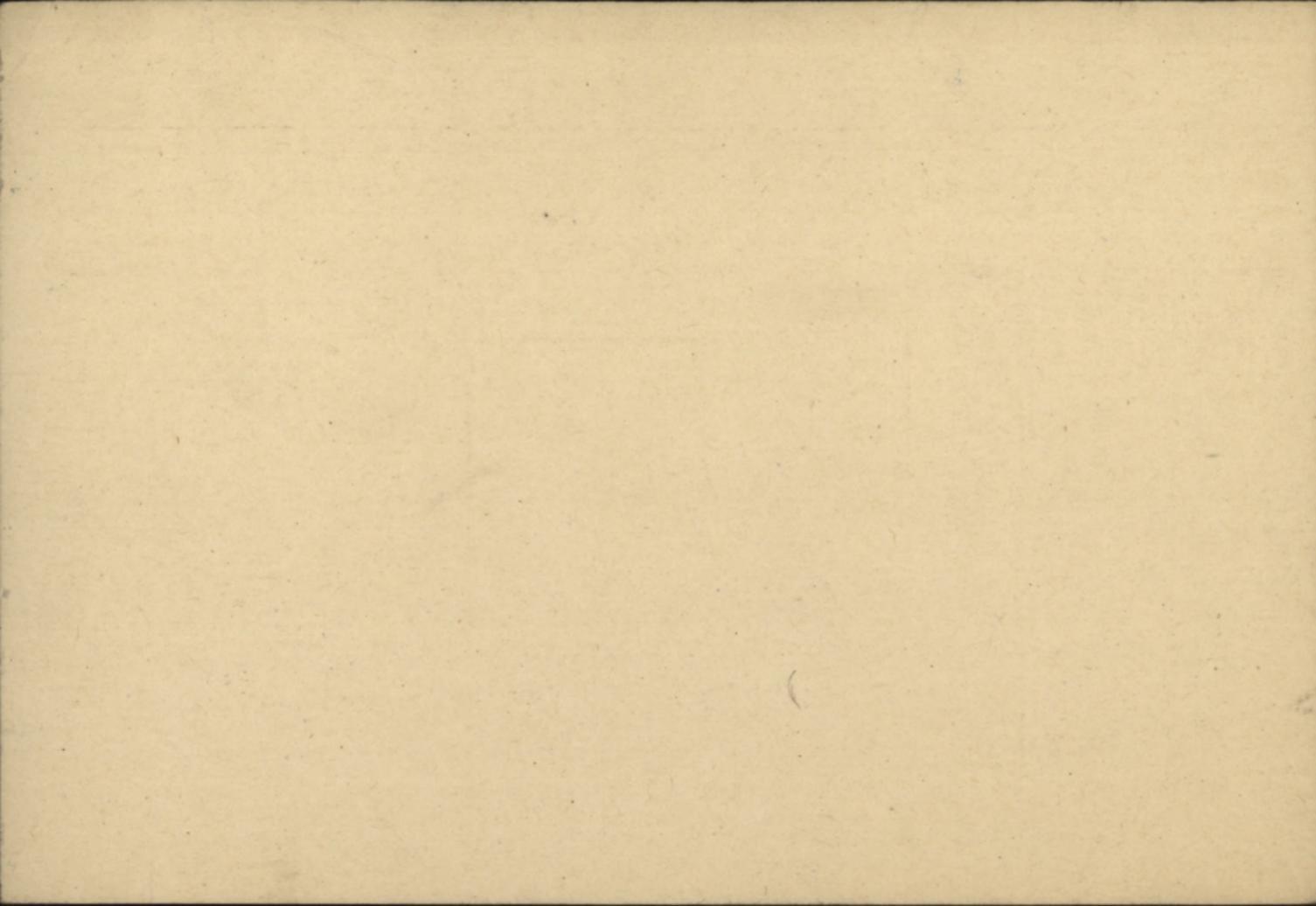
6.

T. O. S.

UNIT 90th Regt (Winnipeg Rifles)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 12 <sup>th</sup> Aug. 22 <sup>nd</sup> Aug. 28 <sup>th</sup> Sept. 22	1914 Aug. 21 <sup>st</sup> Aug. 27 <sup>th</sup> Sept. 21 Oct. 31	✓ ✓ ✓ ✓	on <u>the</u> <u>13th</u> <u>paylist.</u>	
				UNIT SAILED OCT 3 1914



~~E. M. B.~~  
~~1~~  
5-1-21

~~13~~

X

Number... 807... Rank... Sgt.

Surname... WOLFE

Christian Names... Howard C.

Unit... 8th. Co. Can. Inf. Theatre of War. France

Dates of Service...

Remarks...

Latest Address... 127 Portland St.

W. Astmoth. Md.

Roll No. B

Page 48

Q. 15054 Reep-

APR 26 1871

Q. 26067 Re Deap

Surname *Woelfe* Christian Name or Names *H. G.* Reg. No. *807.*  
 Rank *Sgt.* Unit *8 Batta* Co. *M. R.* Troop Batty.  
 Hospital Date of Admission

Transferred Hosp.  
 Hosp.  
 Hosp.  
 Hosp.

Diagnosis  
 (1)  
 Later Diagnosis (if changed)  
 (2)  
 (3)

Additional Diagnoses: If more than one state present  
*Prev. unoff. now offic. reported Pris of War at Gutersloh.*

DISPOSITION Date

*c.L. 20.8.15 #138*  
*c.L. 10.5.16 A352. Prev. off. rep. P. of War*  
*11.8.16 A431 at Gutterstoh. now*  
*1.9.16 A449 unoff. at Minden I/W.*  
*14.9.16 A459 Now Rep Unoff I of War*  
*31.10.16 A499 at Gutterstoh*  
*now at Minden*  
*" " Schneverdingen*  
*" " Soltau*  
*11.9.17 @ 7 " " Hamlen*  
*28-3-18 A/175-1 Now interned in Holland.*  
*23-11-18 B379 Now repatriated Arr. at Hull 18-11-18*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

29. 11. 18 A384-2 note:- correct rank to Sgt.

*Handwritten signature/initials*

A.M.D. 2 DEPT.

Beh. of D.G.M.8. O.M.F.C. London.

14584

736 Camp

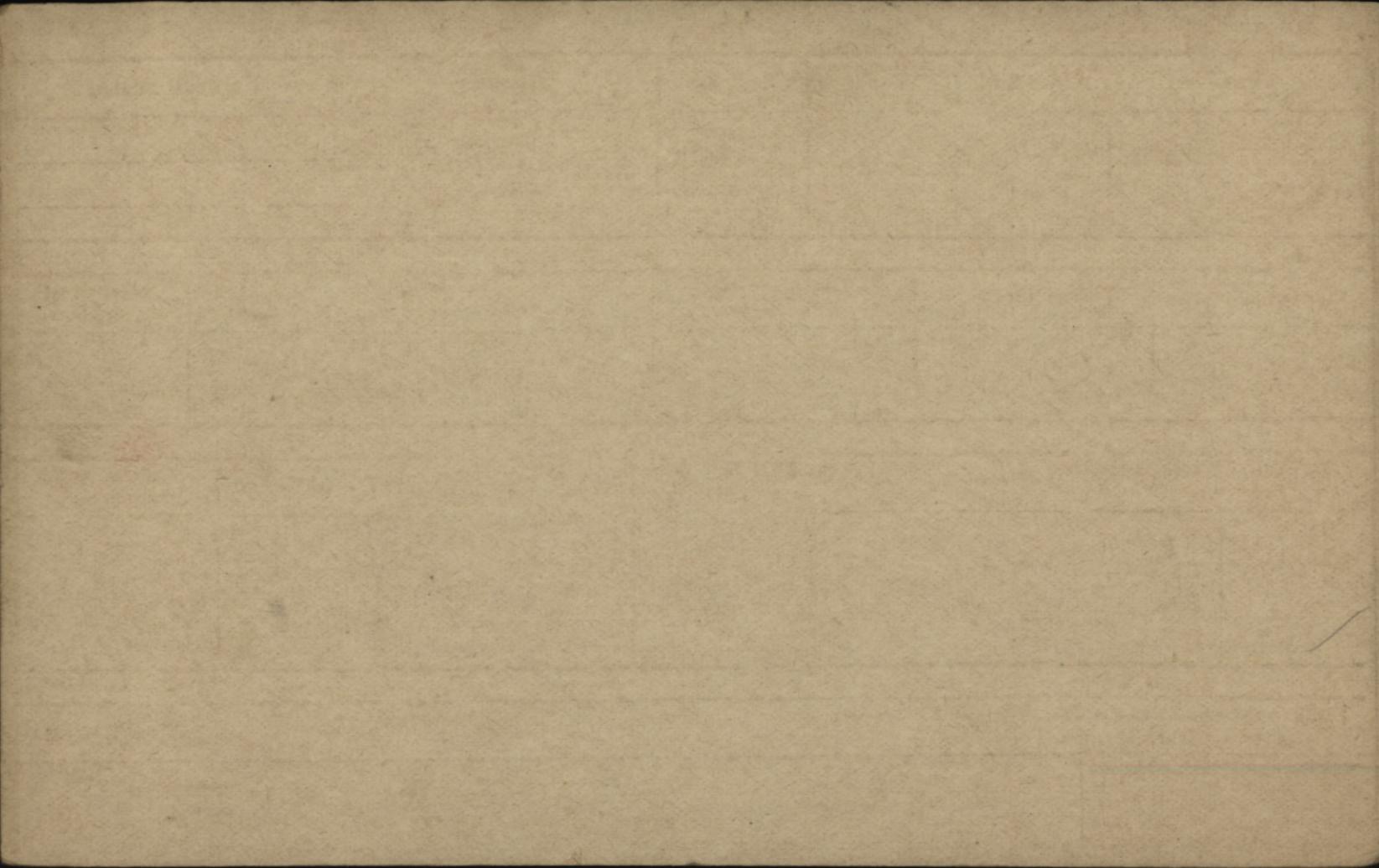
Corps.	Unit.	Rank.	Reg. No.	Surname.	Christian Names.
Canadian	8 <sup>th</sup> Batt	Serjnt	807	Wolfe	Howard

Date of Capture.	Place Captured.	Last Place of Internment.	Born in the year	Term of Service.	Date of Enlistment.	Married or Single.
April 25 <sup>th</sup> 1915	St Julien Ypres	The Haugl Holland	1886	N. A.	August 6 <sup>th</sup> 1914	S

Medical Category.	Address.	Date of Arrival at the Camp.	Date of Departure from the Camp.	Industrial Group.	Trade or Occupation.
A	247 Fulham Rd South Kensington London	18/11/18	21 <sup>11</sup> / <sub>18</sub>	40	Journalist

For Repatriation Overseas  
after the War.

Yes



Name..... **WOLFE, H. J. C. *Wolfe*** Rank **Sgt.** Regtl. No. **807**

Original unit **8 Bn.** Present unit..... M. or S. **S** Age **32** Religion **Baptist** Ref. H.Q. Fyle Depot **74-W-486**

Port, ship, and date of arrival..... **Halifax, N. S., Northland 26-12-18**

Next of kin..... **A. G. Wolfe**

Address on leave.....

Address on discharge.....

Transportation issued  Yes  No Date..... Character on discharge.....

Previous occupation..... **Journalist** Date and place of enlistment..... **Valcartier, Sept. 22/14**

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
15-12-18	T. O. S. #6 D. Depot and posted to Casy. Coy. 26-12-18 D. O. 257	
<i>20/3/19</i>	DISCHARGED at Halifax, N. S.	<i>207679</i>

\*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.

1113  
Reg. No 807

MEDICAL HISTORY SHEET.

Surname Wolfe Christian Name Howard - G.

Examined { on 5<sup>th</sup> day of Sept 1914  
at Nalcarter  
Birthplace { City or Town Dartmouth  
County Nova Scotia

Approved by [Signature]  
Rank Major M.O. [Signature]

Apparent age 28  
Trade or occupation Journalist  
Height 5 Feet 9 1/2 Inches.  
Weight \_\_\_\_\_ Lbs.  
Chest measurement { Minimum 35 1/2 inches.  
Maximum expansion 38 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development \_\_\_\_\_  
Small-Pox Marks \_\_\_\_\_  
Vaccination Marks { Arm Right Left  
Number \_\_\_\_\_

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_  
(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 1914 at \_\_\_\_\_

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>807</u>		
Transferred to.. .....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



## Casualty Form—Active Service.

Regiment or Corps 8<sup>TH</sup> CANADIAN INFANTRY BATTNRegimental No. 807 Rank Pvt Cpl Name Wolfe H. C.  
(90<sup>TH</sup> RIFLES)Enlisted (a) 27/9/14 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				
10-4-15	OC 8 <sup>th</sup> Bn.	Promoted Sgt. In field.		14-3-15	Bath Rider 14.
1/5/15	OC 8 <sup>th</sup> Bn.	Missing after action	Ypres	25/4/15	B 213.
15/6/15	OC 8 <sup>th</sup> Bn	Previous of War	Germany	24/5/15	A.Q. 992.
27/11/18	M. R. D.	T.O.S. from 8 <sup>th</sup> Bn to Com 36 S Camp Ripon	Seaford	18/11/18	Part II 331
do	do	bease above, Det Depot Coy	→	25/11/18	— 331
3/12/18	—	On Com to Port of Embarkation	—	30/11/18	<del>337</del> B. W. W. Lieut. Manitoba Regimental Depot.
10/12/18	M. R. D.	On Com 1 <sup>st</sup> Cdn Bn Seaford	Seaford	7/9/18	Part II 344 Lieut. Manitoba Regimental 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.

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				
9-12/18		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 291 Ceases to be attached C.D.D. Buxton on embarking for Canada.			Lt. for Lt. Col. Commanding Canadian Discharge Depot.
		MARKED S, S, NORTHLAND LIVERPOOL DEC 15 1918			<i>R. S. Blandford</i> ..... Capt. SHIP'S ADJUTANT.
30-1-18		Officer 21055 15/12/18 Port Coquitlam B.C. 20257			<i>Gen. Shaw</i> ..... CAPTAIN ADJUTANT No. 6 DISTRICT DEPOT.
<del>30-1-19</del>		<del>DISCHARGED at Halifax, N. S. D.O. 18</del>			<del><i>[Signature]</i> ..... LIEUT Q. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT</del>
20-3-19		DISCHARGED at Halifax, N. S. D.O. 79			<i>[Signature]</i> ..... CAPTAIN Q. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 807 (Rank) Sergeant  
Name (in full) Howard Comack Wolfe enlisted in  
the 8<sup>th</sup> Battalion  
CANADIAN EXPEDITIONARY FORCE at Valcartier P.Q. on the 22<sup>nd</sup>  
day of September 1914  
HE served in France  
and is now discharged from the service by reason of Demobilization

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

Age 32 years 6 months

Height 5 feet, 10 inches

Complexion Fair

Eyes Brown

Hair Fair

H. Wolfe

Signature of Soldier

Marks or Scars

Nil

R. S. Christie

Issuing Officer

Lieutenant

Rank

Date of Discharge March 20 1919

for Ob. Discharge Section

Appointment

Signed at Halifax N.S. this 27<sup>th</sup> day of March 1919

in Military District No. 6

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

# 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. 807 Rank Sgt. Surname Wolfe  
(Given name in full) Howard Cornsack  
Unit or Corps H. C. S. A. Birthplace Dartmouth N.S.

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 155 lbs. Height 5 ft. 10 in. Colour of Eyes Brown  
Nutrition good  
Pulse 72  
Condition of arteries en.  
Vision Rt. en. Left en.  
Hearing (conversational voice) Rt. 15 ft.  
Left 15 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
Nil

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.

# 127 Portland Street Dartmouth N.S.

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

# 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 *Halifax* .....(Canada)

Date *14-1-19* ..... Signed *P. Khaver Cochrane* .....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 *H. Wolf* .....

(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.)

[OVER]

6.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

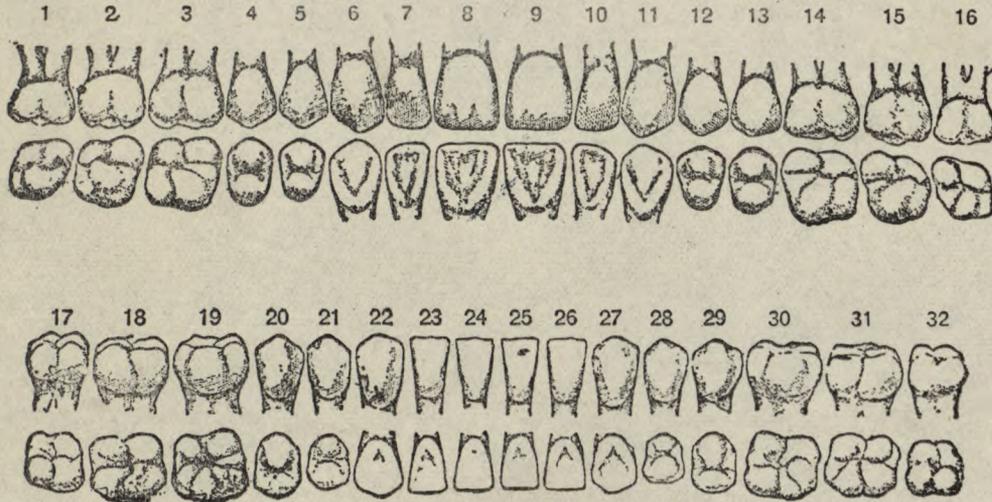
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Wolfe HK.  
 REGIMENT M.R.D. RANK Sgt No. 807  
 Date of Examination in England Dec 8/18 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 16, 17
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS 10
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower and
  - (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 \_\_\_\_\_
- (b) In England no
- (c) In France \_\_\_\_\_

Signature of Dental Officer H. Cowan bapt

UNITED STATES ARMY DENTAL CORPS COMPTON  
DENTAL ORTHOPEDIC FOR DEMONSTRATION

1. The purpose of this demonstration is to show the  
effect of the use of the dental orthopedic  
in the treatment of the dental patient.  
2. The dental orthopedic is a device which  
is used to correct the dental malocclusion  
and to improve the dental health of the  
patient.

- (1) Full upper
- (2) Full lower
- (3) Full upper and lower
- (4) Full upper and lower with

1. The purpose of this demonstration is to show the  
effect of the use of the dental orthopedic  
in the treatment of the dental patient.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12  
50m.—7-16  
H. O. 1772-39-819

To Whom *Mrs J. M. Wolfe*  
Address *124 Portland St.  
Dartmouth  
N.S.*

By Whom Assigned *Wolfe H.C.*  
Regtl. No. *807*  
Rank *Sgt*  
Corps *8<sup>th</sup> Bn. N.E.*

Rate \$ *100<sup>00</sup>*

SPECIAL REMITTANCE

*Sched 343 23.3.17*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	<i>1914</i>			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<i>1915</i>			
Feb.				
March				
April <i>May</i>		<i>R 7232</i>	<i>100</i>	<i>mailed 3/5/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<i>1916</i>			
Feb.				
March				



PRINT ON REVERSE SIDE

NAME WOLFE, Howard C.

Regimental No. 807

Name and address of next-of-kin

Unit 8th Battalion 4. Co.

A.S. Wolfe,

Date of enlistment Sept. 22nd, 1914.

127, Portland Street,

Place of birth Dartmouth, N.S.

Dartmouth, N.S.

Married (yes or no) No

Date and place discharged officially Pris. of War  
C. 2-A352 10/6/16

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

POW

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<u>1914</u>																
<u>Sept</u>	<u>22</u>	<u>31</u>	<u>40</u>	<u>1<sup>10</sup></u>	<u>44</u>	<u>40</u>	<u>10</u>	<u>4</u>	<u>48</u>			<u>45</u>		<u>45</u>		
<u>Nov</u>	<u>1</u>	<u>Nov 30</u>	<u>30</u>	<u>1<sup>10</sup></u>	<u>33</u>	<u>30</u>	<u>10</u>	<u>3</u>	<u>39</u>			<u>39</u>		<u>39</u>		
<u>Dec</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>10</sup></u>	<u>34 10</u>	<u>31</u>	<u>10</u>	<u>3 10</u>	<u>37 20</u>			<u>35 25</u>		<u>35 25</u>		
<u>1915</u>	<u>Jan</u>	<u>1</u>	<u>31</u>	<u>1<sup>10</sup></u>	<u>34 10</u>	<u>31</u>	<u>10</u>	<u>3 10</u>	<u>195 39 15</u>			<u>30 25</u>		<u>30 25</u>		
<u>Feb</u>	<u>1</u>	<u>28</u>	<u>28</u>	<u>1<sup>10</sup></u>	<u>30 80</u>	<u>28</u>	<u>10</u>	<u>2 80</u>	<u>890 42 50</u>			<u>3</u>		<u>3</u>		
<u>Mar</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>10</sup></u>	<u>34 10</u>	<u>31</u>	<u>10</u>	<u>3 10</u>	<u>39 50 76 70</u>			<u>11</u>		<u>11</u>	<u>To be Rep 14-3-15 806<sup>10</sup>/4/15</u>	
<u>Apr</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>1<sup>35</sup></u>	<u>40 50</u>	<u>30</u>	<u>15</u>	<u>4 50</u>	<u>65 70 110 70</u>			<u>6</u>		<u>6</u>		
<u>May</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>35</sup></u>	<u>41 85</u>	<u>31</u>	<u>15</u>	<u>4 65</u>	<u>104 70 151 20</u>			<u>169.50</u>				
<u>June</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>1<sup>35</sup></u>	<u>40 50</u>	<u>30</u>	<u>15</u>	<u>4 50</u>	<u>151 20 196 20</u>							
<u>July</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>35</sup></u>	<u>41 85</u>	<u>31</u>	<u>15</u>	<u>4 65</u>	<u>196 20 242 70</u>							
									<u>242 70</u>							
<u>Aug</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>35</sup></u>	<u>41 85</u>	<u>31</u>	<u>15</u>	<u>4 65</u>	<u>242 70 289 20</u>							<u>C/Lst 138.</u>
<u>Sept</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>1<sup>35</sup></u>	<u>40 50</u>	<u>30</u>	<u>15</u>	<u>4 50</u>	<u>289 20 334 20</u>							
									<u>334 20</u>							
									<u>Adj of Exch. 4 79</u>							
<u>11/10/15</u>	<u>31/10/15</u>	<u>31</u>	<u>31</u>	<u>1<sup>35</sup></u>	<u>41 85</u>	<u>31</u>	<u>15</u>	<u>4 65</u>	<u>338 99 385 49</u>							
<u>Nov</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>1<sup>35</sup></u>	<u>40 50</u>	<u>30</u>	<u>15</u>	<u>4 50</u>	<u>385 49 430 49</u>							
<u>Dec</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>1<sup>35</sup></u>	<u>41 85</u>	<u>31</u>	<u>15</u>	<u>4 65</u>	<u>430 49 476 99</u>							
					<u>481 35</u>				<u>60 35</u>			<u>169 50</u>				
									<u>4 79</u>							

804 Lie Wolfe N.B. 8/3

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
				581 35			60 35	479					646 49	
Jan	1.31	31	1.00	31	31	1.00	31 00	476 99					511 09	
Feb	1.29	29	"	29	29	"	29 00	511 09					542 99	
March	1.31	31	"	31	31	"	31 00	542 99					577 09	
Apr	1.30	30	"	30	30	"	30 00	577 09					610 09	
Balance carried forward to large ledger sheet.														
May	1.31	31	"	31	31	"	31 00	610 09					644 19	
							644 19							
							5 40							
				<del>479</del>			<del>479</del>	479		169 50			169 50	577 09
				672 32			69 45	746 59						Per Balce

= 18 days @ 30¢ diff the 15<sup>th</sup> May.  
auth. Dec. 15

Checked  
12.12.17  
gfb





ASSIGNED PAY ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **WOLFE Howard, C.**

EFFECTIVE DATE: **Jan 1/16.** EFFECTIVE DATE: **Jan 1/16.**

NUMBER: **807**

AMOUNT: **25.00** AMOUNT: **25.00**

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY 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

*Mrs Jessie M. Wolfe (Mother)*  
*127 Portland St.*  
*Dartmouth, N.S.*  
*Stopped off 1/12/18.*

*No. 6. 10/4/15* *11/3/15.* *Sgt.*

UNIT AND TRANSFERS

ORIGINAL UNIT: **8th Bn.**

DATE ACCOUNT FIRST OPENED: **22/9/18.**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S D UNIT TRANSFERRED TO

*Holland 23-3-18*

*2* *Pris of War.*

*New A.S.P.B. Issued 2/5/18 = 35721. (Holland)*

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
<i>Aug</i>	<i>S</i>	<i>Holland £ 3-5-6 1/2</i>	<i>15 94</i>	<i>21/1/18</i>	<i>London C.V.</i>	<i>20 00</i>	<i>97 33</i>
<i>Spt</i>	<i>S</i>	<i>£ 3-5-11 1/2</i>	<i>16 04</i>	<i>26/1/18</i>	<i>W.S.</i>	<i>5 00</i>	<i>24 33</i>
<i>Oct</i>	<i>S</i>	<i>£ 3-1-6</i>	<i>14 96</i>				<i>194 08</i>
<i>Nov</i>	<i>S</i>	<i>£ 2-5-0</i>	<i>10 94</i>		<i>Statement Genl 2/5/18.</i>		
<i>2/11</i>	<i>H</i>	<i>Repaid. 3 0 0</i>	<i>14 60</i>	<i>21/3/18</i>	<i>Gr Bal 938.89</i>		

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Bn 20/1/18 Led Bal 518.41 Lf Bal 324.33*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March 31/18</i>	<i>Bal<sup>08</sup> FORWARD</i>								<i>610 49</i>		
<i>April</i>	<i>Diff in pay of Sgt. &amp; Pte from 1/1/16 to 31/3/18, 821 days @ 40 p</i>	<i>328 40</i>		<i>Can G.P.</i>				<i>25 -</i>			
	<i>Sgt. Pay</i>	<i>45 -</i>							<i>958 89</i>		
<i>May</i>		<i>373 40</i>		<i>Can A.P.</i>				<i>25</i>	<i>980 39</i>		
		<i>46 50</i>						<i>25</i>			
<i>June</i>		<i>45 -</i>						<i>25</i>	<i>1000 39</i>		
<i>JUL 1918</i>		<i>45 -</i>						<i>25</i>			
		<i>46 50</i>		<i>AR. 55 (1322) March 1918. Holland</i>	<i>227</i>				<i>1019 62</i>		<i>N.C.S.</i>
<i>AUG 1918</i>		<i>46 50</i>		<i>AR. 105/2071 April 1918 Holland P.P.H.</i>	<i>9 49</i>				<i>1031 63</i>		<i>N.C.S.</i>
		<i>46 50</i>		<i>Can A.P.</i>				<i>25</i>			
<i>SEP 1918</i>		<i>45 -</i>						<i>25</i>			
		<i>45 -</i>		<i>Dr. Gordo 7.9.18. P.P.H.</i>	<i>500 -</i>				<i>541 98</i>		<i>N.C.S.</i>
		<i>45 -</i>		<i>Dr. 254 May. Holland</i>	<i>9 65</i>						
		<i>45 -</i>			<i>509 65</i>			<i>25</i>			
<i>OCT 1918</i>		<i>46 50</i>		<i>Cap</i>				<i>25</i>			
		<i>46 50</i>		<i>of S. Junis P. Howard</i>	<i>65 07</i>				<i>498 41</i>		
		<i>46 50</i>			<i>65 07</i>			<i>25</i>			
<i>NOV 1918</i>		<i>45 00</i>		<i>C.A.P.</i>				<i>25</i>	<i>518 41</i>		
				<i>A.R. 11. 21/11/18. Repaid</i>	<i>14 60</i>				<i>194 10</i>		<i>106 25</i>
				<i>London 69864. 21/11/18.</i>	<i>97 33</i>				<i>324 33</i>		
				<i>AR. 68 28-10-18 Holland</i>	<i>6 18</i>						
				<i>Sup. L.P.C. 13-1-19.</i>							
				<i>7 13-9-18</i>	<i>6 61</i>						
				<i>37 30-9-18</i>	<i>16 06</i>						
				<i>98 31-10-18</i>	<i>14 97</i>						
				<i>K927 July. sup. L.P.C. 13-1-19</i>	<i>14 70</i>						
				<i>P.T.O.</i>	<i>140 45</i>			<i>25</i>			



This space to be for numbers.

# Proceedings on Discharge.

*7/16/1919*

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

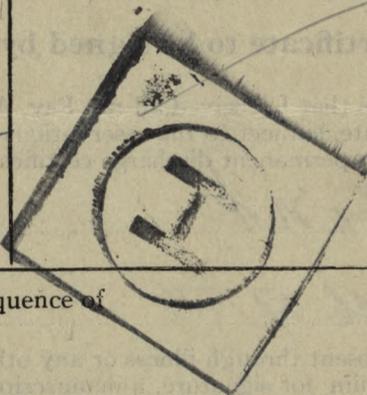
No.	<i>807</i>
Rank	<i>Sergeant</i>
Surname	<i>Wolfe</i>
Christian name	<i>Howard Forman</i>
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	<i>8th Battalion</i>
Date of discharge	<i>March 20</i>
Place of discharge	<i>Halifax N.S.</i>

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age *32* years *6* months.  
 Height *5* feet *10* inches.  
 Complexion *Fair*  
 Eyes *Brown*  
 Hair *Fair*  
 Trade  
 Intended place of residence *127 Portland St Dartmouth N.S.*  
 (To be given as fully as practicable.)

#### Descriptive marks

*Nil*



2. The above-named man is discharged in consequence of

Authority for discharge.....

*Demobilization*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*Star*  
*16/10/19*

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. Hew Wolfe (Signature of Soldier.)

(Date) March 27 1919 Affirmative (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Date) March 20 1919

(Signature)

Samuel No. 6 DISTRICT DEPOT. LIEUT, COL.

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*H. W. Wolf*

List of Discharge Documents

X

Particulars of Reserve	W. 131	Particulars of Reserve	W. 131
Proceedings on Discharge	W. 132	Proceedings on Discharge	W. 132
Medical History Sheet	W. 133	Medical History Sheet	W. 133
Form 100 (Contractor)	W. 134	Form 100 (Contractor)	W. 134
Medical Report for Transfer	W. 135	Medical Report for Transfer	W. 135
Form 100 (Contractor)	W. 136	Form 100 (Contractor)	W. 136
Form 100 (Contractor)	W. 137	Form 100 (Contractor)	W. 137
Form 100 (Contractor)	W. 138	Form 100 (Contractor)	W. 138
Form 100 (Contractor)	W. 139	Form 100 (Contractor)	W. 139
Form 100 (Contractor)	W. 140	Form 100 (Contractor)	W. 140
Form 100 (Contractor)	W. 141	Form 100 (Contractor)	W. 141
Form 100 (Contractor)	W. 142	Form 100 (Contractor)	W. 142
Form 100 (Contractor)	W. 143	Form 100 (Contractor)	W. 143
Form 100 (Contractor)	W. 144	Form 100 (Contractor)	W. 144
Form 100 (Contractor)	W. 145	Form 100 (Contractor)	W. 145
Form 100 (Contractor)	W. 146	Form 100 (Contractor)	W. 146
Form 100 (Contractor)	W. 147	Form 100 (Contractor)	W. 147
Form 100 (Contractor)	W. 148	Form 100 (Contractor)	W. 148
Form 100 (Contractor)	W. 149	Form 100 (Contractor)	W. 149
Form 100 (Contractor)	W. 150	Form 100 (Contractor)	W. 150

I hereby certify that the following documents are available:

1. Proceedings on Discharge

2. Medical History Sheet

3. Form 100 (Contractor)

4. Medical Report for Transfer

5. Form 100 (Contractor)

6. Form 100 (Contractor)

7. Form 100 (Contractor)

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100. Form 100 (Contractor)

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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

M. F. W. 128.  
 400M. 6-17-1172 58-1141  
 L. L. 2320-N. & D. 7993.

14584

3168.

Rank and Name WOLFE, Howard C.

Regimental No. 807

Unit 8th Batt

Date of enlistment 22 Sept. 1914.

Place of birth N.S.

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

A.S. Wolfe

127, Portland Street,

Dartmouth, N.S.

Date and place of discharge

Reason for discharge

Character on discharge

Report  
N/E. R. B. No. 15374  
File R.L.  
Category OR-GAN

N/E. R. B. No. 15374  
File R.L.  
Category OR-GAN

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				
14.3.15.	O.C. 613 <sup>th</sup>	Promoted Serjt from Corp	France	14.3.15.	P II Batt Ord.
8.5.15.	Base.	MISSING.			ON. Cas Rep. 52a.
28.6.15.	W.O.	unoff. reptd. Prisoner of War.	France	23/47 30/4	Part II O. 12
20.8.15.	W.O.	officially reptd POW. at Gutersloh.	between Lager II, Ploek. 4. Reminaten Camp. Munster.	25.4.15.	Cas. Rep. 93a. ON. also Part II O. 18.
10/5/16.	8th Bn	Unoff reptd POW at Minden/W			Cas. Rep. 138. ON. " " a 352
11.8.16	"	do do	Gutersloh		Cpl. A. 431. cancelled. fully Cpl. A. 449. 4/9-16.
1-9-16	"	Now Officially Rept. POW at Minden			Cpl. A. 449.
14-9-16	"	do do	Schnewerdengen. (Glad Camp Soltan)		Cpl. A. 459.
31-10-16	"	Now Officially Rept. POW at Soltan			Cpl. A. 499.
10-9-17	"	Now Transferred POW at Hameln Hd.			Cla a 7.

(over)

807 Pt Wolfe Hb.

14584

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				
28-3-18	S. H. B.	Previously, repta Pop West Hamelin now interned in	Holland	7-11-18	Ch. 975
23-11-18	"	Repatriated & arrived at Hill.		18-11-18	Ch. 979
27. 11. 18	MAD	LoS from 8. P. on 2001 command 36 South Camp Ripon (Rept. P. 10)	Pt Seaford	18. 11. 18	P. H. 0. 331.
27. 11. 18	"	Leaves to be shown on command to 36 South Camp Ripon & is detailed to Depot Coy	Pt Seaford	25. 11. 18	331.
10. 12. 18	"	On com. 1st C.D.D. Buxton	"	7-12-18	344
14. 1. 19	"	Leaves at 11 C.D.D. S.O.S. to C.E.F. Canada	Egt.	15. 12. 18	14.

Amended to read  
Sgt  
MAD P. H. 20331  
4. 27. 11. 18

# 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. 807 Rank Lt. Name Wolfe, H.B.  
 Corps 8th. who was\* Discharged  
 On 20-1-19 191... to 1-12-18  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 20-1-19 191... to 1-12-18 191... the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month		106.50	25	Balance Cr. from prev. month		11	40
Advances by Cheques	No. ....	1097.8	212	Regt'l. Pay	56	68	85
	No. ....		46	Field Allow.	51	7	65
Assigned Pay and Sep'n Allee. No. ....			05	Separation Allowances* (Monthly)			
Other charges		106.27	66	Other Allowances*	Clothing	35	
Payment on transfer or discharge No. ....			47	Other Credits*	L.P.P.	121	06
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)			
Total		303	96	Total		303	96

\*Give particulars.

A monthly stoppage of \$ 100 (†) has been (‡) been paid on account of Assigned Pay for the month of Dec 191... (to) Assignee Mrs. Lennie M. Wolfe  
 and Sep'n Allee. for month of Dec 191... 127 Portland St.  
 (Address) Dartmouth, N.S.

(†) 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:—**

- (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge ..... authority NO 18
- (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.

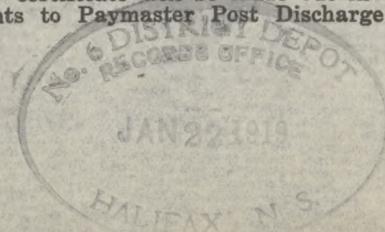
I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20 Jan 1919  
 Place Dartmouth, N.S. W. J. M. [Signature]  
 Paymaster No. 6 District 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 CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all ranks (With Articles 122, 120 and 111, Financial Instructions, 25710, C.M.F., 1913).

Regimental No. .... Rank ..... Name .....  
 who was .....  
 On ..... 1911, to .....  
 "Assured," "Discharged," or "Transferred,"  
 The following is a statement of the account of the above named from .....  
 to ..... 1911, the inclusive date of transfer or discharge.

	Dr.	Cr.	\$	c.
Balance Brought Forward from previous month				
Assigned Pay and Sep'n Allow. No. ....				
Other charges				
Balance on transfer or discharge No. ....				
Balance Cr. (to be paid by the new unit)				
Other Credits				
Other Allowances				
Separation Allowance (Monthly)				
Field Allow. .... days at \$ .....				
Regul. Pay .... days at \$ .....				
Balance Or from previous month				
<b>Total</b>				

Give particulars.

A monthly charge of \$ ..... (1) has .....  
 Pay for the month of ..... 1911  
 and Sep'n Allow. for month of ..... 1911  
 (to) Assignee .....  
 (2) Interest amount to be assigned, whether it has been paid or not.  
 (3) Interest not assigned has not been paid for period of account.

On Transfer of an Officer

The amount of \$ ..... has been paid by Paymaster, Military District No. ....

REMARKS—

(1) date of enlistment  
 (2) in transfer and if a Separation Allowance Card has been submitted  
 (3) cause of discharge  
 (4) authority for transfer

Original—Separation Allowance and Assigned Pay Card and Index Card (M.L.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 .....  
 Place .....

Paymaster

The business 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 purpose 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.