

✓ 5264

Original
ATTESTATION PAPER.

No. 64

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... Wallace Duclain Ford

2. In what Town, Township or Parish, and in what Country were you born?..... Belleville, Ont.

3. What is the name of your next-of-kin?..... J.S. Earle

4. What is the address of your next-of-kin?..... Ripton, Ont.

5. What is the date of your birth?..... Feb. 8th 1889

6. What is your Trade or Calling?..... Civil Engineer

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?..... 1 year 5th F.C.C.F.
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.

J.S. Earle..... (Signature of Man).
W. Ewanand..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wallace S. Ford, 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.

J.S. Earle..... (Signature of Recruit)
Date Dec. 14 1914. W. Ewanand..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wallace S. Ford, 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.

J.S. Earle..... (Signature of Recruit)
Date Dec. 14 1914. W. Ewanand..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Ripton this 14 day of Dec 1914.

W. J. Farrell..... (Signature of Justice)

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

J. M. H. ... Captain (Approving Officer)
No. 5 Field Co. Canadian Engineers

Description of Wallace J Goble on Enlistment.

Apparent Age.....25.....years.....10.....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. 10 ins.

Chest measurement { Girth when fully expanded.....40 ins.
 Range of expansion.....5 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Scar on Right thigh
 " " Forehead
 " " Left Forefinger

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....Methodist
 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.....Dec. 2.....1914.

Place.....Kingston

S. E. King
Kingston
 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.

Wallace J Goble.....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.

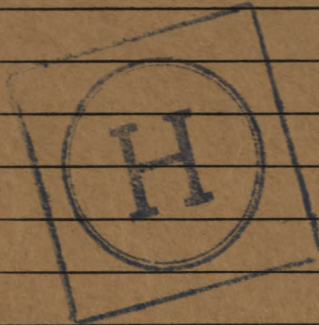
Chalder.....(Signature of Officer)
No. 5 Field Co. Canadian Engineers

Date.....Dec. 14.....1914.

REGIMENTAL DOCUMENTS

NAME Earle Wallace Sinclair REGT. NO. 5-26 UNIT _____ H. Q. FILE NO. _____

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|--|--------------------|-------------------|----------------|-------------------------|-------------------------|
| ATTESTATION PAPER (M.F.W. 23, 133, or 51) | <i>Ret 4-10-20</i> | <i>H-10-20</i> | | | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | <i>2nd Rfc</i> |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | <i>K.A. 16 April 16</i> |
| REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | 00451 | Category |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | <i>26 26</i> |
| <i>1 copy paid</i> | | | | | <i>12-26</i> |
| <i>1 misc</i> | | | | | <i>6-27</i> |





ORIGINAL MEDICAL HISTORY SHEET

Surname lane Christian Name Wallace J.

Examined { on 2nd day of Apr. 1914
 at Kingston

Birthplace { City or Town Belle Mead,
 County Franklin

Apparent age 25 years, 10 months

Trade or occupation Auto Engineer

Height 5 Feet 10 Inches.

Weight _____ Lbs.

Chest measurement { Minimum _____ inches.
 Maximum expansion _____ inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left Yes
 { Number 3

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection
One tooth missing
Slight psoriasis
over back

Approved by G. S. Kida
 Rank Capt. S. J. M. O.

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

| Date | Result | VACCINATIONS. |
|--------------|--------|-------------------------|
| <u>16/15</u> | | <u>W. B. Young</u> M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|--------------|--------|---------------------------------|
| <u>19/14</u> | | <u>G. S. Kida</u> M.O. |
| <u>29/14</u> | | <u>G. S. Kida</u> M.O. |
| | | M.O. |

Enlisted on 13 day of Dec. 1914 at Kingston

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|--------------------|-------------------------|---------|-------|
| Joined on enlistment | <u>Can. Engrs.</u> | <u>64</u> <u>526</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.

Christian Name

Surname

| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|------------------------------|---------------------------------------|-----------------------------|-------|------|-----------------------------|-------|------------------------|----------|--------------------------------------|--|----------------------------------|
| | | Admission into Hospital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| Morehead's Con. Hospital. | May 31 1915. | 31 | 5 | '15 | 4 | 6 | 1915, sprain of ankle. | 5. | sprain of ankle. slight swelling. | <p><i>J. H. ...</i></p> <p>9.15</p> <p>Duplicate Medical History Sheet O. C. Copied to here, copy, O. E.</p> <p>Medical Registrar Record Office.</p> | |

Casualty Form—Active Service.

Regiment or Corps Canadian Engineers Training Depot.

Rank Spr. Surname Earle. Christian Name Wallace Sinclair

Religion Methodist Age on Enlistment 25 years 10 months.

Enlisted (a) 2.12.14 Terms of Service (a) War. Service reckons from (a) 2.12.14.

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) Witch Engineer.
or Corps Trade and Rate _____

Signature of Officer i/c Records.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|--------|--------------------|---|--------------------|------------------|---|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked ... | | | |
| | | <u>Fallen on strength of</u> | <u>Shorncliffe</u> | <u>19.9.15.</u> | <u>Nominal Roll</u> |
| | | <u>C.S.2D. from Canada</u> | <u>1st Coy</u> | | |
| | | <u>in Command</u> | | | |
| | | <u>Royal Flying Corp.</u> | | <u>16.10.15.</u> | " " |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

[P.T.O.]

Rank *ETP* Name **EARLE, Wallace Sinclair**

Reg'l No. **526.**

Unit **6th Field Co., 2nd Div., C.I.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Kingston. Ont. 14th Dec. 1914** Place of Birth **Belleville. Ont.**

Name and Address, Next-of-Kin **J.S. Earle. Picton, Ont.**

Relationship

Assigned Pay Monthly \$

Payable to

Entered on N.E. Card Index

Relationship

Separation Allowance \$

Checked by

Payable to

Relationship

Discharge, Date and Place

24/10/15 **Hb. Hb.**

Reason

Kd in Action
Army List Dec 1916. Col 2694.

Character

B.O. 215

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|--------------|--------|-------------|-----------------|--------|-----------------|------|--------|---------------|---------------|---------|---------------|--------------|---------------|--------------|---------|--|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| <i>1915.</i> | | | | | | | | | | | | | | | | |
| May 1 | 31 | 31 | 1.00 | 31 | 31 | 10 | 310 | | 3410 | | 30 | | | 30 | 410 | |
| June 1 | 30 | 30 | " | 30 | 30 | " | 3 | 410 | 3710 | | 30 | | | 30 | 710 | |
| July 1 | 31 | 31 | " | 31 | 31 | " | 310 | 710 | 4120 | | 30 | | | 30 | 1120 | |
| | | | | | | | | 1120 | | | | | | | | |
| | | | | | | | | 240 | | | 90 | | | | | |
| Aug 1 | 31 | 31 | - | 31 | 31 | - | 31013 | 60 | 4770 | | 3407 | | | 3407 | 1363 | |
| Sept 18 | 18 | 18 | - | 18 | 18 | - | 18013 | 63 | 3343 | | | | | 3343 | | <i>Trans C.E. J.D.</i> |
| " 19 | 30 | 12 | ✓ | 12 | 12 | ✓ | 12033 | 43 | 4663 | | 5596 | | | 5596 | 933 | <i>18th Sept 45</i> |
| Oct 1 | 31 | 31 | ✓ | 31 | 31 | ✓ | 310 | 933 | 3410 | | 2190 | | 933 | 3423 | 287 | |
| Nov 1 | 30 | 30 | ✓ | 30 | 30 | - | 3 | 287 | 3587 | | | | | 3587 | | |
| Dec 1 | 31 | 31 | ✓ | 31 | 31 | ✓ | 310 | 3587 | 6997 | | 9894 | | | 9894 | 3103 | |
| Jan 1 | 31 | 31 | ✓ | 31 | 31 | - | 310 | 3103 | 6513 | | | | | 6513 | | |
| Feb 1 | Feb 29 | 29 | - | 29 | 29 | - | 290 | | 3190 | | | | | 9703 | | |
| Mar 1 | Mar 31 | 31 | - | 31 | 31 | - | 310 | | 3410 | | | | | 13113 | | <i>Carried forward to Large Ledger sheet</i> |
| | | | | 336 | | | 3360 | 240 | 37200 | | 24087 | | 933 | 24087 | 13113 | |

Statement of
JAN 29 1917

Cash found in effects *None*

BALANCE TRANSFERRED TO NEW LEDGER.

Checked *[Signature]*

Rank

Spr.

Name

EARLE, Wallace Sinclair.

Reg'l No. 526.

Unit

8th Field Co., 2nd Div. C.P.E.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment

Kingston. Ont. 14th Dec. 1914.

Place of Birth

Belleville. Ont.

Name and Address, Next-of-Kin

J.S. Earle. Picton. Ontario.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Comm

| 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 | | | | |
| 17/6/15 | O.C.C.C. 10.0. | Attd in U.K. S/S Northland. Adm. Can. Mil. Hq. | Home Bks. Shorncliffe | 29.4.15 31/5/15 | Information forms. Gas. # 1. Spr. Ankh. |
| 22-9-15 | O.C. P.M.D. | Laken on strength C.P.E. | Shorncliffe | 18.9.15 | P.T.O. 48 cancelled by P.T.O. 29 of 2-17 |
| 9.9.16 | - Do - | S.O.S. Killed in action | - Do - | 16.4.16 | P.T.O. 0.215 & H.11-E-42 |
| 20.1.16 | See File. P.L. 23-E-31 (B.11). 1st Col. Deputy Director of Mil. Ceremonies | Selected for App't. as 2nd Lt. on General List. | London. | 25.10.15 | Auth. Exp. from 123469/1, M.A.I. (R.Y. 23-E-21). |
| 2-2-17 | C.E.T.D. | S.O.S. App't. to Commission in R.F.C. | Crowbars' | 25.10.15 | P.T.O. 29 (auth. R.L. 23-E-21) R2B2 22117 x. C.L.T.D. Pt. 2 D.O. 150 d/25.6.17 |

SURNAME. *Earle.*

CARD NO.

CHRISTIAN NAMES

Wallace Sinclair

505. (Com Imp) 25-10-16
16-25.3 FOLL.
45 8/6/18 Eng

REGL. NO. *526*

RANK

Sapper

UNIT *No. 6. Co. Engineers 2nd Divn.*

FORMER CORPS

F. C. C. E.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Earle, J. S.

RELATIONSHIP TO SOLDIER

ADDRESS

*Pictou, Ont.,
Canada*

COUNTRY OF BIRTH

Canada, Belleville, Ont.,

DATE

PLACE OF ATTESTATION

Kingston

DATE

Dec 14, 1914

b/S 18-4-15⁵⁵ 8th.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

H. Q. FILE No. 649-

NAME

Carl, Wallace Sinclair

REG'T'L. NO. *526.*

RANK AND CORPS

Sapper

6th Field, Coy. Ban Div, Eng.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *29*

FOLL. *XXX*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

✓ 1.

Can. Mil. Hosp., Moore
Barracks, Shorncliffe

31-5-15

Sp. Ankle

EARLE, Wallace Sinclair

2/Lieut.R. A.F. 413-5-3

Memorial Cross

Mother

Mrs. John S. Earle
Picton, Ont.

Approved

*Alma
Fook*

*16
12
25*

DESP. DEC 30 1925

REGN. NO. X.55399

P.E.
12
20
2-6
24

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B + V by W.O.

649-E-6367

8/24

Number.....

526

Rank.....

Spr.

Surname.....

EARLE

Christian Name.....

Wallace Sinclair

Unit.....

C. E.

Theatre of War.....

England

S.O.S. Commission R.F.C. - 25 - 10 - 15

Date of Service.....

Auth. C.E.T.D. P. 100. 29. d/ 2. 2. 17

Remarks.....

air force Roll no 1. Page 4.

A.M. 252361/20/s. 7 of 10. 7. 20.

(D)

Latest Address.....

(B)
11 of K. C. F. Earle, Esq., c/o Grand Trunk Wharf, Victoria, B.C.

Roll No.

A Page 358

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

Kin A
16-4-16

Name Earle, W.S. Rank Sapper. Reg. No. 526.

Unit 6th Field Coy. Divisional Engineers.

Next of Kin Canada.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|-----------------------------------|-------------------|-------------|------------|----------|-----------------|-----------|
| 31/5/15 | Canad. Mil. Hosp. | Storncliffe | Spr. Ankle | 1 | | |
| <i>Transferred to C. E. I. D.</i> | | | | | | |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|------|----------|-------|----------|-------------|--------------------|-----------|
| | | | | | | |

Surname

Christian Name or Names

Reg. No.

Earle

W.S.

526

Rank

Unit

Co.

Troop

Batty.

Spt.

2nd Div Eng.

Hospital

Date of Admission

Transferred

Moors Barr. S.cliffe

Hosp.

31.5.15

Hosp.

Hosp.

Hosp.

Diagnosis

Spr Ankle

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

16.6.15 #1

REMARKS

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Bellville, Ont.*
 NAME AND ADDRESS OF NEXT OF KIN *J. S. Earle,
 Picton, Ont.*
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---------------------------|----------------|---------------|
| <i>(Killed in action)</i> | <i>16/4/16</i> | <i>BO 215</i> |
| <i>C. Minule 15, 1917</i> | | |

ADMISSIONS TO HOSPITAL, &c.

| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
|---------------|-----------------|----------|------------------|
| <i>Comm.</i> | | | |

REG'L. NO. *526* RANK *Sgt* NAME *Earle, W.S.*
 IF IN PERMT. CORPS WHAT UNIT UNIT *L.C. F.D.* TRANSFERRED TO *Branch* DATE *17/4/16* AUTHORITY *BO 215*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Kingston, Ont.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *14th December 1914* TRANSFERRED TO *Payroll* DATE *10-11-17* AUTHORITY *C. Minule 15-1-17*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE *24th Oct 1915 Com. R.F.C.* REASON AND AUTHORITY *Killed in action 16/4/16 BO 215*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17/4/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Commission R.F.C.*

Entered on N.E. Card Index
Checked by [Signature]
 No. 123469
 1. M. A. 1.
 20. 5. 6.
 W. E. M. C. A.
 Dec 6 1917
 d 20/5/17

| DATE | PAY | | FIELD ALLOWANCE | | WORKING OR SPECIAL PAY | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | CASH PAYMENTS | | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS | | | | | |
|------------------|-------------|------|-----------------|-------------|------------------------|-------------|----------------------|---------------|---------------|-------------------|------|--------|-------------|---------------|---|---|---------------|--------------|---------------|---------------|---------------|---------------|--------------------------|-------------------------|---------|---|--------|-------|---------------------------------------|--------------------|
| | NO. OF DAYS | RATE | AMOUNT | NO. OF DAYS | RATE | AMOUNT | | | | NO. OF DAYS | RATE | AMOUNT | 1 | 2 | 3 | 4 | 1 | | | | 2 | 3 | | | | 4 | CREDIT | DEBIT | | |
| 1916 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>May 1-30</i> | | | <i>336</i> | | | <i>3360</i> | | <i>240</i> | <i>372 00</i> | | | | | | | | <i>240 87</i> | | | | <i>240 87</i> | <i>131 13</i> | | | | | | | | |
| <i>April 30</i> | <i>100</i> | | <i>30 00</i> | <i>30</i> | <i>100</i> | <i>3 00</i> | | | <i>33 00</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>May 1-31</i> | <i>31</i> | | <i>31 -</i> | <i>31</i> | | <i>3 10</i> | | | <i>34 10</i> | <i>915 15/16</i> | | | <i>2 43</i> | | | | | | | | | <i>198 23</i> | | | | | | | | |
| <i>June 1-30</i> | <i>30</i> | | <i>30 -</i> | <i>30</i> | | <i>3 -</i> | | | <i>33 -</i> | | | | | | | | | | | | | | <i>231 23</i> | | | | | | | |
| <i>July 1-31</i> | <i>31</i> | | <i>31 -</i> | <i>31</i> | <i>11</i> | <i>3 10</i> | | | <i>34 10</i> | | | | | | | | | | | | | | <i>265 33</i> | | | | | | | |
| <i>Aug 1-31</i> | <i>31</i> | | <i>31 -</i> | <i>31</i> | | <i>3 10</i> | | | <i>34 10</i> | | | | | | | | | | | | | <i>299 43</i> | | | | | | | | |
| <i>Sept.</i> | | | | | | | | | | | | | | | | | | | <i>150 70</i> | <i>150 70</i> | <i>148 73</i> | | | | | | | | <i>Killed in action 16/4/16</i> | |
| <i>1917</i> | | | | | | | | | | | | | | | | | | | | | | | <i>148 73</i> | | | | | | <i>Bo 215</i> | |
| <i>May 31</i> | | | | | | | | | | | | | | | | | | | <i>192 50</i> | <i>192 50</i> | | | <i>43 77</i> | | | | | | <i>Trans to R.E. Branch 17/4/16</i> | |
| <i>June 30</i> | | | | | | | | | | | | | | | | | | | | | | | <i>43 77</i> | | | | | | <i>Dr. R.F.C. 25/10/15 to 17/4/16</i> | |
| <i>July</i> | | | | | | | | | | | | | | | | | | | | | | | <i>43 77</i> | | | | | | <i>Trans to R. Branch 25/10/15</i> | |
| <i>July</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <i>No. 123469</i> |
| <i>Aug</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <i>1. M. A. 1.</i> |

Checked *[Signature]*

Cash found in effects *No report*

Statement of JAN 29 1917

R.F.C.
1916

Small Ledger Sheet

RECEIVED
 No. 123469 1. M. A. 1.
 20. 5. 6.
 W. E. M. C. A.
 Dec 6 1917
 d 20/5/17
 Trans to R.E. Branch
 eff 25/10/15

| DATE | PAY | | | | FIELD ALLOWANCE | | | | WORKING OR SPECIAL PAY | | | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | | | | | CASH PAYMENTS | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS | | | | | |
|------|-------------|------|--------|----|-----------------|------|--------|----|------------------------|------|--------|----|----------------------|---------------|---------------|-------------------|------|-----|------|-----|------|-----|------|---------------|--------------|---------------|--------------|---------|---|--------------------------|-------------------------|---------|---|---|--------|-------|--|
| | No. OF DAYS | RATE | AMOUNT | | No. OF DAYS | RATE | AMOUNT | | No. OF DAYS | RATE | AMOUNT | | | | | 1 | | 2 | | 3 | | 4 | | | | | | 1 | 2 | | | | 3 | 4 | CREDIT | DEBIT | |
| | | | \$ | c. | | | \$ | c. | | | \$ | c. | | | | No. | DATE | No. | DATE | No. | DATE | No. | DATE | | | | | | | | | | | | | | |
| 1918 | June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sept | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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1918
 June Balance transferred to Pay II O
 1919
 Sept Prd Board ruling
 1288 c. n. 2338
 Tax 779 No. 36/16

43 77
 43 77

43 77
 Prsn ✓
 203 list NO 3
 Listed
 Prd 9, 19.
 NIL

Dead 16/1/16

D.T. *Iron Office*
Bohro

DUPLICATE.

5 2 6

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Earle

MEDICAL HISTORY of

Surname ~~CARRE~~ Christian Name Wallace S.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Belleville County Frontenac.

Examined ... { on 2nd day of December 1914,
at Kingston.

Declared Age ... 25 years 10 months days.

Trade or Occupation ... Civil Engineer

Height ... 5 feet 10 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded inches.
Range of Expansion inches.



Physical Development ...

Vaccination Marks { Arm ... Right Left Yes.
Number 3

When Vaccinated ... Infancy.

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b) One tooth missing. Sight psiosireso over back.

Approved by (Signature) G. E. Kidd.
(Rank) Capt. A.M.C.
Medical Officer.

Enlisted ... at Kingston
on 13th day of December 1914.

| Joined on Enlistment ... | Corps. | Regtl. No. |
|--------------------------|----------------------|------------|
| | <u>Can. Engineer</u> | <u>526</u> |
| Transferred to ... | | |

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on day of 191.

(Signature) *W. H. ...*
(Rank) *...*

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Sprain of ankle slight straggled

F.B.R. Bately Capt.
C.A.M.C.

9.15

M. Isles Major R.C.E.

Table III.—Boards ; Courts of Inquiry, 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 |
|----------|---|
| 26.2.15 | Vaccinated (Signed) L.W.H.Eormy |
| 19.12.14 | Anti-Typhoid Inoculation (Signed) G.E.Kidd |
| 29.12.14 | Anti-Typhoid Inoculation (Signed) G.E.Kidd. |
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Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
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I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
 C.A.M.C.
 For the Officer in Charge of Records
 Canadian Contingents,