

Original

ATTESTATION PAPER

No. *160*

166933

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? *Robert Wm Eden*
2. In what Town, Township, or Parish, and in what Country were you born? *England*
3. What is the name of your next-of-kin? *wife Alice Maus Eden*
4. What is the address of your next-of-kin? *853. B. 3rd St. Medicine Hat*
5. What is the date of your birth? *4th Nov. 1885*
6. What is your trade or calling? *Drumlayer*
7. Are you married? *Yes*
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?
If so, state particulars of former Service. *No*
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*

Robert Wm Eden (Signature of Man.)

J. J. McGuire (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Wm Eden*, 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.

Robert Wm Eden (Signature of Recruit.)

Date *July 19* 191*5*.

J. J. McGuire (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Wm Eden*, 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.

Robert Wm Eden (Signature of Recruit.)

Date *July 19* 191*5*.

J. J. McGuire (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 *Medicine Hat* this *19* day of *July* 191*5*.

J. Cameron (Signature of Justice.)

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

Geo. B. McLeod (Approving Officer.)

DESCRIPTION OF Robert W. Eden ON ENLISTMENT.

Apparent Age 30 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. 4 3/4 ins.

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Brown

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

*Small scar inner side of left eye.
 Scar left lower leg
 three vaccination marks left arm*

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 July 19th 1915

Place Whitburne Hat

W. J. M. Hooper
 Captain 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

Robert William Eden 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.

Date 19th July 1915 *W. J. M. Hooper* (Signature of Officer.)

C.E.F.

EDEN ROBERT WM.

466933

63 BN

01533

DEMOB



2821

2nd. Contingent
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Alice M. Eden*
 Address *325 Maple Ave*
Medicine Hat
Alta

By Whom Assigned *Eden R. N. W.*

Regtl. No. *466933*

Rank *Pte*

Corps *63 Batt D Coy*

Rate *1800*

MAY 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1940

MAY 1940

1940
MAY 1940
MAY 1940

1940

1940

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pt.* Name *Eden* Surname *Robert*
 Unit or Corps *C.R.G.* (If a soldier) Regtl. No. *466933*
 Born at *Sunderland England* on date *4 Nov 1884*
 Signature (for identification) *Robert W. Eden*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *143* lbs. *Good*
 Height *5* ft. *6* ins. *no*

2. NUTRITION AND DIATHESIS ?

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? *no*

Abnormal Size? *no*

Pulse Rate? *76*

Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

no

Urinalysis—S.G.? *1020* Reaction? *acid* Albumen? *no* Sugar? *no*

**9. SKIN, MIDDLE EAR, EYE
or any other part ?**

no

**10. Is there any evidence of
impairment of health or
physical condition not
mentioned above? If
so, describe.**

no

**11. Opinion as to the health
and physical condition
of the one examined ?**

Good

Examined at *Kimmel ph* Signed *J. P. Reynolds* M.O.

Date *15-1-19* Signed *W. Stephens* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

of an officer in general service to render fit for duty

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2407

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. 406933 Rank Plt Surname Eder
(Given name in full)

Unit or Corps Casualty Co Birthplace Robert William Sunderland, England

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

1. GENERAL DESCRIPTION:

Physique good Weight 142 lbs. Height 5 ft. 4 3/4 in. Colour of Eyes Blue
 Nutrition good
 Pulse 72 normal
 Condition of arteries normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar on left leg due to accident in 1898.

Opinion as to general health and physical condition good fit

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.

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

325. Maple Ave. Medicine Hat, Alberta

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at **CALGARY**(Canada)
FEB 27 1919

Date Signed *R. C. Robinson* 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 *Robert W. Eden*

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

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

LOCAL CASE

*Name **EDEN Robert. William.** Rank **Spr.** Regtl. No. **466433**

Original unit **63rd.** Present unit **9th CMR.** M. or S. **M** Age **34** Religion **C of E** Fyle Depot **13.D. E-102** Ref. H.Q.

Port, ship, and date of arrival **Halifax. Baltic. 6-2-19.**

Next of kin **Mrs. A.E. Eden. Wife. 325. Maple. Ave. Med Hat.**

Address on leave **as above.**

Address on discharge **as above**

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation **Bricklayer.** Date and place of enlistment **19-7-15. Med Hat.**

Diagnosis **Fit A 2** Date of Medical Boards **27-2-19**

Date.	Remarks	Pt. 2 Order No.
108 29-1-19.	Posted to Cas Co Calgary 12-2-19.	44
	Leave with sub 26-2-19	44
28-2-19	Discharged from H.M. Service	59

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

Date.

Remarks.

Pt. 2 Order No.

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

Surname
Eden

Christian Name or Names
R.W.

466933

Reg. No.

466973

Rank Unit
~~Pnr.~~ *Spr.* 1st Pnr. Bn.

Co. Troop Batty
9.6PT.

Hospital
5 Stat. Abbeville

Date of Admission
5.9.16

Transferred *5. Camp dep. Cayeux.* Hosp. *25.10.16*

10. 6. 7. Amb. Hosp. *6. 7. 18*

Hosp.

Hosp.

Diagnosis

Diarrhoea

(1) Later Diagnosis (if changed) *Influenza Riv.*

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 14.9.16 A137

Base Dep Hamer 29.10.16

3.11.16 A180

REMARKS

Wisch. 11.7.18

9.11.16 A180

16. 7. 18 a 266.

18.7.18 a 268

A.M.D. 2 Dept.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 938
6933

RANK *Plt.*

NAME *E. den R. W.*

T. O. S. *19-7-15.*
20.24826-7-15.

UNIT *6 3rd Battalion C. E. F.*

M. D. *13.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>July 19</i>	<i>1915</i> <i>July 31</i>	<input checked="" type="checkbox"/>		
	<i>aug.</i>	<input checked="" type="checkbox"/>		
	<i>Sept.</i>	<input checked="" type="checkbox"/>		
	<i>Oct.</i>	<input checked="" type="checkbox"/>		
	<i>Nov.</i>	<input checked="" type="checkbox"/>		
	<i>Dec.</i>	<i>O.S.</i>		
	<i>1916</i> <i>Jan.</i>	<input checked="" type="checkbox"/>	<i>forfeits 7 days pay.</i>	<i>Jan. pay list</i>
	<i>Feb.</i>	<input checked="" type="checkbox"/>		
	<i>Mar.</i>	<input checked="" type="checkbox"/>		
	<i>Apr.</i>	<i>n.</i>		
			<p>UNIT SAILED MAR 23 1916</p>	



SURNAME.

Eden.

13 - CARD NO.
Sos demob 28/2/19.
doc - FOLL.

CHRISTIAN NAMES

Robert William

REGL. NO.

466933

RANK

Pte

UNIT

63rd

Batt.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Eden, Mrs Alice Maud

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

*853 R. 3rd St., Medicine Hat,
Alta.*

COUNTRY OF BIRTH

England.

DATE

Nov. 4th - 1885

PLACE OF ATTESTATION

Medicine Hat, Alta.

DATE

July. 19th - 1915

O/S. 22-4-16 $\frac{391}{9}$

R/C. 5-2-19. $\frac{262}{79}$ Apr.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Bricklayer

RELIGION

Church of Eng.

DESCRIPTION.

APPARENT AGE

30 YEARS

MONTHS

HEIGHT

5' FEET

4³/₄ INCHES

CHEST MEASUREMENT

34¹/₂ INCHES

EXPANSION

3 INCHES

COMPLEXION

Wark

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Small scar inner side left eye. Scar left lower leg. 3 vaccin. marks left arm.

MEDICAL EXAMINATION.

PLACE

Medicine Hat

DATE

July 19th 1915

Sailed from St John Rev L. Metagama 22/4/16

REGT'L No 466933
H. Q. FILE No. 649-

NAME Eden R. W.

RANK AND CORPS Ans. 1st Pr. Bn.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
9137 e	#5 Stat. Abbeville	5-9-16	N. y. D.
9180	#5 Convo. Depot. Bayeux	25-10-16	Diarrhoea
A 185	"Disch to Base. Depot Havre.	29-10-16	"
A 266'	10 Can. F. Amb	6-7-18	Influenza
A 268'	Disch. 10 " " "	11-7-18	" "

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mr. Allen M. Eden wife

Name of Soldier

Eden, P. A. W.

L. L. Job 310.—Req. 6374.

PAYMENTS.

466933. Plu 63rd En D Co

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i> MAY 1 1916
April	1916			
May		<i>3587</i>	<i>15</i>	
June		<i>8453</i>	<i>15</i>	
July		<i>8193</i>	<i>15</i>	<i>#8193 Cancelled w.d. 25/7/16</i>
Aug.		<i>10442</i> <i>013617</i>	<i>15</i> <i>15</i>	
Sept.		<i>16983</i>	<i>15</i>	
Oct.		<i>52276</i>	<i>15</i>	
Nov.		<i>220440</i>	<i>15</i>	
Dec.		<i>33934</i>	<i>15</i>	
Jan.	1917	<i>H39170</i>	<i>15</i>	
Feb.		<i>H43983</i>	<i>15</i>	<i>15.00</i>
March		<i>950127</i>	<i>15</i>	<i>15.00</i>
April		<i>K1541</i>	<i>15</i>	<i>15.00</i>
May		<i>7881</i>	<i>15</i>	
June		<i>14817</i>	<i>15</i>	<i>15.00</i>
July		<i>21492</i>	<i>15</i>	<i>15.00</i>
Aug.		<i>28638</i>	<i>15</i>	<i>15.00</i>
Sept.		<i>035864</i>	<i>15</i>	<i>15.00</i>
Oct.		<i>42108</i>	<i>15</i>	<i>15.00</i>
Nov.		<i>41941</i>	<i>15</i>	
Dec.		<i>W55016</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

nl

270

300.00

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

TLH.

Rank _____ Name **EDEN, Robert William.** Reg'l No. **466933**
 Unit **63rd. Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**

Place and Date of Enlistment **Medicine Hat, July 19th.1915.** Place of Birth **England.**

Name and Address, Next-of-Kin **Alice Maud Eden,**
853, B 3rd Street, Medicine Hat. Alberta. Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **6068**
 File R.I.
 Category **C A O R**

Discharge, Date and Place _____ Reason _____ Character _____

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.				
		<i>Arrived in England.</i>	<i>S.S. Metagama</i>	<i>5-5-16</i>	
<i>5-7-16</i>	<i>6663 Bn</i>	<i>Struck off to Pioneer Bn & Pears</i>	<i>S'cliffe</i>	<i>5-7-16</i>	<i>Pt II. O. 161</i> <i>103 Chd. 11. 7. 16 R.</i>
<i>14-7-16</i>	<i>1st Pm. Bn</i>	<i>Taken on Strength</i>	<i>In the Field</i>	<i>6-7-16</i>	<i>Pt II # 17</i>
<i>14-9-16</i>	<i>---</i>	<i>N.Y.D. * 5 Staty. Hosp.</i>	<i>Abbeville.</i>	<i>5-9-16</i>	<i>ChA 137.</i>
<i>3-11-16</i>	<i>---</i>	<i>Marshora. * 5 Conval. Dep.</i>	<i>Caycamp.</i>	<i>25-10-16</i>	<i>ChA 180.</i>
<i>9-11-16</i>	<i>---</i>	<i>Disch. to Base Depot.</i>	<i>Haure.</i>	<i>29-10-16</i>	<i>ChA 185.</i>
<i>26-5-17</i>	<i>---</i>	<i>Now known as 9th C.R.T</i>	<i>Field</i>	<i>26-5-17</i>	<i>Pt II 00 144.</i>
<i>31-7-17</i>	<i>9th C.R.T</i>	<i>Awarded 1 G.B. Badge</i>	<i>---</i>	<i>19-7-17</i>	<i>62.</i>
<i>29-12-18</i>	<i>C.R.T. B.</i>	<i>Posted from 9th C.R.T.</i>	<i>Witley Sp.</i>	<i>28-12-18</i>	<i>359 + 9th C.R.T. Pt II 015-77</i> <i>4/21/18</i>

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.				
12-1-19	C.R.T.D.	On command to Hummel Park, Rhye, M.D. 13	Spr. Willey	12-1-19	— 11.
9-2-19	Do-	leaves on command 5 SCS On file to C.C. Canada	" Knolly Ash	29-1-19	— 1-35 SCS no

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 466933 (Rank) Private

Name (in full) Robert William EDEN enlisted in
the Sixty-third Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Medicine Hat, Alta. on the Nineteenth
day of July 19 15

HE served in FRANCE

and is now discharged from the service by reason of " DEMOBILISATION "

H.O. 1420-12-12-18

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

Age 33 Years 3 Months

Height 5 Ft. 4 Inches

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars

Robert W. Eden
Signature of Soldier

W. Mac Coyne
Issuing Officer

Date of Discharge February 28th, 1919

Rank

Officer i/c. Discharge Section District Depot M. D. 13
Appointment

Signed at Calgary, Alberta this Twenty-eighth day of February 1919

in Military District No. 13

File Reference No. 13 D- E 102

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.

War Service Badge, Class A No. 68372 Issued

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

SEPARATION ALLOWANCE

60m.—12-15.

1772—39—818.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. A.M. EdenWife
PAYMENTS.

Name of Soldier

Eden, R.W.

L. L. Job 89002.—Req. 6213.

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	01900	20 -	20
May		46136	20	20
June		63365	20	20
July		48379	20 -	20
Aug.		813895	20	20
Sept.		815489	20	20
Oct.		919225	20	20
Nov.		221568	20	20
Dec.		225539	20	20
Jan.	1917	728909	20	20
Feb.		731821	20	20
March		834986	20	20
April		85942	20	20
May		84426	20	20
June		K7432	20	20
July		J10255	20	20
Aug.		013519	20	20
Sept.		N17029	20	20
Oct.		P19986	20	20
Nov.		221962	20	20
Dec.		1027093	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

8448
↓

588.00

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

M. OR S. *M.* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *466933* RANK *Pvt* NAME (IN FULL) *EDEN, R. W.*

ORIGINAL UNIT C.E.F. *6370* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-3-19.*

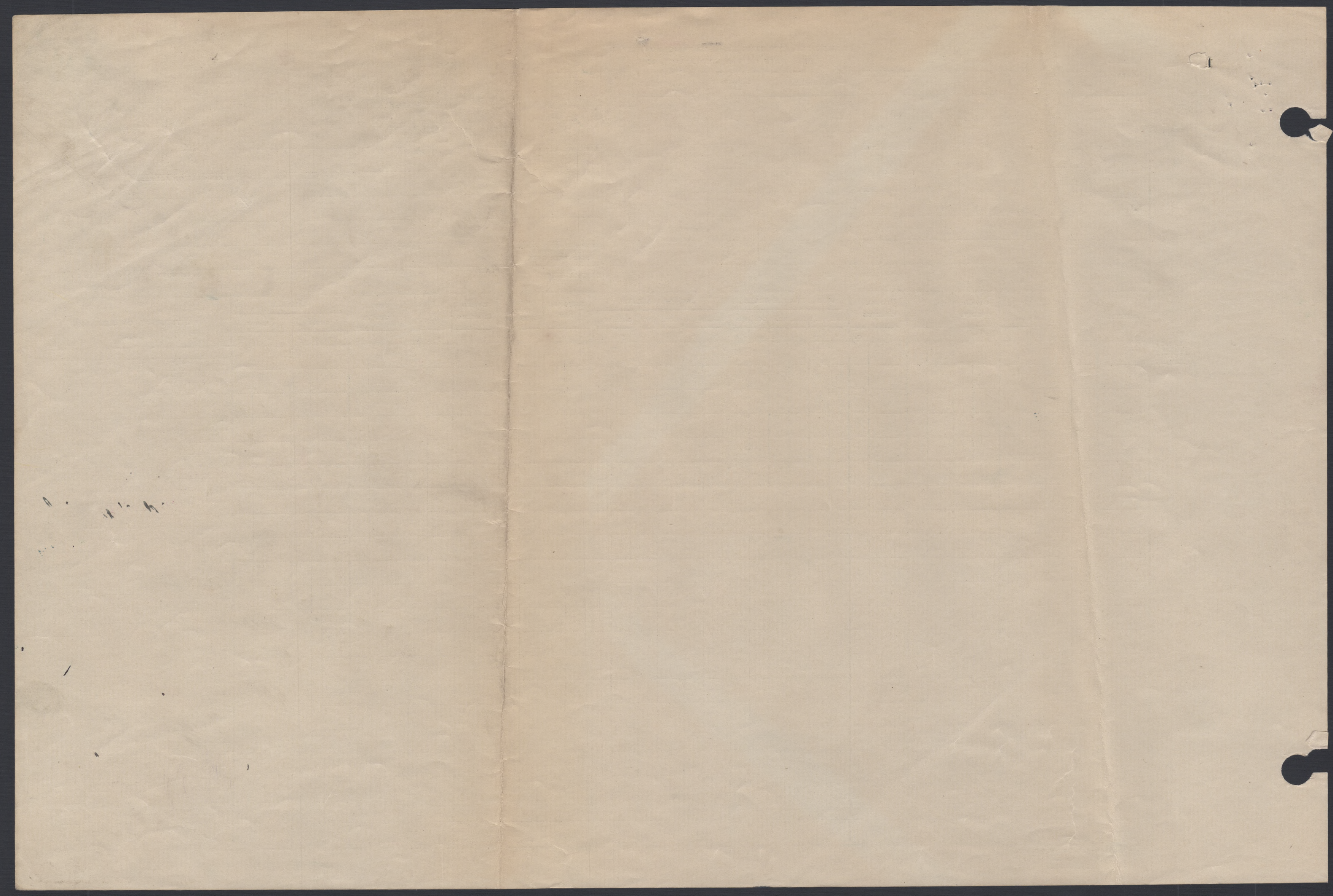
PAYABLE TO *Mrs Alice M. Eden* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *325. maple Ave Med Hat Alta.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *Calgary, Alta.* DATE *FEB 28 1919* REASON AUTHORITY *2013* IF ENTITLED TO POST DISCHARGE PAY

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				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.																																										
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE												\$	C.	\$	C.	\$	C.	\$	C.	\$	C.																															
31-1-19.	✓	11 ⁰⁰			46.	24																	Bal Eng R.P.C.																																									
					46.	24	4938	27 ¹⁹	73	30 ¹⁹	6 ¹⁹	9.	73	4	87.	5.					49	60	3.	36																																								
1-2-19.	✓	28	1 ⁰⁰	30	80	✓											15.			3.	36		✓																																									
38-2-19				30	80	147			146	24	124	014	39	93	4	87.	64	144	15		12	014		✓																																								
<p>Certified opening entries on this Ledger Sheet have been audited by <i>R.P.</i></p> <p>Days: <i>183</i></p> <table border="1"> <tr> <td>W.S.G.</td> <td>S.A.</td> <td>Date</td> <td>W.S.G.</td> <td>S.A.</td> <td>Date</td> </tr> <tr> <td>420.00</td> <td>180.00</td> <td>600.00</td> <td>70.00</td> <td>30.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>70.00</td> <td>30.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>140.00</td> <td>60.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>70.00</td> <td>30.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>70.00</td> <td>30.00</td> <td></td> </tr> <tr> <td>420.00</td> <td>180.00</td> <td>600.00</td> <td>420.00</td> <td>140.00</td> <td></td> </tr> </table> <p>WAR SERVICE GRATUITY</p> <p>SOLDIER DEPENDENT</p> <p>B. 5804-05 13/3/19</p> <p>175619-620 14/4/19</p> <p>610578-579 14/5/19</p> <p>853709-710 28/6/19</p> <p>862446-447 28/7/19</p> <p>All Payments Due on This Account have been completed.</p> <p><i>[Signature]</i> Paymaster War Service Gratuity M. D.</p>																							W.S.G.	S.A.	Date	W.S.G.	S.A.	Date	420.00	180.00	600.00	70.00	30.00					70.00	30.00					140.00	60.00					70.00	30.00					70.00	30.00		420.00	180.00	600.00	420.00	140.00	
W.S.G.	S.A.	Date	W.S.G.	S.A.	Date																																																											
420.00	180.00	600.00	70.00	30.00																																																												
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			70.00	30.00																																																												
420.00	180.00	600.00	420.00	140.00																																																												



* Strike out which ever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-5-16	EFFECTIVE DATE:-	
AMOUNT:-	\$1500	AMOUNT:-	

NAME:- EDEN, Robert, W.
NUMBER:- 466933

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.

Mrs Alice M. Eden,
325 Maple Ave.
Medicine Hat, Alta Canada
Wife
Cancelled eff 1/2/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr

UNIT AND TRANSFERS

ORIGINAL UNIT:- 13th Bn.
DATE ACCOUNT FIRST OPENED:- 1-5-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F 0	UNIT TRANSFERRED TO
			9 CRT.

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
5/1/18	4344	CRYS	£ 15 0 0	15-1-19			
11/1/19	4380	Willey	£ 3 0 0				
			43 00				4624
			14 60				13384
			8760				

CRYS Issued 15-1-19
Paral
Ledger

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *11 to Can 31/1/19 @ W 9-2-21 W d 841 1116*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forward.								198 62		
April	P.P.	33		AR 34 17/4/18 9 CRT.	4 46						
				C.A.P.				15			
				AR. 141. 26/4/18. 9 CRT.	3 59				208 59		
				C.A.P.	8 03			15			
May	P.P.	33		AR. 232 15/5/18	4 46						
		34	10	R. 368. 9/5/18.	75						
				313 27/5	3 57				144 66		
					83 03			15			
June	P.P.	33		C.A.P.				15			
				AR. 410. 15.6.18. 9 CRT.	4 46				158 20		
				" 493. 26.6.18. "	3 57				154 63		
					8 03			15			
July		33		C.A.P.				15			
		34	10								
				.. 591 1/7	4 46						
				- 694 2/7	3 57				165 70		
					8 03			15			
Aug.		33		C.A.P.				15			
		34	10								
				.. 819 1/8	4 46						
				- 933 2/8	5 35				174 99		
				- 2820 20/8	9 81				77 66		
					97 33						
					107 14			15			
Sept		33		C.A.P.				15			
		33						15			
									95 66		
								15			
Oct.		33		C.A.P.				15			
		34	10						129 76		
				AR 1273 24 12/10	4 66				114 76		
				Forward	4 66			15	110 10		

NUMBER 466933

RANK Spn

NAME EDEN Robt W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Forward	3410			466			15	11010		
Oct				8N30035 ³⁷ 28/12/16. 1 Cigars	262				10748		
				AR 1390 ³⁸ 28/10 96 Ad	373				10375		
		3410			1101			15			
Nov		233		AR 1503 ²⁰ 16/11 B.A.P.	466			15	12175		
				AR 1586 ²⁸ 24/11 "	1306				10403		
Dec		3410		B.A.P.				15	12013		
				1744/61 19/12 "	839				11474		
1919		3410		B.A.P.				15	13384		
Jan		10120			2611			45			
Feb				4244 30/2 B.R.I.D.	73				6084		
				4373/22 1/1 "	1460				4624		
				4938/45 27/1	973				3651		
					9733						

S.O.S. 29.1.19. S.L.8. CRTD.

DEMOBILIZATION PAY DIVISION, M. D. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 466933 Rank Pte. Name Eden R. W.
(Surname first)
Unit 63rd Bn. who was* Discharged
On 28/2/19 191 , to 28/2/19 191
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 28/2/19 191
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	3 36	
Regimental Pay <u>28</u> days at \$ <u>1.00</u>		28 00
Field Allowance <u>28</u> days at \$ <u>0.10</u>		2 80
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits <u>Subs 12/2/19 - 26/2/19 10.44</u>		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges <u>AP Feb. Paid by Ottawa</u>	15 00	
Balance on transfer or on discharge, cheque No. <u>B. 297</u>	59 44	
Total	77 80	77 80

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has chgd. been paid on account of
Assigned Pay for the month of Feb. 191 }
and Separation Allowance for month of 191 } (to) Assignee Mrs. A. M. Eden
(Address) 325 Maple Ave., Medicine Hat, Alta.
(†) 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.

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

REMARKS:—

State (1) date of enlistment married or single Married
(2) Separation Allowance, entitled or not Yes (3) Reason for discharge
(4) Authority for discharge or transfer DD 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 26/2/19

Place Calgary, Alta.

H. B. Seddall
LIEUT. Paymaster.
PAYMASTER—DEMOBILIZATION PAY DIVISION, M. D. 13

- N.B.—(A) This form is to be used for all ranks (vide Article 122-180 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.13.

NAME OF SOLDIER (Block Letters) EDEN, R.W.
REGIMENT 9th B RT. RANK Spv. No. 466933

Date of Examination in England 13/1/19. Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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.

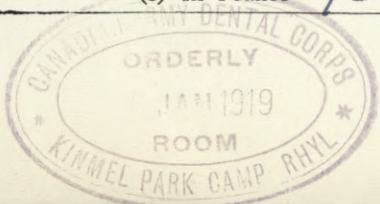
PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7. 13.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada Yes
- (b) In England
- (c) In France Yes



Signature of Dental Officer C. C. Graham Capt

M.D. 13

EDEN R.M.

M.D. 13

DR. R.T.

13/1/17

13

2

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I., 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of
(18) Demobilizer (y)	(Date)	Posting Officer)
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I., 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be retained without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No 10. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 25

for O. Commanding 13 Wing, Kinmel Park Camp.

29, 1. 19 Sailed from Liverpool

W.P. Sully CAPT.
ADJUTANT H.M.T. *Baltic.*

29-1-19 TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 14

W.W. Masmyth Lieut. Col.
Officer Commanding District Depot No, 13

28/2/19 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 59

AUTHORITY P.O. 1420

Dated Ottawa 12/12/18

W.W. Masmyth Lieut. Col.
Officer Commanding District Depot No. 13

Nothing to be written in this margin.

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

CERTIFIED CORRECT

Casualty Form—Active Service.

M. F. W. 54.
Canadian Record Office,
H.Q. 1772-39-920,
Westminster House,
7, Millbank, S.W.

Unit, Regiment or Corps 63rd. O. Batt. C. E. F.

Regimental No. 466933

Rank Private

Name Robert William Eden

C. E. F.

Enlisted (a) 19-7-15

Terms of Service (a) Duration of War Service reckons from (a) 19-7-15

Date of promotion to present rank. } _____

Date of appointment to lance rank } _____

Numerical position on roll of N. C. Os. } _____

Extended _____

Re-engaged _____

Qualification (b) Bricklayer

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				
		Embarked Canada April 22 nd 1916. Arrived England May 5 th 1916. Transferred to 1st Pioneer Bn. Doebens			Capt Morrill 63rd. Batt. C. E. F.
28/7/16	OC CBD	ARRIVED CAN BASE DEPOT taken on 1st 6 PB	Field	6/7/16	Lt 15 20 Pt. II 17. d 14-7-16
6/8/16	—	LEFT FOR UNIT 1st Can. Enrichg. Bn.	Field	4/8/16	Can. Sect. #40 - D.S. 107.
4-9-16	OC 1st CEF	Left for 1st Pns Unit	—	4-9-16	ban Sec #78 - - - 126.
5-9-16	OC 5th Lt	N.Y.D.	Adm	5-9-16	W 3034.
31-10-16	OC CBD	LEFT FOR UNIT (1st CEF)	Field	1-11-16	Can Sect #98.
25-10-16	OC 5th Lt	540. Diarrhoea	Hfd	25-10-16	W 3034
—	OC 5th Lt	—	Adm	—	—
31-10-16	OC CBD	Taken on 1st (A)	Have	31-10-16	N 19.
29-10-16	OC 5th Lt	Diarrhoea	Hfd	29-10-16	W 3034
7-11-16	OC 1st CEF	LEFT FOR UNIT (1st Can Enrichg. Bn.)	Field	3-11-16	ban Sect #9.
26-11-16	—	LEFT FOR UNIT	—	23-11-16	— - - 14
25-11-16	OC 1st Pns	JOINED UNIT	—	23-11-16	B. 213 Sect. 5. 161

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

466933. Apr Edin R. W.

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				
14-7-17	O.C. Unit	Granted 10 days leave	England	9-7-17	B213 O.C. II D.O. No 61/1917
28-7-17	"	Returned from LEAVE	Unit	24-7-17	" " 64/6-8-17
23-7-17	"	Granted 1 Good conduct stripe Field		19-7-17	Letter " 62/1917
6.7.18	10 CFA	Influenza	adw.	6.7.18	A 5296
11.7.18	✓	✓	To Duty	11.7.18	A/5500
JUL 13 1918	O.C. Unit	Rejoined from Hosp.		11.7.18	B. 213.
AUG 24 1918	✓	Granted 14 days LEAVE	U.K.	AUG 22	✓ D.O. 106 d 3-9-18
SEP 14 1918	✓	Returned from LEAVE		SEP 7	✓
	C.B.D.	Trans to Eng & posted to C.B.D. Witley		25/12/18	M/R 21. Mas B. Chapwell
28 DEC 1918	G.R.T.I	Taken On Strength	Witley	28 DEC 1918	Pt. 2 D.O- 359
12-1-19	C.R.T.D.	On Command, Hannel Park Camp, Rygl	Witley	12-1-19	Pt. II D.O. 11

Substantive
 Lieut.
 for O. C. C.R. Depot

Lieut. for Lt.-Col., A. A. G
 Canadian Section, G. H. Q. 3rd Eche

This space to be for numbers.

7-6-36

Proceedings on Discharge.

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

No. 466933

Rank Private

Surname.....EDEN

Christian name.....Robert William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 63rd Battalion, C.E.F.

Date of discharge February 28th, 1919

Place of discharge Calgary, Alberta

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... <u>33</u>years..... <u>3</u>months.	
Height..... <u>5</u>feet..... <u>4</u>inches.	
Complexion <u>Dark</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Bricklayer</u>	
Intended place of residence	
(To be given as fully as practicable.)	
<u>325-Maple Ave.</u>	
<u>Med.Hat, Alberta</u>	

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

Authority for discharge.....R.O. 1420--12-12-18.....

13 DD Part II DO 59--28-2-19

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.

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.)

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

I.W.

(OVER)

*2 H. 10/2/19
M. F. B. 218
I. W.*

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)..... *Calgary* *Robert W. Edmuns* (Signature of Soldier.)

(Date)..... *FEB 28 1919* *Geo. Beale* (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)..... *Calgary, Alberta*.....

(Signature)..... *W. MacKinnon*

(Date)..... *28-2-19*.....

Officer i/c Discharge Section District Depot M. D. 13

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.)

List of Discharge Documents

Robert W. Adam

X

Reg. Contract Sheet	W. 303
Separation	H. 303
Battery	W. 174
Company	W. 174
Field Contract Sheet	W. 174
Copies of Receipts by	W. 174
Med. Hist. Sheet	H. 311
Company Form	W. 31
Medical Report (Advancing)	H. 311
Dental History Sheet	H. 402
Pay Pay Certificate	W. 41
Unpaid Discharge Certificate	W. 391
Form of Will	W. 32
Copy of Discharge (Medical and)	W. 32
Copy of Discharge (Personal and)	W. 32

Documents not accompanying this form should be closed out.

I hereby certify that the following documents are unobtainable:

 Officer Commanding

V. 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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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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

19-7-15.

Separation and Assigned Pay Branch

475

May 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20.	25	30
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RATE OF ASSIGNMENT

15			
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1-12-17 R.C. 2753
P.C. 3257 M.O. 33906

PARTICULARS OF SEPARATION ALLOWANCE

No. 466933
 Rank pte Promoted Reverted Discharge
 Soldier's Name Robt. Wm Eden.
 Battalion 63 Battrn.
 Beneficiary Mrs. Alice M. Eden.
 Relationship Wife.
 Address 325 - 8th Ave S.E. Medicine Hat. Alta

PARTICULARS OF ASSIGNMENT

Name Mrs. Alice M. Eden *wife*
 Address 325 Maple Ave, Medicine Hat, Alta
 Change of Address
 1
 2
 3
 4
M.F.W. 2534 298/18 ✓

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1917					
Dec 31		588 -	300 -	888 -	
1918 Jan 31	X 65698	30 -	15 -	45 -	P
Feb	E 100382	25 -	15 -	40	
Mar	A 129427	25 -	15 -	40	
Apr	A 8421	25 -	15 -	40	L.
May	Q 13110	25 -	15 -	40	L.
June	X 23996	25	15	40	2
July	A 29928	25	15	40	T
Aug	K 38658	25	15	40	T
Sept	R 42555	25	15	40	T
Oct	2 52818	25	15	40	R
Nov	K 60975	25	15	40	R
Dec 1919	U 63339	45	15	60	
Jan	O 76220	30	15	45	R
Feb	U 76500	30	15	45	R

5288-R-4

REMARKS

ANOTHER ACCOUNT IN
 Special Remittance Ledger
 Ledger
 Ledger
 Ledger

M. F. W. 128
40096-6-17-1772-89-141
L. L. 22320-M. & D. 7593.

M.O. # 66895 Rendered 11/2/19 Destroy
973 510

A/c Closed 28-2-19
 Ret'd per Baltic
 Date 6-2-19 M.F.W. 187 11-2-19
 Closed J. Hiddings



ORIGINAL.

MEDICAL HISTORY SHEET.

466 933

Surname Eden Christian Name Robert Wm

Examined { on 19 day of July 1915
 at Medicine Hat
 Birthplace { City or Town England
 County _____

Approved by [Signature]
 Rank Capt Ret M.O.

Apparent age 30 yrs
 Trade or occupation Bricklayer
 Height 5 Feet 4 3/4 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 31 1/2 inches.
 Maximum expansion 34 1/2 inches
 Physical development _____
 Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____
 When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>28-10-15</u>	<u>-</u>	<u>[Signature]</u> M.O.

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>21-8-15</u>	<u>Reaction</u>	<u>[Signature]</u> M.O.
<u>2-10-15</u>	<u>" "</u>	<u>[Signature]</u> M.O.

Enlisted on 19 day of July 1915 at Medicine Hat

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>63rd Batt</u>	<u>466933</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Quinn's Park</u>	<u>10/1/19</u>	<u>nil</u>	<u>[Signature]</u>

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.

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DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Robert William* 2. Surname *Eden*
3. Rank *Pte.* 4. Original Unit *63rd* 5. Reg. No. *466933*
6. Address, in full, to which future payments of gratuity are to be forwarded
325 Maple Ave Medicine Hat
Alberta
7. Date of enlistment in the C.E.F. *19th July 1915* *Formed*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Alice Maud Eden*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *325 Maple Ave*
- Medicine Hat Alberta*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
63rd April to July 1916
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
No
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 years 7 month*
- 63rd 1st Pioneer 9th C.P.F.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

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117

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *etc.*
20. Have you been issued with a War Service Badge? If so, what class? *yes A*
21. Have you, during the present war, served in the Imperial Forces? *etc.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *etc.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *etc.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. Are you now serving in the C.E.F.? *etc.* If not, give:—(a) Date of discharge
28 Feb. 1919 (b) Reason for discharge *Demobilisation*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *etc.*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *yes*
1st Pioneers
Aug. 1916 Dec. 1918
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *etc.*
 (b) If so, are you in receipt of full pay and allowances from that Department? *etc.*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Robert William Eden*

Place of Residence: *325 Maple Ave Medicine Hat Alberta*

Declared before me at: *Calgary*

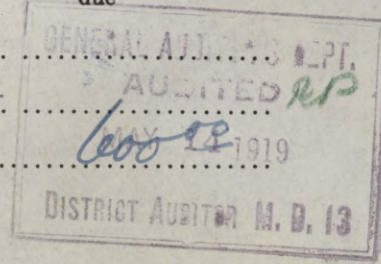
This *28th* day of *February* 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

H.E. White - Capt.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	<i>Nil.</i>		<i>420⁰⁰ 18000 S.A. 6000⁰⁰</i>	



Certified Correct.

[Signature] District Paymaster.

[Signature]

19-7-'15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

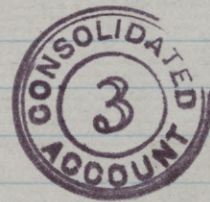
Name *Mrs Alice M Eden*
 Address *325 - 8th Ave S.E.
 Medicine Hat
 Alta.*
 Relation to Soldier }
 wife, child or mother } *Wife*

Name of Soldier *Eden Robt Wm*
 Regtl. No.
 Rank *Pte*
 Corps *63rd Bath*
 To what Corps belonging }
 when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>73333</i>	<i>28 - 28</i>	
Sept.		<i>4882</i>	<i>20 - 20</i>	
Oct.		<i>519669</i>	<i>20 - 20</i>	
Nov.		<i>210320</i>	<i>20 - 20</i>	
Dec.		<i>22993</i>	<i>20 - 20</i>	
Jan.	1916	<i>N17896</i>	<i>20 - 20</i>	
Feb.		<i>H26241</i>	<i>20 - 20</i>	
March		<i>F32018</i>	<i>20 - 20</i>	



21. 015

21. 015
21. 015

21. 015