

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 15th O/S Brigade C. F. A.  
Ammunition Column

(2) Regimental Number 332806

(3) Full Name of Soldier W a Gale

(4) Place of Birth Lakefield, Ontario

(5) Are you married, or not? no

(6) If married, state,  
(a) Full name of your wife.....  
.....  
(b) Present Postal Address.....  
.....

(7) Are you a widower? no

(8) Have you any children? no  
If so, give number of boys and girls.....  
Also their names and ages.....  
.....  
.....  
.....

To be made out in duplicate.  
(9) Is your Father alive? yes

If so, state name and address McGale

(10) Is your Mother alive? yes

If so, state name and address McGale

Rm 21 Royal Oak Victoria

(11) If your Mother is a widow yes

Are you her sole support, or not? no

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

15) Are you insured? no

If so, in what Company? \_\_\_\_\_

Have you made arrangements for payment of your Insurance premium? \_\_\_\_\_

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 8<sup>th</sup> / 16

H. S. [Signature]  
Officer Commanding.  
Captain

REGIMENTAL DOCUMENTS

NAME Gale William A.

REGT. NO. 332 8 06 UNIT 15th Pde. C.F.A. H. Q. FILE NO.

AC 19  
23-7

**S**

**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)

2 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)

1 C-10-60

1 Wisp - cert.

1 m-7-W-67

DEATH

Category

01720

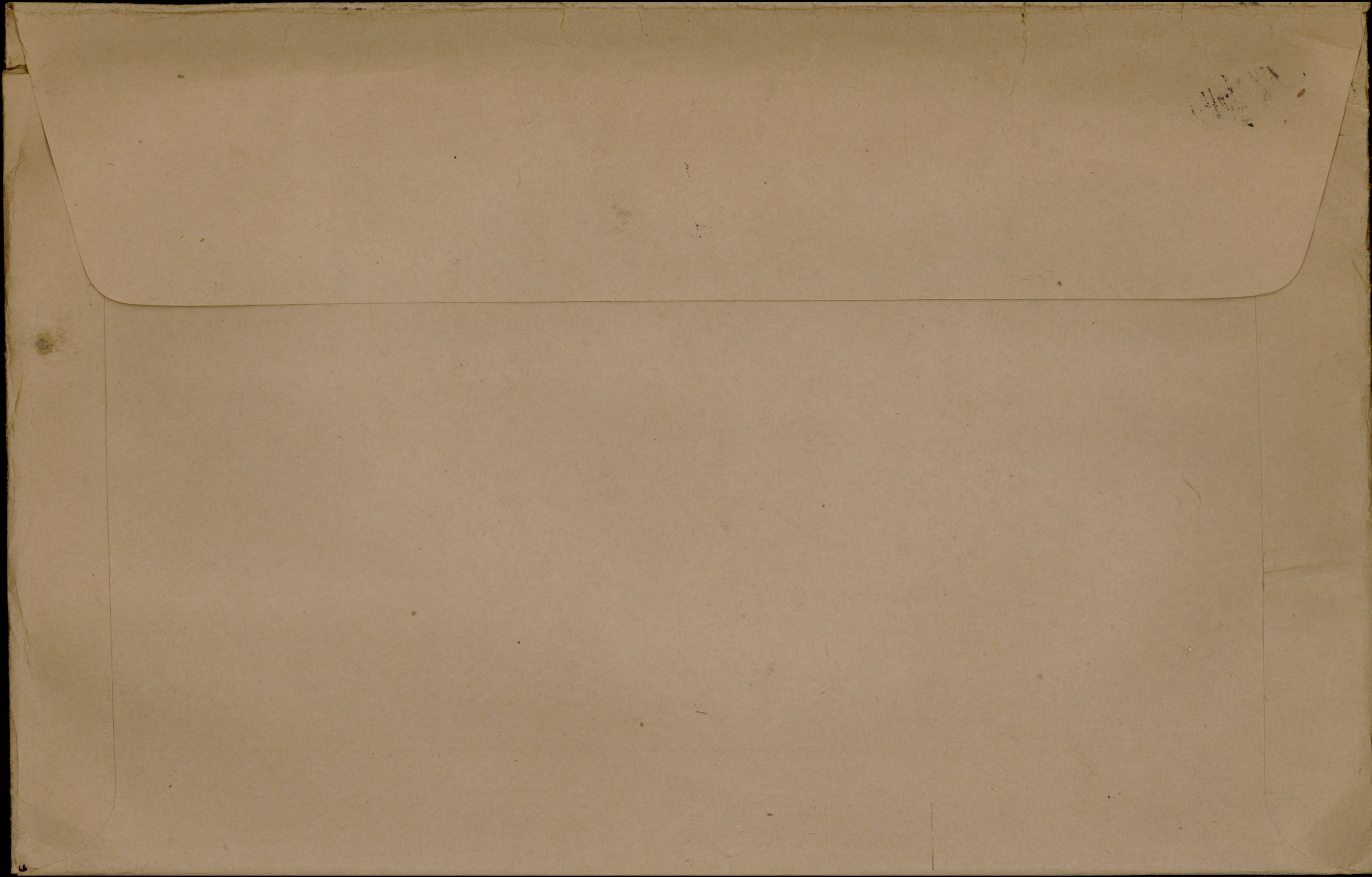
DISCHARGE

Category

Wemoj.

DESERTION

**H**



FORM OF WILL.

I, William Alexander Gale (Name in full)
Regimental Number 332806 serving in 15th O/S Brigade C.F.A.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Name and Address of person or persons to receive personal estate\* (See note).
Mrs W. Gale
R.M. 10 #1
Royal Oak, Victoria B.C.

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this Seventh day of Sept. A. D. 1916

Signature of Soldier. William A. Gale

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R. H. Sabbagh

Address of Witness 15th Brigade A.C.

Occupation of Witness Lieutenant C.F.A.: C.E.F

Signature of Second Witness [Signature]

Address of Witness 15th Brigade C.F.A

Occupation of Witness Soldier



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GALE, W.A.  
 REGIMENT 14th Brigade C.F.A. J Wing RANK Ser. No. 332806

Date of Examination in England \_\_\_\_\_ 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

**DENTAL TREATMENT NOT REQUIRED**

*G. J. Foley Spl*  
 For A. D. D. S., M. D. No. VI.

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
- (c) In France yes

Signature of Dental Officer *J. Ross Capt*

**JUN 28 1919**

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF MEDICAL SERVICE  
WASHINGTON, D. C.

NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

DENTAL TREATMENT NOT REQUIRED

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

- (a) Full Upper
- (b) Full Lower
- (c) Full Upper and Lower
- (d) None



ORIGINAL

15th O/S Brigade C. F. A.  
Ammunition Column

32806  
18th Howitzer Battery C.F.A.

# MEDICAL HISTORY SHEET.

Surname Gale Christian Name William Alexander

Examined { on 1<sup>st</sup> day of May 1916  
at Victoria B.C.  
Birthplace { City or Town Lakefield  
County Peterboro Ontario

Approved by [Signature]  
Rank Private M.O.

Apparent age 18-2  
Trade or occupation Student  
Height 5 Feet 8 Inches  
Weight 150 Lbs.  
Chest measurement { Minimum 31 inches  
Maximum expansion 35 inches  
Physical development Good  
Small-Pox Marks none

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

Vaccination Marks { Arm Right Left /  
Number 1

Date.	Result.	VACCINATIONS.
<u>11-8-16</u>	<u>[Signature]</u>	M.O.
		M.O.
		M.O.

When Vaccinated last 1906  
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/7/16</u>	<u>[Signature]</u>	M.O.
<u>18/7/16</u>	<u>[Signature]</u>	M.O.
<u>26/7/16</u>	<u>[Signature]</u>	M.O.
<u>16-7-17</u>	<u>[Signature]</u>	M.O.

Enlisted on 1<sup>st</sup> day of May 1916 at Victoria B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>15<sup>th</sup> Artillery</u>	<u>332806</u>		<u>May 1<sup>st</sup> 1916</u>
Transferred	<u>15th O/S Brigade C.F.A.</u> <u>Ammunition Column</u>			

## 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.

J. M. O. T



14 A

# 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. 332806 Rank G-2 Surname GALE  
(Given name in full)

Unit or Corps 14th BRIGADE O.F.A. Birthplace William Alexander Lakefield Ont.

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 58 ft. Colour of Eyes gray  
 Nutrition good  
 Pulse 72 regular  
 Condition of arteries soft  
 Vision Rt. 6/12 Left 4/12  
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
1 Vaccin. St. arm (1906)

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 yes

### 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.

Measles & Mumps (1914) prior  
existing

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 15-5-1917

Signed Elvershof Capt 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 Walsale Gnr

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

267

LTR

Rank *1900* Name *GALE, William Alexander*  
 Unit *15th, Bde Amn Col.* If in perm. Corps, }  
 What Unit? }

Reg'l No. 332806

Married or Single *Single.*

Place and Date of Enlistment *Victoria, B.C. 1st, May, 1916.* Place of Birth *Lakefield, Peterboro*

Name and Address, Next-of-Kin *Mrs Nellie Gale.* Co., Ontario.

*DANESCOURT, 1170 YATES ST VICTORIA, B.C.*  
~~R.M.D. No. 1. Royal Oak, B.C.~~

Relationship *Mother.*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

*2567*  
 N.I. R.B.  
 Cates

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<b>ARRIVED IN ENGLAND S S CAMERONIA 22-9-16</b>					
<i>22. 1. 17.</i>	<i>15 Bde:</i>	<i>S.O.S: To 14th Bde</i>	<i>Witley</i>	<i>22. 1. 17</i>	<i>Pt. II O 22a</i>
<i>11. 2. 17.</i>	<i>14 Bde:</i>	<i>T.O.S: 14th Bde</i>	<i>Witley</i>	<i>22. 1. 17</i>	<i>Pt. II O 43</i>
<i>20-8-17</i>	<i>"</i>	<i>Proceeded O/Sear</i>	<i>Gen</i>	<i>21-8-17</i>	<i>Pt II O 23a</i>
<i>14. 5. 19</i>	<i>"</i>	<i>To England</i>	<i>" Harve</i>	<i>11. 5. 19</i>	<i>- 51.</i>
<i>23. 5. 19</i>	<i>fWing</i>	<i>J. O.S. pend. R. I. C.</i>	<i>Wit-</i>	<i>12. 5. 19</i>	<i>- 19</i>
<i>11. 6. 19</i>	<i>✓</i>	<i>S.O.S To Canada</i>	<i>80-20-67</i>	<i>12-6-19</i>	<i>- 27</i>

**UNCHECKED**  
 28 AUG 1917



10784

Scot.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

19945

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *William Alexander* 2. Surname *Gale.*
3. Rank *Gunner* 4. Original Unit *15<sup>th</sup> B.A.C.* 5. Reg. No. *332806*
6. Address, in full, to which future payments of gratuity are to be forwarded.....  
*Barrs of Montreal  
Victoria, B.C.*
7. Date of enlistment in the C.E.F. *1<sup>st</sup> May 1916* ✓
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not Applicable*
9. Relationship of such dependent *Not Applicable*
10. Address, in full, of such dependent *Not Applicable.*
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:—  
.....  
.....
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? .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....  
.....
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 1/2*  
*15<sup>th</sup> B.A.C., Canada. 15<sup>th</sup> B.A.C. & 62<sup>nd</sup> Btty.  
& 58<sup>th</sup> Btty England — 58<sup>th</sup> Btty France*
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.*

*Ham*

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. *no.*
20. ~~Have you been issued with a War Service Badge? If so what class?~~
21. Have you, during the present war, served in the Imperial Forces? *no*
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. *no.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge  
(b) Reason for discharge
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.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?  
(b) If so, are you in receipt of full pay and allowances from that Department?

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: *William A. Gale*

Place of Residence: *Victoria B.C.* "Questions 12-13-14-20-24-25-26 and 27

Declared before me at: *Witley Quarry, Eng.* "unanswered"

This *12* day of *May* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*Ca. J. J. J. J.* 14th BRIGADE C.F.A.

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Nellie Gale*

## PAYMENTS.

Name of Soldier

*Gale William*

L. L. Job 4503. - Req. 6832.

# 332806

*Sr 15<sup>th</sup> Q's Bgd, C.M.B.*

*SEP 1 1916*  
*20<sup>00</sup> Oct 1 1917*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.		X 20251	15
Nov.		H20739	15
Dec.		F26504	15
Jan.	1917	G32399	15
Feb.		Ch 237606	15
March		444167	15
April		E50691	15
May		L1760	15
June		B7850	15
July		D14732	15
Aug.		H22047	15
Sept.		R 28858	15
Oct.		O 36109	15
Nov.		F 4729	15
Dec.		A 27782	15
Jan.	1918	T 57392	20
Feb.			255 <sup>00</sup>
March			
April			
May			
June			
July			

*15 m 1176 Yates St. Victoria B.C. 19/2/17*

*15. Rev*

*W.*

*D*

*lu*

*\$25<sup>00</sup> Nov bko to Adj*

*\$20<sup>00</sup> in Future*

*1468 Begbie St Victoria B.C. 9-11-17*

*A27782 cancelled*

*A40560*

*dy.*

*ly*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				

7-9-16

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom

Mrs Nellie Gale

Address

~~A. M. D. No 1~~

1468 Begbie St. ~~Fogal Gate~~  
~~1146 Yates St., Victoria B.C.~~

Rate

\$11.00

SEP 1 - 1916

① \$20.00 Oct 1st 1917

By Whom Assigned

Gale William

Regtl. No.

332806

Rank

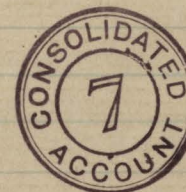
Dr Ode

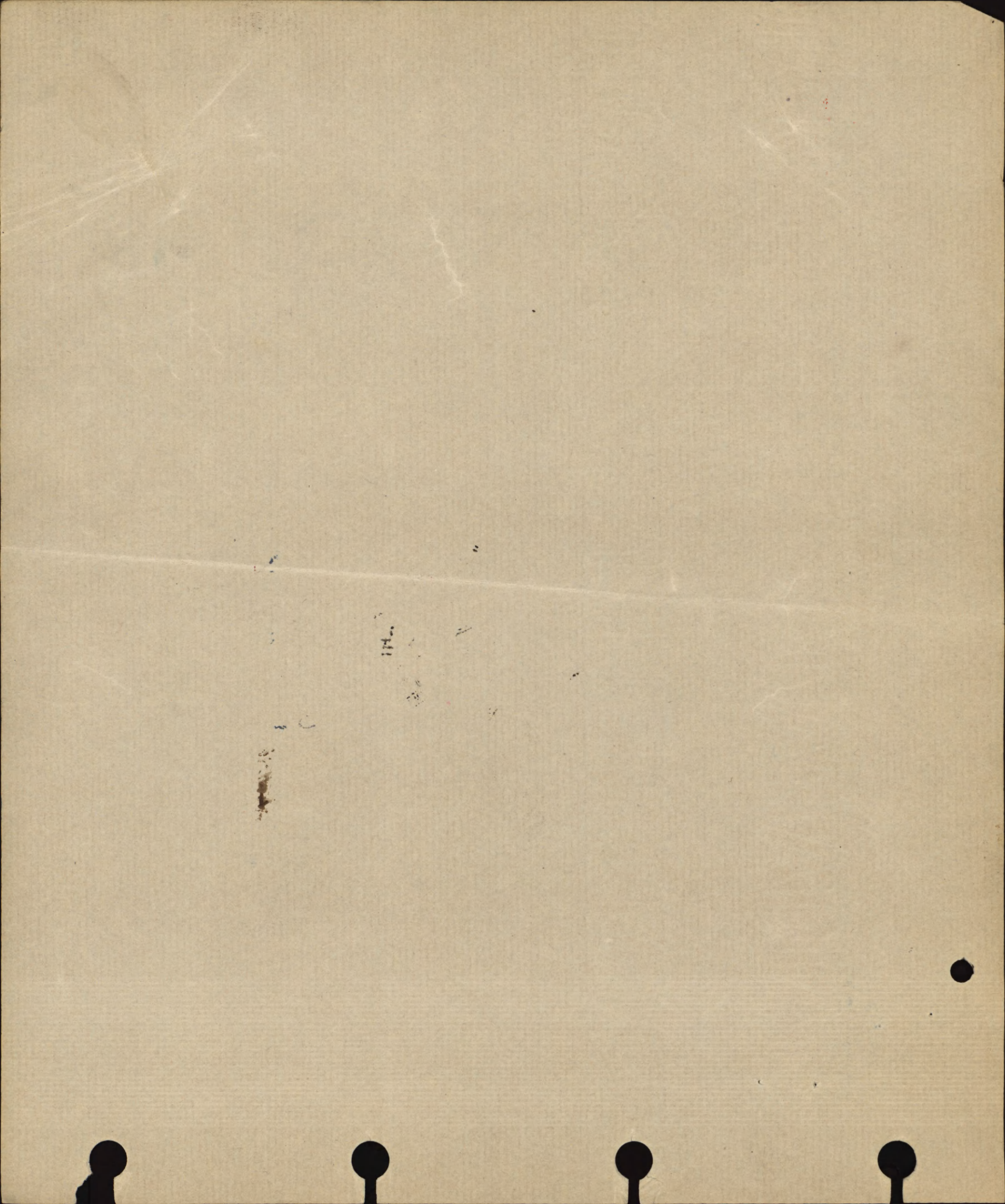
Corps

15<sup>th</sup> of Bn r gde. Comm Col

## PAYMENTS

Month	Year	Cheque No.	Amnt.	REMARKS
Aug.	1914			① 2m 15 <sup>10</sup> / <sub>17</sub> 2m 17 <sup>10</sup> / <sub>17</sub>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





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

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

350M.—5-16

H. Q. 1772-39-920.

15th O/S Brigade C. F. A.

Casualty Form—Active Service.

Ammunition Column Unit, Regiment or Corps.

15th Brigade C.F.A.

Regimental No. 332806 Rank Private Name Gale, William Alexander  
C. E. F.

Enlisted (a) May 1/16 Terms of Service (a) War Amos Service reckons from (a) May 1st 1916

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) Student

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.	Halifax	11.9.16.	
		Disembarked. England.	Liverpool.	22.9.16.	
11.2.17	CC., 14th Bde, CFA.	Absorbed by 53th. Battery, Milford		22.1.17	Pt. 2. #42, 11.2.17.
20 AUG 1917	14th Bde, CFA	Proceeded Overseas on service.	Witley Camp.	21.8.17	Part 2 order No. 232 J. H. Gillespie Capt. For Adj. 14th Bde, CFA
21.1.17	14th Bde, CFA	S.O.S to 14th Bde	Witley	22.1.17	172 Do # 22.2. G. W. H. [Signature]
28 8 17	L.R	LANDED IN FRANCE	HAVRE	22.8.17	8854
27.12.18	14 Bde CFA	14. Days leave	UK	23.12.18	B 213 : Part # 32/10.1.19
17.1.19	"	Rejoined	Field	13.1.19	"

(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.

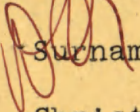
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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					
		<p><b>PROCEEDED TO ENGLAND</b></p>		<p>11 MAR 1919</p> <p><i>S. G. Carson</i>            Capt. for Lt.-Col., A. A. G.            Canadian Section, G. H. O. 3rd Echelon, B. E. F.</p> <p>S.O.S. "J" Wing, Canadian Corps Camp, Witley,            on proceeding to Canada 11<sup>th</sup>/6 1919, D.O. No. 27</p> <p><i>G. Davidson Lt</i>            for Officer Commanding.</p> <p>7. O. S. Noll D, D, 11 June 19            S, O, S. CEF June 23-19 U Area            No 11 dd DO 184 July 3-19</p> <p><i>E. Hook Lieut.</i>            For O.C. District Depot XI</p>		
		<p>EMBARKED RMS SCOTIAN            VERPL. JUNE. 11. 1919</p>				

most

Number 332806

Rank *Emr.*



Surname *GALE*

Christian Name *William Alexander*

Units *L.F.A.*

Theatre of War *France*

Date of Service *21-8-17*

Remarks

Latest Address *R.R.#1. Royal Oak.  
Victoria B.C.*

Roll No. *B*

200m.-2-21.M. *Page 15768*

DESP AUG 20 1922

REGN. NO. GV1647



SURNAME.

*Gale.*

CARD NO. *211*  
*505 denob. 28-6-19*  
Do. 184 FOLL *3-7-19*  
*mll*

CHRISTIAN NAMES

*William Alexander.*

REGL. NO. *332806.*

RANK *Sr.*

UNIT

*15th Bde. Amm Col 11 D.D.*

FORMER CORPS

*Leads of D.D.C.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Gale, Mrs. Nellie.*

RELATIONSHIP TO SOLDIER

*Mother.*

AD

*408 Hillside Ave. Victoria, B.C.*

*Jan. P. 2/2/18*

COUNTRY OF BIRTH

*Canada Lakefield Peterboro. Ont.*

DATE

*Feb 3<sup>rd</sup> 1898.*

PLACE OF ATTESTATION

*Victoria B.C.*

DATE

*May 1<sup>st</sup> 1916.*

*P/C. 22-6-19 <sup>35-0</sup>/<sub>66</sub> mll.*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Student*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*18*

YEARS

*2*

MONTHS

HEIGHT

*5*

FEET

*8*

INCHES

CHEST MEASUREMENT

*35*

INCHES

EXPANSION

*4*

INCHES

COMPLEXION

*Fair*

EYES

*Brown*

HAIR

*Dk Brown*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Victoria B. C.*

DATE

*May 1<sup>st</sup> 1916.*

*Present Address R. M. D. No 1. Royal Oak. B. C.*

No. 328806

RANK

Plt.

NAME

Gale, Wm A.

T. O. S. 2-5-16 D. O. 140 of UNIT

2-5-16.

15<sup>th</sup> of Brigade, C. F. A.62<sup>nd</sup> Battery & Amm. Col.

M. D. 11-3.

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

1916

1916

May 2

May 31

✓

June

✓

July

✓

Aug.

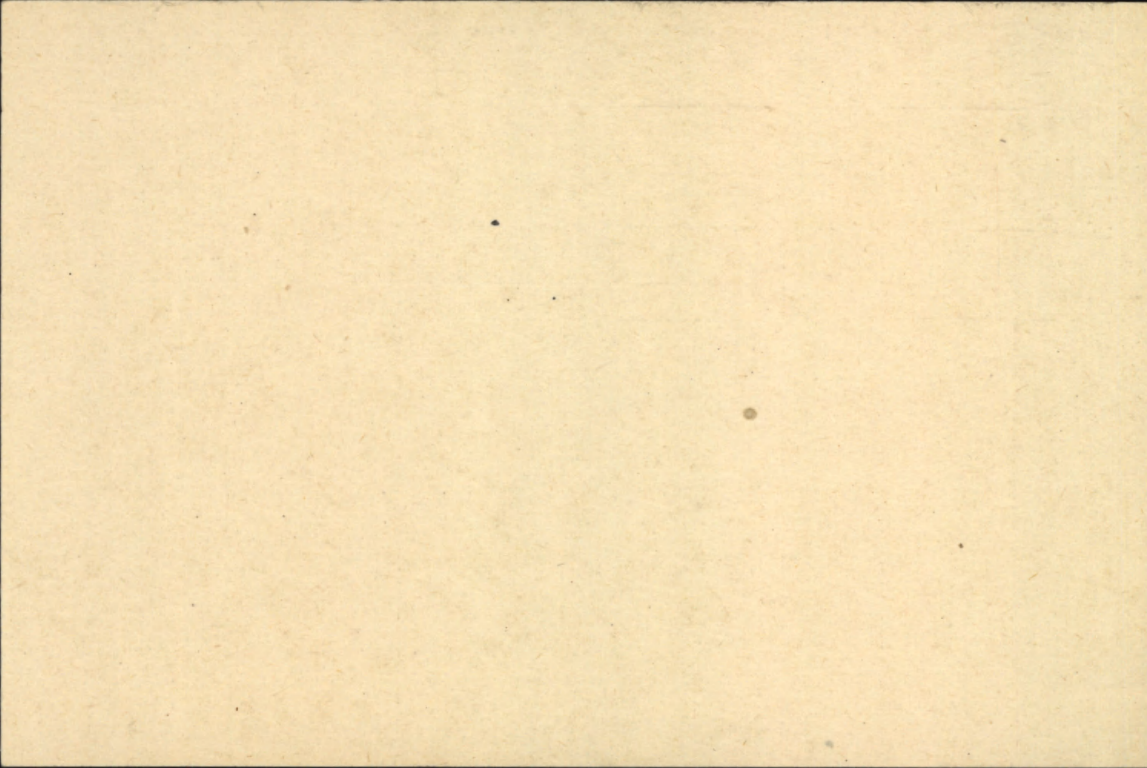
✓

Sept.

✓

Having been detailed 23-7-16  
as clerk in pay office is entitled  
to 25<sup>ct</sup>. per diem. to 31-8-16.

13.0.64 of 13-8-16.



Section 246119

AUDITOR *R.M.* PAYMASTER *[Signature]*

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

REGT. No. *332f06* RANK *9th* NAME (IN FULL) *GALE, W. A.*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?		
NEXT OF KIN						BLOCK LETTERS SURNAME FIRST		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID?			DATE EFFECTIVE		DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID					ASSIGNED PAY \$	DATE EFFECTIVE		
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE	DATE	REASON
								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					DEBIT	CREDIT		
<i>31/1/19</i>																			<i>68.00</i>
<i>1/7/19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>35</i>	<i>69.10</i>														<i>69.10</i>

Certified that all payments have been made on this account for which covering authority has been received to date.

*[Signature]* Licut.,  
Paymaster Demobilization Pay  
M. D. No. 11

War Service Gratuity  
Service 3 years 1 months

*[Handwritten signature]*

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2043 received.

*[Signature]*  
Officer in Charge War Service Gratuity  
M. D. No. 11

Handwritten text, possibly bleed-through from the reverse side of the page.

Red markings, possibly a signature or initials.

Red markings, possibly a signature or initials.

Vertical handwritten text on the right side of the page.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- GALE, Wm A.				
EFFECTIVE DATE:- 1.10.17		EFFECTIVE DATE:-		NUMBER:- 332806				
AMOUNT:- 20 <sup>00</sup> .		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY				
Mrs Nellie Gale, mother, 1176 Yates St, Victoria B.C.				DATE EFFECTIVE				
Stopped. 1.6.19.				RANK OR APPOINTMENT				
				Plt Lt				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- 15 Bde 6 FA				
				DATE ACCOUNT FIRST OPENED:- 1.9.16.				
				AUTHORITY				
				DATE EFFECTIVE				
				DATE LEDGER SHEET T'SFD				
				UNIT TRANSFERRED TO				
				Plt Lt 22 a 10. 22.1.17. 14 Bde 6 FA				
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	
15/5	4804	J. Wing	<del>4867</del>					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1 00	10		

2

21/5/19. Dis to Canada N.R. 9252 B'scott. 20/5/19. B'scott. M.D. 11. 60 Bal. 87 kents

1918 MONTH	PARTICULARS	Cr 1	Cr 2	PARTICULARS	Dr. 1	Dr. 2	Dr. 3	Dr. 4	BALANCE	DEFERRED	SEPARATION
Mar 3	Bal Forw								41 27		
ap	G.P.	33		c a p				20			
				AR 13 7.4.18 14 Bde	4 46				46 24		
				" 93. 22.4.18 "	3 57						
		33			8 03			20			
May	G.P.	34 10		c a p				20			
				AR 167. 6.5.18 "	4 46				82 31		
				" 274. 15.5.18 "	3 57						
		34 10			8 03			20			
June	G.P.	33		c a p				20			
				AR 465. 18.6.18 "	3 57				87 28		
				" 469. 18.6.18 "	4 46						
		33			8 03			20			
July	G.P.	34 10		c a p				20			
				AR 512. 6.7.18 "	4 46				93 35		
				" 657 30.7.18 "	3 57						
		34 10			8 03			20	104 15		
Aug	G.P.	34 10		c a p				20			
				AR 666. 6/8/18 "	4 46				99 12		
				" 804 20/8/18 "	3 57						
		34 10			8 03			20	112 12		
Sept	"	33		c a p				20			
				AR 867 10.9.18 "	3 57				105 28		
				" 908 26.9.18 "	3 57						
		33			7 14			20			
Oct.	G. Pay	34 10		a Pay				20	119 28		
				980. 15/10 14 Bde	7 46				111 92		
		34 10			7 46			20			

NUMBER 332806

RANK *Cpt*

NAME *Gale. Wm A.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									111.92		
<i>Nov</i>	<i>G Pay</i>	<i>33</i>						<i>20</i>	<i>124.92</i>		
<i>Dec</i>	<i>G Pay</i>	<i>34 10</i>						<i>20</i>	<i>139.02</i>		
<i>Jan</i>	<i>G Pay</i>	<i>34 10</i>						<i>20</i>	<i>153.12</i>		
		<i>101 20</i>						<i>60</i>			
				<i>1415. 21/12. 14630</i>	<i>1947</i>						
<i>Feb</i>	<i>G Pay</i>	<i>30 80</i>		<i>870. 26. no 5 24/12</i>	<i>9247</i>			<i>20</i>	<i>163.92</i>		
				<i>2041. 25/1 268</i>	<i>746</i>						
				<i>15. 4/2 14630</i>	<i>373</i>						
				<i>1166. 18/11 "</i>	<i>746</i>						
				<i>271. 24/2 "</i>	<i>373</i>						
<i>March</i>	<i>G Pay</i>	<i>34 10</i>						<i>20</i>	<i>178.02</i>		
				<i>380. 15/3. "</i>	<i>730</i>				<i>3640</i>		
		<i>64 90</i>			<i>141 62</i>			<i>40</i>			
<i>April</i>	<i>G Pay</i>	<i>33 -</i>						<i>20</i>	<i>49.40</i>		
				<i>13. 8/4 "</i>	<i>698</i>						
				<i>254. 25/4 5046</i>	<i>698</i>				<i>35.44</i>		
<i>May</i>	<i>G Pay</i>	<i>34 10</i>			<i>1396</i>			<i>20</i>	<i>49.54</i>		
				<i>4807. 15/5. J.CCC</i>	<i>4867</i>				<i>87</i>		
		<i>67 10</i>			<i>62 63</i>			<i>40</i>			
				<i>L.P. to Canada. 7433. 3/6. "</i>	<i>973</i>				<i>886</i>		
		<i>--</i>			<i>973</i>						

*S.O.S. to Canada. 12/6/19. S.L. 80. C.A.R.D.*

*49.54  
48.67  
-87.02*







PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	<u>332806</u>	
2. Rank.	<u>Gunner</u>	
3. Name.	<u>GALE William Alexander</u>	
4. Unit.	<u>14th BRIGADE C.F.A.</u>	
5. Date of Discharge	<u>JUN 28 1919</u>	Place <u>VICTORIA, B. C.</u>
6. Reason for Discharge	..... ..... <u>DEMOBILISATION.</u> .....	
7. Authority.	<u>No 11 dd DO 184 July 3-1919</u>	
8. Proposed Residence after Discharge	<u>RR No 1</u> <u>Royal Oak Victoria B.C.</u>	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? .....</p> <p style="text-align: right;"><u>W. G. Gale</u> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>VICTORIA, B. C.</u></p> <p>Date <u>JUN 28 1919</u></p> <p style="text-align: right;"><u>W. G. Barton, Capt</u> Signature (O. C. Discharging Unit.)</p> <p style="text-align: right;"><u>14th BRIGADE "U" DISPERSAL STATION</u></p>	

OK

1870

STATE OF NEW YORK

IN SENATE

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1870

ALBANY:

ANDREW FLETCHER, PRINTER.

1871.

CONTENTS

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE FOR THE YEAR 1870

CHAPTER I. GENERAL STATE OF THE LANDS BELONGING TO THE STATE

SECTION 1. THE LANDS BELONGING TO THE STATE AT THE END OF THE YEAR 1870

CHAPTER II

SECTION 1. THE LANDS BELONGING TO THE STATE AT THE END OF THE YEAR 1870

ALBANY:

LIST OF DISPERSED DOCUMENTS

1. [Illegible]	1. [Illegible]
2. [Illegible]	2. [Illegible]
3. [Illegible]	3. [Illegible]
4. [Illegible]	4. [Illegible]
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43. [Illegible]	43. [Illegible]
44. [Illegible]	44. [Illegible]
45. [Illegible]	45. [Illegible]
46. [Illegible]	46. [Illegible]
47. [Illegible]	47. [Illegible]
48. [Illegible]	48. [Illegible]
49. [Illegible]	49. [Illegible]
50. [Illegible]	50. [Illegible]

LIST OF DISCHARGE DOCUMENTS.

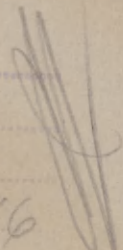
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (A.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (A.F.B. 227 or M.F.W. 129)
5. Dental Certificate (O.A.D.C. 51090).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 33)  
(Place in special envelope (304)).
9. Copy of Discharge Certificate (M.F.W. 33).
10. Disposal Certificate (C.D.C.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851). *dup*
13. Pay Book (P. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

*B*

*9*

*10-4-16*



# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class A, No. 306183

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 332806 (Rank) Gnr.

Name (in full) GALE William Alexander enlisted in  
the 15th Bde CFA.

CANADIAN EXPEDITIONARY FORCE at Victoria BC on the 1st  
day of May 1916

HE served in England and France 14th Bde CFA.

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

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

Age 21

Height 5' 8"

Complexion Fair

Eyes Brown

Hair Dark Brown

Walsale  
Signature of Soldier.

Marks or Scars

Vacc. Lt. arm.

Date of Discharge



Issuing Officer.

W B Shaw

Major  
Rank

G. C. "U" DISPERSAL STATION

JUN 28 1919

Date ..... 19.....

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.

Vertical handwritten text, possibly a list or index, located in the upper left quadrant.

33280

GALE

1875

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Vertical handwritten text located in the lower right section.

W. H. Allen

1875





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# G

# 336

*Oct 1/17*  
*Sept 1, 1916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>	<i>20</i>		
-----------	-----------	--	--

*922 251*  
*AMAR*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *332806*  
 Rank *Dr.* Promoted Reverted Discharge  
 Soldier's Name *William Gale W.A.*  
 Battalion *15<sup>th</sup> Bde. Amm. Col.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs. Nellie Gale*  
 Address *1176 Yates St., Victoria B.C.*  
 Change of Address  
 1 ~~*1468 Regbie St.*~~  
 2 *408 Hillside Ave*  
 3  
 4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan</i>	<i>C 69589</i>		<i>20</i>	<i>20</i>	<i>9</i>
<i>Feb</i>	<i>F 98131</i>		<i>20</i>	<i>20</i>	<i>8</i>
<i>March</i>	<i>A 137934</i>		<i>20</i>	<i>20</i>	<i>8</i>
<i>April</i>	<i>G 15118</i>		<i>20</i>	<i>20</i>	<i>8</i>
<i>May</i>	<i>S 14227</i>		<i>20</i>	<i>20</i>	<i>8</i>
<i>June</i>	<i>M 24650</i>		<i>20</i>	<i>20</i>	<i>8</i>
<i>July</i>	<i>M 32034</i>		<i>20</i>	<i>20</i>	<i>6</i>
<i>Aug</i>	<i>M 40117</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>T 42849</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>R 56507</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>N 59300</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>V 68263</i>		<i>20</i>	<i>20</i>	
<i>Jan/19</i>	<i>T 70408</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>G 74518</i>		<i>20</i>	<i>20</i>	
<i>MAR</i>	<i>G 87069</i>		<i>20</i>	<i>20</i>	
<i>Apr. 2</i>	<i>1417</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>N 7427</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>M 10768</i>		<i>20</i>	<i>20</i>	
			<i>615</i>	<i>615</i>	

*6599-24-22*

*A.P. paid \$15 per mo from Sept 1/1916 to Sept 30/17 and \$20 in Oct 1917 and future 2 m 15-10-17*

M. F. W. 128  
4003-6-17-1172-38-141  
L. L. 22320-M. & D. 7993.

*30-6-19*  
 A/c Closed  
 Ret'd per *Scotlan*  
 Date *27/6/19*  
 Clerk *H.F.W. 187*



**AUDITED.**

*md 11*

*md 92081*

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

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No.   
 Rank *Promoted* Reverted Discharge   
 Soldier's Name   
 Battalion   
 Beneficiary   
 Relationship   
 Address

## PARTICULARS OF ASSIGNMENT

Name   
 Address   
 Change of Address   
 1   
 2   
 3   
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
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