

ATTESTATION PAPER.

(No. 2 CONSTRUCTION, B n. C.E.F.)

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 931622
Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Lucas
- 1a. What are your Christian names?..... Walter James
- 1b. What is your present address?..... Dresden, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Dresden, Ont.
- 3. What is the name of your next-of-kin?..... Mrs. Julia Lucas
- 4. What is the address of your next-of-kin?..... Dresden, Ont.
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... Aug. 22nd 1897
- 6. What is your Trade or Calling?..... Carpenter
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter James Lucas, do solemnly declare that the above are answers made by me to the above questions and that they 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.

W J Lucas (Signature of Recruit)

Date Nov. 8th 1916. *L. B. Young* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter James Lucas, 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.

W J Lucas (Signature of Recruit)

Date Nov. 8th 1916. *L. B. Young* (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 Chatham this 8 day of Nov 1916

John McCorrre (Signature of Justice)

Description of Walter James Lucas on Enlistment.

Apparent Age 17 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. 8 ins.

Chest measurement { Girth when fully expanded 33 ins.
 { Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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 Nov. 8th 191 6

Place Dresden, Ont.

B. G. Gouge
Leutenant
 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.

Walter James Lucas 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.

B. G. Gouge Capt
 (Signature of Officer)

Date Nov 13th 191 6

to Lt Col.

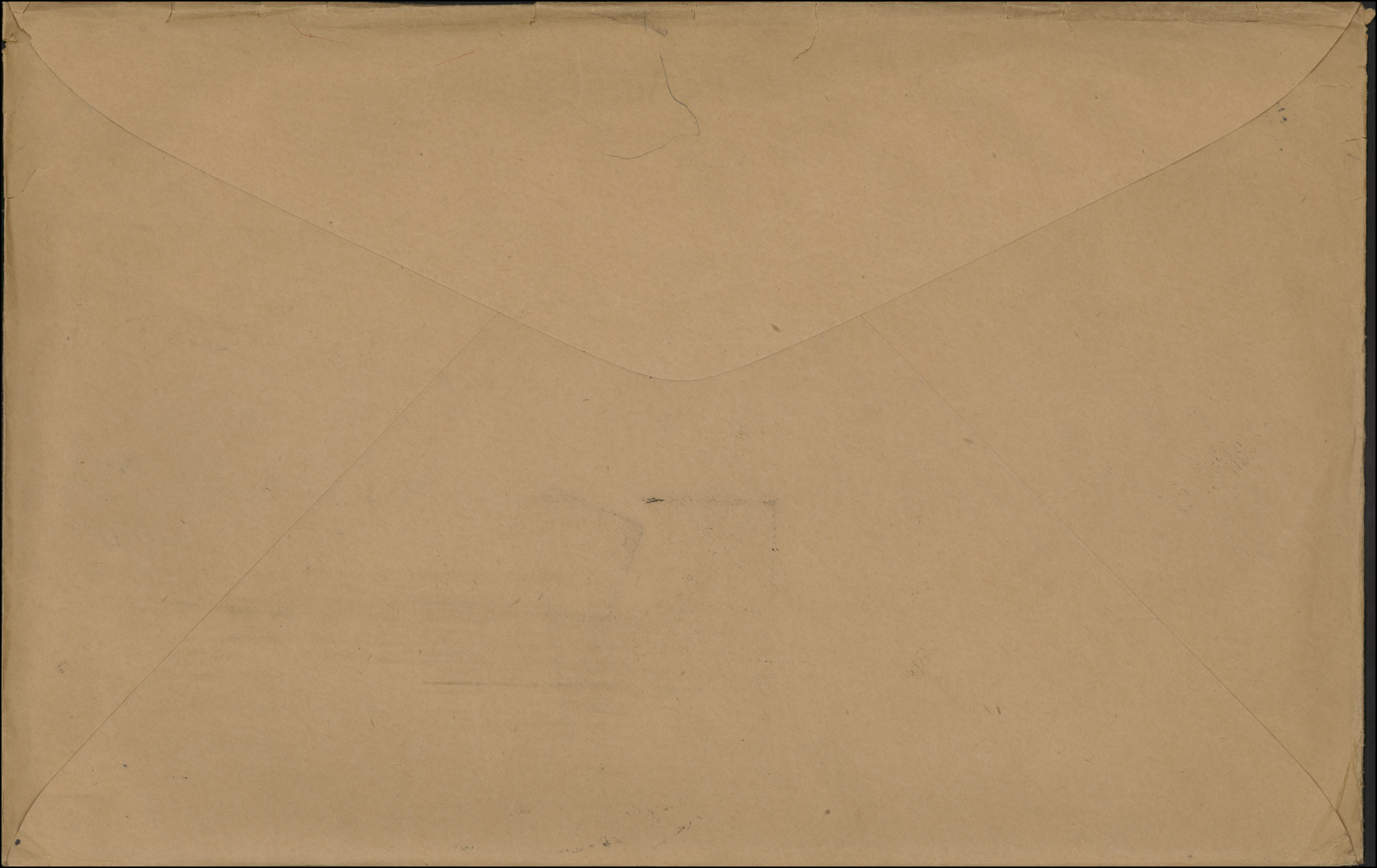
REGIMENTAL DOCUMENTS

NAME Lucas, Walter James REGT. NO. 931622 UNIT _____ H. Q. FILE NO. _____

3

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)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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)				33851	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					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. 393 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>copy card</i>					
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*AD
Smov.*

Number. *931622* Rank. *Pte*

Surname. *LUCAS*

Christian Name. *Walter James*

Units *CORCC* Theatre of War. *France*

Date of Service. *17-5-17* *II*

Remarks.

Latest Address. *Mrs. J. H. Lucas* *Mother*
Dresden, Ger.

Roll No. *'B' Page 5888.*

AD
X

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

Yr 4 22 25 - fresh

SEP 26 1921

Lucas Pte Walter J. #931622 2nd Consl. Co. 649-L-17350

Name & Address of Legatee *mat 20ig for 14/15 Star*

Mrs. J. H. Lucas (Mother)
Bresden
Ontario

M *8764*

Name & Address of Next of Kin

Horace Lucas (father)
same address

(Ser. # 799546.)

Scroll Desp. APR 1 3 1921

Regn. No. 2-35154

Name & Address of Female Next of Kin

Mother as above
not married

Female Desp. DEC 2 1921

Regn No. 19141

Desp MAY 27 1920 69122

97c

336

NAME

Lucas Walter James

REG'T'L. No. 931622

RANK AND CORPS

(2 Con) Dr. S. Regt

H. Q. FILE No 649

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

2-2
 774 1-12-18
 H. 13383 29-11-18
 Mrs Julia Lucas
 Orsden Ont
 L. A. W. H. Bradford
 Nw. 26th, 1918.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 304	# 59. C. C. S.	20/8/18	Megalocœ.
A 306 ²	6 stat. Crevent	24/8/18	"
A 310 ²	2 Can. Stat. Outreau	28/8/18	"
A 324	1 Couv. Dep. Boulogne	18-9-18	"
B 338 ²	War H. Bradford	3-10-18	Bronchitis
A 349.	2 Stat. Outreau	15-9-18	"
B. 471.	Ref. B. 383. Cause of death is now ascertained to be acute miliary tuberculosis		

H. S. P.

No. 931622 RANK

Pte.

NAME

Lucas. Walter J.

T. O. S. 8-11-16

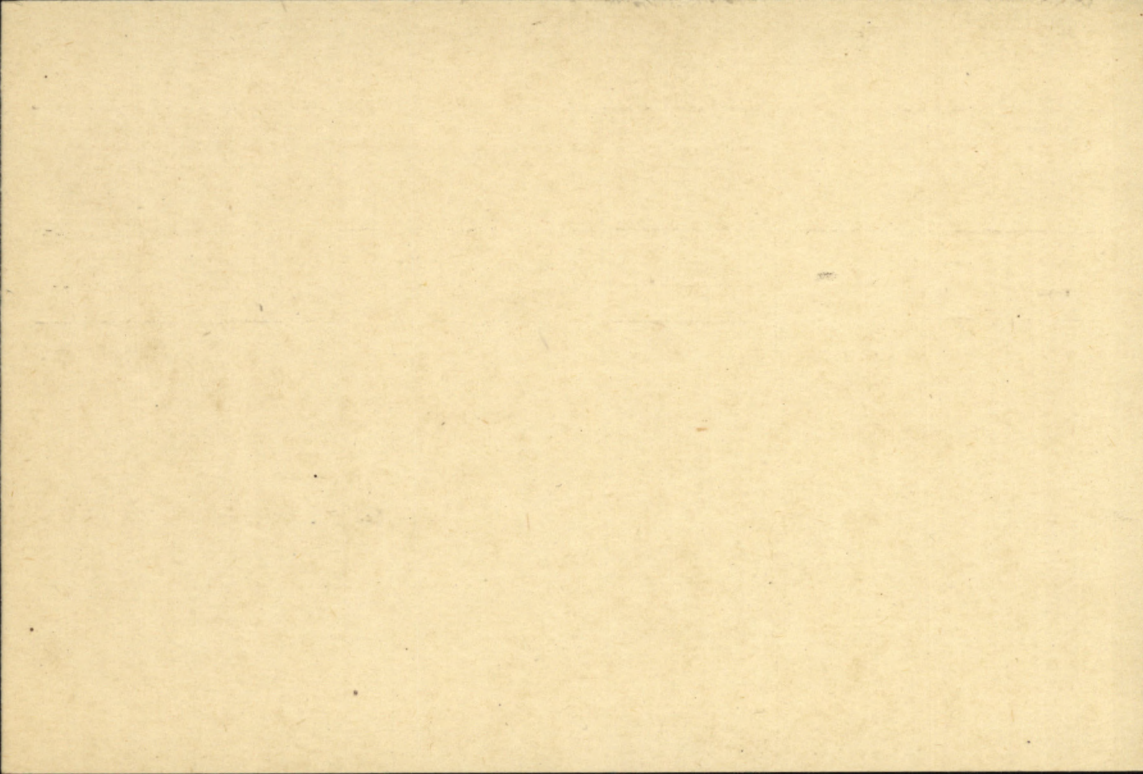
UNIT

D.O. 76 13-11-16

No 2. Construction Battalion

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov 8	1916 Nov. 30	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar	✓		



²⁶
₁₈
D SURNAME

Lucas.

CARD No. ✓

CHRISTIAN NAMES

Walter James.

FOLL.

REGL. No.

931622.

RANK

Pvt.

UNIT

No. 2. Construction

En.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lucas, Mrs. Julia.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Dresden. Ont.

COUNTRY OF BIRTH

Canada, Dresden, Ont. Aug. 22nd, 1897.

PLACE OF ATTESTATION

Chatham, Ont.

DATE

Nov. 8th, 1916.

From Halifax, p. 58. "Southland" 28/3/17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Carpenter.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

17.

YEARS

Not stated

MONTHS

HEIGHT

5.

FEET

8.

INCHES

CHEST MEASUREMENT

33.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Dresden, Ont.

DATE

Nov. 8th. 1916.

Present Address.

Dresden, Ont.

WAITER JAMES, 25.2.3192.

Name LUCAS
Unit C. C. Co.Rank PTE
MR^S JULIA LUCAS
PRESBYN ONTARIO.Reg. No. 931622
(mother)Next of Kin CANADABorn August 22nd 1897 Relig Methodist

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
20-8	59 Cas. Cq. St th		Myalgia	A 304	<u>MFC</u>	35235
24-8	S. H. Prevent		"	A 306		3587-2
28-8	2 C. Sty. N. Outreau		"	A 310		3626-8
13-9	1 C. D. B'logne		"	A 324		28906
15-9	Recdm. 2 Sty. N. Outreau		Planchetip.	A 348		790
3-10	W. H. Bradford		Bronchitis	B 338		27894
26-11-18	<u>Died.</u> (War & Bradford)			B. 383		7745318. <u>MFC</u>
	Rel: cause of death to read. Acute Military on B383 D 29-11-18. Tuberculosis			B 47		29-11 A.F.B 198.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Lucas

W. J.

931622

931,632²

RANK

UNIT

Co.

TROOP

BATTY.

HOSPITAL

W.S. (2nd Com.)

DATE OF ADMISSION

1.

59 Cascl Sta
6 Sta Frement.

HOSP.

20. 8. 18.
24-5-18

2.

2 San Sta Outreau
1 leon dep Boulogne

HOSP.

28. 8. 18.
13. 9. 18

3.

Bradford War

HOSP.

3-10-18

4.

2 Sta. Outreau

HOSP.

15. 9. 18

DIAGNOSIS

1.

myalgia,

Bronchitis at.

2.

W.S.

3.

Died 26. 11. 18 B.

Cause of Death now ascertained to be as under
Acute Military Tuberculosis B.

DISPOSITION

DATE

Ch. 29. 8. 18. A 304.1
31-8-18 A 306-2

REMARKS

5-9-18 A 310-2

21-9-18 A 324

8-10-18 B 338 ②

21-10-18 @ 349.2

29. 11. 18 B 383

18. 3. 19 B 471 Ref: B 383 Note change of Diag.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. *Was. Asp. Bradford*

26. 11. 18

2.

3.

4.

5.

6.

7.

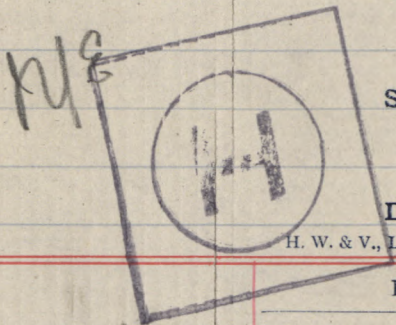
2nd CC Coy

JM

Rank *Plt* Name **LUCAS, Walter James.** Reg'l No. **931622**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Chatham. 8th Nov 1916.** Place of Birth **Dresden, Ont.**
 Name and Address, Next-of-Kin **Mrs Julia Lucas.**
Dresden, Ont. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **5335**
 File R.L. **25-L-3192**
 Category **DOC**



Discharge, Date and Place Reason *Plt* Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>6</i>		Arrived in England ss "Southland"		7-4-17	<i>Crowder</i>
14.6.17	bb b°	Landed in France field		17-5-17	Plt No 115
11.10.18	NSRD	Tob posted from 2nd CC Coy		3.10.18	Plt No 248 2nd CC Coy No 56/15/18
29.11.18	2nd CC Coy.	Died	<i>Plt</i> Bradford	26.11.18	67B.383.
2-12-18	NSRD	S.O.S having DIED	<i>Pte</i> B'shott	26-11-18	PHID 292
18-3-18	N.S.R.	Reference B-383 D/29-11-18 Regarding The cause of Death is now ascertained To be Acute Meningeal Tuberculosis			

A.F.B. 103 CHECKED O/S
 29 MAY 1917

C.L.B. 471

Casualty Form - Active Service

Regiment or Corps *No 2 Canadian Company*
 Rank *Serjeant* Surname *Lucas* Christian Name *Walter James*
 Religion _____ Age on Enlistment _____ years _____ months
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and rate _____
 Occupation _____ Signature of Officer _____

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			
<i>2-10-18</i>	<i>2nd Lt.</i>	<i>Embarked to England.</i>		<i>2-10-18</i>	<i>W 6502.</i>
<i>2-10-18</i>	<i>2nd Lt. Mat Kemp</i>	<i>Sub. Invalided to England per A. T. Cambria and posted to the Depot Nova Scotia Regimental Depot</i>		<i>2-10-18</i>	<i>W3083/6157 p. 5th 9th 1918</i>

G. H. O.
 Lieut. for Lt.-Col. A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

(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, Shoeing-Smith, &c. W. 1699 - M2733 2000m 9/17 (35611) C. F. & S., Ltd., Form B/103 E/1807. P.T.O.

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

Quar...
M. F. W. 54. (A. F. B. 1)
350M.—5-16
H. Q. 1772-39-920.
931622

Casualty Form—Active Service.

Unit, Regiment or Corps. # **2 Const. Batt'n. C.E.F.**

Regimental No. **931622** Rank **Pte.** Name **Walter James Lucas.**
C. E. F.

Enlisted (a) **Nov. 8th/16** Terms of Service (a) **Duration of war.** Service reckons from (a) **8/11/16**

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) **Carpenter.**

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				
<div style="border: 1px solid purple; padding: 5px; width: fit-content;"> CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON. 17 1917 </div>		Embarked, Canada	Halifax N.S.	25/3/17	
		Oriented, England	Liverpool	7/4/17	✓
		Proceeded Overseas	Seaford	MAY 17 1917	
21 ⁵ / ₁₇	cc	Landed in France 17-5-17 N.R. forfeits 5 days pay for missing pay with Iron Rations	Hd.	21 ⁵ / ₁₇	Broby Pt 2 6. 119. 25 ⁷ / ₁₇
23.6.17	o.c.	5 days F.P. 2. absent from Parade 60c.	Hd.	21.6.17	Broby Pt II 0 122. 7 ⁸ / ₁₇

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19 th 17	OC	7 days of P No 2 for abs. from Wky Pk for 1 pm till 6 pm 14 th 17		16 th 17	B-2069 P. 128. 15 th 17
23-7-17	O.C.	7 Days of P #1 for (1) Absent from work from 1 st to 6 ³⁰ 2 nd 17 (2) Absent from orderly room parade	Yield	23-7-17	B2069 P. 131 13/10/17
23-8-17	O.C.	10 days of P #2 for Absent from his working party from 7 pm until 6 pm	Sld	21-8-17	B2069 P 131 13/10/17
17 th 17	OC	att to 37th Coy & 7C		13 th 17	B2713
14 th 18	OC & 7C	6 Days of P No 1 for Wharion absent 14 th 18 absent without leave from 9:30 pm 10/2/18 to 10 AM 11/2/18 (Total 17 1/2 hours) (Forfeit 2 days pay under R W)		10/2/18	B2069 1295 N-11 of 55/2/18
20-8-18	59 cc	myalgia	admitted	20-8-18	B213 a 7659
21-8-18	50 cc	myalgia	to be 6 platy Hosp	21-8-18	a 7783
24-8-18	6 platy	myalgia m	admitted	21-8-18	u 11521
28-8-18	2. Cdn Platy	myalgia	admitted	28-8-18	u 1771
27-8-18	6 platy	myalgia	to Bare by AT. 17.	27-8-18	u 1774
15-9-18	2. Cdn Platy	n. of D.	admitted	15-9-18	W 4438
10-10-18	do	to 1st Cdn Depot	Sued	13-9-18	letter file K 9 18-15267
16-9-18	1 Cdn Depot	picked up in Boulogne unaccompanied by Hospital 16-9-18		16-9-18	no 4685/K 743

ORIGINAL
MEDICAL HISTORY SHEET

NTM
931622

Surname Lucas Christian Name Walter James

Examined { on 8th day of November 1916
at Dresden, Ont
Birthplace { City or Town Dresden, Ont.
County Kent

Approved by Walter James M.D.C.M.
Rank Lieutenant M.O.

ORIGINAL

Apparent age 17
Trade or occupation Carpenter
Height 5 feet 8 Inches
Weight 156 lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 36 inches
Physical development Fit
Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

4-OCT-1918
M.O.
M.O.

Vaccination Marks { Arm Right Left
Number None
When Vaccinated last Never

Date	Result	VACCINATIONS
<u>12/2/17</u>	<u>LR</u>	<u>SS Shepley</u>

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/2/17</u>	<u>LR</u>	<u>SS Shepley</u>
<u>2/4/17</u>	<u>LR</u>	<u>Dan Murray</u>
<u>29/4/17</u>	<u>LR</u>	<u>Kenn Murray</u>

Both eyes 20/20

Enlisted on 8th day of November 1916 at Dresden, Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Const Batta</u> <u>C.C.F.</u>	<u>931622</u>		<u>8/11/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>		<u>on enlistment</u>	<u>Fit</u>
<u>J.R. Cruickshank</u> Major, A.M.C.		<u>Geo Lewis</u> Capt., A.M.C.	<u>Shannon</u> Capt.

CANADIAN

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.

Surname Lucas Christian Name Walter James

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				
War Hospital, Bradford.		3	10	18	26	11	18	44. Acute miliary tuberculosis	56	Rales at bases lungs. Much cough. dyspnoea expectoration, pyrexia. Crackles rhonchi rales all over both chests. No T. B. found in sputum. Rapidly became worse & died at 11.15 pm ^{morning} Oct 16 1918. <u>Post-Mortem</u> . Miliary tubercles in lungs (all over both), liver & both kidneys.	W.D. Thompson Major R.A.M.C.

FORM OF WILL.

I, Walter Jones Lucas (Name in full)

Regimental Number 932622 serving in No. 2 CONSTRUCTION, B'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

My Mother I bequeath all my real estate unto

Mrs Julia Lucas
Dresden
Ont

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

My Mother absolutely, and my personal estate I bequeath to

Mrs Julia Lucas
Dresden
Ont.

Name and Address of person or persons to receive personal estate* (See note).

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

this 16 day of March A. D. 1917

W J Lucas Signature of Soldier.

*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 Amiel Bennett

Address of Witness 8 Helburne St S.

Occupation of Witness Laborer

Signature of Second Witness Martha Edwards

Address of Witness Plymouth Montserrat C.I.

Occupation of Witness Clerk

FORM OF WILL

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

Name and address of person or persons to receive personal estate

I bequeath all my real estate unto

John Doe
John Doe
John Doe

Name and address of person or persons to receive personal estate

and my personal estate I bequeath to

John Doe
John Doe
John Doe

Witness my hand and seal this _____ day of _____ 19____

IMPORTANCE
NOTE
This form is not valid unless signed by the testator in the presence of two witnesses.

Signature of testator

[Handwritten signature]

In the presence of two witnesses, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

Witness my hand and seal this _____ day of _____ 19____

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

I, the undersigned, being of legal age, sound mind and memory, do hereby declare this to be my last will and testament, and I bequeath all my real estate unto

DUPLICATE MEDICAL HISTORY SHEET

931622

Surname Lucas Christian Name Walker James

Examined { on 8th day of Nov 1916
 at Dresden Ont
 Birthplace { City or Town Dresden Ont
 County Kent

Approved by Chas. J. Moore M.D. **DUPLICATE**
 Rank Lieut M.O.

Apparent age 17
 Trade or occupation carpenter
 Height 5 feet 8 inches
 Weight 156 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 36 inches
 Physical development Fit
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Vaccination Marks { Arm Right Left
 Number None
 When Vaccinated last Never
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS
<u>17/2/17</u>	<u>200R</u>	<u>SS Shepley</u>
<u>19/1/17</u>	<u>1</u>	

(b) Slight defects but not sufficient to cause rejection
None
Both eyes 20/20

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/2/17</u>	<u>200R</u>	<u>SS Shepley</u>
<u>3/4/17</u>	<u>200R</u>	<u>Don Murray</u>
<u>29-4-17</u>	<u>L.S.H.</u>	<u>Don Murray</u>

Enlisted on 8th day of November 1916 at Dresden Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#1 Conal Battr</u> <u>B.E.F.</u>	<u>931622</u>		<u>8/11/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>		<u>on enlistment</u>	<u>Fit</u>
<u>S. K. Buckner</u> Major, A. M. C.		<u>Geo. Shaw</u> Capt, A. M. C.	<u>Chas. J. Moore</u> Capt. M.D.

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.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.**SEPARATION ALLOWANCE.**

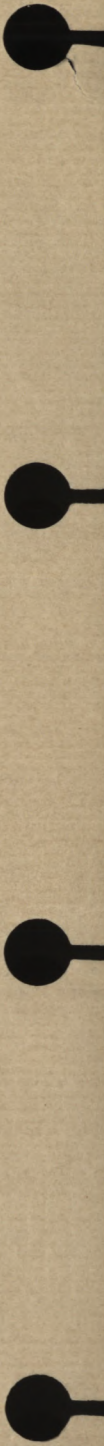
Name *Mrs. Julia H. Lucas* (mother) Name of Soldier *Lucas, Walter J*
 Address *Bresden* Regtl. No. *931622*
Ont. Rank *Pte*
 Corps *#2 Const. Batten*
 Relation to Soldier } To what Corps belonging }
 wife, child or mother } *20⁰⁰ 12 April 1917* when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 m, 22-8-17 P.B. 25/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Handwritten notes in red ink at the top of the page, including the number '100' and some illegible characters.



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mr. Julia H Lucas
(Assignee)

Name of Soldier

Pte Lucas, Walter J.
931622

PAYMENTS.

L. L. Job 1927-M. & D. 7314

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰ 1st April 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>100-2 A 19184</i>	<i>100</i>	<i>100⁰⁰ mailed 27-8-17</i>
Sept.		<i>X40966</i>	<i>20</i>	<i>any body.</i>
Oct.		<i>042385</i>	<i>20</i>	<i>20⁰⁰ Sept. future B. 25/17</i>
Nov.		<i>049932</i>	<i>20</i>	
Dec.		<i>058312</i>	<i>20</i>	
Jan.	1918		<i>180</i>	
Feb.				
March				
April				
May				
June				
July				

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1 APR 1917		EFFECTIVE DATE: -	
AMOUNT: 20 ⁰⁰		AMOUNT: -	

NAME: Lucas, Walter James
NUMBER: 931622

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 Julia H Lucas mother
Dresden Ont.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Plt</u>

UNIT AND TRANSFERS

ORIGINAL UNIT: 2 Construction Bn
DATE ACCOUNT FIRST OPENED: 1 APR 1917

Died (not stated) 26/11/18
Cha B 383 29/11/18
cause of death "Cause Military Tuberculosis"
62 B 471 18/3/19

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D.	UNIT TRANSFERRED TO
			<u>Canada</u>

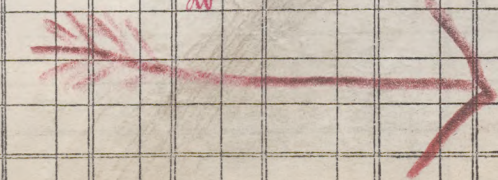
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<u>23/7/18</u>	<u>2056</u>	<u>7 days #1</u>	<u>7 70</u>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<u>1</u>	<u>-</u>	<u>-</u>	<u>10</u>

PARTICULARS OF RENDERING NON-EFFECTIVE: Died 26.11.18 62 B 471 18.3.19

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>MAR</u>	<u>Bal Ford</u>								<u>54 27</u>		
<u>apl</u>	<u>P. Pay</u>	<u>33</u>		<u>b. a. P.</u>				<u>20</u>			
				<u>AR 34 10/4 376 CFB</u>	<u>5 35</u>						
				<u>AR 77 26/4 - - -</u>	<u>2 68</u>				<u>59 24</u>		
		<u>33</u>			<u>8 03</u>			<u>20</u>			
<u>May</u>	<u>P. P</u>	<u>34 10</u>		<u>b. a. P.</u>				<u>20</u>			
				<u>AR 117 16/5 376 CFC</u>	<u>2 68</u>				<u>70 66</u>		
		<u>34 10</u>			<u>2 68</u>			<u>20</u>			
<u>June</u>	<u>P. P.</u>	<u>33</u>		<u>All Pay</u>				<u>20</u>			
				<u>AR 159 29/5 376 CFB</u>	<u>2 68</u>						
				<u>AR 183 15/6 ✓ ✓</u>	<u>4 46</u>						
				<u>✓ 240 29/6 ✓ ✓</u>	<u>4 46</u>				<u>72 06</u>		
		<u>33</u>			<u>11 60</u>			<u>20</u>			
<u>July</u>	<u>PP</u>	<u>34 10</u>		<u>Ass Pay</u>				<u>20</u>			
				<u>AR 280 12/7 376 CFC</u>	<u>4 46</u>						
		<u>34 10</u>		<u>AR 329 27/7 ✓</u>	<u>4 46</u>			<u>20</u>	<u>77 24</u>		
					<u>8 92</u>						
<u>Aug</u>	<u>PP</u>	<u>34 10</u>		<u>Canat</u>				<u>20</u>			
				<u>AR 386 15/8 376 CFB</u>	<u>4 46</u>				<u>86 88</u>		
		<u>34 10</u>			<u>4 46</u>			<u>20</u>			
<u>Sep.</u>		<u>33</u>		<u>Canat</u>				<u>20</u>			
				<u>AR 871 15/9 Can Subs</u>	<u>2 68</u>				<u>97 20</u>		
		<u>33</u>		<u>ap</u>	<u>2 68</u>			<u>20</u>			
<u>Oct</u>	<u>✓</u>	<u>34 10</u>		<u>AR 23/10 No 10 #6339</u>	<u>4 46</u>				<u>62 63</u>		
		<u>34 10</u>			<u>4 46</u>			<u>20</u>			



NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Nov	Mr. M. J. P.	10	P	Cap. A. P.					br 63		
					Nov only	33		Nov					20		
					Cap 845 1897. 9/1/19 in effects		10 -						8563		
						23	10 -						4392		
				Feb	cash in Effects		4392						12955		
							4392								
				June				Dr 80367 - R 264 - 28 - W - 19							
								Cr Bal & team	12955						

Statement recd. 26.3.19
 Cr Bal. 12955

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L

7811

Apr 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *931622*

Rank *Rate* Promoted Reverted Discharge

Soldier's Name *Walter J. Lucas*

Battalion *# 2 Co. B. Batt.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Julia H. Lucas*

Address *Dresden Ont.*

Change of Address

1

2

3

4

(mother)

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>1918</i>	<i>Dec 31</i>		<i>180</i>	<i>180</i>	
<i>Jan 9</i>	<i>Q 69945</i>		<i>20</i>	<i>20</i>	<i>DB</i>
<i>Feb 5</i>	<i>71950</i>		<i>20</i>	<i>20</i>	
<i>Mar 2</i>	<i>L 90201</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April 8</i>	<i>D 2875</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May N</i>	<i>12488</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June H</i>	<i>24966</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July R</i>	<i>30417</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug L</i>	<i>34418</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept W</i>	<i>45723</i>		<i>20</i>	<i>20</i>	
<i>Oct S</i>	<i>51956</i>		<i>20</i>	<i>20</i>	
<i>Nov M</i>	<i>57312</i>		<i>20</i>	<i>20</i>	
<i>Dec D</i>	<i>62947</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>420.</i>		

M. F. W. 128
 400x6-17-17-28-1141
 L. L. 22520-M. & D. 7993.

KILLED IN ACTION }
 DIED OF WOUNDS } DATE *26-11-18*
 G. L. No. *380* DATE *3-12-18*
 M. R. O. *32494* TO DESTROY RENDERED *6-12-18*
 E. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
11389 *15-6*
 CLERK *W. L. L. L.* DATE *6-12-18*

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

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

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M-617-1772-88-1141
L. L. 22320-M. & D. 7893.