

ORIGINAL.

ATTESTATION PAPER.

No 2684235

Folio. 31

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Noll
1a. What are your Christian names? William John
1b. What is your present address? R.N.W.M.P. Regina.
2. In what Town, Township or Parish, and in what Country were you born? Parkdale Minnesota/ U.S.A.
3. What is the name of your next-of kin? Mrs Anna Noll
4. What is the address of your next-of-kin? 120 Almena Wisconsin U.S.A
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? January 15th 1918 1895
6. What is your Trade or Calling? Farmer and Rancher
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
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William John Noll, 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.

Date May 3rd 1918 191. (Signature of Recruit) (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William John Noll, 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.

Date May 3rd 1918 191. (Signature of Recruit) (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 Regina this 3rd day of May 1918. (Signature of Justice)

Description of William John Noll on Enlistment.

Apparent Age 23 years 3 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Clear

Eyes Hazel

Hair Light Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic Yes.....
 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 May 3rd 1918 191 .

Place Regina

J. G. Morrison

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.

William John Noll 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.

G. A. [Signature]

(Signature of Officer)

Date May 3rd 1918 191 .

NAME ^{PTE} NOLL, WILLIAM JOHN REGT. NO. 284235 UNIT CFC. H. Q. FILE NO. 26/7/19

CONTENTS

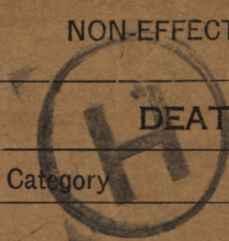
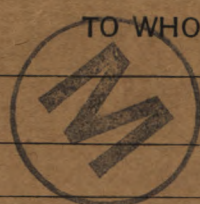
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY



ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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)

misc

DEATH

Category

DISCHARGE

Category *Demob*

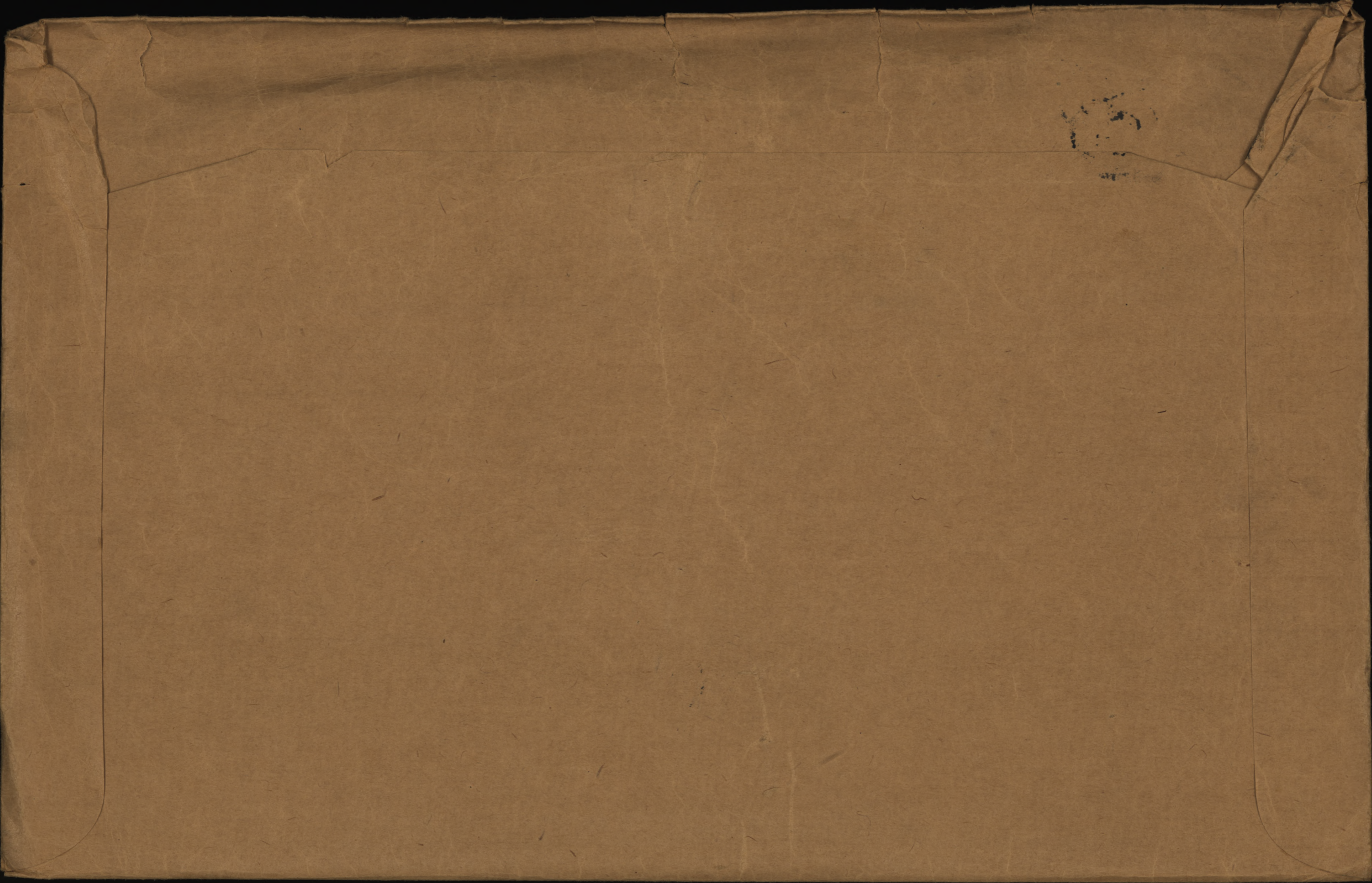
DESERTION

**PUBLIC ARCHIVES
RECORDS CENTRE**

07619



48/07



Surname *Noll*
Christian names *William John*
Regtl. No. *2684235* Rank *Pte*
Unit *R. N. W. M. P. (Can. R.D.)*

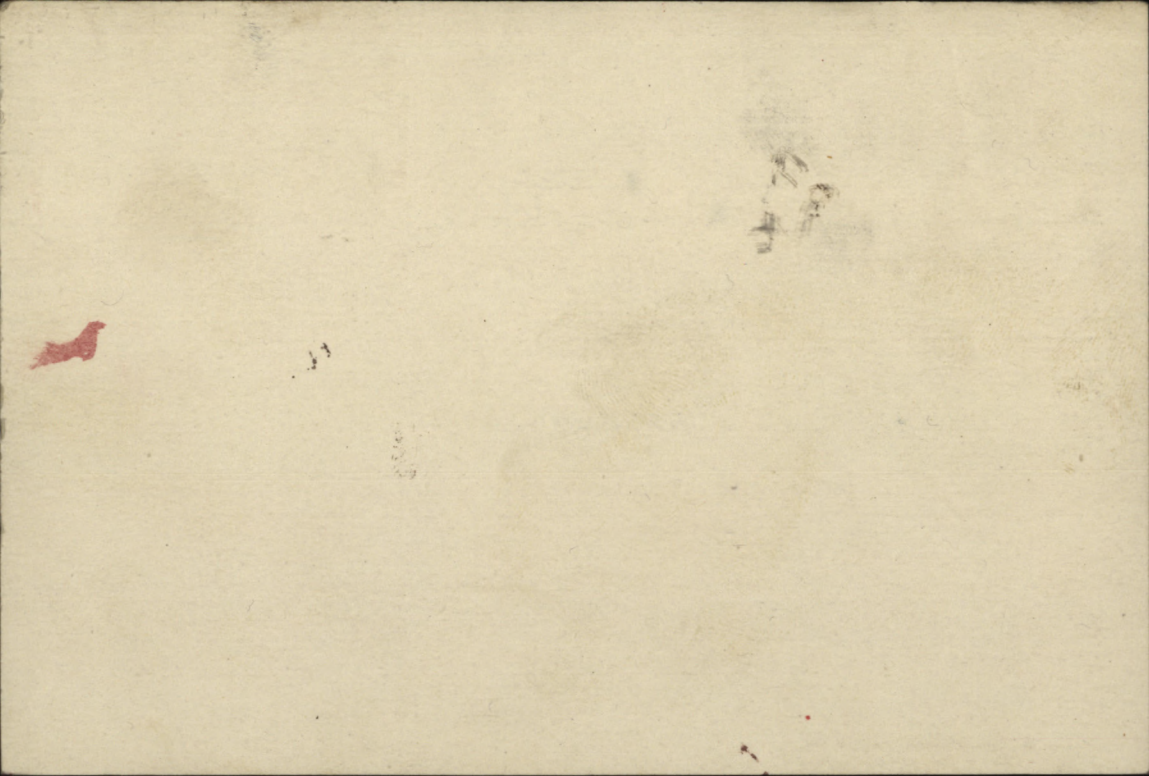
H. Q.
M. D. No. *12 m. 10*
T. O. S. *May 15th 1918*
D. O. Pt. II *1 of 15-3-18*
S. O. S. *16-7-1919*
Reason *Remot.*
Auth. *196 of 15-7-19*

Next of kin *Noll, Mrs. Anna* Relationship *Mother*
Address *Almena Wis., U.S.A.* Also notify:

BORN—Place *U.S.A., Parkdale Minn.* Date *Jan 15th 1895*

ATTESTED—Place *Regina, Sask.* Date *May 3rd 1918*

O/S *9-6-18 1297*
Pte. R/C 11-7-19 368



m

Surname *Nolly*
 Christian names *W*
 Regtl. No. *3214474* Rank *Pte*
 Unit *Alta Regt. 1st Depo. Bn*

H. O.
 M. D. No. *13*
 T. O. S. *July 15th 1918*
 D. O. Pt. II *1092* of *15-7-18*
 S. O. S. 19...
 Reason
 Auth.

Cancelled
~~13/12/18~~

Next of kin Relationship
 Address
 Also notify:

E. O. R.

BORN—Place Date
 ATTESTED—Place Date
 O/S R/C



✓
Number

✓
P. 684235

Rank

✓
Pte

Surname

✓
Nott

Christian Name

✓
William John

Units

✓
Can. Cav. Bde

Theatre of War

✓
England

Date of Service

✓
21-6-18

✓
Camp No 3

Remarks

✓
Nema River Log, Co
Raymond Wash.

Latest Address

✓
~~Co. Almena Wis~~ U.S.A.

Roll No

✓
A Page 1278

SEP 26 1927
NEG. NO. 919883

MESSAGE FORM

FILE HQ 2501-N

FOR COMMGEN/SIGNALS USE

NUMBER
DP(IG)

PRECEDENCE - ACTION PRIORITY	PRECEDENCE - INFO DEFERRED	DATE - TIME GROUP 17 14/25/2 JUN 63	MESSAGE INSTRUCTIONS
FROM CANARMY	PREFIX GR		
TO IN CANAWASH	SECURITY CLASSIFICATION UNCLAS		
INFO	ORIGINATOR'S NUMBER DPS 5321		

URTEL AQ 871 RE 2684235 PTE WILLIAM JOHN NOLL. ENROLLED AT REGINA SASK 3 MAY 1918 IN RNWMP CAVALRY DRAFT. SERVED IN ENGLAND FROM 21 JUN 1918 TO 3 JUL 1919. SOS ON DEMOBILIZATION DO 196 16 JUL 1919 AT REGINA SASK. ENTITLED TO BRITISH WAR MEDAL. BORN AT PARKDALE MINNESOTA ON 15 JAN 1895. OTHER FACTOR UNKNOWN.

mtb
*in R Mrs. ~~ANNA~~ Noll (mother)
 address Almena Wis. USA.*

Proposed Residence on Relax P.O. Almena Wis USA.

WSW

DP(IG)

45490

PAGE OF PAGES	REFERS TO MESSAGE	DRAFTER'S NAME	OFFICE	TEL.							
	CLASSIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>										
FOR OPR'S USE	R	DATE	TIME	SYSTEM	OPERATOR	D	DATE	TIME	SYSTEM	OPERATOR	RELEASING OFFICER'S SIGNATURE (GW SWARTZEN) LT/COL DPS

DATE

TIME

TO	FROM	CLASS	NO.
SUBJECT		CLASS	NO.
REMARKS		CLASS	NO.

Mr. J. H. ...
...

...

RECEIVED	DATE	TIME	BY

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. 2684235 Rank PTE. Surname NOLL
(Given name in full)
WILLIAM JOHN
 Unit or Corps C.F.C. Birthplace EDMONTON ALTA.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 144 lbs. Height 5.6 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 66
 Condition of arteries good
 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.)

nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Yes

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Lumpinee (Overseas)

Date 18/6/19

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

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

[OVER]

R.N.W.M.P. Recruit. MILITARY SERVICE ACT, 1917.

I.O. #13 M.L.D.

MEDICAL BOARD NO. ORIGINAL

MEDICAL HISTORY SHEET

Edmonton
A.B.

131

Signature of Man (Wm. J. Noll)

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Noll Christian name William John.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) Grande Prairie, Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of April, 1918, 1917, by the undersigned medical board sitting at Edmonton, Alta.

- 5. Age as stated 23 Years 3 Months. 6. Apparent age 23 Years - Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 135 Pounds.
9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins.
10. Complexion Clear. { Eyes Hazel Hair L. Brn.
11. Physical development Good { Good Fair Poor
12. Smallpox marks Nil.

- 13. Number of vaccination marks { Right arm - Left arm -
14. When vaccinated last Never.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

Hearing R. Ear Normal L. Ear Normal
Eyesight R. Eye 20/15 L. Eye 20/15

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category AII
Major C.A.M.C. President.
Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for J.G. Muir and R.I. Guercapp.

Joined 3rd day of May 1918 at Regina Saskn.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes R.N.W.M.P. Cavalry and Draft C.E.F. with date May 3rd 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Shomcliffe, Sept 10/18, and 18-6-18.

N.B.—This sheet is 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.

R.N.W.M.P. Recruit. MILITARY SERVICE ACT, 1917.

26-

MEDICAL BOARD NO. SERIAL NO. RECEIPT NO. CHECKED NO.

MEDICAL HISTORY SHEET

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Noll Christian name William John.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) Grande Prairie, Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of April, 1918, 1917, by the undersigned medical board sitting at Edmonton, Alta.

5. Age as stated 23 Years 3 Months. 6. Apparent age 23 Years - Months.
7. Height 5 Feet 6 1/2 Inches. 8. Weight 135 Pounds.
9. Chest measurement { Minimum 32 Ins Maximum 36 Ins. 10. Complexion Clear. { Eyes Hazel Hair L. Brn.
11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil.
13. Number of vaccination marks { Right arm - Left arm - 14. When vaccinated last Never.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis Hearing Normal R. Ear Normal L. Ear Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category AII
J. A. Morrison Member. Major C.A.M.C. President.
W. H. Brown Member. Capt. C.A.M.C. Member.

Signature of Man Wm. J. Noll

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for J.A. Morrison and R.T. Givens.

Joined 3rd day of May 1918 at Regina Saskn.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes: R.N.W.M.P. Cavalry Draft C.E.F., 2684235, May 3rd 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT

N. B.—This sheet is 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.

DE W CANADA

ST. LEONARD GILBERT

BRITISH A

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

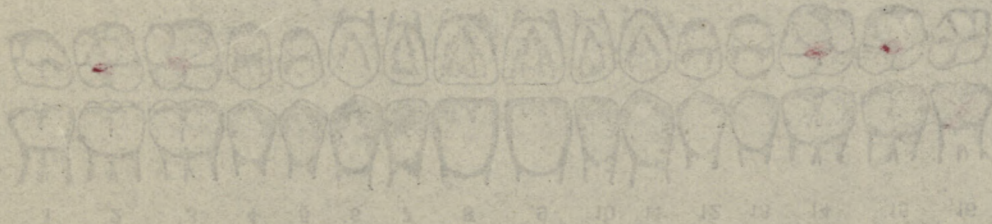
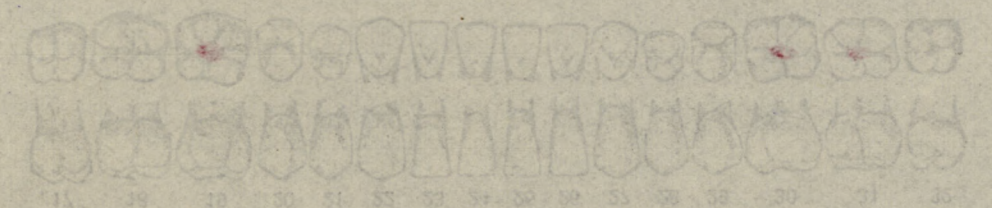
NAME

REGIMENT

POST

NO.

General Examination	Oral Examination	Examination of Teeth	Examination of Gums	Examination of Mouth	Examination of Throat	Examination of Nose	Examination of Ears	Examination of Eyes	Examination of Neck	Examination of Chest	Examination of Abdomen	Examination of Pelvis	Examination of Extremities	Examination of Skin	Examination of Hair	Examination of Nails	Examination of Teeth (continued)	Examination of Gums (continued)	Examination of Mouth (continued)	Examination of Throat (continued)	Examination of Nose (continued)	Examination of Ears (continued)	Examination of Eyes (continued)	Examination of Neck (continued)	Examination of Chest (continued)	Examination of Abdomen (continued)	Examination of Pelvis (continued)	Examination of Extremities (continued)	Examination of Skin (continued)	Examination of Hair (continued)	Examination of Nails (continued)
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1. Condition of teeth
2. Condition of gums
3. Condition of mouth
4. Condition of throat
5. Condition of nose
6. Condition of ears
7. Condition of eyes
8. Condition of neck
9. Condition of chest
10. Condition of abdomen
11. Condition of pelvis
12. Condition of extremities
13. Condition of skin
14. Condition of hair
15. Condition of nails

INSTRUCTIONS

a. Coy

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) NOLL, W.
REGIMENT C.F.C. RANK PTE No. 2684235

Date of Examination in England 20.6.19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer [Signature]

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

Alien City N.B.

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps R.N.W.M.P. Cavalry Draft C.E.F.

Regimental No. 2684235 Rank Trooper Name William John NOLL

Enlisted (a) 3-5-18 Terms of Service (a) *[Signature]* Service reckons from (a) 10/10/18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os } Policeman

Extended..... Re-engaged..... Qualification (b) *[Signature]*

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	M'Leal	3-6-18	H.M.T. Belleophon
4-6-18	CRCR	Disembarked T.O.S. on reporting from Canada	Gravesend	21-6-18.	
9-9-18	CRER	S.O.S. on transfer to Can Forwarding Depot	S'cliffe	21-6-18	Pt. 11. D.O. Nol 75.
			<i>Seiffen</i>	10-9-18	<i>Part II Queen 252</i> <i>private 600000</i> ASST. ADJUTANT FOR OFFICER COMMAND CANADIAN RESERVE CAVALRY REGIMENT
12-9-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		10-9-18	Pt. 11. D.O. 218.
		<i>from C.R.C.R.</i>			
5-10-18	<i>H.B. C.F.C.</i>	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE		4-10-18	PT. II. D.O. NO. 238
		<i>on posting to 131. Dist 52.</i>	<i>C.F.C.</i>		<i>C.F.C.</i>
9-10-18	<i>H.B. no 52</i>	<i>S.O.S. no 52, Dist C.F.C. at</i>	<i>Carlisle</i>	5-10-18	<i>Part II D.O. no 59</i>
	<i>Dist C.F.C.</i>	<i>131 Coy on posting from</i>			
		<i>Base Depot</i>			

(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. [P.T.C.]

Casualty Form - Active Service

Date	From whom received	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
6-6-18	H. Gross Dintche	S.O.S. No. 52 District, Carlisle, at 131 Coy. on Posting Base Depot	Carlisle	3-6-18	Part 11, D.O. No. 46 Capt. & Adjt. No. 52 Dist., C.F.C.
4.6.19	from 131 Coy. Dist 52	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale	Sunningdale	3-6-19	Pt. 11 D.O. 151
28/6/19 1/7/19	O.C. C.F.C.	SOS Base Depot C.F.C. on Transfer to M.D. Posting CANADIAN CAMP, RHYL Inberkation to Canada	S'DALE	28/6/19	PT II D.O. 152 A. D. McLawrie Lt. Col. C.F.C.

REGINA DISPERSAL AREA "O"
 T.O.S. R.O. 1420 (D.O. 196) Para 2030
 S.O.S. R.O. 5 (D.O. 4) Para 2031
 MEDICALLY UNIT
 DEMOBILIZATION

J. Balfour

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2684235 (Rank) Private

Name (in full) NOLL, William J. enlisted in
the R.N.W.M.P. Cavalry Draft

CANADIAN EXPEDITIONARY FORCE at Regina Sask. on the 3rd
day of May 1918

HE served in C.R.C.R. and C.F.C. England

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 24 years

Marks or Scars _____

Height 5' 6½"

nil

Complexion Clear

Eyes Hazel

Hair Light Brown

Wm. J. Noll
Signature of Soldier

W. Bradburn
Issuing Officer

Date of Discharge



MAJOR
Rank

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.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

enlisted in _____

the _____

on the _____

of _____

HE served in _____

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 _____	Height _____
Complexion _____	Eyes _____
Hair _____	Build _____
Signature of Soldier _____	Signature of Issuing Officer _____
Date of Discharge _____	Rank _____
Date _____	19 _____

NOTE.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

M.C. 100
FORM 11
1917

LTR

Rank **NOLL, William John** Reg'l No. **2684235**
 Unit **Dft R, N, W, M, P** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Regina May 3rd, 1918.** Place of Birth **Parkdale Minn. USA.**
 Name and Address, Next-of-Kin **Mrs Anna Noll**
P.O. Almena Wisconsin USA. Relationship **Mother.**

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

*b7b
as*

Discharge, Date and Place Reason Character
 H. W. V., Ld.—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.				
		Arrived in England		21-6-18	S/S BELLEROPHON
24.6.18	.CRCR	TOS from CANADA	Shorncliffe	21-6-18	PT*il*0 175
4.9.18		<i>S.O.S to b7b (may go up with b7b)</i>	<i>London</i>		<i>21 Feb 9/17/65</i>
9.9.18		<i>S.O.S to b.7b.</i>	<i>Schliffe</i>	10.9.18	<i>PT 252</i> <i>218/12/18</i>
5-10-18	BDCFC	<i>S.O.S to 52 Dist CFC</i>	<i>Spdale</i>	4-10-18	<i>238</i> <i>TOS</i> <i>52 Dist CFC</i>
6.6.19	52 Dist	<i>SOS to BDCFC</i>	<i>Carlisle</i>	3.6.19	<i>-46</i> <i>(TOS)</i> <i>BDCFC</i>
3-7-19	BDCFC	<i>S.O.S TO CANADA</i>	<i>SPDALE</i>	3-7-19	<i>-184</i>
			<i>96-0</i>	<i>3-7-19</i>	

ban.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	NOLL, William John.			
EFFECTIVE DATE:-	1.6.18	EFFECTIVE DATE:-		NUMBER:-	2684235			
AMOUNT:-	15.00	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
Mrs Alma Korb (Mother) Almena, Wisconsin, U.S.A.				R.O. 175	24.6.18	21.6.18	Pte	
<p style="color: red; font-size: 2em; text-align: center;">Stop 1/7</p>				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- R. R. W. M. P. Draft.				
				DATE ACCOUNT FIRST OPENED:- 1.6.18				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T-5 P. 0	UNIT TRANSFERRED TO	
				L.P.C. Canada	2.18	12/18	1/18, 22/18	L.P.C. "H"
				11.8.19 cancelled				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
2.6.18	672	Post	14.60	Ledger Post lev			46.70	
16.6.18	487	"	4.87	L.P.C. " "			12.63	
21.6.18	489	"	14.60					
			321.07					
DAILY RATES OF PAY AND ALLOWANCES								
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE	
L.P.C. Canada				1.	10			

Discharged to ^{30/11/18} Cap. R. 10995 21/6/19 Sidale, M.D. 12

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
May 31	Balance from Canada								6.70		
July	Pay: June - July	6710		a.p. June - July				30	24.34		
				AR 906 5/18 CR 11	973						
				" 1487 30/1/18 "	973				24.34		
		6710			1946			30	58.40		
Aug		3410						15			
				1868 12/18 "	1703						
				2151 20/18 "	973				16.68		
		3410			2676			15	49.68		
Sept		33		a.p.				15			
				B2222 28/9 66BD-696	973				24.95		
		33			973			15			
OCT		3410		a.p.				15			
				a/R 2150 - 13 ¹⁰ /18 - 52 Dis	14.60				29.45		
		3410			14.60			15			
Nov		38		a/R 2484 - 13 ¹¹ /18 - 52 Dis	14.60						
								15			
Dec		3410		Cap. Nov Dec				30			
				4R 2805 - 8 ¹² /18 - 52 Dis	14.60						
Jan		3410		Cap Jan				15	56.45		
		10120		a	2920			45			
Feb				AR 3183 10/1 - 52 Dis	17.03						
Mar		6490		" 3513 11/2 "	17.03						
				Cap Feb + Mar				30			
				AR 4001 21/3 - 52 Dis	(157) 24.33				32.96		
		6490			58.30			30			

Mansfield

COMPILED BY *[Signature]*

RECORDED BY *[Signature]*

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb 19	Bal. Fd.								32 96		
Apr.	Prso Pay	33		ad 6150. 8-4-19. 5-Diet 24.33	24.33						
				Cal. Apr.				15			
May		34	10	Canal May				15			
				6527 13-5-19. ✓	17 03				28.70		
		67	10		41 36			30			
June		33		<u>C.A.P.</u>				15			
				P.R. 632 2/6/19 53 Diet 14 60	14 60						
				P.R. 4823 16/6/19 B.D. 4 87	4 87						
				P.R. 6037 21/6/19 ✓	14 60				12 63		
		33			34 07			15			

3/7/19
Sallanada mdir 52.96 - (72)

for balance

No. 12 DISTRICT DEPOT

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

File. N-251 S.S. Emp. of Britain
11.7.19. ADDRESSOR PAYMASTER
 REGT. No. 2684235 RANK PTE NAME (IN FULL) **NOL L. W. J.**

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					Rnwmp		
Almena, Wisconsin, U.S.A.							
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE
No							
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE
					3.5.18		
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					1500 -	1.8.19.	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mrs. A. Noll.		
					ADDRESS		
					Almena, Wis.		
						U.S.A.	
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
						Regina	16.7.19
						REASON	AUTHORITY
						Demob.	DO. 196
							IF ENTITLED TO POST DISCHARGE PAY
							Yes.

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	DEBIT	CREDIT		
				\$	C.															\$
306.19				12.63		12.63													12.63	Dr. Bal. 12.63 h.P.C.
									Boat	4.87										Cr. 3.500 llo all
									Train	5.-										Dr. 770 Feb. 17 23 19.
12379	23	110	2530	35		6030			Cheque	118.06			July 15		770	15063	7770			
			2530	4763		7793									770	15063	7770			WAR GRANT GRATUITY M.D. 12 15
															7770	7770	20230			1200
	122			280		280									70	14770	13230			633970
															70	21770	6230			645051
															6230	280	-0-			653138
				280		280									280	280				1200

I certify that all payments due on this account have been completed.
[Signature]
 Capt. Paymaster, War Service Gratuity, Military District No. 12.

Campbell
 CAPTAIN
 For ASST. DIRECTOR OF PAY SERVICES
 MILITARY DISTRICT No. 12
 1200
 AUG 15 1919
 SEP 16 1919
 OCT 16 1919
 GENERAL AUDITOR'S DEPT.
 AUDITED
 DEC 17 1919
 DISTRICT AUDITOR M. D. 12

120



Handwritten scribbles or faint markings in the center of the page.

Handwritten mark resembling the number '4'.

Handwritten mark resembling the number '5'.



Date of Enlistment 15-5-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch N

2734

1-6-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *R. N. W. M. P.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. A. NOLL, N2734
 ALMENA,
 2 WIS., U.S.A. 15 15.00
 3 % 2684235 PTE WM. JNO. NOLL
 4 FIFTEEN DOLLARS

944701

Date	Cheque No.	Amount S/A	Amount A/P	Total
July 18	Z 29190		15	15
July	A 27098		15	15
Aug	Z 37915		15	15
Sept	Z 57803		15	15
Oct	Z 66644		15	15
Nov	Z 81222		15	15
Dec	Z 98705		15	15
Jan 19	Z 111848		15	15
Feb	Z 125028		15	15
Mar	Z 136964		15	15
April	Z 6042		15	15
May	Z 13941		15	15
June	Z 19555		15	15
July	Z 23172		15	15
			\$210	210

REMARKS *17689-N-3*

→ mailed 24/78 to adj June A/P

M.D. 12
 A/c Closed *31-7-19*
 Ret'd per *Report Sup of Britain*
 Date *11-7-19* M.F.W. 187 *24-7-19*
 Clerk *128 Stretton*

nr corp # 117475 Desob. Jun

ENTERED IN
 JUL 19 1918
 VOUCHER SECTION

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7993.

AUTHORITY *m. d 12 B. 3.*
 FOR *m. martin*
 NEW ACCT. *19-7-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

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 6.17-1772.39-141
 L. L. 22220-M. & D. 1933.



SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)

10, 10, 10, 6

EMB'D LIVERPOOL 3-7-19
DIS'D QUEBEC 10,7,19

1. No. 2684235,

2. Rank Pte.

3. Name Noll, William J.

4. Unit C.F.C., Orig. Unit. R.N.W.P. Cavalry Draft,

5. Date of Discharge REGINA SASK. JUL 16 1919 Place

6. Reason for Discharge Demobilization, Category "A",
Group 28, /
Mother,
R.C.

7. Authority R.O. 1420 (D.D.O. 196 Para 2031)

8. Proposed Residence after Discharge
P.O., Almena, Wis. U.S.A.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

Wm. J. Noll

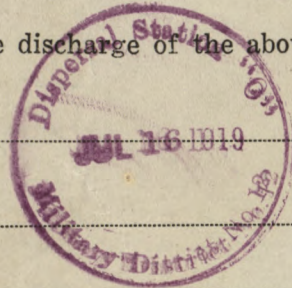
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



A. Brachuk

Signature MAJOR (O.C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE
(Demobilization)

1	No.	80220
2	Rank	Sgt.
3	Name	William J. ...
4	Unit	U.S. Army, 1st Cavalry Div.
5	Date of Discharge	10.1.19
6	Place	...
7	Reason for Discharge	Demobilization
8	Authority	...
9	Proposed Residence after Discharge	...

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge for

Signature of Soldier: *[Handwritten Signature]*

CONFIRMATION

The message of the above named man is hereby confirmed

Place: *[Handwritten Place]*

Date: *[Handwritten Date]*

Signature: *[Handwritten Signature]*

(O.C. Discharge Unit)



LIST OF RECHARGE DOCUMENTS

Attestation Paper, Triplicate	Minnesota Form W. 23
or Particulars of Receipt	Minnesota Form W. 188
Field Conduct Sheet	Minnesota Form W. 178 or A.F.B. 122
Casualty Form	Minnesota Form W. 54 or A.F.B. 108
Last Pay Certificate	Minnesota Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Minnesota Form E. 318 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 237, A.F.B. 179 or A.F.A. 46
Dental History Sheet	Minnesota Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1275
Behavioral Conduct Sheet	Minnesota Form B. 262
Company Conduct Sheet	Minnesota Form B. 262a

[Faint handwritten signature and illegible text]

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 (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (286M)).
9. Copy of Discharge Certificate (M.F.W. 39b).
10. Discharge Certificate (C.A.D.C.).
11. Equipment Statement (M.C. Form (D.O.S. 2), and Clothing).
12. Last Pay Certificate (P. 51).
13. Pay Book (A.G. 6).
14. War Service Grant (Form M.F.W. 2595).
15. Sundry Documents.

Group A

Checked by No. 27

[Signature]

Date 30 JUN 1919