

12/19/01
Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....
Attestation Papers.....
Declaration of change of name.....
Authority for special enlistments.....
Documents of re-enlisted men.....
Regimental Conduct Sheet.....
Compulsory Stoppages.....
Casualty Forms.....
Proceedings on discharge.....
Corps History Sheet.....
Date and No. of Deposit Receipt for
Purchase Money and Amount.....
Parchment Certificate.....
Medical Report for Invalids.....
Medical History Sheet.....
Proceedings of Regt. Court Martial.....
Copies of Convictions by Civil Power.....
Company Conduct Sheet.....
Clothing Transfer Certificate.....
Inventory of Kit.....

DISCHARGE DOCUMENTS

Name WALLACE JOHN
Regt. No. 2014206 Rank Spr
Corps Can Eng

M. 10.4

Demobilization



HSB 6-8-19

Doc 2

22/13/19

Ret 22-12-19



03461

Last Pay Certificate.....

AFB 122 — 1

MFW 113 — 1

MFW 129 — 1

MFR 460 — 1

M. F. W. 62.

50m.—8-16.

H. Q. 1772—30 835.

12 of Card

29.1.19
W. 1706
8 OK

This space to be for numbers.

Proceedings on Discharge.

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

No. 2014206

Rank **SAPPER**

Surname **WALLACE**

Christian name **John**

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

Corps (Squadron, Battery or Company)

Canadian Engineers

Date of discharge **DEC 13 1918**

Place of discharge

ST. JOHNS, P. Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age **27 years** **11** months.

Height **5** feet **3** inches.

Complexion **Fair**

Eyes

Blue

Hair

Brown

Trade

Carpenter

Intended place of residence

**55 Sydney Street,
Somerville, Mass. U.S.A.**

(To be given as fully as practicable.)

Descriptive marks

N I L .

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

Authority for discharge **R.O. 1328.**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Carpenter

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

N I L .

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

N I L .

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

ST. JOHNS, P. Q.

(Date).....

DEC 18 1918

Commanding.....

E. J. Hughes
Lt. Colonel C. E.
C. C. Engineer Training Depot

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....

ST. JOHNS, P. Q.

(Date).....

DEC 18 1918

John Wallace +

(Signature of Soldier.)

W B Blair

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Place).....

John Wallace +

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

ST. JOHNS, P. Q.

(Date).....

DEC 18 1918

(Signature).....

E. J. Hughes
Lt. Colonel C. E.
C. C. Engineer Training Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

L I N .

John Waller

Reg. Conduct Sheet Militia form B. 203	Attestation Paper Militia form W. 31
Separation Battery Company Conduct Sheet H. 203a	Particulars of Return W. 131
Field Conduct Sheet W. 178	Proceedings on Discharge B. 418
Copies of Convictions by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet Militia form B. 313	
Casualty Form W. 34	
Medical Report for Invalidity B. 317	(a) Proceedings on Discharge
Dental History Sheet B. 403	
Last Pay Certificate W. 44	(b) Attestation
Duplicate Discharge Certificate W. 30A	
Form of Will H. 83	(c) Medical History Sheet
Only if discharged "Medically unfit". Only if man has not been overseas.	
Documents not accompanying this form should be crossed out.	
I hereby certify that the following documents are unobtainable.	
Officer Commanding	
N.B.—In the case of a man discharged by purchase the date and number of Deposit Receipt with amount of same is to be noted hereon.	

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }
or
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23
or
Particulars of Recruit " W. 133
Proceedings on Discharge " B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

ATTESTATION PAPER.

No. 138037

Folio. 2014206

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Wallace,
1a. What are your Christian names? John
1b. What is your present address? 55 Sydney St., Somerville, Mass. usa
2. In what Town, Township or Parish, and in what Country were you born? Peterhead, Scotland
3. What is the name of your next-of-kin? Mrs. Elizabeth Wallace,
4. What is the address of your next-of-kin? 2 Catherine Drive, South Govan, Scot#
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? Dec. 18, 1890
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No. J.W.
14. If so, what was the nature of the disability? No. J.W.
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? No.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Wallace, 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 Aug. 5, 1918

(Signature of Recruit)

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Wallace, 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 Aug. 5, 1918

(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 Boston, Mass this 5 day of August 1918

(Signature of Justice)

Description of Wallace, John on Enlistment.

Apparent Age 27 years 7 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 3 ins.

Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 4 1/2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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).

Upper plate

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 JUL 26 1918 191

Place BOSTON, MASS.

N.B. McInnis, Capt

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.

John Wallace 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.

AUG 12 1918

Wm. M. M. M.

(Signature of Officer)

O. C. Engineer Training Depot.

Date.....191

BRITISH AND CANADIAN RECRUITING MISSION

State of MASSACHUSETTS }
County of SUFFOLK } ss.:

John Wallace,

being duly sworn, says that

- (1) He was born on the 18th day of December, in the year 1890.
- (2) That his citizenship is British
- (3) That he is not a citizen of the United States of America.
- (4) That he enlists into the British Army, or Canadian Expeditionary Force, knowing that he is liable to severe penalty if the statements made herein are found to be false.

And further this deponent says not.

Sworn to before me, this 26th day }
of July 19 18 }

John Wallace
CHM Bury
Capt

Casualty Form—Active Service.

Canadian Engineers

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				

- (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.]

[P.T.O.]

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2014206 Rank Spr. Name Wallace, John
 Corps C E, E T D, St Johns, P Q. who was* Struck Off Strength,
 On 18-12-18 191...., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191....
 to 18-12-18 191...., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	100.	80
Advances } No.			Reg'tl. Pay.....18...days at \$...1.00	18.	00
Cheques } No.			Field Allow.....18...days at \$...10	1.	80
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges. <u>C. M. S.</u>	10.	00	11 days subs	8.	80
Payment on transfer or discharge No. <u>14351</u>	154.	40	Other Allowances*.....		
Bal. Cr. (to be paid by the new unit).....			Other Credits*.....		
			Civ. Clo. All.	35.	00
			Bal. Dr. (to be deducted by new unit).....		
Total.....	164.	40	Total.....	164.	40

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid paid on account of Assigned
 { Pay for the month of.....191... }
 { and Sep'n Allee. for month of.....191... } (to) Assignee.....
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment.....5-8-18
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge...Demobilization.....authorityD. O. 353.....
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 21-12-18

Place St Johns, P. Q......Lieut.
Asst. Paymaster, Engr. Training Depot. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

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.

- Surname Wallace Christian name _____
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule _____
- Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) 33 Sydney St Somerville Mass

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of Aug 1918, by the undersigned medical board sitting at Boston Mass

- Age as stated 27 Years _____ Months _____
- Apparent age 27 Years _____ Months _____
- Height 5' Feet 3 1/2 Inches _____
- Weight 125 Pounds _____

- Chest measurement { Minimum 34 Ins. Maximum 37 Ins. }
- Complexion Fair { Eyes Blue Hair light }

- Physical development Good. { Good Fair Poor }
- Smallpox marks no

- Number of vaccination marks { Right arm _____ Left arm 2 }
- When vaccinated last In army

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

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

- { (a) Vision R. no L. no (b) Hearing. R. OK L. OK }

AB Church Capt President for original Examiner.

Signature of Man John Wallace

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12.8.18		AB Church Capt M.O.	7.8.18	ice	AB Church Capt M.O.
		M.O.	12.8.18	ice	AB Church Capt M.O.
		M.O.	27.8.18	ice	AB Church Capt M.O.
		M.O.		ice	AB Church Capt M.O.

Joined 5th day of Aug 1918 at Boston Mass

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>2014206</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>St. Johns P.Q.</u>	<u>12.8.18</u>		<u>as AB Church Capt</u>
<u>St John's P.Q.</u>	<u>16-12-18</u>	<u>nil</u>	<u>All AB Church Capt</u>

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.

Christian Name.

[illegible]

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. 20142006 Rank Dapper Surname Wallace
(Given name in full)

Unit or Corps Canadian Engineers Birthplace Peterhead Scot

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 8 in. Colour of Eyes Blue
Nutrition Good
Pulse 68
Condition of arteries normal
Vision Rt. no Left no
Hearing (conversational voice) Rt. OK ft. 2
Left OK ft. 20

Identification marks, scars, or deformities.
(Give cause and date of origin).

Tattoo mark right fore arm.

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 Sytem no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System yes
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.

Influenza 23-9-18 to 2-12-18 cured.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date ... 16-12-18

Signed *H. B. Church 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 *John Wallace #2016206* M.O.

(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.)

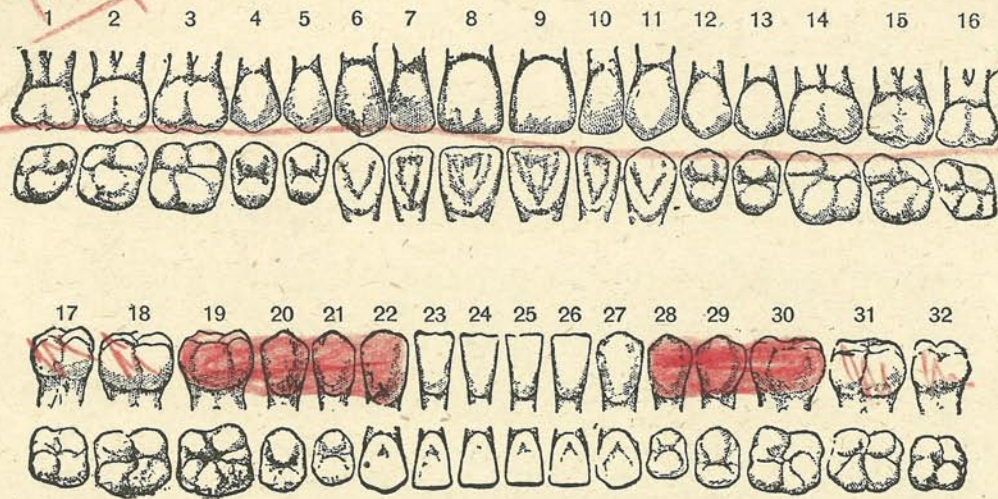
NAME OF SOLDIER.

REGIMENT.

U. S. BANK.

292

No. 5014206



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]

Name

Category...

Regimental No.

Rank

Enlisted at

Date

Taken on Depot Strength

Married or Single

Trade

Religion

Vaccination

Inoculations. 1..... 2..... 3.....

Medical Boards

Struck off

Disposition

CASUALTIES, &c.

NATURE

PART II. D. O.

REMARKS

E.G. Absence, Promotion, &c.

No.

Date

If In Hospital, Note Name, &c.

D. Leave 24-11 to 4-12 339 5-12-18
 E. Lt to 11-12 " " " "

D 1-10-18.

649-W-19763

S.O.S. Dis 18-12-18
cont D.O. 353 of 19-12-18 G.J.D.
H. Q. *Demob*

Surname *Wallace*

Christian names

Regtl. No.

Unit

Rank

M. D. No.

T. O. S.

D. O. Pt. II

S. O. S.

Reason

Auth.

Next of kin

Address

Relationship

Also notify:

BORN—Place

ATTESTED—Place

O/S

Date

Date

R/C