

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

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Inventory of Kit.....

Last Pay Certificate.....

A. F. W. 3997-1 1 "ind. cert"

A. F. B. 122-1

M. F. W. 192-1

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DISCHARGE DOCUMENTS

Name **WILFORD ROLAND ERNEST**

Regt. No. **1054615** Rank **PTE**

Corps **244th Bn**

Demobilization

R. O. No.....

H. Q. No.....



21437

24-2
14-28
28
2

ATTESTATION PAPER.

ORIGINAL

No. 1054615

Folio. 71

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... WILFORD
- 1a. What are your Christian names?..... Roland Ernest
- 1b. What is your present address?..... 226 a Fabre Street, Montreal, P.Q.
(Canada)
2. In what Town, Township or Parish, and in what Country were you born?..... Wellingborough, England.
3. What is the name of your next-of-kin?..... Mrs Emma Wilford
4. What is the address of your next-of-kin?..... As Above.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... October 8th 1896
6. What is your Trade or Calling?..... Chairmaker.
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, Roland Ernest WILFORD, 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 Nov. 10th 191 6, Roland E Wilford (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Roland Ernest WILFORD, 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 Nov. 10th 191 6, Roland E Wilford (Signature of Recruit)
[Signature] (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 Montreal. P.Q. this 10th day of November 191 6.

[Signature] (Signature of Justice)

Description of Roland Ernest WILFORD on Enlistment.

Apparent Age 20 years I 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. 10 ins.

Chest measurement { Girth when fully expanded 37 ins.
Range of expansion 2 ins.

Complexion Medium

Eyes Blue

Hair Brown.

Religious denominations { Church of England XX
Presbyterian
Methodist
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 Overseas Expeditionary Force.

Date Nov. 10th 191 6.

Place Montreal, P.Q.

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.

Roland Ernest WILFORD 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.

James McRobie Lieut. Col. (Signature of Officer)
9th 24th "Overseas" Battalion, C. E. F.
Date November 11th 191 6.

#1054615

H.Q. 54-21-23-53

To be made out in duplicate.

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 244th "OVERSEAS BATTALION, C. E. F.

(2) Regimental Number..... 1054615

(3) Full Name of Soldier..... WILFORD, Roland Ernest

(4) Place of Birth..... Wellingborough, England

(5) Are you married, or not?..... Not

(6) If married, state,
(a) Full name of your wife..... NOT APPLICABLE

(b) Present Postal Address.....

(7) Are you a widower?..... NOT APPLICABLE

(8) Have you any children?..... NOT APPLICABLE

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....No.....

If so, state name and address.....

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Mrs. Emma WILFORD.....

.....226 a Fabre Street, Montreal, P. Q.

(11) If your Mother is a widow.....Yes.....

Are you her sole support, or not?.....Not.....

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

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

NOT APPLICABLE

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

(15) Are you insured?.....No.....

If so, in what Company?.....NOT APPLICABLE.....

Have you made arrangements for payment of your Insurance premium.....

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

Date.....10th November 1916.....

Frederick Robie
Lieut. Col.
o/c 244th "Overseas" Battalion, C.E.F.

LTR

Rank

Name WILFORD, Roland Ernest

Reg'l No. 1054615

Unit 244th Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal. Nov. 10th. 1916.

Place of Birth Wellingborough,
England.

Name and Address, Next-of-Kin Mrs Emma Wilford.

226 a Fabre Street, Montreal. P.Q. Canada.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

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.				
ARRIVED IN ENGLAND 7 4 17 S.S. LAPLAND.					
11-4-17	22 Res	Taken on Strength	Shoreham	7-4-17	PT 2 0 53
25-4-17	do	3 0 3 to 23 Res	Shoreham	24-4-17	PT II 0 67 23 Res
27-5-17	23d R.	So on posting to 14th Bn.	"	27-5-17	PT I Do 14th
2-9-17	14th Bn	To 6 Conv. Depot ex. 20 Gen Hosp. Camiers	Camiers	23-8-17	C.L. 2750. 9. S.W. Head.
30-8-17	—	Adm. 20 Gen. Hosp. Camiers		21-8-17	C.L. 2747
4-9-17	1st Que Regt.	To 5 Conv. Depot		26-8-17	C.L. 22.
26-10-17	"	Disch'd to Base Details		18-10-17	C.L. A. 47
7-5-18	O.R.	Wounded	Filed	30-4-18	C.L. 17207.
13-5-18	14th Bn	Inv. Wd & Posted to C.R.D.	—	7-5-18	PT 50 56, 57 Do 1174/13-5-18 C.R.D.

A.B. 103 CIRCLED
 22 JUL 1917

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.				
21 10 18	QRD	Ceases to be shown as patient Hosp. On Comm 2 C.C.D.	H. B. Shott	18 10 18	D.O. 255
15 11 18	"	Classes on Com 2 C.C.D.	"	13 11 18	DO 277
26 11 18	QRD	S O Sto C E F, Canada	B Shott	22 11 18	D O 286

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

350M.—5-16
H. Q. 1772-39/920.

[Signature]

Unit, Regiment or Corps. 244th "OVERSEAS BATTALION, C. E. F."

Regimental No. 1054615 Rank Private Name WILFORD, Roland Ernest
C. E. F.

Enlisted (a) 10/11/16 Terms of Service (a) ~~C.E.T.~~ Service reckons from (a) 10/11/16

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)..... Chairmaker

Date	From whom received	Report	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
EMBARKED CANADA					
			<i>Salford</i>	MAR-25 1917	<i>J.P. Brown Capt.</i>
DISEMBARKED ENGLAND					
		Taken on strength	<i>Liverpool</i>	APR 7 1917	<i>J.P. Brown</i>
		Transferred to	<i>Shoreham</i>	APR 7 1917	<i>J.P. Brown Capt. & Adjt.</i>
		Reserve Battn.			
		Taken on strength	Shoreham	7.4.17	D.P. 11 O.53 ✓
		Posted to 23rd. Res. Bn.	Shoreham	24.4.17	D.P. 11 O.67 ✓
			<i>asst Adjutant</i>		
		Taken on strength	Shoreham	24.4.17	D.P. 11 O.112 ✓
		Posted to 188th Bn.	Shoreham	27.6.17	D.P. 11 O. 144 ✓
			<i>W.H. Chalme</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.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				
	C. B. D.	ARRIVED C. B. D.	FRANCE	27.5.17	N R. D. 5.6.17 PART I ORDERS 5.6.17
	C. B. D.	LEFT C. B. D. FOR	1st Ent Rm	2.6.17	N R. D. 5.6.17
	O. C. BN	ARRIVED 14th BN.	FIELD	23.6.17	B. 213 D. 20.6.17 453
25.8.17	Unit	Wounded.	do	19.8.17	B. 213 468.
21.8.17	58 bles	his head	Adm 58 bles	20.8.17	Asst Hqs 79.
21.8.17	20 bles	his head. M.	Ad 20 bles	21.8.17	
23.8.17	do	do	Lo 6 bles	23.8.17	do 8769.
do	6 bles	do from 10th BN	Ad do	do	do 8387.
19.8.17	2 bles	his head.	Ad 2 bles	19.8.17	Asst Hqs 79.
25.8.17	6 bles	his head.	Lo 5 bles	25.8.17	
26.8.17	5 bles	do	Ad do	26.8.17	do 7250.
19/10/17	16/10	I or S JB	16/10	19/10/17	N R
18/10/17	5 bles	his head	Lo B. Depot	18/10/17	103034/6799
24/10/17	16/10	Left for 66th	Field	25/10/17	N R
25.10.17	6 bles	joined.	66th	25/10/17	nr 30.
8.11.17	do	Lo Unit	Field	8/11/17	nr 31. SR 18.1.18
21.1.18	Unit	joined	Unit	18/1/18	K. 17-19.
16.3.18	do	GRANTED 14 DAYS LEAVE	Unit	18/3/18	B. 213 27-1918.
6.4.18	do	From do	Unit	1.4.18	do

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

944th Bn.

Regimental No.

1054615

Rank.

Pt.

Name.

Wilfred Sabatol E.

Enlisted (a).

10-11-16

Terms of Service (a).

2. of 24

Service reckons from (a).

10-11-16

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).

Chambers

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				
20-12-18.	S.O.S. Discharged	Cat. "B"2. R.O. 1420 demobilization	Para. C.	DD. 4. DO. Pt. 2. 249	

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Casualty Form - Active Service.

Rank *Pte* Surname *Wilford* Christian Name *Roland Ernest*
 Religion Age on Enlistment years months
 Enlisted (a) *10-11-16* Terms of Service (a) *5 years* Service reckons from (a) *10-11-16*
 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>28 4/18</i>	<i>Unit</i>	<i>7 days I.P. ho 1, 20 4/18, for 'writing disrespectful letter regarding his officers, 19 4/18.</i>	<i>Field</i>	<i>20 4/18</i>	<i>Pte ho 28 of 1918.</i>
<i>4-5-18</i>	<i>do</i>	<i>20 Hpt. Col</i>	<i>-</i>	<i>28 4/18</i>	<i>do</i>
<i>29.4.18</i>	<i>3. C.F.A</i>	<i>Sw. from Eye ad</i>	<i>3. C.F.A</i>	<i>28 4/18</i>	<i>1765</i>
<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>2 C.C.S</i>	<i>28 4/18</i>	<i>1765</i>
<i>4-5-18</i>	<i>42 C.C.S</i>	<i>✓</i>	<i>42 C.C.S</i>	<i>28 4/18</i>	<i>1765</i>
<i>7-5-18</i>	<i>26 Gent</i>	<i>Sw. Eye ad</i>	<i>26 Gent.</i>	<i>1-5-18</i>	<i>29252</i>
<i>1-5-18</i>	<i>26 Gent</i>	<i>Sw. Eye ad</i>	<i>26 Gent.</i>	<i>30 4/18</i>	<i>28163</i>
<i>7-5-18</i>	<i>26 Gent.</i>	<i>do</i>	<i>ad. 26 Gent.</i>	<i>1-5-18</i>	<i>29239</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) Signaller, Shoeing-Smith, &c.

1054615-211000 RE

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				
7/1/18	26 Genl	2200 R. Regt To	England	7/1/18	7267
		Involved to England and	PERAFT		W.3083/8347
7/3/18	26 Genl	Posted to 45th Quebec Regt.	PRINCESS		St. 210.56/912
		Depot, BRAMSHOTT	ELIZABETH	7/3/18	
<i>Officer for Lt Col 449</i> <i>Can. Genl. 1st & 2nd Bn.</i>					
13518	Q.R.D.	T.O.S from 14 Bn. (Asp.)	Bramshott	7.5.18	DO. 117 &
<i>Paavainen</i> LIEUT: " FOR LT: COL: I/C RECORDS COME					
21-10-18	2nd G.O.D.	attached to 2nd G.O.D.	Bramshott	18-10-18	249 Pt. II No.....
14 NOV 1918	OG. 2nd GUD	Ceases to be attached to		14 NOV 1918	Pt. 2 D.O. No. 270
15/11/18		2nd G.O.D.	13 1/2		<i>Simon</i>
		on return to 2nd Regt			for OG. 2nd GUD
15.11.18	Q.R.D.	Posted to Depot Coq		14.11.18	DO 270
15/11/18	2.R.R.	leaves to be posted to 1st Bn. BRD 13 1/2			
		2150.5 as Dept on proceeding to 1st of			
		Embarked on 7th Canada			

22-11-18 Embarked England
29-11-18 Disembarked Canada

Geo. Quisenberry
QUEBEC REGT. L. DEPOT.

W 223

Army Form W3997.

Regtl. No. 10546/5 Rank Pte.Name Wilford (Christian Names in full) Roland Ernest. (Surname)Unit Q.R.D. Regt. 244th Bn. or Corps CATEGORY B.III. NEXT OF KIN motherREASON FOR RETURN.Medical Board held at Bramshott onINTENDED PLACE OF RESIDENCE Montreal P.Q.**COVER****FOR****DISCHARGE DOCUMENTS.**CAMPAIGNS, MEDALS AND DECORATIONS 12 months FranceEmbarked Aquilania 22/11/18

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place)..... Montreal, QUEBEC.

(Date)..... December, 20th, 1918.

(Signature of Soldier.) *J. E. Whifford*

(Signature of Witness.) *H. M. P. Sgt.*

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

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

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

(Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place)..... Montreal, QUEBEC.

(Date)..... December, 20th, 1918.

(Signature)

R. Lyne
Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS.

Pt. J. B. Wifford.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **1054615.** (Rank) **Private.**
WILFORD, Roland Ernest.
Name (in full) _____ enlisted in
the **244th, Battalion,**
Montreal, QUEBEC. **10th,**
CANADIAN EXPEDITIONARY FORCE at _____ on the
November, **16.**
day of _____ 19
FRANCE.
HE served in _____
and is now discharged from the service by reason of **Routine Order No. 1420 Para (C)**
Category "B2". Demobilization.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—
Age **22 yrs.** **2 mos.**
Height **5 ft.** **10 ins.**
Complexion **Dark.**
Eyes **Blue.**
Hair **Brown.**
Marks or Scars **Loss of right eye.**

J. E. Wilford
Signature of Soldier
R. W. Lee
Issuing Officer
December, 20th, 1918.
Date of Discharge
Montreal, QUEBEC. **20th,** **December,** **18.**
Signed at _____ this _____ day of _____ 19____
in Military District No. **DD4-19-W-225.**
File Reference No. _____

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

MEDICAL HISTORY SHEET

ORIGINAL

#1054615

Surname **WILFORD** Christian Name **Roland Ernest**

Examined on **10th** day of **Nov.** 191**6**
at **Montreal. P.Q.**

Approved by

Birthplace { City or Town **Wellingborough**
County **England**

Rank

M.O.

Apparent age **20 years 1 month**

Trade or occupation **Chairmaker**

Height **5** feet **10** Inches

Weight **130** lbs.

Chest measurement { Minimum **32** inches
Maximum expansion **37** inches

Physical development **Fair**

Small-pox Marks **None**

Vaccination Marks { Arm Right Left
Number **2**

When Vaccinated last **child**

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

EXAMINED FOR RE-ENGAGEMENT **10 MAY 1918**

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

VACCINATIONS

M.O.

M.O.

M.O.

M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

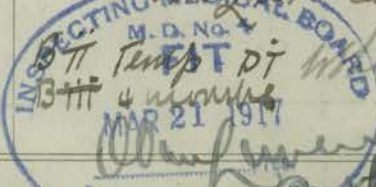
M.O.

Enlisted on **10th** day of **November** 191**6** at **Montreal. P.Q.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		1054615		
Transferred to	23rd BATTALION C.E.F.			
	244th "OVERSEAS BATTALION, C.E.F."			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Montreal	Dec 5 1916	Six	Passed by med Bd.
Westcliff F. Stone	10/9/18	Loss of vision (S.S.W. R. Eye Enucleated)	Discharged
Westcliff F. Stone	20/9/18	anophthalmos R.	Discharged



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.

M. F. B. 313.

75 OCT 1918

APPROVED

500M.—3-16.
H. Q. 1772-39-439.

FOR A.D.M.S. CANADIANS, SHORNCLIFF

CANADIAN

Surname WILFORD Christian Name Roland Ernest

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				
3 rd Western Gen Hosp Cardiff		27	5	18	24	5	18	G.S.W. L. & R. Eye	17	Rt. injured in France May 6. 1918 Socket healing normally.	G. Loken,
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		25	5	18	18	10	18	S. S. W. Right Anophthalmos	137	Rt. Eye enucleated. Placed S.W. Apr. 29. 1918. Vision Lk. 6/12. in glass 6/9. 10/11	W. E. Essex Asst. Surg. for Officer Commanding 3 rd Div. 1st Army 1918 & 1919 FOLKESTONE, ENGL.

200. TETANUS ANTITOXIN
INOCULATED.

Date 28.4.18 France

2-10 18.5-18 D 1281

TETANUS ANTITOXIN
INOCULATED.

25.5.18 D 1281

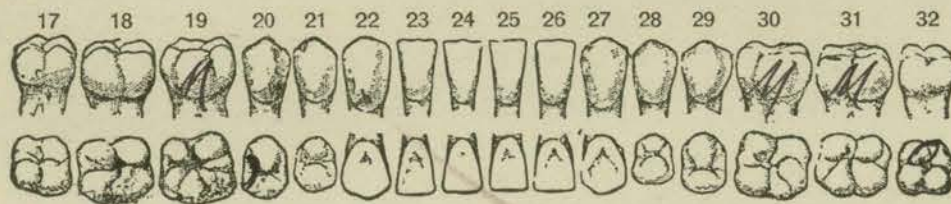
W. Ford 12.8.

RANK

De

No.

No. 1054615-



X to be extracted
M are missing

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>Fair</i>	<i>Dec 19/18</i>			<i>10</i>																<i>Letobornier 4</i>		<i>2 lobe indicated; 20, 32, lobe filled; 3, 4, 13, 14, 16, 19, 30, 31 in</i>
																						<i>Recommended for discharge Dec 19/18 - O.A.H.</i>

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.

NAME OF SOLDIER.

1877

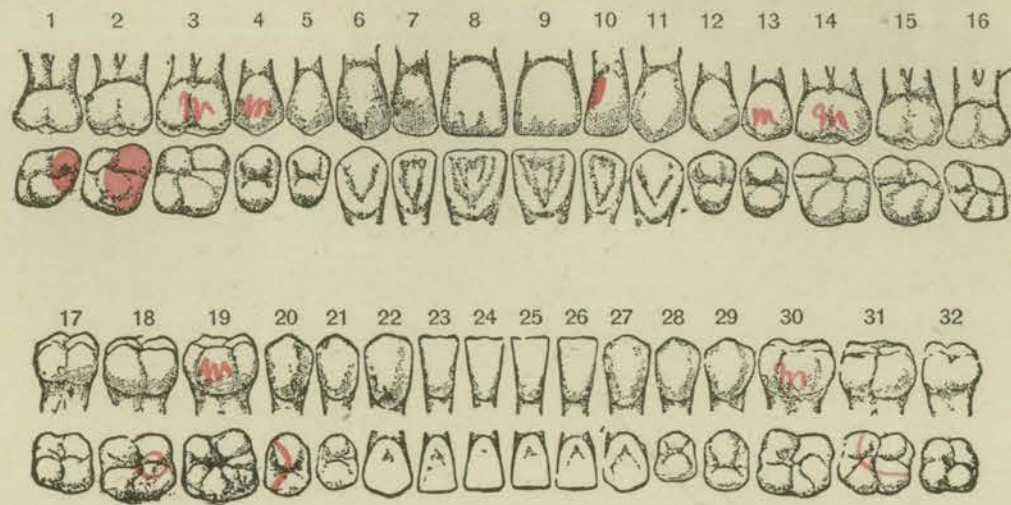
REGIMENT.

RANK

100

No.

No. 1054615



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]

DRUMMOND MILITARY HOSPITAL MONTREAL.

REQUEST FOR EXAMINATION

MONTREAL 14/12/1918

No. 1054615 Clinical Diagnosis.....
 Rank. Pte Defective
 Name. Milford R E Vision
 Unit. D/O Dr. 4

Kindly carry out Special examination on marginally noted with special reference to:-

Eyes

Reasons for examination.....

Based findings

Short Medical History.....

Attached

Signature M.O. (Requesting).....

REPORT R. Eye Angular thetmos from

S.S.W. & Janice - due to service -

Disability 42%

Vision L Eye 20/30 w glass - 0.75 = 20

Wearing artificial eye

Comfortably -

Signature of M.O. (Reporting).....

This man is not to be admitted to hospital for this

report to be made out, but is to be returned to his Unit on completion of examination.

This form, on completion is to be forwarded direct to M.O. requesting same.

L

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, POLKSTONE.WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, POLKSTONE.

C.F. MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

7942

Year

1918

Regimental No.

1054615

Rank.

Pte

Surname.

Wilford

Christian Name.

Roland E.

Unit.

14th Can. Bn. 244th Bn.

Age.

22

Service.

10/2 12/2

Station
and Date.

25/5/18

Disease G.D. Rt. Anophthalmos.

H & C. V. = Anophthalmos.

I.V. = $\frac{1}{12} + +0.50 = \frac{6}{9}$.

25-5-18.

Eye ordered.

29/5/18.

H & C.

June 8 Vision $\frac{1}{2}$ 2 degrees. t.i. cl.

W.M.

2-5-18.

Eye not suitable re-ordered

13/9/18.

Eye supplied.

B3 for 40000.

Board 16/9/18.

W.P. Bunn to - by

H.P. Rep. 18/10/18. Bitt

Board 11. 10. 18.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1054605	Pte	Wesford	RS	
Year	Unit.	Age.	Service.	
1915	14 Canadian	22	1 $\frac{6}{12}$	
Station and Date.	Disease			
2nd Western	Enteritis N.S. (Shrapnel injury).			
2nd Hosp.	Injury to N.S. by shrapnel on April 28th.			
Howard St.	Unclotted May 5th.			
Condiff	Socket clean.			
May 7. 1918.	No other injury.	V.C. = $\frac{6}{12}$		
20.5.18	Socket healing normally.			
King Edward VII	Transfer to Canadian Gen Hospital, Folkestone.			
Condiff				
		A. Wilson, Capt.		

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Montreal DATE 16-12-18

1. 1 (a) Unit 14th Battalion (b) Regimental No. 1054615 (c) Rank Pte.

(d) Surname WILFORD (e) Christian name Roland Ernest

2. Age last birthday 22 Date of birth 10-11-96

3. Enlisted at Montreal on 10-11-16

4. Personal description:—

(a) Height 5ft. 10 in. (b) Weight 140 (c) Complexion Dark

(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Loss of right eye

5. Address after discharge (for the use of the Board of Pension Commissioners)

379 Garnier Street, Montreal.

6. Former trade or occupation Chairmaker

7. (a) Service

	PERIODS	
	From	To
244th Battalion, C.E.F.	10-11-16	Date.
14th Battalion, C.E.F.		

(b) Has he been overseas? Yes 8. Original disease or disability G.S.W. right eye

(a) Date of origin 28-4-18 (b) Place of origin France

(c) Cause* Shell explosion

(d) Present disease or disability Onophthaluies (right)

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Report of Lieut. J. Rosenbaum, A.M.D. 14-12-18 "Right eye onophthaluies from G.S.W. in France due to service. Disability 42 %"

9. Present condition.—(Continued.)

Vision left eye 20/30 with glass 0.75 = 20/20 wearing artificial eye comfortably

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. Yes
Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. See Section 9

10. History: (a) of Condition referred to in "a" section 9.

G.S.W. left eye April 28th, 1918 Enucleated one week later.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Small scar on left side of vertex of head. Well healed non-adherent very superficial no disability. Received 20-8-18
Treated in France.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

Nil.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

3rd Western General Hospital Cardiff 7-5-18 to 24-5-18

West Cliff Canadian Eye & Ear Hospital, Folkeston, 25-5-18 to 18-10-18

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

No

16. Can the former trade or occupation be resumed? No too much strain on left eye

(If not, briefly state why.)

17. Recommendations

Category "B.II"

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned man have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur

19. Is the soldier fit for

- | | |
|---|---------------------------|
| (a) General service, | (Category A) (Yes or No). |
| (b) Service abroad, not general service, | (" B) (Yes or No). |
| (c) Home service, (Canada only), | (" C) (Yes or No). |
| (d) Temporarily unfit. | (" D) (Yes or No). |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No). |

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) Should pass under his own control.

(d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "BII"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

R. R. Scott, ^{MD} Capt President.

B. R. Bourne, Capt Members.

PLACE Montreal

DATE December 16th, 1918

APPROVED BY

APPROVED BY

J. A. Spence, M.D.
for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 16-12-18.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members.

Reserved for M.H.C.

1054615
 Regt. No. Rank PTE Surname WILFORD Christian Name ROLAND ERNEST
 Unit or Corps—(a) Overseas from United Kingdom 144 CAN. BN. (b) In United Kingdom QUE. REG. DEP.
 Born at—Town WELLING BOROUGHS County or Province NORTHANTS Country ENGLAND
 Date of Birth—Day 8th Month OCTOBER Year 1896 Age 22 yrs 11 months
 Joined at MONTREAL P.Q. Date 10th NOV - 1916
 Former Trade or Occupation
 Permanent marks or peculiarities that will serve for future identification: RIGHT ARTIFICIAL EYE
TWO VACCINATION MARKS L. ARM.

Height—feet 5 inches 10 Colour of eyes GREYISH BLUE
 Signature of Soldier (for identification purposes) Roland E. Wilford

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

ANOPHTHALMOS RIGHT

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G.S.W. RIGHT EYE.</u>	<u>FRANCE</u>	<u>28/4/18</u>
(ii.) As to Group (b) above.	<u>N.A.</u>		
(iii.) As to Group (c) above.	<u>N.A.</u>		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? NO

If yes, has Active Service aggravated it?

(ii.) As to Group (b) above? -

If yes, has Active Service aggravated it?

(iii.) As to Group (c) above? -

If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? YES

(ii.) As to Group (b) above? -

(iii.) As to Group (c) above? -

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? *YES*(ii.) While off duty? *NO*(iii.) Was a Court of Inquiry held? *N.A.*(iv.) Where? *N.A.*(v.) When? *N.A.*(vi.) Opinion of the Court? *N.A.*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

M.H.S. joined Nov-1916 - England April 1917. France May 1917. wounded in France 28/4/18 B.S.W. R. Eye. Excised on week later. Evacuated to Engl. 3 Western Gen. Hosp. Cardiff 7/5/18 B.S.W. R. Eye. Socket healing normally. Transf. Westcliff Folkestone 28/5/18 B.S.W. R. Eye anophthalmos R.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE · 14-9-18.

INP.

TO: President Medical Board.

G.S.W. RIGHT EYE.

ENUCLEATED.

The marginally named man was injured by shrapnel, April 28th 1918.

Right eye was enucleated one week later.

On admission to this Hospital condition was as follows:-

Right eye Enucleated.

Left vision 6/12 with glass 6/9.

He has been supplied with a right artificial eye and is recommended for category B 3 as far as eyes are concerned.

Pte. Wilford, RE.

No. 105615.

244th Battn.

14th Battalion.BHM/V 5.
14918.

W. R. Munn Major, C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

(b) Fit for base duty? *BTH for 4 months, likely to be raised within 6 months*(c) Invalid to Canada? *NO*(d) Discharge from the Service as permanently unfit? *NO*Date of Report *30th Sept 1918* 191Signed *W. R. Munn*

Officer in medical charge of case.

Station *Westcliff S. & E. Hosp. Folkestone*

I have satisfied myself of the general accuracy of the above Report, and concur therein except

WEST CLIFF CANADIAN EYE AND EAR

OCT 5 1918

Dated at
HOSPITAL, FOLKESTONE, KENT.

O.C. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

Station, on

191

* Delete if inapplicable.

COL. C.A.M.C. Officer i/c Hospital | Strike out one
S.M.O. Brigade | of these.

INFORMED
BY
NO. 100000
BY

HE ALSO WAS CONCERNED
HE WAS RECOMMENDED FOR SERVICE B 3 HE WAS
HE HAS BEEN EMPLOYED WITH A LATER EMPLOYMENT
TALL ATTEMPT TO BE WITH OTHERS
HE WAS ALSO EMPLOYED

LOTTOMS:-

ON EMPLOYMENT TO THE HOSPITAL CONSTRUCTION WAS HE
HE WAS ALSO EMPLOYED ONE WEEK PERIOD
BY EMPLOYMENT WITH OTHERS

THE EMPLOYMENT WAS ALSO EMPLOYED

EMPLOYED
G.A.M. HIGH RAB

NO. 100000 MEDICAL BOARD
IME

FOOTSTONE 14-6-18

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Subjective complaint but loss of R. eye.
Spec. Ref. 14/11/18

Objective - R. eye enucleated. L.V. 1/2 with glasses 6/9. supplied with
R. artificial eye. Cat B III as eyes concerned (H. Burnham) mfr. came.
Gen. Cond. Good. Hearing normal. other systems neg.

8. OPERATION. (i.) Was one performed? YES

(ii.) If so, state what. ENUCLEATION OF R. EYE

(iii.) Was one advised and declined? N.A.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? NO

(ii.) If so, describe.

10. DO YOU RECOMMEND:-

(a) Fit for duty? NO

(b) Fit for base duty? B III for 4 months, likely to be raised within 6 months

(c) Invalid to Canada? NO

(d) Discharge from the Service as permanently unfit? NO

Date of Report 30th Sept 1918

Signed J. H. M. R. S. G.

Station West Cliff E. & E. Hosp. Folkestone

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above
Report, and concur therein except

WEST CLIFF CANADIAN EYE AND EAR

OCT 6 1918

Dated at
HOSPITAL, FOLKESTONE, KENT.

O.O. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

Station, on 191

* Delete if inapplicable.

COL. C. A. M. O. S.M.O. Strike out one of these.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	Caused? ☒ Aggravated? ☒	(b) Misconduct of the Soldier	Caused? ☒ Aggravated? ☒
-------------------------------	--	-------------------------------	--

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{8}$, $\frac{2}{8}$, $\frac{3}{8}$, $\frac{4}{8}$, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :—(a) Fit for duty? ☒

(b) Fit for base duty? ☒

(c) Invalid to Canada? ☒

(d) Discharge from service as permanently unfit? ☒

Classification for the Military Hospitals Commission.

Date of Board 14/10/18

Station

Westcliff-Folkestone

Signatures of the Board.

W. H. 1994 Capt. President.

Almazing or Ray Lt.

Approved

A.D.M.S.

Dated at

FOR A.D.M.S. CANADIANS SHORNCLIFFE

Station

15 OCT 1918

on the day of

191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at _____

this

day of

191

President.

Signatures of
the Board

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE · 14-9-18.

President Medical Board.

W. RIGHT EYE.
ENUCLEATED.

The marginally named man was injured
by shrapnel, April 28th 1918.
Right eye was enucleated one week later.
On admission to this Hospital condition was as
follows:-

Right eye Enucleated.

Left vision 6/12 with glass 6/9.

He has been supplied with a right artificial
eye and is recommended for category B 3 as far
as eyes are concerned.

W. Wilford, RM.
No. 105615.
244th Batta.
14th Battalion.

RM/V S.
14918.

[Signature]
Major, C.A.M.C.
for C.C. West Cliff Canadian Eye & Ear Hospital.

[Handwritten initials]

*Name.....WILFORD Roland Ernest.....Rank.....Pte.....Regtl. No.....1054615.....
 Fyle Depot.....19-W-223.....
 Original unit.....244th.....Present unit.....DD#4.....
 Age.....20.....Religion.....C.E.....Ref. H.Q.....
 Port, ship and date of arrival.....Halifax "Aquitania" 28-11-18.....
 Next of kin.....(M) Mrs Emma Wilfird, Wellingsbaurough. England.....
 Address on leave.....379 Garnier St Montreal.....
 Address on discharge.....
 Transportation issued No.....Yes.....Date.....Character on discharge.....
 Previous occupation.....Chairman.....Date and place of enlistment.....Montreal. 10-11-18.....
 Diagnosis.....Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
Dec 3 1918	T.O.S. DD#4 from 22-11-18 Posted to Cas Coy	
	29-11-18 Leave w-s to 13-12-18	229-1-10
18-12-18	SOS Cas.Co. to Disch Sect W/S 17-12-18	244-p-4

Date.

Remarks

Pt. 2 Order No.

20-12-18. SOS Discharged, Cat. "B"2. R.O. 1420 Para.C. demobilization
DD.4. DO.Pt.2. 249

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WILFORD.

R.E.

1054615

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

14th. Bn.

DATE OF ADMISSION

21-8-17.

20. Gen. Camiers.

17-

1.

HOSP.

#6 Convl. Depot Etaples

23.8.17

2.

HOSP.

5. Convl. Depot Camiers

26.8.17

3.

HOSP.

26 Gen. Etaples

30.4.18

24.

"

"

1.5.18.

4.

HOSP.

3. W. G. Cardiff

7.5.18.

DIAGNOSIS

G.S.W. Head. R

1

S. M. R. Lye

2.

h Anophthalmos

3

DISPOSITION

C.L. 30-8-17. A747

Dis. B. Oct. 18-10-17 DATE

REMARKS

Dis 18 10-18

3.9.17 A 750

5.9.17 A 750

4 27-10-17 A 47(2)

7.5.18 A 207.3

9.5.18 A 209(2)

10.5.18 B 210

30.8.18 B 227.2

24.10.18 B 33.3-II

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. Westcliffe E. & E. Folkestone

26.5.18.

2.

3.

4.

5.

6.

7.

WILFORD, Roland Ernest

1054615

Pte. 14th Bn.

649-W-10876

medals desp.

cross nil

married after discharge

mother dead

No. 105-4615- RANK

Pte

NAME

Wilford R.

E.

T.O.S. 10-11-16
201210/11-11-16

UNIT 244 th Battalion C. E. H.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
40010	20030	✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

M 5975- 33-9	31-8-17	Adm to 20 Gen. Hosp. Hannes Cunnels Aug. 21st. 1917 GSW head ✓
M 6123 H of H	30-9-17	No 15 Conv. Depot Hayes. W. S. M. Mrs Emma Wilford Mother 226 ^a Falre St-Montreal P. Q.
L 128 14-4	8-5-18	Adm to 26 Gen Hosp Etaples Apr 30 th 1918 S.W. Eye. ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9747	20 Gen Camiers	21-8-17	Gen Head.
9750	906 Conot Dep. Etaples	23-8-17	Gen Head
A 2	to No. 5 Conv. Dep. Cayeux	26-8-17	" " " "
A 47	Disch to Base details	18-10-17	" " " "
A 207	26 Gen Etaples	30-4-18	Sw n Eye
A 209	24 Gen Etaples	1-5-18	" " "
B 210	3 rd Western Auxiliary Deal	7-5-18	" " "
B 227	to Watchiff ^{for 12 days} Car. G. & E.	26-5-18	" " " " & Anophthalmos
B 353	Falke Discharged	18-10-18	" " " "

Name WILFORD

Rank

Plu

Reg. No. 1054615-

Unit 14th Du

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-4-18	26 G.N. Staples	Sw Eye R	do	A207		1092/10
1-5-18	24 G.N. Staples	do	do	A209		1091/15
7-5-18	3 Western G.N. Cardys	do	do	B210		19689
26-5	Rest-Cliff & V.E. St. John	do	do			
18-10	Discharged	Anophthalmos	do	B353	7	18733
	2 to 6 2/3 years	do	do	30-10-18		8840

Name	WILFORD	Rank		Reg. No.
Unit	Roland Ernest	Pte.		1054615
	14th. Bn.			
Next of Kin	Canada.			

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
21-8	20 G.H. Camiers	GSW. Head	A747	30-8	M5975	
23-8-17	6.68. Corp	do	A750			
26-8-17	5 P.O.	Cayeux do	F2			
	H.A. 13464					
18-10	Disb Base depot Etaples	do.	A44			
	H.A. 18407					

Number. 105 4615 Rank. Pte

Surname. WILFORD

Christian Name. Roland Ernest

Unit. 14th Bn. Can. Inf. Theatre of War. France

Date of Service. 27-5-17

Remarks.

Latest Address. 379 Garnier St.

Montreal. Que.

Roll No. Page 4526

938462 de m

JUL 26 1921

H. Q. Reference

No. 1054615

Rank

Pte

Unit

244th & 14th Batt^{ns}

Surname

Wilford

Christian names

Poland Ernest

Kindly forward Medals, to which I am entitled by reason of my service in France

(Theatre of War)

with

14th Battⁿ

Royal Montreal Regt

(Unit with which served in Theatre of War)

No.

3698

Street

Garnier St

Town

Montreal

County

Quebec

P. C. Wilford

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

SURNAME.

CHRISTIAN NAMES

REGL. NO.

RANK

UNIT

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADI

also notify
CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

Wilford

Roland Ernest.

10546 15. Ate.

244th.

Nil.

Wilford, Mrs. Emma.

Mother.

226 a Fabre St.
Montreal, P. Q.

649-W-10876, 15-9-17 (auth. letter 11/5/18)

England. Wellingborough Oct. 8th. 1896.

Montreal, P. Q. Nov. 10th. 1916.

R/C. 28-11-18 231/4

S.O.B. Dis. 20-12-18 4 years
S.O. 249 of FOLL. 23-12-18 D.D. 4

Bn.

Miss Emmie Woolmer
(P.A.S.)
379 Larnier St.
Montreal, P. Q.

From Halifax Per S.S. Lapland 28-3-17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Chairmaker.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

20.

YEARS

1.

MONTHS

HEIGHT

5.

FEET

11.

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

5.

INCHES

COMPLEXION

Medium.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Nov. 10th. 1916.

Present Address. 226 a Fiavre St.
Montreal, P.Q.

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)

No. **1054615** Rank **Pte** Name **Wilford Roland E.**
 Corps **244th BN.** who was **Discharged**
20-12-18

On 191... to
 Insert "discharged" or "transferred"

The following is a statement of the account of the above named from
1-12-18 191... to, **20-12-18** the
 inclusive date of transfer or discharge.

Dr.		Cr.
XXXXXXXXXX LPC	34.32	
Bal. Dr. prev. month.....		Bal. Cr.....
Advances No.....	Reg't'l Pay 20 days 1.00	20.00
by		
Cheques No.....	Field Allow. 20 days 10	2.00
Assigned Pay & Sep'n Allee.....	Sep'n Allee.....	
Other charges..... 12802	Other Alleees G.O.	3500
Payment on trans. or disc..... 70.88	Other Credits Sub. DO 244 229	15.20
Bal. Cr.....	Bal. Dr..... PDP	53.00
Total..... 105.20	Total..... 105.20	
Give particulars.		

..... monthly stoppage of **20.00** has been **chgd** paid on account
 of assigned.

Pay for the month of **Dec** 191... **8** Miss.
 Sep'n Allee for the month..... **H11** 191... (to) Assignee **XXXXXX E. Woolener.**
379 Garnier St. Montreal.
 (Address).....
A.P. Dec chgd on LPC

REMARKS:-

State (1) date of enlistment..... **10-11-16**
 (2) if married and if a Sep'n Allee Card has been submitted..... **H11**
 (3) cause of discharge..... auth..... **DD#4 19-W-223**
 (4) auth. for transfer.....

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

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

Date..... **DEC 20 1918**
 Place..... **DEMOLITION**

Paymaster

H.F.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom

*Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Miss Emmie Woolner
379 65th Garmier St.
Montreal

\$20.⁰⁰

APR 1 1917

Francee

Wilford, Em. Roland

1054615

Pte

244th Btn

Rowland Em.

PAYMENTS

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



PAYMENTS.

1772-39-819.

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

Name of Soldier

Wilford, Esq. Roland
Pte - 244th Bta -

1054615- Pte- 244th Bde-

\$20-

Remarks.

APR 1 1917

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 26/5/97

2100 N

Surname Wilford Christian Name Roland Ernest

Address (in full) 379 Garnier St.

Montreal, Que.

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

M. F. W. 127.
50M-6 17.
1972 39-1140.

[illegible]

Accounts opened December 23rd, 1918.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Dependent

Name

Address

Address

Dec'n No. W.D.C. File No.

Award ... days at \$... per day \$

S. A. months at \$... per mo. \$

Less P. D. P. Credited

Less further debit balance

Net due paid as below

Pay Soldier \$

No.

Ch. Mo.

Amount

No.

Ch. Mo.

Amount

Pay Dependent \$

Days

Rate

Due

Less P.D.P. credited

Clerk

Less further Dr. Bal.

or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

Date

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

W

5921

20

PARTICULARS OF SEPARATION ALLOWANCE

No. 1054615

Rank Pte. Promoted

Reverted

Discharge

Soldier's Name

Rowland Em. Wilford
244th. Battr.

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Miss Emmie Woolmer

Address

379 Garnier St.

Change of Address

Montreal Que.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 1917			180	180	
Jan 18	D 46541		20	20	
Feb	F 67718		20	20	W 26
Mar	X 94078		20	20	✓
Apr.	W 16233		20	20	✓
May	W 22215		20	20	✓
June	T 25072		20	20	✓
July	B 25222		20	20	✓
Aug	V 39404		20	20	✓
Sept.	V 49744		20	20	
Oct.	X 53556		20	20	✓
Nov	L 59509		20	20	
Dec	W 66217		20	20	
			420	420	B

All Closed 31-12-18

Ref'd per Aquitania

Date 28-11-18

Clerk J. B. Bouvier

4-12-18

MRO L.P. 40971 Destroy send 4-12-18 B



† Strike out whichever inapplicable.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Sal For								7.53		
April	RF	33		ppd loan ap ap.				20.00	5.47		
				AR 36. 14 th Bn 16. 4. 18.	8.03				4.56.		
May	RF	33		loan ap may	8.09			20	11.54		
		34 10		AR 10266 30. 5. 18	9.73			20	6.48		
June	RF	33 10		loan ap June.	9.78			20	14.81		
		33		AR 1035 Wclaffe 10/6/18.	2.43				12.38		
				" 1195. " 28.6.18.	2.43				9.95		
		33			4.86			20			
July	RF Pay	34 10		loan ap.				20	24.05		
				AR 1598 Wclaffe 31/7/18.	2.43				21.62		
		34 10			2.123			20			
Aug.	RF Pay	34 10		loan ap.				20	35.72		
				AR 1720 Wclaffe 13/8/18	2.43				33.29		
				AR 2028 do 27/8/18	2.43				30.86		
		34 10			4.86			20			
Sept.	RF Pay	33		loan ap.				20	43.86		
				AR 3170 Wclaffe 12/9/18	4.87				38.99		
				AR 3393 do 26/9/18	2.43				36.56		
		33			7.30			20			
OCT	RF Pay	34 10		Cap.				20	50.66		
	RF 13/10/18 to 30/11/18 Do 249 24/10/18 2.43	8.76		AR 3716 Gr Export Wclaffe 17.10.18	24.33				26.33		
	10/11/18 30077. (and not 30077/18)			" 3652 " 14.10.18	4.87				21.46		
		43.86			29.20			20	30.22.		
Nov.	RF	33		Cap				20	43.22		
				AR 5576 read 14.11.18.	7.54				35.68		
		33			7.54			20	35.68		

[illegible]

20 \$ Canada. off. 23-11-18 190 26. 26/11/18 Q, R, S

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE

26/5/19 F. Lane

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Wellingborough Eng.

NAME AND ADDRESS OF NEXT OF KIN

Mrs. Emma Wilford

226 A. Fabre Street. MONTREAL P. Q

RELATIONSHIP OF NEXT OF KIN

Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 1054615. RANK Private NAME Wilford R. E.

IF IN PERMT. CORPS
WHAT UNIT

UNIT 244 th = 03~

TRANSFERRED TO 22nd Reg. Bn. DATE 7-4-17

Shoreham 1609
AUTHORITY
D-R-O
Shoreham 1862
AUTHORITY
D-R-O
AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 23rd Res. Bn. DATE 24-4-17

PLACE OF ATTESTATION MONTREAL. P. Q.

TRANSFERRED TO *1st Bn* DATE *21-8-77*

DATE OF ATTESTATION 10-11-16.

TRANSFERRED TO	DATE	AUTHORITY
----------------	------	-----------

ASSIGNED PAY MONTHLY \$ ^{20.00}~~45.00~~ DATE EFFECTIVE 1-4-17

PAYABLE TO	Miss Emma Woolmer 657 "A" Garnier St.	MONTREAL	RELATIONSHIP	Friend
------------	---------------------------------------	----------	--------------	--------

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO	RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 5/10/18 EFFECTIVE 1-12-18 REASON Death

DISCHARGE DATE AND PLACE	Canada 1.12.78	REASON AND AUTHORITY	SP 14.11.78
--------------------------	----------------	----------------------	-------------

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2		3		4		1	2	3	4				CREDIT	DEBIT			
NO.	DATE	NO.	DATE	NO.	DATE												
												19 10					Bal. from Canada
										20	20	32 10					
						31 63				20	51 63	14 57					
81	10/5					487	720			20	62	32 79	14 78				44005-7.4-22/5/17
										20		28 88					
										20		30 88					3088 to Mr. Boney
156	5/7	1000	6/5	2	1/6		268	268				57 62					
						268											
						267				20		45 27					
BALANCE																	
DEFERRED PAY						SERIALS											
MONTH						PARTICULARS						CR.1		CR.2		PARTICULARS	
4527																	
5580						Bal For						356				5580	
						AR 217 #56m 10-9-17										178	
						AR 600000										20	
						AR 2657 #56m 27-8-17										179	
						Ford										713	
																20	

*1054615 *P. Wilford R. E.*

At 2000

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4	1	2	3	4
			\$			\$				No.	DATE	No.	DATE	No.	DATE	No.	DATE				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEBIT SEP. ALLG. PAY ETC.
	<i>Sal Ford</i>				<i>713</i>			<i>20,5580</i>		
<i>Nov</i>	<i>CC</i>	<i>33</i>		<i>AR 220 12th Con. Int. King Co. Recd 10-17</i>	<i>357</i>					
				<i>AR 646 #1233 22-10-17</i>	<i>446</i>					
				<i>786 125 Con. Def. 15-10-17</i>	<i>178</i>					
<i>Dec</i>	<i>CC</i>	<i>3410</i>		<i>A.P. Can. (Dec)</i>	<i>1694</i>			<i>20,6596</i>		
<i>Jan</i>	<i>CC</i>	<i>3410</i>		<i>A.P. Can. (Jan)</i>				<i>20</i>		
				<i>AR 299 26th Dec Recd 15-11-17</i>	<i>1338</i>					
				<i>AR 1070 14th Batt 21-11-17</i>	<i>446</i>					
				<i>" 1126 " 4-12-17</i>	<i>357</i>			<i>5865</i>		
<i>Feb</i>	<i>CC</i>	<i>3410</i>		<i>A.P. Can. (Feb)</i>	<i>2141</i>			<i>20</i>		
				<i>AR 1198 14th Batt 24-12-17</i>	<i>446</i>					
				<i>" 1354 " 15-1-18</i>	<i>446</i>					
				<i>" 1252 " 4-1-18</i>	<i>357</i>					
				<i>" 1493 " 29-1-18</i>	<i>357</i>			<i>5339</i>		
<i>Mar</i>	<i>CC</i>	<i>3410</i>		<i>A.P. Can. (Mar)</i>	<i>1606</i>			<i>20</i>		
				<i>AR 1587 14th Batt 17-2-18</i>	<i>446</i>					
				<i>76112530 " 10-2-18</i>	<i>5353</i>					
				<i>619994 66 " 25-3-18</i>	<i>487</i>					
				<i>AR 1680 " 10-3-18</i>	<i>446</i>					
				<i>74527 AR 120 1/2 18 Do 28 23 1/2 18</i>	<i>6732</i>	<i>770</i>		<i>753</i>		

CANADIAN
ASSIGNED PAY AUDITED
DATE *26/5/19* *F. Lane*
UDIT CLERK

At 20⁰⁰



Library and Archives
Canada

395 Wellington Street
Ottawa, ON K1A 0N4

Bibliothèque et Archives
Canada

395, rue Wellington
Ottawa, ON K1A 0N4

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TITLE/TITRE _____
RG 150 MG _____ R- _____ SERIES/SÉRIE _____
ACCESSION 1992-93/166 VOL _____ PAGE(S) 69
BOX/BOÎTE 10359-30 REEL/BOBINE _____
FILE/DOSSIER WILFORD, ROLAND ERNEST 1054615
DATE November, 2013