

B.P. 29/6/18

- 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.....
- Last Pay Certificate.....

M. P. 133 - 2  
 A. P. B 129 - 1  
 M. P. W. 392 - 1  
 M. P. W. 129 - 1

R. O. No.....  
 H. Q. No.....



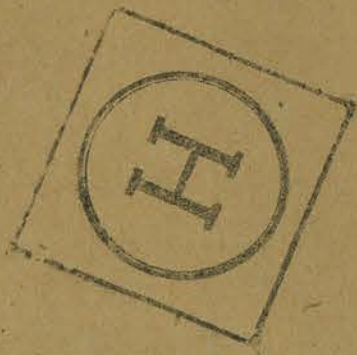
Name WADSWORTH JOHN  
 Regt. No. 3038484 Rank Pte  
 Corps 1st Dep Bn 1st Co B.  
"Royal Air Force."

W.M.

9/1/18



00461



2nd M. D. 1st. Depot Battalion 1st. C.O.R. Regiment

Regtl. No. 3038484



PARTICULARS OF RECRUIT B.Co. DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname WADSWORTH
2. Christian name John William
3. Present address Dept. of Agriculture Box. 338, Sault Ste Marie, Ont.
4. Military Service Act letter and number 819225
5. Date of birth 9th, October 1895
6. Place of birth Byron, Ontario
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Agriculturist
10. Name of next-of-kin Mrs. Mary Wadsworth
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Byron, R.R. #1, Ontario
13. Whether at present a member of the Active Militia no
14. Particulars of previous military or naval service, if any C.O.T.C., 3 months
15. Medical Examination under Military Service Act: (a) Place Sault Ste Marie, Ont Date 3rd, October (c) Category A.2

DECLARATION OF RECRUIT

I, John William Wadsworth, do solemnly declare that the above particulars refer to me, and are true.

Signature of Recruit: J. W. Wadsworth

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 7 mths.
Height 5 ft 11 ins.
Chest measurement } fully expanded 35 ins.
range of expansion 3 1/2 ins.
Complexion fair
Eyes blue
Hair D. Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease. small scar on left eyebrow.

Major for O. C. 1st Depot Bn., 1st C. O. R. O. C. 1st. Depot Btl. 1st. C. O. R. Regt.

Place Toronto, Ontario Date May 17th, 1918

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. D2038484 (Rank) Private.

Name (in full) John William WADSWORTH enlisted in  
the 1st. Depot Bn. 1st. Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Toronto. on the seventeenth  
day of May 1918.

HE served in CANADA

and is now discharged from the service by reason of

To join the "Royal Air Force" (C.O.R. #2. A.S. #1368-8/6/18)

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

Age 23 Yrs. 7 Mos.

Height 5 Ft. 11 ins.

Complexion Fair.

Eyes Blue.

Hair F. Brown.

Marks or Scars

Small scar on left eyebrow.

J. W. Wadsworth  
Signature of Soldier

C. J. Jones

Issuing Officer

Date of Discharge June 11th. 1918.

1st. Depot Bn. 1st. C.O.R.

Rank

Appointment

Signed at Niagara-on-the-Lake. this eleventh day of June 1918.

in Military District No. 2

File Reference No. 84-En-576

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. D5038484 (Rank) Private. Name John William WADSWORTH

Unit 1st. Depot Bn. 1st. Central Ontario Regiment.

Address on Discharge Box 338 Sault Ste Marie Ont.

Character and Conduct Good

Former Occupation Agriculturist.

Special Qualifications of Value in Civil Life

Medals and Decorations Nil.

Remarks

Signed at Niagara-on-the-Lake. this eleventh day of June 19 18

[Signature]

Name of Officer

Major

Rank

1st. Depot Bn. 1st. C.O.R.

Appointment



# M. S. A.

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. B.Co.

Unit, Regiment or Corps 1st DEPOT BATTALION

1st C.O.R.

Regimental No. 3038484 Rank Pte. Name John William Wadsworth  
C. E. F.

Enlisted (a) 17-5-18 Terms of Service (d) W. & 6 months Service reckons from (a) 17-5-18

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) Agriculturist

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.



B

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.	D3038484	
Rank	Private.	
Name	John William WADSWORTH	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	1st. Depot Bn. 1st. C.O.R.	
Date of Discharge	June 11th. 1918.	
Place of Discharge	Niagara-on-the-Lake.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... 22..... years..... 7..... months.	Descriptive Marks  Small scar on left eyebrow.	
Height... 5..... feet... 11..... inches.		
Complexion Fair.		
Eyes Blue.		
Hair B. Brown.		
Trade Agriculturist.		
Intended place of residence } Sault Ste Marie		
(To be given as fully as practicable.) } Ontario.		
2. The above-named man is discharged in consequence of		
"To join the "Royal Air Force" (C.E.F.M.D.#2.A.S. #136-8/6/18)		
<small>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.</small>		
To be in the hand writing 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.	
	<p><i>Good</i></p> <p><small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small></p>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

Nil.

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

6. Medals and Decorations.....

Nil.

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) ~~Niagara-on-the-Lake.~~

*R S Morton Capt*

(Date) June 11th. 1918.

Commanding

*"B" Coy*

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) ~~Niagara-on-the-Lake.~~

*J. H. Roberts worth*

(Signature of Soldier.)

(Date) June 11th. 1918.

*R S Morton Capt*

(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.

*J. H. Roberts worth*

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 14 days.

Total.....years 14 days.

11. Confirmation of Discharge.

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

(Place) ~~Niagara-on-the-Lake.~~

*C. J. ...*

(Signature)

Major

(Date) June 11th. 1918.

1st. Depot Bn. 1st. C.O.R.



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.)

Nil.

Signature of Soldier.....J. W. Adsworth

Signature of Witness.....R. S. Morton Capt.

## List of Discharge Documents.

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

Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private. Name John William Surname Wadsworth  
Unit of Corps 1st. Depot Bn. 1st. C. O. R. (If a soldier) Regtl. No. D3038484.  
Born at Byron, Ont. on, (date) Oct. 9th. 1895.  
Signature (for identification) J. Wadsworth

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<u>157.</u> lbs.	<u>Blue.</u>
Height	Identification Marks
<u>5 ft. 11 in.</u>	<u>Nil.</u>

2. NUTRITION AND DIATHESIS?

Normal.

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal.

5. HEART?

Normal.

Abnormal Sounds?	<u>None.</u>	Abnormal Size?	<u>do</u>
Pulse Rate?	<u>Normal.</u>	Intermittence or Irregularity?	<u>None.</u>
		Muscular Tone?	<u>Good.</u>

6. ARTERIES.—(a) Any hardening or nodulation?

None.

(b) Blood Pressure.

Normal.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Good.

8. GENITO-URINARY SYSTEM?

Apparently Normal.

Urinalysis—S.G.?..... Reaction?..... Albumen?..... Sugar?.....

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None.

11. Opinion as to the health and physical condition of the one examined?

Good.

Examined at Niagara Camp, Ont. Signed..... M. O.  
Date June 4th. 1918. Signed..... M. O.

**APPROVED**

JUN 7 1918

J. J. Christian  
A. D. M. S., M. D. 2.

J. Wadsworth  
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

MILITARY SERVICE ACT, 1917.

B.Co.

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 Wadsworth Christian name John William
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 819225
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) Sault Ste Marie Ontario

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of October 1917, by the undersigned medical board sitting at Sault Ste Marie Ontario

- 5. Age as stated 22 Years \_\_\_\_\_ Months.
- 6. Apparent age 22 Years \_\_\_\_\_ Months
- 7. Height 5 Feet 11 Inches.
- 8. Weight 153 Pounds.

- 9. Chest measurement { Minimum 32½ Ins. Maximum 35 Ins.
- 10. Complexion fair { Eyes blue Hair D. Brown

- 11. Physical development good { Good Fair Poor
- 12. Smallpox marks nil

- 13. Number of vaccination marks { Right arm nil Left arm nil
- 14. When vaccinated last nil

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

- 16. Slight defects but not sufficient to cause rejection nil
- 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.2

Capt. Bastedo President. Capt. Gibson Member. McCraig Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.	<u>18/5/17</u>		M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 17th day of May 1918 at Toronto Ontario

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st. Depot B'n.</u>			
Transferred to.....	<u>1st. C.O.R.</u>	<u>3038484</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Exhibition Camp Toronto</u>	<u>May 17/18</u>		<u>A2</u> <u>W. J. Post</u> Capt. Pres. S.M.B.

Signature of Man John William Wadsworth

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.



M. D. 2

No. 15

# 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. **3038484** Rank **Private** Name **WADSWORTH, J. E.**

Corps **"B.Co." 1st.D, Bn., 1st.C.O.R.** who was\* **Discharged**

On **June 11th.** 191**8**, to **8** join the R.A.F.  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **June 1st.** 191**8**  
to **June 11th.** 191**8**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....		2 20	Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay <b>11</b> days at \$ <b>1 00</b>	<b>11 00</b>	
by } No.....			Field Allow. <b>11</b> days at \$ <b>10</b>	<b>1 10</b>	
Cheques } No.....			Separation Allowances* (Monthly).....		
DO.156 Leave WEP 4-6 to 11-6		8 80	Other Allowances*.....		
Assigned Pay and Sep'n Allee No. 17-5		1 10	Other Credits*.....		
Ins. D. 164 Leave WEP 17-5 (1 day)			Bal. Dr. (to be deducted by new unit).....		
Other charges.....					
Payment on transfer or discharge No.....					
Balance Cr. (to be paid by the new unit).....					
		<b>12 10</b>			<b>12 10</b>
Total.....			Total.....		

\* Give particulars.

A monthly stoppage of \$ **NIL.** (†) has.....(‡) been 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

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

### REMARKS:—

- State (1) date of enlistment **17-5-1918**
- (2) if married and if a Separation Allowance Card has been submitted..... **NO. NO.**
- (3) cause of discharge **to join R.A.F.** authority **C.E.F. A.S. #136**
- (4) authority for transfer **DO.162** **8-6-1918**

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 **June 12th-1918**  
 Place **Camp Niagara, Ontario**  
 Paymaster *[Signature]*

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.

Surname *Wadsworth*  
Christian names *John William*  
Regtl. No. *3038484* Rank *Pte*  
Unit *1st Green Ont. Regt. 1st Ipo Bn*  
H. Q. ....  
M. D. No. *2*  
T. O. S. *May 17<sup>th</sup>* - 19 *18*  
D. O. Pt. II *138* of *18-5-18*  
S. O. S. *Dec 11/6* 19 *18*  
Reason *To join R. A. F.*  
Auth. *70x 162 of 11/6/18*

Next of kin *Wadsworth Mrs. Mary* Relationship *Mother*  
Address *R.R. No. 1, Byron, Ont.* Also notify: .....

BORN—Place *Canada, Byron, Ont.* Date *Oct. 9<sup>th</sup> 1895.*  
ATTESTED—Place *Toronto, Ont.* Date *May 17<sup>th</sup> 1918.*  
O/S..... R/C.....



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Ottawa, ON K1A 0N4

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Ottawa, ON K1A 0N4

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ACCESSION \_\_\_\_\_ VOL \_\_\_\_\_ PAGE(S) \_\_\_\_\_  
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