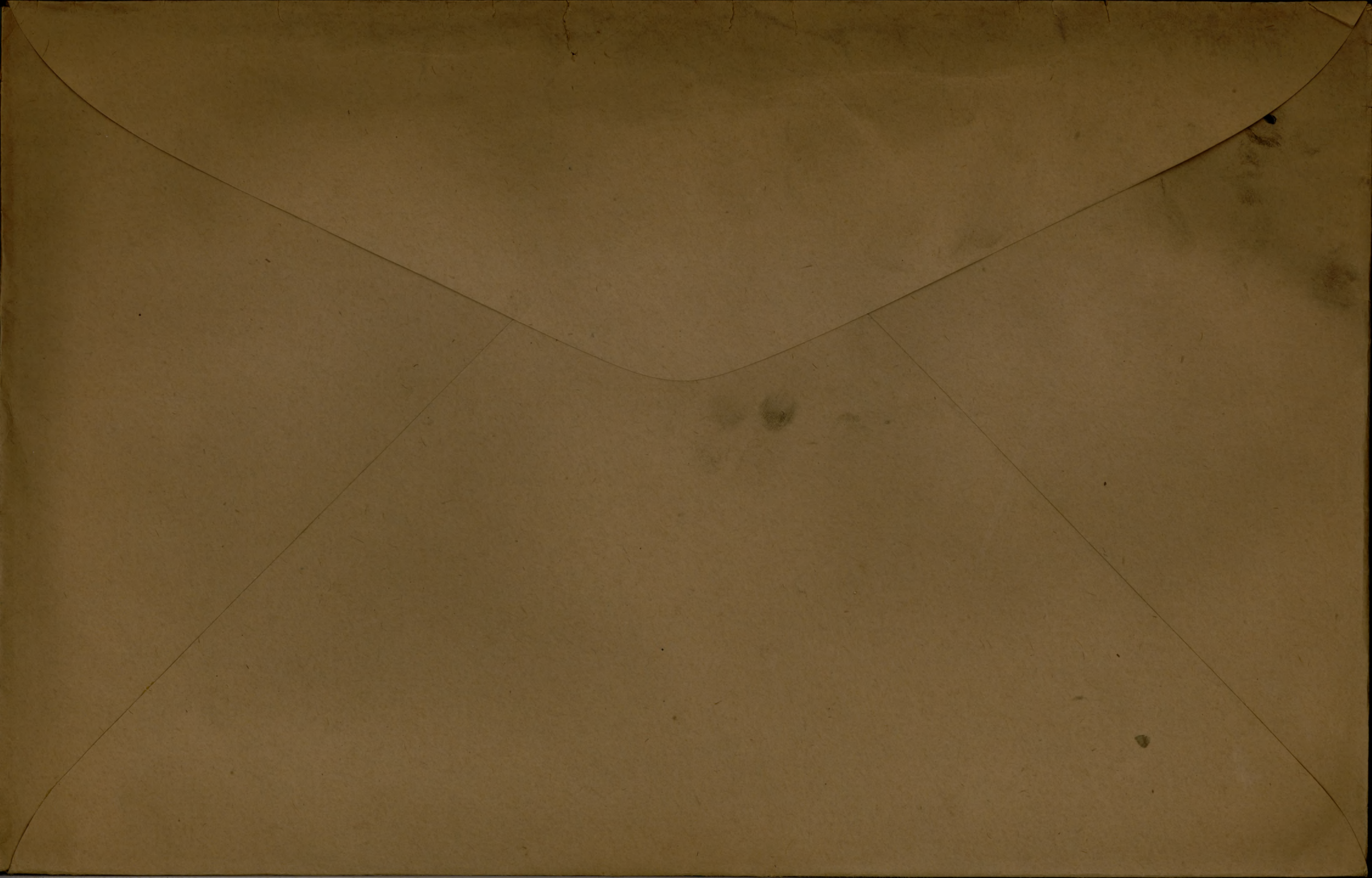


REGIMENTAL DOCUMENTS

NAME *ARBING. Wouldridge* REGT. No. *3256428* UNIT *1st Depot Bn* H. Q. FILE No. *X 15349H*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133 or 5I)		C			DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)		H			
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2</i> CARDS					
PAY-SHEETS					
/ <i>Will</i>					



1st DEPOT BATTALION, N. B. REGIMENT.

Regtl. No. 3,256,428

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class.....)

- 1. Surname.....Arbing.....
- 2. Christian name.....Wouldridge.....
- 3. Present address.....22 Fowmes St., Moncton, N.B.....
- 4. Military Service Act letter and number.....652005 FC 3,256,428.....
- 5. Date of birth.....January 14th 1889.....
- 6. Place of birth.....Moncton, West. Co., N.B.
(town, township or county and country).....
- 7. Married, widower or single.....Single.....
- 8. Religion.....Methodist.....
- 9. Trade or calling.....Clerk.....
- 10. Name of next-of-kin.....John Arbing.....
- 11. Relationship of next-of-kin.....Father.....
- 12. Address of next-of-kin.....10 Cornhill St., Moncton, N.B.....
- 13. Whether at present a member of the Active Militia.....No.....
- 14. Particulars of previous military or naval service, if any.....Nil.....
- 15. Medical Examination under Military Service Act:—
(a) Place.....Moncton..... (b) Date..... (c) Category.....A2.....

DECLARATION OF RECRUIT

I, Wouldridge Arbing, do solemnly declare that the above particulars refer to me, and are true.

Wouldridge Arbing (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....28..... yrs.....9..... mths.
 Height.....5..... ft.....5..... ins.
 Chest measurement } fully expanded.....34..... ins.
 } range of expansion.....4..... ins.
 Complexion.....Medium.....
 Eyes.....Brown.....
 Hair.....Brown.....

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

[Signature]
 Lt.-Col.
 O. C. 1st Depot Battalion
 New Brunswick Regiment Depot Btl.
 Regt.

Place.....St. John, N.B. Date.....February 27/18.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3256428 (Rank) Private

Name (in full) Wouldridge Arbing enlisted in
the 1st Depot Battalion N B Regiment

CANADIAN EXPEDITIONARY FORCE at St. John N B on the 27th
day of February 1918

HE served in Canada

and is now discharged from the service by reason of being medically unfit for service
owing to disability received not due to service Category "E"

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

Age 28-----9

Height 5-----5

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars

Nil..

Wouldridge Arbing
Signature of Soldier

J. L. M. Avey
Issuing Officer

Date of Discharge April 11/18

O. C. 1st. Depot Battalion
New Brunswick Regiment.
Appointment

Signed at St. John N B this 11th day of April 1918

in Military District No. 7

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. 3256428 (Rank) Private Name Arbing, Wouldridge

Unit 1st Depot Battalion N B Regiment

Address on Discharge 22 Fowles St. Moncton N B

Character and Conduct good

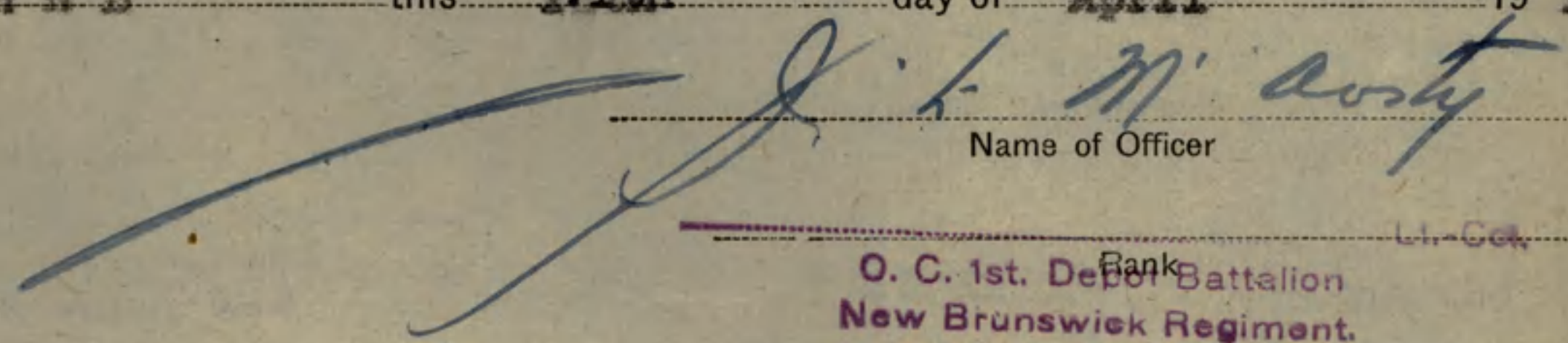
Former Occupation Nil.

Special Qualifications of Value in Civil Life Clerk

Medals and Decorations Nil.

Remarks Nil.

Signed at St. John N B this 1.1th day of April 19 18


Name of Officer

Li-Cor
Rank
O. C. 1st. Depot Battalion
New Brunswick Regiment.

Appointment

M.D. No. 7
No. 14

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. 3256428 Rank Pte Name Arbing, W.

Corps 1st Depot Batt. N. B. Regt. who was* Discharged

On April 11-18 191... to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1/18 191... to April 11/18 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	26	30
Advances } No.....			Reg't Pay..... <u>11</u> days at \$ <u>1.00</u>	11	00
by } No.....			Field Allow. <u>11</u> days at \$ c. <u>10</u>	1	10
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.....			Other Allowances*		
Other charges			Other Credits*.....		
Payment on transfer or discharge No.....	38	40	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	38	40	Total.....	38	40

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee.....
{ and Sep'n Allee. for month of N I L 191... }
(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 Feb. 27/18
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge Cat. "E" authority Amended D.O. 241
 (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 Sept. 6/18

Place Camp Sussex, N. B.

[Signature]
Captain,
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.



FORM OF WILL

I, Wauldrige Arling (Name in full)

Regimental Number 3256428 serving in D. CO. 1st Depot Battalion, N. B. Regiment

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

I devise all my real estate unto

Mr. John Arling
22 St. 10 Cornhill St.
Moncton N.B.
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr. John Arling
10 Cornhill St.
Moncton N.B.
Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

Mr. John Arling

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 8 day of March A.D. 1918

Wauldrige Arling Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness James Mease Cpl.

Address of Witness D. CO. 1st Depot Battalion, N. B. Regiment

THE TWO WITNESSES

Occupation of Witness

MUST SIGN HERE

Signature of Second Witness Joseph C. Reade, Lieut.

Address of Witness D. CO. 1st Depot Battalion, N. B. Regiment

Occupation of Witness

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. 1st. Depot Battalion. N.B. Regiment.

Regimental No. 3256428 Rank Pte Name ARBING, Wouldbridge.
C. E. F.

Enlisted (a) 27/2/18. Terms of Service (a) Duration of War Service reckons from (a) 27/2/18.

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

Extended Re-engaged Qualification (b) Clerk.

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.

SURNAME.

Arbing

7. CARD NO. *2*
S.O.S. C 7 E. 11-4-18
Auth. D. P. *141-21/5/18*
FOLL.

CHRISTIAN NAMES

Wouldridge

REGL. NO.

3256428 RANK

Pte

UNIT

N.B. Regt. 1st Dps. Bn.

T. O. S. *Feb. 25 1918*

D.O. Part II No *56*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Arbing, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

10 Cornhill St., Moncton, N.B.

COUNTRY OF BIRTH

Canada Moncton, N.B.

DATE

Jan 14th 1889

PLACE OF ATTESTATION

St. John, N.B.

DATE

Feb 27th 1918

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 3256428 RANK Pte.

NAME

Arbing St.

T. O. S. 27-2-18 UNIT

1st Depot Battalion (N.B. Regiment)

(Do 56 of 25-2-18)

M. D. 7.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
¹⁹¹⁸ Feb. 27	¹⁹¹⁸ Feb. 28 Mar.	N. ✓		

6288
18-4-18

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

DEPT. OF DEFENCE
APR 18 1918
H.Q. CANADA

STATION **St. John N.B.** DATE **4-4-18.**

1. (a) Unit **Ist. Depot Bn.** (b) Regimental No. **3256428** (c) Rank **Pte.**
(d) Surname **Arbing** (e) Christian name **Wouldridge.**
2. Age last birthday **29** Date of birth **Jan. 14th. 1889**
3. Enlisted at **St. John N.B.** on **Feb. 27th. 1918/**

4. Personal description:—
(a) Height **5 ft. 5 in.** (b) Weight **118** (c) Complexion **Fair.**
(d) Colour of hair **Brown** (e) Colour of eyes **Brown** (f) Identification marks **Nil.**

5. Address after discharge (for the use of the Board of Pension Commissioners) **Moncton N.B.**

6. Former trade or occupation **Clerk.**

7. (a) Service	PERIODS	
	From	To
None other.		

(b) Has he been overseas?

8. Present disease or disability (use authorized nomenclature if possible) **Fibroid Phthisis**
(a) Date of origin **Pre Enlistment** (b) Place of origin **Canada**
(c) Cause* **Family History.** *(Here include original disease or injury)

9. Present condition. (Important to be a full description of the present disabling condition or conditions).
This is a poorly developed man. Thin chest and poor expansion.
Areas of dullness and harsh breathing throughout chest.
Easily develops cough.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

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

10. History :

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.

None other.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

AS before enlistment.

Before enlistment

12. Did the disability arise on or off duty?

NO

13. Was a Court of Inquiry held?

NO

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

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

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

(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.)

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

Permanent

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

None

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

No

19. Can the former trade or occupation be resumed?

Yes.

20. Recommendations.

That 3256428 Pte. Wouldridge Arbing 1st Depot Bn. be placed in category E.

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.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. 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).

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

That 3256428 Pte. Wouldridge Arbing 1st Depot Bn. be placed in category E. or discharge. No disability due to service.

Signatures of Medical Board members: President, Members.

St. John N.B.

STATION April 4th 1918.

DATE

APPROVED BY

DATE APR 9 1918

APPROVED BY

DATE 19.4.18

Signatures of Assistant Director of Medical Services and Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
Field Conduct Sheet		or	Proceedings on Discharge " B. 218
Copies of Convictions, by C. P.	in MS.	<p>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.</p>	
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.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

A. L. M. Aosty
 Lt.-Col.
 O. C. 1st. Depot Battalion
 New Brunswick Regiment.


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.

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. 3256428
Rank Private
Surname Arbing
Christian name Wouldridge <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company) 1st Depot Battalion N B Regiment
Date of discharge April 11/18
Place of discharge St. John. N. B.
1. DESCRIPTION AT THE TIME OF DISCHARGE.
Age..... 28years..... 9months. Height..... 5feet..... 5inches. Complexion Medium Eyes Brown Hair Brown Trade Clerk Intended place of residence 22 Fownes St Moncton N B <small>(To be given as fully as practicable.)</small>
Descriptive marks  Nil...
2. The above-named man is discharged in consequence of being medically unfit for service owing to disability received not due to service Cat. "E"
Authority for discharge.....
<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>
3. Conduct and character while in the service have been, according to the records, etc. <p style="text-align: center;"><i>Good</i></p> <small>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.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <p style="text-align: center;">....Clerk....</p>

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:

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) St. John N. B.

J. L. M. Arosty
O. C. 1st. Depot Battalion
New Brunswick Regiment
Lt. Col.
Commanding

(Date) April 11/18

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. John N. B. *Wauldridge Arbery* (Signature of Soldier.)

(Date) April 11/18 *J. L. M. Arosty* (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.

Nil.... (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. John N. B.

J. L. M. Arosty
O. C. 1st. Depot Battalion
New Brunswick Regiment
Lt. Col.
(Signature)

(Date) April 11/18

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.)

None Wauldridge Arbery