

Original

4  
12169

ATTESTATION PAPER.

No. 169

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Robert-Earle Wallace.  
 Rodden L.P. Hastings Co. Ont.  
 Mr. Harvey Wallace (Father)  
 Corbyville Hastings Co. Ont.  
 Nov. 14. 1895.  
 Farmer.  
 No  
 Yes  
 Yes  
 No  
 Yes  
 Yes.  
 Carl Wallace (Signature of Man).  
 Morley Butten (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Earl Wallace, do solemnly declare that the above answers made by me to the above questions 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.

Carl Wallace (Signature of Recruit)

Date February 11<sup>th</sup> 1915. Morley Butten (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Earl Wallace, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Carl Wallace (Signature of Recruit)

Date February 11<sup>th</sup> 1915. Morley Butten (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 Bellefleur this 11<sup>th</sup> day of February 1915.

C. W. Waccendy (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

# Description of Robert Earle Wallace on Enlistment.

Apparent Age 19 years ..... 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. 9 1/2 ins.  
 Chest measurement { Girth when fully expanded ..... 37 1/2 ins.  
                                   Range of expansion ..... 1 1/2 ins.  
 Complexion inclined fair  
 Eyes Blue  
 Hair Brown

*Curved scar under and to the right of right eye. scar on right index finger.*

Religious denominations.  
 Church of England .....  
 Presbyterian Yes .....  
 Wesleyan .....  
 Baptist or Congregationalist .....  
 Other Protestants .....  
 (Denomination to be stated.)  
 Roman Catholic .....  
 Jewish .....

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date Jan 30 1915  
 Place Belleville

W. E. Marshall  
M. C. 'c Recruiting  
 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.

Robert Earle Wallace ..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. E. Marshall Lt.-Col. (Signature of Officer)  
 Commanding 39th Battalion, C. E. F.

Date MAR 3 - 1915 1915

NAME WALLACE, ROBERT EARL REGT. NO. 41210

UNIT 7 H. Q. FILE NO. (H)

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

(S)

(M)

DEATH

Category  
*D of W*  
*2-10-16*

DISCHARGE

Category

DESERTION

*Box 485762*

03567

(H)

*24-30*  
*14 30*  
*1 30*

*2*

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

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

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)

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

LAST PAY CERTIFICATE (M.F.W. 44)

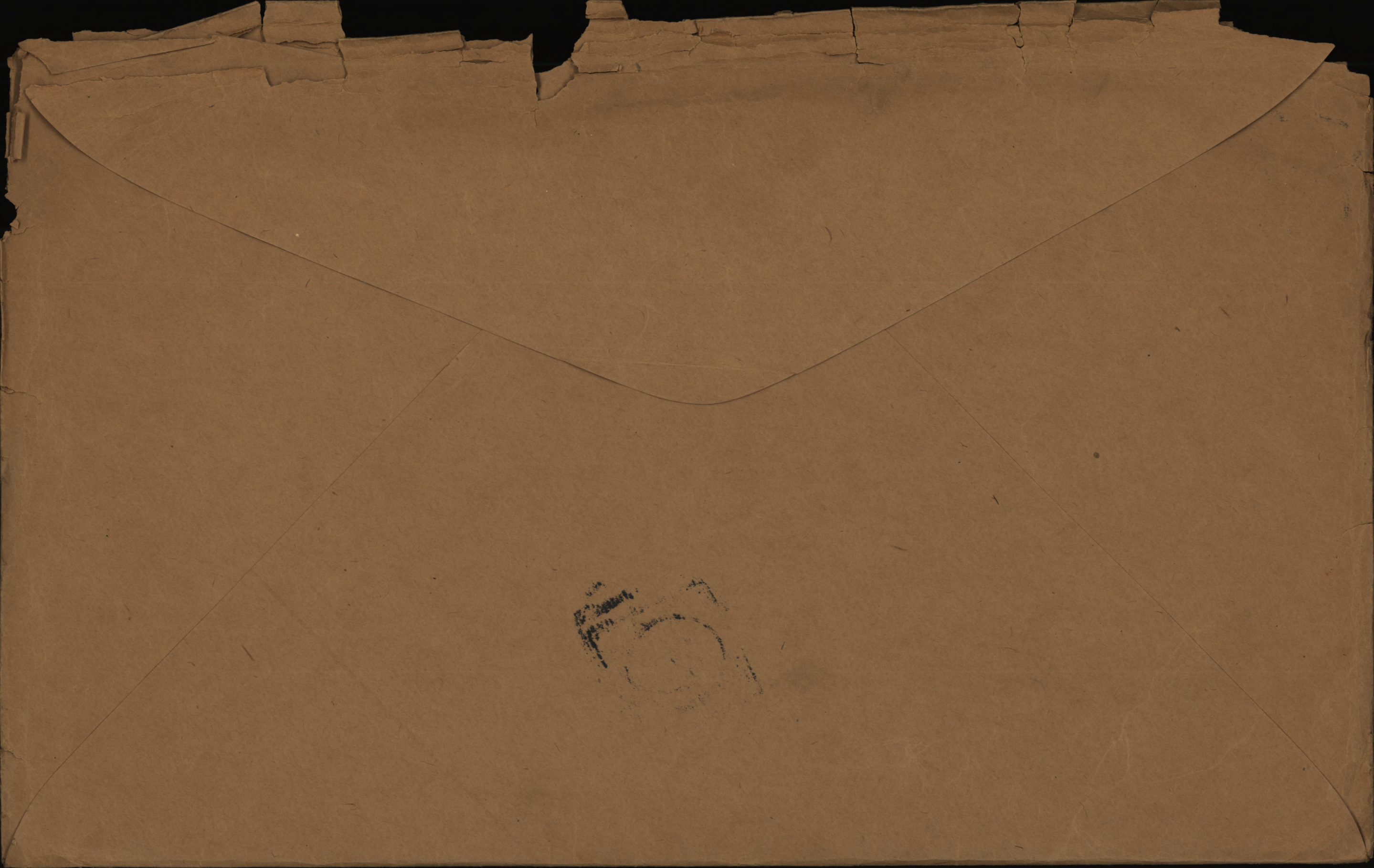
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (M.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1. Husband*  
*1. 11/22*

*mx*  
*29/1/20*



(649-W-4542)

CARD NO.

D

SURNAME.

Wallace

CHRISTIAN NAMES

Robert Earl

FOLL.

REGL. NO.

412169

RANK

Pte.

UNIT

39th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wallace, Harvey.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Corbyville Ont.

COUNTRY OF BIRTH

Canada, Rawdon Twp. Ont.

DATE

Nov. 14th. 1895

PLACE OF ATTESTATION

Belleville Ont.

DATE

Feb. 11th. 1915

O/S. 17-6-15.  $\frac{12.8}{17}$ .

~~From Montreal per S.S. Missanabic 17/6/15.~~

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

19

YEARS

MONTHS

HEIGHT

5

FEET

9 1/2

INCHES

CHEST MEASUREMENT

37 1/2 INCHES

EXPANSION

4

INCHES

COMPLEXION

Inclined Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Curved scar under and to R. of R. eye. scar R. index finger.

MEDICAL EXAMINATION.

PLACE

Belleville Ont.

DATE

Jan. 30th. 1915

Present address. not stated.

Robert Earl

Name WALLACE. Rank Pte.

Reg. No. 412169.

Unit 18th. Canadians

Next of Kin Canada.

RF 25. W. 1585

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
2.10	O.C.No.49.Casualty DIED OF WOUNDS	<del>W.D.</del>	Clear.Station reports GSW.L.Thigh Abdomen.	A339/02742/13.10		





649-W-4542

WALLACE, Robert Earl (Pte) 412169

39th Bn.

18<sup>th</sup> Bn.

Medals and Decorations (Father) Hervey Wallace, Esq.  
Corbyville, Ont.

Plaques and Scroll (Father) Hervey Wallace, Esq.,  
Corbyville, Ont.

(Ser. # 758605.)

Memorial Cross. (Mother) Mrs. Hervey Wallace,  
Corbyville, Ont.

hot eliq. 14/15 star.  
8 eliq. v.m.  
B.W.M.  
21

Scroll Desp.

Reqn. No 245-048

Plaque Desp.

Reqn. No 25597

SEP 17 1917

7522

581

M 6.34945 - DEC 6 1920

~~412169~~  
Number 412169 Rank Pte.

Surname WALLACE

Christian Name Robert Earle

Units 18th Bu Can Inf Theatre of War France

Date of Service 14-7-16

Remarks

Latest Address Mr. Hervey Wallace  
Corkyville Ont

Roll No.

200m.-2-21.M.

Page 13285

DESP. JUN 9 1922

REGN. No. *Woods's*

NAME

Wallace Robert Earl

H. Q. FILE No. 649-

REG'T'L. No.

412169

RANK AND CORPS

Pte. 18<sup>th</sup> Bn (form 30<sup>th</sup> Bn)  
c

CABLE

NO.

DATE

NATURE OF CASUALTY

02742

12-10-16

Died of Wounds No. 49  
Cas. Clg. Stn. Oct 2nd  
(wounded left thigh, abdomen)

a. F. B.

2090a

Died of wounds received in action Oct. 2nd.  
1916.

Rouen

16-10-16

(G.S. W. L. Thigh &amp; Abdomen.)

Noted 21-3-17.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 339

O.C. #49 Cas. blg. stat.  
reports

2-10-16

Esuv. L. thigh, abdomen

Surname **Wallace,** Christian Name or Names **R. E.** Reg. No. **412169**  
 Rank **Pte.** Unit **18<sup>th</sup> S.** Co. Troop Batty.  
 Hospital **F 49 C.C. ST.** Date of Admission **2.10.16**  
 Transferred Hosp.

Hosp.  
 Hosp.  
 Hosp.

Diagnosis **G.S.W. L. Thigh abdomen.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

**Died of Wounds. 2-10-16.**

DISPOSITION

Date

**G.S. 13-10-16 1339**

REMARKS

**A.M.D. 2 DEPT.  
 Bch. of D.G.M.S. O.M.F.C. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Army Form B. 103.

**Casualty Form—Active Service.**Regimental Number 412169Regiment or Corps 39th Bn. C. E. F.Rank Pte. Surname Wallace Christian Name Robert EarleReligion Presbyterian Age on Enlistment 19 years 3 months.Enlisted (a) ~~30-1-15~~ Terms of Service (a) Duration of this Service reckons from (a) ~~30-1-15~~

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Stretcher Bearer  
or Corps Trade and Rate Farmer

Signature of Officer i/c Records.

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 ...	<u>Montreal</u>	<u>24-6-15</u>	
		Disembarked ...	<u>Plymouth</u>	<u>4-7-15</u>	
<u>12-7-16</u>	<u>39th Bn.</u>	<u>Drafted to 18th Bn.</u>	<u>Arrange.</u>		
			<u>[Signature]</u> Lt.-Col. Commanding 39th Battalion, C. E. F.		
<u>14-7-16</u>	<u>Can Base Dep</u>	<u>Arrived from 39th Can Res Bn, Shorncliffe, &amp; taken on strength of 18 Can Bn</u>	<u>Can Base Depot</u>	<u>14-7-16</u>	<u>Nom Roll. Pt II Order 31, 7/8/16</u>
<u>21-7-16</u>	<u>do</u>	<u>Proceeded to join unit</u>	<u>In the Fld</u>	<u>21-7-16</u>	<u>Nom Roll. DCS.235</u>
<u>28-7-16</u>	<u>18th Bn</u>	<u>Joined unit</u>	<u>do</u>	<u>22-7-16</u>	<u>B.213 DCS.235</u>
<u>5-10-16</u>	<u>18th Bn.</u>	<u>Wounded.</u>	<u>Not stated</u>	<u>3-10-16</u>	<u>Letter DCS.253</u>

(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, &amp;c.

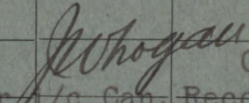
[P.T.O.]

OVER

UNIFIED CORRECT.  
 Canadian Record Office,  
 Westminster House,  
 7, Millbank, S.W.

#12 169 Pte. Wallace R.E.

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				
6-10-16	No. 49 C.C.S.	Died of wounds (W. thigh L. + abdomen)	No. 49 C.C.S.	2-10-16	Letter 6/10/16 <del>DE</del> DCS. 253, 16/10/16 Pt. II Order 47, 16/10/16.
do	do	Buried in Military Cemetery, (Chaplain, — A. J. Perry, C.F.)	CONTAY	Not stated	Letter 6/10/16 DCS. 253, 16/10/16.

  
 Capt.  
 For Officer in Charge Can. Records,  
 Canadian Section,  
 G.H.Q. 3rd Echelon.

4  
#12169

# MEDICAL HISTORY SHEET.

Surname Wallace Christian Name Robert Earle

Examined { on 30 day of Jan. 1915  
at Dellerille

Approved by A. E. Jewell

Birthplace { City or Town Forlyville  
County Hastings

Rank Capt M.O.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 9 1/4 Inches.

Weight 148 Lbs.

Chest measurement { Minimum 33 1/2 inches.

{ Maximum expansion 37 1/2 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right Left  
Number 0 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Jan. 29 1915</u>	<u>taken</u>	<u>A. E. Jewell</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Mar. 25</u>		<u>773 Garrison</u> M.O.
<u>12.5.15</u>		<u>FBC</u> M.O.
		M.O.

Enlisted on 30 day of Jan. 1915 at Dellerille

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39th Batt. C.E.F.</u>	<u>412169</u>		
Transferred to.. ..	<u>18th. Battalion</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

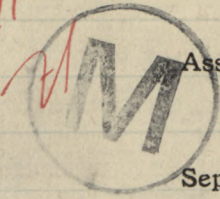
STATION.	DATE.	DISEASE.	RESULT.

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.



Rank *Plc* Name **WALLACE Robert Earle** Reg'l No. **412169**  
 Unit **39th BN.** If in perm. Corps, What Unit? Married or Single **Single.**  
 Place and Date of Enlistment **Belleville. Ont. 11th Feb. 1915.** Place of Birth **Hastings. Ont.**  
 Name and Address, Next-of-Kin **Mr Harvey Wallace, Corbyville, Hastings Co. Ont.**

*in X  
2911 20*



Relationship **Father**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. <i>2</i>
File R.L.
Category <i>W.W.</i>

Discharge, Date and Place Reason Character

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				
		<i>Assured</i>	<i>England</i>	<i>9/15</i>	
<i>13.4.1916</i>	<i>05 39th Batta</i>	<i>S.O. to relieve 18th Batta</i>	<i>France.</i>	<i>12.4.16</i>	<i>AFB 103 Locked 17/7/16 Part II 165.</i>
<i>7.8.16</i>	<i>O.C. 18th</i>	<i>J.O.D. from 39th Bn</i>	<i>In Field</i>	<i>14.7.16</i>	<i>" 31.</i>
<i>13.10.16</i>	<i>18th</i>	<i>No 49 Cas. Cl. Station Died of Wounds</i>	<i>Field</i>	<i>2.10.16</i>	<i>Cas. List A 339 {CSW. &amp; thigh abdomen</i>
<i>16.10.16</i>	<i>"</i>	<i>Died of Wounds</i>	<i>"</i>	<i>2.10.16</i>	<i>Part II 47</i>



Rank *1st Lt* Name **WALLACE Robert Earle** Reg'l No **12169**  
 Unit **5th BN.** If in perm. Corps, What Unit? Married or Single **Single.**  
 Place and Date of Enlistment **Belleville, Ont. 11th Feb. 1915.** Place of Birth **Hastings, Ont.**  
 Name and Address, Next-of-Kin **Mr Harvey Wallace, Corbyville, Hastings Co. Ont.**  
 Relationship **Father**



Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place *Sick wounds 21/10* Reason *La. 339. 13.10.* Character *Checked by Ed Singpe*  
 Entered on N.E. Card Index *vms*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>July</i>	<i>July 31</i>	<i>31</i>	<i>1</i>	<i>31 00</i>	<i>31</i>	<i>.10</i>	<i>3 10</i>		<i>34 10</i>	<i>31</i>		<i>32 50</i>			<i>32 50</i>	<i>1 60</i>	
<i>Aug</i>	<i>Aug 31</i>	<i>31</i>	<i>1</i>	<i>31 00</i>	<i>31</i>	<i>.10</i>	<i>3 10</i>	<i>86</i>	<i>160 34 96</i>	<i>56</i>		<i>487</i> <i>27 98</i>			<i>32 85</i>	<i>2 11</i>	<i>371 days of sick</i>
<i>Sept</i>	<i>Sept 30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>.10</i>	<i>3 00</i>		<i>33</i>			<i>32 12</i>			<i>32 12</i>	<i>4 59</i>	
<i>Oct</i>	<i>Oct 31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3 10</i>		<i>34 10</i>			<i>32 13</i>			<i>32 13</i>	<i>6 86</i>	
<i>1-11</i>	<i>30-11</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>.10</i>	<i>3</i>		<i>33</i>			<i>29 93</i>			<i>29 93</i>	<i>9 62</i>	
<i>Dec 1915</i>	<i>Dec 31 1915</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>31</i>	<i>-</i>	<i>3 10</i>		<i>34 10</i>			<i>29 93</i>			<i>29 93</i>	<i>13 80</i>	
<i>1-1-16</i>	<i>31-1-16</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3 10</i>		<i>34 10</i>			<i>17 76</i>			<i>17 76</i>	<i>30 14</i>	
<i>1-2-16</i>	<i>29-2-16</i>	<i>29</i>	<i>100</i>	<i>29</i>	<i>29</i>	<i>.10</i>	<i>2 90</i>		<i>31 90</i>	<i>852</i>		<i>5 36</i> <i>12 41</i>			<i>17 77</i>	<i>44 24</i>	
<i>1-1-Mch</i>	<i>31-Mch</i>	<i>31</i>	<i>..</i>	<i>31</i>	<i>31</i>	<i>.10</i>	<i>3 10</i>		<i>34 10</i>	<i>885</i>		<i>17 77</i>			<i>17 77</i>	<i>60 60</i>	
				<i>275 00</i>				<i>27 50</i>	<i>86</i>	<i>309 36</i>		<i>242 76</i>			<i>242 76</i>	<i>60 60</i>	

Checked *W.A.C.*

BALANCE TRANSFERRED TO NEW LEDGER

Statement of  
 JAN 11 1917  
 Account rendered







