ATTESTATION PAPER.

No. 506351

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Walton
1a. What are your Christian names? William Francis Patrick
1b. What is your present address? 189 High Street, Moncton, N.B.
2. In what Town, Township or Parish, and in what Country were you born? Moss Glen, Kings County, N.B.
3. What is the name of your next-of kin? Anna Walton
4. What is the address of your next-of-kin? 189 High Street, Moncton, N.B.
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? April 20, 1891.
6. What is your Trade or Calling? Laborer
7. Are you married? Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
WHW 10. Have you ever served in any Naval or Military Force? Yes - 6 months in R.C.R. in 1911.
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, William Francis Patrick Walton, 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.

William Francis Patrick Walton (Signature of Recruit)

Date Nov. 9, 1916 W. J. Edington (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Francis Patrick Walton, 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.

William Francis Patrick Walton (Signature of Recruit)

Date Nov. 9, 1916. W. J. Edington (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 Moncton this Ninth day of November 1916

[illegible] (Signature of Justice)

Justice of the Peace

M. F. W. 28.
600M.—6-16.
H. Q. 1772-29-841.

Description of William Francis Patrick Walton on Enlistment.

Apparent Age 25 years 7 months.

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

Height 5 ft. 6½ ins.

Chest measurement: Girth when fully expanded 37 ins.

Range of expansion 4 ins.

Complexion Dark

Eyes Blue Grey

Hair Black

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

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 Nov. 9, 1916. R. L. White

Place Moncton, N.B. Major

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:—

Fit B2 [illegible]

Hammer toe J. A. Mosher Capt. A.M.C.

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Francis Patrick Walton 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.

[signature] (Signature of Officer)

Major, C. E.
O. C. Eng. Trg. Depot.

Date NOV 18 1916 191 .

REGIMENTAL DOCUMENTS

NAME Walton William Frank P. REGT. NO. 506351 UNIT Can. Eng. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
S	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)		M			
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
32	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)		Dead			DESERTION 3
	LAST PAY CERTIFICATE (M.F.W. 44)					28-4
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					16 4
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			05264		3-4
	Misc					3
1	Leaflet					
1	M 7 W 67					
1	F R 149					
1	R 122					
	mt 27-12-44		H			

To be made out in duplicate. ORIGINAL H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins..... Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 506351

(3) Full Name of Soldier..... Wallow William Francis Patrick

(4) Place of Birth..... Nova Glen Kings Co NB

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

(6) If married, state,
(a) Full name of your wife..... Anna Wallow

(b) Present Postal Address..... 189 High Street Moncton N B

(7) Are you a widower? ..... —

(8) Have you any children? ..... Yes

If so, give number of boys and girls..... 2 Girls

Also their names and ages..... Mary 19 months
Florence 4 "

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address William A Wallin 189 High St Moncton NB

(10) Is your Mother alive? Yes

If so, state name and address Sarah J Wallin same address

(11) If your Mother is a widow Not applicable

Are you her sole support, or 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.

Not applicable

(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.

Yes

(15) Are you insured? ~~Yes~~ 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.

A Williamson Lieut C.E.
for Officer Commanding.

Date 16/3/17

S.O.S. 5-7-19. Demob. MD 4.

649-W-14221

WALTON, W.~~E~~.P. (illiam Francis Patrick) No.506351 Pte. C.F.C.

M & D.	widow	Mrs.Anna Emily Walton, 189 High St., Moncton,N.B.
P & S.	"	"
Memorial X	"	"
also	mother	Mrs.Sarah Frances Walton, 191 High St.,Moncton,N.B.

Hold-M-4

Not Eligible for 14-15 Star
" " " " " V.M.
Eligible for B.W.M. Service in England only

70112

M.S.

HEB

649-M-14221

Number 506351 Rank Pte. B

Surname WALTON

Christian Name William Francis Patrick

Units C. F. C. Theatre of War England

Date of Service 14-12-17

Remarks

Latest Address ~~207 Park St~~ Moncton

Widow Mrs Anna E. Walton 189 High St., Moncton NB

Roll No a Page 2901

200m.-2-21.M.

DEC 26 1922
13739

Form R. 149.

William Francis Patrick

Name WALTON Rank Pk. Reg. No. 506351

Unit C.F.C. 55 Dist

Next of Kin Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-2.	1st Scot. Gen Hsp	Aberdeen				13163.
		Ven. Warts.		C.147		
16-3.	Discharged	— do		C.166		3837.

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. 506351. RANK Pte NAME Walton W. D. P.

~~T.S.~~ 18 8 ..
Transfrom #6 S.S.Co.
Aug. Payles.

UNIT Nova Scotia Rly Const + Forestry Depot.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917.			
Aug 18	Aug 31	✓		
Sept.		✓	Drunk 4 mos $2 & 7 days c.	B. Do 65-5-9-17.
Oct.		✓		
Nov.		✓	A. W. L. 6 days pay 28 days Det.	D.O.# 112 of 13-11-17.
Dec. 1918	no a/c. 1918			
Jan.	no a/c.			

No. 506357 RANK Pte NAME Walton, W. F B

T. O. S. UNIT Composite Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917 April 4	1917 April 30	n.	C. E. att for Pay. 4-4-17	DO 99 of 26-4-17
May. 1	May 21.	n.	Transfs no 6 S.S. Cy 21-5-17	DO 99 of 26-4-17

Reg. No. 506351 Name Walton. W. T. R

Rank Spr Corps C.E. Age 26 Service 2½ C

Ledger No. 137 Serial No.

HOSPITALS	DATE	DIAGNOSIS
Trnl Montreal	8-1-17	C. Hammer toe
Transf to Base		
Hosps Paranta	16-1-17	
bis no date		
ad Rockhead Halifax	17-4-17	V.D.G. C
bis to duty	11-5-17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

NAME Walton W. F. P.

RANK AND CORPS Pte. - 55th Div. Can. Forestry Corps

REGT'L. No. 5-06355-1

H. Q. FILE No 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C147-1	1st Scottish Gen Aberdeen	21-2-18	Ven. Warts
C146-1	Discharged	16-3-18	" "

C.7 CARD NO.

FOLL.

SURNAME. Walton

CHRISTIAN NAMES William. Francis Patrick

REGL. No. 506351 RANK ~~Spr.~~ Pte

UNIT ~~Eng. Tr. D. (R.D.) No 6. Spec. Ser. Co. No. 2 Forestry Co.~~ Rly Const & Forestry (Draft) M.D. #6.

FORMER CORPS R.C.R. (6 Mos.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Walton. Mrs. Anna

RELATIONSHIP TO SOLDIER Wife

ADDRE[illegible]

207. Park. St
Moncton, N.B.

S.A.A.P. 29-8-18

COUNTRY OF BIRTH Canada Moss. Glen Kings Co. N.B. DATE Apr. 20th 1891

PLACE OF ATTESTATION Moncton. N.B. DATE Nov. 9th 1916.

Trans from Eng T. D to No 6 Spec Ser Co. Trans from No 6 Spec Ser Co to No. 2 Forestry Coy. Auth. Spec. Ser. Sem[illegible] monthly Roll. 31/8/17.

O/S. 4-12-17. 992/3.

RIC 4-7-19 36 1/28 Pte.

From Halifax per S.S. Metagama #1417

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 25 YEARS 7 MONTHS

HEIGHT 5' FEET 6½ INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Blue-Grey HAIR Black

DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION. PLACE Moncton. N.B. DATE Nov. 9th 1916.

Present Address 189 High St. Moncton. N.B.

D.M.S. 1300-50M-21-1-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Walton.	W. T. P.	506351.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	6.T.6. SJB.			

HOSPITAL — DATE OF ADMISSION

1 Scot. G. Aberdeen. 21.2.18.

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS Ven. Warts. L.

1.

2.

3.

DISPOSITION — DATE

Dis. 16.3.18.

REMARKS

Ch. 27.2.18. C.147.
21.3.18. C.166.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.E.C. Lon...

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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

M. F. W. 54. (A. F. B. 102.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 506351 Rank Sapper Name Walton William Francis Patrick
C. E. F.

Enlisted (a) 9/11/16 Terms of Service (a) War & 6 Mos Service reckons from (a) November 9th 1916

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) Laborer

Report: Date	Report: From whom received	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.
		Transferred aug 7/10/17 to NS Forestry	Aldershot	7-10-17	
		Embarked at Halifax		6-11-17	
		Deserted at (at) Halifax		8-11-17	from S.S. "Canada"
18-12-17	O.C. C.F.C	T.O.S. Base Depot C.F.C. Summerdale ~~14-12-17~~	14-12-17 Pt. II	D.O. 201	Lieut-Col Guthrie being Officer in Command of Overseas Troops on aforesaid Ship P. M. Fielding o/c NS Forestry Dept
9-1-18	do.	S.O.S. Base Depot C.F.C. S/dale on posting to Dist. 55, Coy. 130.	8-1-18 Pt. II. D.O.	No. 8.	

A. R. Anger
Capt. for O.C. C.F.C.

(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				
9/7/19	Enq.	TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 190 ST. JOHN, N. B.		26/6/19	L. L. W. Lewis Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
9/7/19	Dis. Hqrs.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 190		6/7/19	L. L. W. Lewis Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

Temporary.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-19-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.F.C.

Regimental No. 506351 Rank Pte C. E. F. Name Walton W. T. P.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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*) .....

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				
18.12.17	O.C. C.F.C.	T.O.S. from N.S. for. draft.	S/dale	14.12.17	Pt. II D.O. No 201
9.1.18	O.C. 6.F.6.	S.O.S. BASE DEPOT O.F.C. SUNNINGDALE 9.1.18 PT. II. DO. NO 8 on posting to Dist 55, C 120 Capt for O.C. O.F.C.			
16.1.18.	O.C. 55 Dist C.F.C.	T.O.S. 55 Dist C.F.C. to 130 Coy. on posting from Base Depot. C.F.C.	Sterling	9.1.18	16.1.18 Pt. II D.O. No 3. Capt & Adjt.
12 MAY 1919 O.C. 55 Dist., C.F.C.		S.O.S. 55 District, C.F.C. Stirling MAY 14 1919 at 130 Company to ~~Base Depot, C.F.C.~~ ~~M.D.C.~~ 12 Kinmel Park. B. Depot			Pt. II D.O. No. d/ MAY 14 1919 CAPT. & ADJUTANT, FOR O.C. DISTRICT 55 C.F.C.
16.5.19	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale 14.5.19 From 130 Coy Dist-55-			Pt. II D.O. 136

(*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				
31.5.19	D.C. CFC	SOS Base Depot C.F.C. on Transfer to ~~M~~ J. Wing CANADIAN CAMP, ~~RHYL~~ Witley	S'DALE	31.5.19	PT II D.O. 151

W. H. Smith
Major Lt. for O.C. C.F.C.

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Canada 25/6 1919, D.O. No. 31

[signature] Major
for Officer Commanding.

26th June 1919 Embarked
S S Baltic Liverpool.

[signature]
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
C.E.F.

DUPLICATE

506351

MEDICAL HISTORY SHEET

Surname Walton Christian Name William Francis Patrick

Examined { on 9th day of Nov 1916 / at Moncton, N.B.

Approved by Reg. J. White

Rank Maja M.O.

Birthplace { City or Town Moss Glen / County Kings County, N.B.

Apparent age 25

Trade or occupation Laborer

Height 5 feet 6 1/2 Inches

Weight 140 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 37 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last 5 years ago

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
14.7.17		J. Campbell Captain M.O.
		M.O.
	T.B.A	M.O.

Date	~~Result~~	Anti-Typhoid Inoculations, Etc.
25.11.16	1st Syringe	J. Campbell Captain M.O.
6.1.17	2nd "	JC M.O.
5.2.17	Double "	JC M.O.

Enlisted on 9th day of Nov. 1916 at Moncton

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C. E. Canadian Engineers	506351		Nov. 9, 1916
Transferred to N. S. Ry Cons. & Forestry Dept.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
ST. JOHNS, P.Q.	MAR 14 1917	Sit.	Otherwise Capt. A.M.C.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Walton Christian Name William Francis Patrick

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
S Jean PQ		8	1	17	15	1	17	Hammer Toe	8	~~Removed to Base for Operation~~	N A Saboeme Opt A.M.C.
~~S Jean PQ.~~		~~15~~	~~1~~	~~17~~	~~27~~	~~1~~	~~17~~	~~Hammer Toe~~	~~13~~	~~Recovered~~	
										Refused Treatment	N A Saboeme

O. 1/0. MILITARY HOSPIT

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 506357 (Rank) Pte

Name (in full) WALTON William Francis Patrick enlisted in

the Can. Engineers.

CANADIAN EXPEDITIONARY FORCE at Monkton N.B. on the 9th

day of November 1916

HE served in Can Forestry Corps England

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 28

Height 5' 6½"

Complexion Dark

Eyes Blue Grey.

Hair Black

Marks or Scars

Hammer toe left foot

W. F. Walton

Signature of Soldier.

Date of Discharge

Dispersal Station "C" Military District No. 7 JUL 5 1919

Issuing Officer.

DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

Rank

Date JUL 5 1919 19

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.

M.F.B. 39A.

War Service Badge
No. 21705 Issued

- 4A -

C.A.D. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

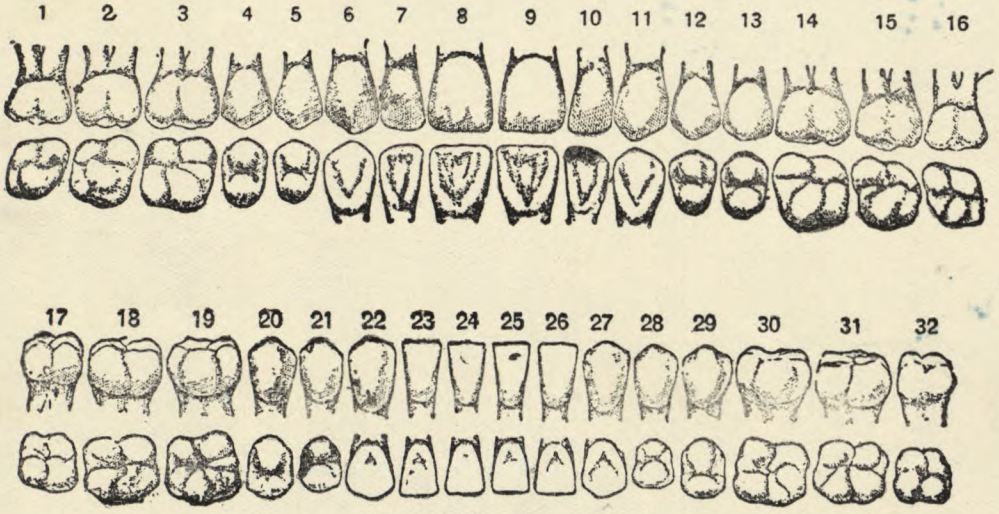
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) WALTON. W.P.

REGIMENT C.F.C. RANK Pte No. 506351

Date of Examination in England 20-3-19 Date of Examination in France



Canadian Army Dental Corps
JUL 4 1919
M. D. 7
ST. JOHN, N. B.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 11.
2. EXTRACTIONS None
3. CROWNS 9. 10.
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   None

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

(a) In Canada

(b) In England yes

(c) In France

Signature of Dental Officer J. H. Reid Capt

WALTON, W.P.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6.

NAME OF SOLDIER Walton, Frank P.

REGIMENT N.S. Forestry

RANK Pte

No. 506351

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.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1917 Sept 10	2/2.3		1/18							10/5.6 12.14.15 19.29 30.31.32					1/8	2/4.7		4-7	I.K. Farrer	6	Operations 9.10.16.
	" "	1/16		2/9.10																I.K. Farrer	6	Completed
	Oct 11										1/18									H.L. Mitchener	6	"

M.F.B. 465
200M-1-17
1772-39 950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Name Pte

Dist. Montreal

Sub-District Interior

No. 20 2331

Date 1917 Sept 10

Condition on first Examination

Remarks

2nd original

~~TEMPORARY.~~ Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Walton *Christian Name* W. E. P.

TABLE I.—General Table.

Birthplace { Parish ......
County ......

Examined { on ...... day of ...... 191 ,
at ......

Declared Age ...... years ...... days.

Trade or Occupation ......

Height ...... feet ...... inches

Weight ...... lbs.

Chest Measurement { Girth when fully Expanded } ...... inches
Range of Expansion ...... inches

Physical Development ......

Vaccination Marks	RIGHT	LEFT
Arm		
Number		

When Vaccinated ......

Vision { R.E.—V = ...
L.E.—V = ...

(a) Marks indicating congenital peculiarities or previous disease—

......

(b) Slight defects but not sufficient to cause rejection—

......

Approved by ......

Rank ......

Medical Officer.

Enlisted { at ......
on ...... day of ...... 191...

	Corps	Regtl. No.
Joined on enlistment		
Transferred to	Can For Corps	586351

Became non-effective by ......

on ...... day of ...... 191...

(*Signature*) ......

(*Rank*) ......

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
T.A.B. 2	6/4/18
TAB 2	1/11/18 acc

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11 725] W305/M1635 1,000,000 4/17 W. P. & Co. (1121)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1st. SCOTTISH GENERAL HOSPITAL, ABERDEEN.	21	2	18	16	3	18	Venereal Warts 730	23	Pure Carbolic Dressings applied Venereal Warts Warts now cleared up 11. 3. 18. Stock Gonococcus Vaccine up to 500 millions Gonococcus not demonstrated. No Urethral discharge.	A Fraser CAPT. R.A.M.C. M.O. i/c VENEREAL WARDS 16. 3. 18

Form R 122.
2353—100M—9-1-16

CR. Rank Name WALTON, William Francis Patrick. Reg'l No. 506351.

Nova Scotia For.Dft. to Unit Canadian For. Corps. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Moncton. Nov.9th. 1916. Place of Birth Moss Glen, King's Co. N.B.

Name and Address, Next-of-Kin Anna Walton,

189 High Street, Moncton, N.B., Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
18.12.17	BDCFC	T.O.S from N.S. For Draft.	Pte S'dale	14-12-17	P II O 201
9-1-18	" "	S.O.S to 55 Dist CFC	" "	8-1-18	" 8
16-1-18	55 Dist CFC	T.O.S from BDCFC	" Stirling	9-1-18	" 3
14.5.19	" "	SOS to BD-CFC	" "	14.5.19	— 24 TOS BDCFC pto p II O. 136 16/5/19
3.6.19	J Wing CCC	TOS	" Wirley	31.5.19	— 24 SOS to J Wing P II 151 d 31-5-19
		SL 81-6-21		26-6-19	A.O. 22/7/19
22.7.19	O/C Recs	SOS of OMFC to Canada	Pte London	26.6.19	+ J Wing DO 31 a/30-6-19. A.O. 1 C+C Personell

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.					

276

M. F. W. 11a.
50m.– 6-16.
1772—39—818.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Anna Halton Wife

PAYMENTS.

Name of Soldier Halton Wm F. P. Spr.

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		K26529	34	34 RSH
Jan.	1917	G 30977	20	20
Feb.		A 34534	20	20
March		B 37560	20	20
April	18	Y 3167	20	20
May 5				Such Awh at embarkation 12/4/17
June 20				Done 12/4/17
July 20		A 7036	28	28 R Mailed 24/7/17 Have written DPM re payment of
Aug.		A 16158	20	apw from 12-4-17 to 19-5-17
Sept.		R 19488	52	52 adj 9/H 27/6/17
Oct.		T 22998	20	T Sol. pd from 4/4/17 to 22/5/17 by Comp.
Nov.		M 25439	20	M Details C E 7 Dpmk 11/7/17 WB 17/7/17
Dec.		G 27514	20	M D #6 Water no. S/a paid by comp
Jan.	1918			274 Details for period of from 4/4/17 to 22-5-17
Feb.				Please adj for this period Per Ruling
March				File 018779-W-3
April				
May				
June				
July				

3
20
20

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
Mareh				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

9 11/16 276

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Anna Halton

Address 189 High St.
Moncton
N. B.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Halton William F.P.

Regtl. No. 506351

Rank Spr.

Corps ~~Engineers~~

To what Corps belonging when called out } ~~#6 S.S. 19/5/17 D.P.M.L. 19/5/17~~ N.S.F. or. Dep. 18/8/17 #6 D.P.M.L. 18/8/17 Exp. 6/9/17 Sauer

PAYMENTS

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

CONSOLIDATED ACC. 7

P. 559.

Married or Single: Married

Place of Birth:

Name and Address of Next of Kin: Mrs Anna Walton, 189 High St. Moncton, N.B.

Relationship of Next of Kin: ~~Mrs~~ Wife

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
21.2.18	16.3.18	V.	

Reg'l. No. 506351 Rank Pte Name WALTON, WM. FRANCIS, PATRICK, 79

If in Permt. Corps What Unit } Unit N.S. Forestry Transferred to Date Authority

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Transferred to Date Authority

Date of Attestation 9-11-16 Transferred to Date Authority

Assigned Pay Monthly $ 20.00 ✓ Date Effective ✓ ~~PB~~ 1-12-17 31-1-19 ✓

Payable to Mrs Anna Walton, 189 High St, Moncton N.B. ✓ Relationship ✓ wife ✓

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

DR. 559 2-43 Made investigation note 6/- advance

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR. 3	DR. 4	Balance
1917 Nov. 30	Balance from Canada			Canada					Dr 20.61
1918 Jany	Dec P.P.	34 10		C.A.P. Dec & Jany			40		
	Jan P.P.	34 10		D.N. A677B. ~~506351~~ P813.	6 25				
				DN A677B. Trans charges Canada	6 25				
				AR B559 Dec 22 Bo.	2 43				(7 34 — Debit) 7 34
		68 20			14 93		40		
Feb	P.P.	30 80		C.A.P.			20		
	$37.40 chd in Can for Detent. should only have been $35.20		2 20	AR 175 25-1-18 130 Coy	12 17				
	$26.21 chd Nov 1917 for Detent. should only have been $26.11		10						
		30 80	2 30		12 17		20		6 41
March	P.P.	34 10		C.A.P.			20		
				V 2/3/18 - 16.3.18 } 24 days. D.O. 15 27.3.18 } Do		14 40			
				AR 551 22.3.18 130 Coy	12 17				18 88
		34 10			12 17	14 40	20		

Month	Particulars	CR. 1	CR. 2	Particulars	DR. 1	DR. 2	DR. 3	DR. 4	Balance	Defer-red Pay	Sep. Allce Eng.
						~~20 61~~					

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			
MONTH	PARTICULARS		DR. 1	CR. 2	PARTICULARS		DR. 1	CR. 2	PARTICULARS		DR. 1	CR. 2	DR. 1	DR. 2	DR. 1	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. REG.	ALLCE ENG.	MONTH	PARTICULARS	DR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. REG.	ALLCE ENG.	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	#20	EFFECTIVE DATE:-	
AMOUNT:-	1.12.17	AMOUNT:-	

NAME:- WALTON. Wm Francis Patrick

NUMBER:- 506351

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Annie Walton (Wife).
189 High St.
Moncton, N.B.

Stopped eff 1-6-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte:

UNIT AND TRANSFERS

ORIGINAL UNIT:- N.B. Forestry

DATE ACCOUNT FIRST OPENED:- 1.11.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.F.C. Camp

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
17/7/19	3H451	BD £3	~~11~~ 6~~0~~				
				P850. 27.12.18 Eff: 30.9.18			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged Canada 31-5-19 HR 93H1 7/7/19 Returning to Ed. 10.7

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal: Fwd.								18 88	- -	P839 3/30
April	P.P.	33		C.A.P.				20			
				A/C 21/4/18 120 Co.	7 30				13 18		
		33			7 30			20			
May	P.P.	34 10		C.A.P.				20			
				A/C 272. 18.5.18. 130 Co	7 30				6 38	- -	
		34 10			7 30			20			
June	P.P.	33		C.A.P.				20			
				Q 130-28. 13.4.18. Drawn & U. Work 130 Co	2 88						
				A/C 551 22.6.18 130 Co	7 30				3 56	- -	
		33			10 18			20			
July	P.P.	34 10		C.A.P.				20			
				" 786 13.7.18 "	7 30				3 24		
		34 10			7 30			20			
Aug	P.P.	34 10		C.A.P.				20			
				" 997 17.8.18 "	12 17				5 17		
		34 10			12 17			20			
Sept.	P P	33 -		C.A.P.				20			
				" 1167 14.9.18 "	9 73				8 44		
		33			9 73			20			
Oct.	"	34 10		C.A.P.				20			
				" 1433. 19.10.18. "	9 73				12 81		
		34 10			9 73			20			
Nov.	"	33 -		C.A.P.				20			
				" 1631. 16.11.18 "	9 73						
Dec.	"	34 10		C.A.P.				20			
Jan.	"	34 10		" 186 14.12.18 "	12 17						
				C.A.P.				20	32 11		
		101 20			21 90			60	B/Fwd		

NUMBER 506351 RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	Bt. Ford								32 11		
Feb:	D. Pay	30 80		1aR.2071. 18.1.19. 1306	12 17						
				6 a.p				20			
				2239 15.2.19 "	9 73						
Mar.	✓	34 10		6 a.p.				20			
				2504. 15.3.19. "	14 60				20 51		
		64 90			36 50			40			
Apl	✓	33		146 22.4.19. "	12 17						
				Cap				20			
May	✓	34 10		Cap				20			
				aR 345.2. 17/5/19 Rd.	14 60				12 16	✓	
		34 10			26 77			40		54	
JUNE				7107 Jerling 6.6	24 33						
				9717 " 16.6 End.	9 73				46 22		
		✓			34 06			✓			
Aug.	Apl. pay not credited	33 —							13 22		
		33									

87.61
66.77
20.84

So 8 Can. 26.6.19.
SL. 81

Stopped Canada 1/6/19 3/7/19
20-5-19
Dr 20.84
aR 9311 17/7/19 Stdale 20/7/19
WD 7

COMPILED BY
CHECKED BY

20.84
End 7107 24.33
Dr 3.49

Waiting D.O.

A.D. No. 27

D.O.

P.O. Moncton N.B. Can.

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 506351 | RANK Pte | NAME (IN FULL) WALTON William Francis (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP — See A.P.

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6 Bn. — IF IN P.F. WHAT UNIT? — PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 9.11.16 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE

PAYABLE TO Mrs A. Walton — RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~189 High St~~ 207 Park St, Moncton N.B

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE St John. — DATE 5.7.19. — REASON Demob. — AUTHORITY DO 190 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			"Baltic" 4.7.19
May.																													13	22	13	22			Disch. Pt. 30.5.19
June 1															Cheque																				Clothing 1st Pay W.S.G.
July 11	41	1.10	45	10	35 00 / 70 00				150	10	C.S.		C.S.		107639		48	7	5	00	107	01							20	00			136	88			A.P. June.
					WAR SERVICE GRATUITY.																																
			W.S.G.		S.A.												W.S.G.		L.S.														Soldiers Dep.				
153 days @ min			35 000		150	00	350 00										70 00												70	00	280	00	150	00	1st Pay W.S.G. as above
																													6	60	273	40	150	00	Over Draw on Duty.
																													20	00	253	40	150	00	A.P. July pd by Ott.
																	43	40	35		30	00							108 ~~70~~ 40		210		85	00	S.C. 1264880.01 1 day 123 21/8/19.
					5	00	5	00																							210		90	00	S.C. July pd by Ott.
																																			S.C. 1st date of Disc. C.S. 1264129.30 apps. 6/9/19
																	70		30										100 305		140		60			
																	70		30										100 405		70		30			C.S. 155232-33 Mlb 7-11-19
																	70		80										100							153684-5 Mlb 8-5-11-19
			350		155		505										234	25	56	60									505		NON-EFFECTIVE				

200M-3-19.—L. L. 38788—A. & D. 9985.
M. F. W. 2096.
1772-39-1390.

14-6

War Service Badge
Class A, No. [illegible]

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Location Group 7
Dispersal Area C.

1. No. 506351

2 Rank. Pte

3. Name. WALTON William Francis

4. Unit. 130th Coy C F C D.D. No. 7

5 Date of Discharge JUL 5 1919 Place St John N.B.

6 Reason for Discharge

DEMOBILISATION.

7. Authority. R.O. 1420 CCP

8. Proposed Residence after Discharge 201 Park St Moncton N.B.

Dead DNS 649-W-14221

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39 &, W.S.B. Class, C No 2170,5

W. F. Walton
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "C" JUL 5 1919 Military District No. 7

Medical Documents Forwarded to ~~S. C. R.~~ or B. P. C. ON 15-7-19

Signature [illegible] (O. C. Discharging Unit.)

DISPERSAL STATION ST. JOHN N. B. FOR O. C. DISTRICT DEPOT #7

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. [illegible]) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. [illegible] Certificate ([illegible]). + Dup
13. [illegible] (M.F.W. 2595).
14. [illegible]

Group B
Checked by No. 11
Date 23 JUN 1919

Date of Enlistment 9-11-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Dec 1-17.

W

1036

RATE OF SEPARATION ALLOWANCE

~~20~~	1/12/17 25	30 1-9-18	

TC3257 PC2753 m 038386

RATE OF ASSIGNMENT

20			

10 L5 W4

PARTICULARS OF SEPARATION ALLOWANCE

No. 506351

Rank Spr. Promoted Reverted Discharge

Soldier's Name Wm. F. P. Walton.

Battalion #6. S. S.

Beneficiary Mrs Anna Walton.

Relationship Wife. M.F.W 2554 send 25-7-18

Address 189 High St. Moncton N.B.

PARTICULARS OF ASSIGNMENT

Name Mrs. Anna Walton (wife)

Address ~~189 High St Moncton N.B.~~

Change of Address

1 207 Park St Moncton N B.

2

3 OW 23/11/18

4

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
2nd Series	Dec 31	—	274		274		018779-H-3.
C.M.C 27/12/17.	Jan 1918	469168	30	40	70		Alteration M R O L P. 4063 send 12-8-18 R.W.
	Feb	X 73031	25	20	45		- mailed 14 1/18
	Mar	W 95376	25	20	45		MRO. cP. 112161 - Destroy 15 7/19
	Apl	W 11506	25	20	45		JDR
	May	W 17257	25	20	45		
	June	R 25149	25	20	45		
	July	D 27031	25	20	45		
	Aug	U 34532	25	20	45		
	Sept	V 44747	25	20	45		
	Oct	K 48573	25	20	45		
	Nov	O 60147	25	20	45		
	Dec	J 68944	45	20	65		
	Jan	N 71499	30	20	50		
	Feb	V 76829	30	20	50		
	Mar	N 87006	30	20	50		
	April	T 4652	30	20	50		
	May	T 5950	30	20	50		
	June	U 11073	30	20	50		
	July	V 12687	30	20	50		

A/c Closed 31-7-19.

Ret'd per Baltic

Date 4-7-19 M.F.W.187 15-7-19

Closed J C Bradley

M.D.7.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

276

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400m.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 SUSSEXDALE DATE MAY 19th 1919

1. 1 (a) Unit C.F.C. (b) Regimental No. 506351 (c) Rank PRIVATE

(d) Surname WALTON (e) Christian name WILLIAM F.P.

(f) Home address 207 PARK STREET MONCTON N.B

(g) Next of Kin MRS. HANNAH WALTON (h) Relationship WIFE

(i) Address of Next of Kin SAME AS (F)

2. Age last birthday 28 YRS. Date of birth APRIL 20th 1891

3. Enlistment, or Appointment (if an Officer) (a) Place MONCTON N.B. (b) Date NOV. 9th 1916

4. Personal description:

(a) Height 5FT 8IN (b) Weight 150 lbs. (stripped) (c) Complexion DARK

(d) Colour of hair BROWN (e) Colour of eyes GREY (f) Identification marks, Scars, etc. HAMMER TOE LEFT FOOT.

5. Former trade or occupation LABORER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	TWO	193

	Periods	
	From	To
Canada	9-11-16	6-11-17
England	6-11-17	
France or other theatres of War		

7. Original disease, or injury HAMMER TOE LEFT FOOT.

(a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin CANADA

(c) Cause CONDITIONS OF CIVIL LIFE.

M. F. B. 227.
400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

HAMMER TOE LEFT FOOT. Partial loss of function left foot. Inability to do long marches.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE Hammer toe (2nd) left foot with corn. Examination of feet otherwise negative.

SUBJECTIVE Pain left foot. Man states walking 6 miles causes severe pain in 2nd left toe.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System NO Cardio-Vascular System NO (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System NO (Albumen and Sugar will be excluded.)

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

MAN STATES 2nd left toe has always been deformed and that condition has not been aggravated by service.

DOCUMENTARY NIL.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

NIL.

(*c*) (Here give a description of wounds, scars and deformities.

Hammervt toe left foot.

11.—(*a*) Did the disabling condition have its origin before enlistment? YES

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

NO.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (A) NO (B) NO.

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.)

NONE

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? YES
(If not, briefly state why)

17. Recommendations

N.A.

E. G. Coulson Capt. Cmte

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned W. G. P. Walton 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

[illegible]

W. F. Walton Rank.

Signature of invalid 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 criticised.

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(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.)

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

Boarded for return to Canada Auth A.G. Tel. 9083 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

F. H. Sutherland Capt. *President.*

J. G. Munroe [illegible]

PLACE SUNNINGDALE

DATE MAY 20th 1919.

Members

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 invalid 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

CERTIFIED TRUE COPY

APPROVED BY J. G. Munroe

Assistant Director of Medical Services.

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area

DATE.....

APPROVED BY

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.
MAY 22 1919
13, BERNERS ST. LONDON, W.1

Director-General of Medical Services.

DATE.....