161st Huron Battalion, C.E.F.

DUPLICATE

ATTESTATION PAPER.

No. 154457

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

161ST-B

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Ward
1a. What are your Christian names? ..... Albert Cecil
1b. What is your present address? ..... Goderich, Ontario, Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Norwich, Norfolk Co. England.
3. What is the name of your next-of kin? ..... Mrs. Edith Ward
4. What is the address of your next-of-kin? ..... Goderich Ontario, Canada
4a. What is the relationship of your next-of-kin? ..... Mother.
5. What is the date of your birth? ..... May 26. 1900
6. What is your Trade or Calling? ..... Factory Hand
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Cecil Ward, 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.

K. Albert Cecil Ward (Signature of Recruit)

Date Feby 9 1916. R.F.M. Lean Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Cecil Ward, 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.

Albert Cecil Ward (Signature of Recruit)

Date Feby 14th 1916. A. F. Sturdy Lieut (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 Goderich this 14th day of February 1916

C.A. Reid J.P. (Signature of Justice)

W. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Albert Cecil Ward on Enlistment.

Apparent Age 19 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3 ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 1½ ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations.
- Church of England England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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 February 13th 1916 A C Hunt

Place Goderich Capt A.M.C.
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.

Albert Cecil Ward 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.

R O Hays Major
Lt. Col. (Signature of Officer)
O.C. 161st Huron Battalion, C. E. F.

Date February 13th 1916.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Ward Albert Cecil

Regt. No. 65445 Rank Pte

Corps 161st Battalion.

Under age.

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

Attestation Papers..... 1 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

Army Form B 122—1.
M 4367—1
1 B 122

05528

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

No. 63443 RANK Pte. NAME Hard A C.

T.O.S. 16/2/16 Feb. paylist. UNIT Discharge Depot

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan 1	Feb 28	—		

No. 654467 RANK Pte. NAME Ward, A. C

T. O. S. 14-2-16 UNIT 161st Battalion,
D.O. 39 of 16-2-16.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb 14	Feb. 29	M.		
Mar. 1	Mar. 31	〃		
Apr		〃		
May		〃		
June		〃		
July		M		
Aug		〃		
Sept.		M		
Oct		〃		

UNIT SAILED
OCT 30 1916

SURNAME. Ward

CHRISTIAN NAMES Albert Cecil

REGL. No. 654457 RANK Pte.

UNIT 161st. Batt.

FORMER CORPS Nil.

505 Dis. 28-2-17. 7

NEXT OF KIN.

NAMES IN FULL Ward, Mrs Edith.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Goderich, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Norwich DATE May, 26th 1900

PLACE OF ATTESTATION Goderich, Ont. DATE Feb. 14th. 1916.

P/C 29-1-17.

a.f.

L. L. 20058.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-338.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Factory hand. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 17 YEARS ——— MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 1½ INCHES

COMPLEXION Medium EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Goderich, Ont. DATE Feb. 13th. 1916.

E.M.N.

Number 654457 Rank Pte

Surname WARD

Christian Name Albert Cecil

Units 19th Bn Can Inf Theatre of War England

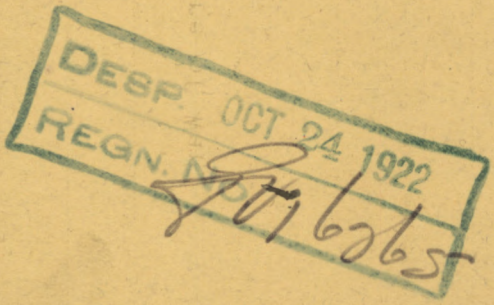
Date of Service 11/11/16

Remarks

Latest Address Walnut St
Goderich
Ont

Roll No. a Page 2903

200m—2—21.M.


DESP. OCT 24 1922
REGN.
201625

65-4457

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Ward *Christian Name* Albert Cecil

Examined { on 13th day of Feb. 1916
at Goderich Ontario

Approved by W. Shaw

Birthplace { City or Town Barwick Canada Rank M.G.R. M.O.
County England

Apparent age 18

Trade or occupation Factory hand

Height 5 Feet 3 Inches.

Weight 120 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 34 inches.

Physical development Fair

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease nil

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

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

Date.	Result.	Vaccinations.
July 21.	S.R.	W. Shaw M.O.
		W. Shaw M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
April 29.	S.R.	W. Shaw M.O.
Oct 19	1st	W. Shaw M.O.
Oct 27	2nd	W. Shaw M.O.
Nov 1	3rd	W. Shaw M.O.

Enlisted on 13th day of February 1916 at Goderich Ontario Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	161 Batt'n C.E.F.	65-4-457		9-2-16
Transferred to				

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.

M. F. B. 313.
200M—11-15.
H. Q. 1772 39-4-9.

Surname Gladwell Christian Name Albert Cecil

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.
CAMP BORDEN		SEP	4 ~	1916	SEP	1 1	1916	Diarrhoea	8	Severe Recovered	W Laurie

191 191

R—122
8,401—50,000—21-10-16.

CHS Rank Name WARD Albert Cecil ✓ Reg'l No. 654457 ✓

Unit 195th. Bn. If in perm. Corps, What Unit? } Married or Single Single

Place and Date of Enlistment Goderich . Feb.14th.1916. Place of Birth ~~Single~~x Norwich, Norfolk. England.

Name and Address, Next-of-Kin Mrs Edith Ward

Goderich. Ontario. Canada. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 7
File R.L.
Category O.R. Can.

Discharge, Date and Place Reason Character

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.
		Arrived in England. S.S Lapland		11.11.16	
19-1-17	161st Bn	S.O.S, en route. W. Canada	West: Sanding	19.1.17	Pt. 88. # 18 (Auth: 1st C.D. Division Signal Message. H-39-1-13. of 18-1-17
28-1-17	" "	above Pt. 88. # 18 amended to read S.O.S. as under. 17 years of age	" "	" "	Pt. 88. # 27.
	Dis Depot	Finally Discharged	Quebec.	28.2.17.	N.R.157. Goderich Ont.

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.					

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 161st O.S.Battalion C.E.F.

Regimental No. 654457 Rank Pte. Name Ward, Albert Cecil
C. E. F.

Enlisted (a) Feb 14/16. Terms of Service (a) War & 6 Mos. after. Service reckons from (a) Feb. 14th, 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) Factory Hand.

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.
		Embarked-Canada		1-11-16	
		Arrived-England		11-11-16	
Jan. 19. 1917	16th Bn.	Discharged under 17 yrs of age, Authority (K.R.&O 392-XX.25	West Standing	19-1-17	Part II Order 18
	Dis Dpo.	S.O.S. "Underage"	St. John N.B.	28 2/17	C. Gordon Stone Capt. Adjutant 161st Huron Battalion C. E. F. N.Q. 649-W-7303 (LPC on Sat AP file)

For D of R.

(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				

Canadian Form D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

DEPT. OF MILITIA & DEFENCE MAR 22 1917 H.Q. CANADA

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

Rank Private Name Albert Cecil Surname Ward

Unit or Corps 161st Os. Bn. CEF. (If a soldier) Regtl. No. 654457

Born at Norwich, Norfolk, England. on, date May 26th, 1900.

Signature (for identification) Albert C Ward

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

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

Weight 115 lbs. Height 5 ft. 5½ in.

nd lame

2. **NUTRITION AND DIATHESIS?** well nourished good colour

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

3. **NERVOUS SYSTEM?** Normal

4. **RESPIRATORY SYSTEM?** Normal

5. **HEART?**

Abnormal Sounds? none

Abnormal Size? no

Pulse Rate? 70 Intermittence or irregularity? not

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? acid Albumen? no Sugar? no

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

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

Examined at West Sandling Signed F Boutbillier Capt. M.O.

Date Jan 15th 1917 Signed J B Shaw Maj. M.O.

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

Form to be used instead of Blank Space on Army form 179.

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT, ST. JOHN, N. B.

DEPT. MILITIA & DEFENCE
MAR 22 1917
H.Q. CANADA

Number 624457 Original Unit 161 Bn

Rank Drummer Present Unit do

Name Ward, A.C. Date of Enlistment 14th Feb 1916

Age 16 Where seen Service Mil

Home Address Goderich Ont

Previous Civilian Occupation Baker

Disease or Disability Under age under Size

Cause of Disability

Date of Origin Place of Origin

Condition, in detail, which prevents the soldier from earning a full livelihood.

Chest 30½

OPINION OF THE BOARD.

Class C Degree of Incapacity (State in Fractions)

Probable Duration of Incapacity

Is Final Disability liable to prevent return to previous occupation?

Recommendation of Medical Board Discharge

(S. Sutherland Maj. President
Members of Board (A S Dunn Capt Member
(A E Lowe Capt Member

Discharge Depot, St. John, N. B.

Date 1/2/17.

Approving Medical Officer

Discharge Depot, St. John, N. B.

Date 1/2/17

APPROVED
FOR A.D.M.S.M.D. No. 6
and G.O.C.M.D. No. 6

APPROVED
MAR 29 1917
for D.G.M.S.

Number_____Original Unit_____

Rank_____Present Unit_____

Name_____Date of Enlistment_____

Age_____When Last Seen Serving_____

Home Address_____

Previous Civilian Occupation_____

Disease or Disability_____

Cause of Disability_____

Date of Origin_____Place of Origin_____

Condition, in detail, which prevents the soldier from earning a full livelihood.

OPINION OF THE BOARD.

Class_____Degree of Incapacity (Strike in Fractions)_____

Probable Duration of Incapacity_____

Is Final Disability liable to prevent return to previous occupation?)_____

Recommendation of Medical Board_____

_____

Members of Board (_____President

(

(_____Member

(

Discharge Depot, St. John, N. B. (_____Member

Date_____

_____

Approving Medical Officer_____

Discharge Depot, St. John, N. B.

Date_____

Duplicate

To be made out in duplicate. 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.....161st Os. Battn., C.E.F.

(2) Regimental Number .....654457.

(3) Full Name of Soldier.....Ward, Albert Cecil.

(4) Place of Birth.....Norwich, Norfolk, England.

(5) Are you married, or not ?.....No.

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

(b) Present Postal Address.....

(7) Are you a widower ?.....No

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

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

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes, Samuel Frederick Ward

If so, state name and address Goderich, Ontario, Canada

(10) Is your Mother alive? Yes

If so, state name and address Edith Ward

Goderich, Ontario Canada

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

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.

(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.

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

(15) Are you insured? Yes

If so, in what Company? Prudential Life Insurance Co

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.

W B Combe

Officer Commanding.

Date June 22, 1916

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

VV1572

018791-A-1.

Name Ward, Albert Cecil
(Surname, Christian Name)

Regimental Number 654457 Rank Pte.

Unit 161st Bn.

Original Unit

District where paid Ottawa

Date of Discharge 28. 2. 17.

P. D. P. Filing Number 8W4

Address (in full) % Samuel F. Ward,
Goderich, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	383	4/7/17	33 00	514	10/8/17	33 00	488	5/9/17	14 10	20 00	80 10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No. 8991-A-2

WAR SERVICE GRATUITY.

Issued to Pte 25/9/19. W.78.

Register No. W. 1572

Reg. No. 654457 Pte

Name Ward Albert Cecil

Address Box 479, Goderich

Dependent

Address

Dec'n No

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

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

Less P. D. P. Credited $

$

Pay Soldier $ Less further debit balance Net due paid as below $

Pay Dependent $

SOLDIER TO DEPENDENT

	Ag. No.	Ch. No.	Amount	Ag. No	Ch. No.	Amount
1						
2						
3						
4						
5						
6						

Days 182 Rate 70 Due 280, 00

Less P.D.P. credited 100, 10

Less further Dr. Bal. or overpayment.

Net 179, 90

Clerk

R
W 129
20/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 8/10/19	33397	531088	179, 90		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
M. R.
Date 8.10.19

M. F. W. 41
10 M.—5-16.
1772-39-889.

1087

Name Ward A. E. Pte

Regimental No. 654457 A.C

Unit 161st Btn

Date of enlistment

Place of S/A. Fit

Married (yes or no) No.

Amount of pay assigned monthly $20.00 from 1-11-16 to 28-2-17 to Mrs Edith S. Ward Huron Rd Goodrich Ont.

To whom payable

Name ~~and~~ address of ~~next of kin~~ Goderich Ont.

Date and place discharged

Reason for discharge Medically unfit

Character on discharge

Metagama 29-1-17 Class I K.B. 649-W-7303

Ob 2376. M. & D. 6692.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	16-1-17							1459								Eng. L. P. C.
17-1-17	28-2-17	43	1.00	43.00	43	10	4.30	9.00						35		Canteen charges
					Clothing			13.00	83.89					20		Bk Damages
														83.34	83.89	D.D. Balance
Record P.D.P. List No II 19 10/17									20.00				20.00		20.00	A.P. Feb 1917
																Rendered P.D.P. 2 6/17

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. Job 4503.—M. & D. 6334.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

E R

To Whom Mrs Edith S. Ward

Address Huron Road
Goderich
Ont

Rate 20.00

NOV 1 1916

By Whom Assigned Ward Albert E

Regtl. No. 684457

Rank Pte

Corps 161 Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Discharged to Canada
Sept.				stop. 1/2/17 3 M. 16/1/17 ARD 5/3/17
Oct.				
Nov.				
Dec.				3 M. Arrived too late to
Jan.	1915			cancel Feby cheque ARD
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Edith S. Ward PAYMENTS. Name of Soldier Ward Albert E

L. L. Job 4503.—Req. 6822. 654457 161 Bde

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 00	NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		30960	20	
Dec.		36208	20	
Jan.	1917	42341	20	
Feb.		49047	20 80	
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

#20 refund required 7 3/17 (2)
F. L.
#20.00 recovered by Cash Br P.M.L. 10 8/17
649 - #7303 Credit slip send to refunds by mail 8/17
C.D.

Acct closed 1/2/17
Overpaid #20.00
Refund Retd

Ret'd Medagama 29/1/17 FX 8/18 9/3/17

Credit slip issued 9/4 A.H.R. - 18791 - A 2

MILITIA AND DEFENCE

ASSIGNED PAY

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.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Norwich Norfolk Eng.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Edith Ward. Goderich, Ont. Can.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS. &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL. &c.

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

REG'L. No. 654457 RANK Pte NAME Ward, Albert C.

IF IN PERMT. CORPS WHAT UNIT } UNIT 161 Bn TRANSFERRED TO ~~6th~~ 2 C.G. Depl. DATE 15-1-17 AUTHORITY K.680

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Goderich, Ont. Can. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14-2-16. TRANSFERRED TO DATE AUTHORITY

OFFICE, N. E. BRANCH, CANADIAN CONTINGENTS. FEB 5 1917

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-11-16.

PAYABLE TO Mrs Edith S. Ward, Goderich, Ont. Can. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 16-1-17 EFFECTIVE 1-2-17. REASON Discharged to Canada

DISCHARGE DATE AND PLACE 16/1/17 to Canada REASON AND AUTHORITY A.G.C.O. 7 15/1/17.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 17.1.17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index

Checked by W Feeney

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															19 10									Balance from Canada				19 10							
Nov 1-30	30	1.	30		30	10	3								33			31	16-11-16					11 60				20 00		31 60	17 50				
Dec 1-31	31	1.	31		31	10	3 10								34 10			55	8-12-16					4 87				20 00		24 87	26 13				
1917 Jan 1-15	15	1 00/10	16	50											16 50									19 47				20 00		20 00	25 63				
	16-16	1	1 00/10	1	10										1 10													60							
															103 80			80	28 16/12 at 1 Adjpt.					4 87				Balance transferred to N. E. Branch		24 34	19 46				
																														19 46	19 46	Transd to "Canada Disc'ge a/c"			

Checked... Grew Williams
R.P.O.
March 1917

Discharged to Canada 16/1/17
H.Q.C.O. No 7 minor 15-1-17
B.R. Balance 3/4/16
A.G.M. form rendered 16-1-17
Pay Book retired B. Burley
x Extract from Pay Book

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			

This space to be left blank for the Chelsea Number.

M 7572

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 654457 Army Rank Private

Name Ward Albert Cecil

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps

Battalion, Battery, Company, Depôt, &c. 161st Ov. Bn. C.E.F.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

DISCHARGE DEPOT FEB 28 1917 ST. JOHN, N.B.

Date of discharge

Place of discharge Canada

1. *Description at the time of discharge.*

Age 16 years 8 months

Height 5 feet 3 inches

Chest measurement { girth when fully expanded 34 ins. / range of expansion 1 ins.

Complexion Medium

Eyes Brown.

Hair Brown.

Trade Laborer.

Intended place of residence (To be given as fully as practicable) { Goderich Ontario / Canada.

Descriptive marks.

Fit.

A.W.B.C.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer Physically fit for War Service. K. R. & O., 392: xvi & Under 17 years of age. K.R.R.O. 392 - S.S.25

Authority (Adjutant General's Telegram) A.W.B.C. S.O. 816 of 13-1-17

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good A.W.B.C.

4. Character awarded in accordance with King's Regulations :— Laborer

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067, and that Army Form D. 489 was awarded in this case. A.W.B.C.

Initials of Commanding Officer.

~~Army Form B. 2088 has been issued to~~*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld. Forms B 208 39

*Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Nil. / N.B.C.

Classification for service, or proficiency pay ... ... Class _____

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) West Sandling

(Date) January 15th 1919

DISCHARGE DEPOT FEB 28 1917 ST. JOHN, N. B.

O.C. Discharge Depot St. John, N. B.

H. V. Burk wo1

Lt. B. Combe A-qr

Commanding 161st Battn. C.E.F. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

DISCHARGE DEPOT FEB 28 1917 ST. JOHN, N. B.

(*Place*) _____

(*Date*) _____

Albert C. Wasp (*Signature of Soldier.*)

M McCullough, Lt (*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 at his own request.*

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years 329 days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

N.B.C.

Total ... _____ „ 329 „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

DISCHARGE DEPOT FEB 28 1917 ST. JOHN, N. B.

(Place) _____

(Date) _____

Signature H. H. Smith Major

O. C. Discharge Depot, St. John, N. B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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

A. C. Ward.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D.400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.