

ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? Ward
(b) What are your Christian Names? John Eades
2. (a) Where were you born? Sheffield, Yorkshire, England.
(b) What is your present address? 1728 Davie Street, Vancouver, B.C.
3. What is the date of your birth? 24th December, 1878.
4. What is (a) the name of your next-of-kin? Louise Ellen Ward
(b) the address of your next-of-kin? 1728 Davie Street, Vancouver, B.C.
(c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Soldier
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 6th Field Co'y. Canadian Engineers.
9. State particulars of any former Military Service? Worcester & Warwick Artillery, 2nd Dragoon Guards, 6th. Regt. D.C.O.R.
10. Are you willing to serve in the Canadian Over-seas Expeditionary Force? Yes
South African Medal, Queens, 4 clasps. } 17 years.

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. Eades Ward (Signature of Officer)

Taken on strength (place) North Vancouver, B.C.
(date) 1st. October, 1918.

H. Aitken (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 26th. September 1918.

Place Vancouver, B.C.

A. J. Fuller Capt Medical Officer.

*Insert here "fit" or "unfit"

OFFICER'S DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

QUESTIONS

1. Name of the Officer
2. Name of the Unit
3. Name of the Expeditionary Force
4. Name of the Command
5. Name of the Theatre
6. Name of the Service
7. Name of the Branch
8. Name of the Post
9. Name of the Station
10. Name of the Office
11. Name of the Department
12. Name of the Division
13. Name of the Section
14. Name of the Sub-section
15. Name of the Section
16. Name of the Sub-section
17. Name of the Section
18. Name of the Sub-section
19. Name of the Section
20. Name of the Sub-section

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer and find him to be fit for service in the Canadian Overseas Expeditionary Force.

This examination was made on the _____ day of _____ 1945.

At _____

Signature of Examining Officer

M. E. O.

REGIMENTAL DOCUMENTS

NAME *WARD JOHN EADES*

REGT. NO. *Major*

UNIT *17011 Eng Spt*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

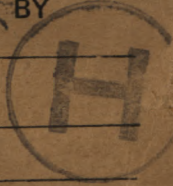
M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

20-10-79

DEATH



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

Category

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

cut 15-10-19

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

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

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

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

DISCHARGE

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

Category

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)

DESERTION

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

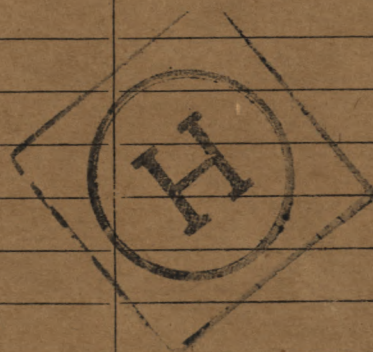
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

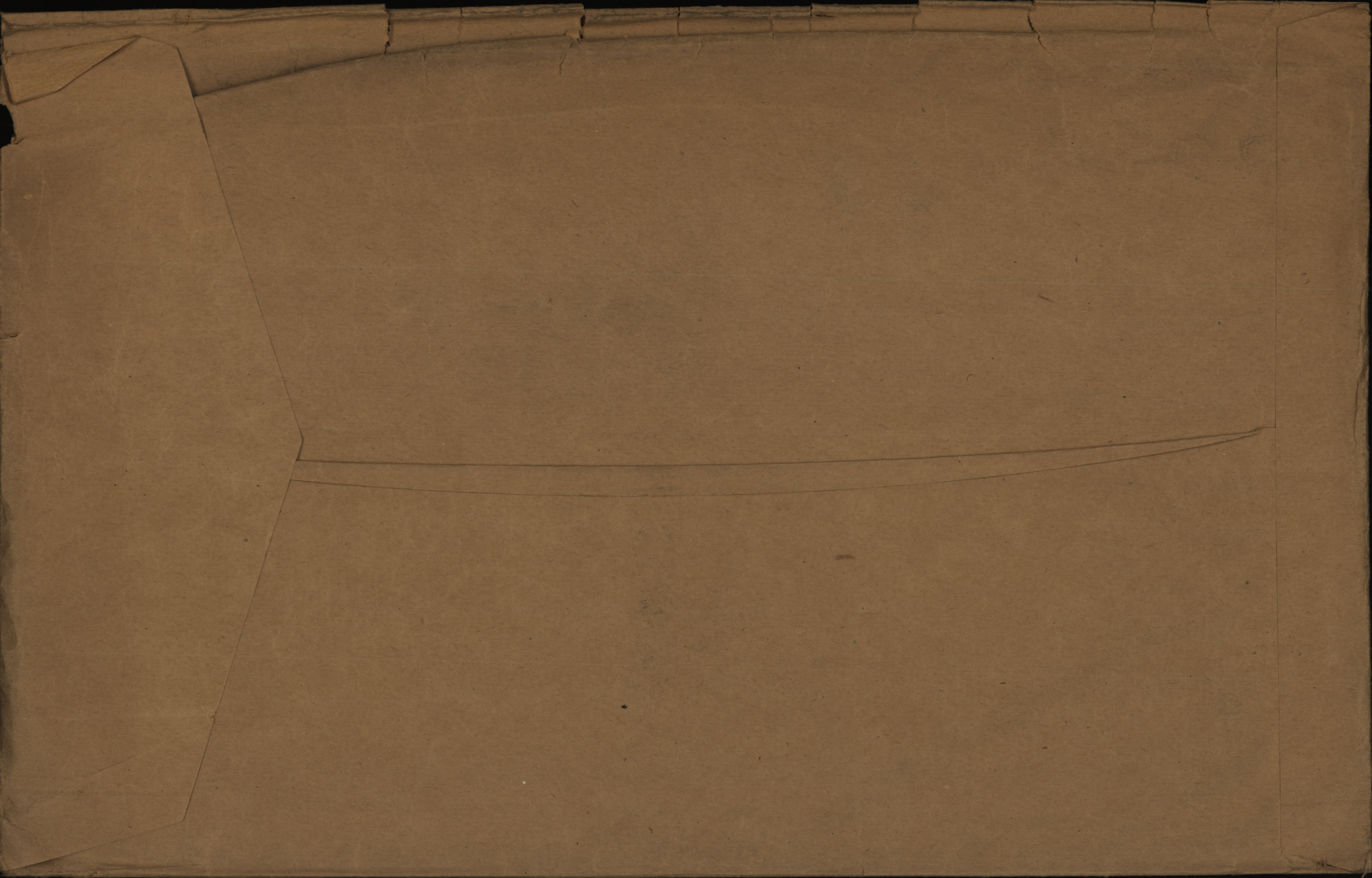
PARTICULARS OF CHARACTER (A.F.W. 3226)

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

06003

*1 Doc 8710
1 BOC 167*

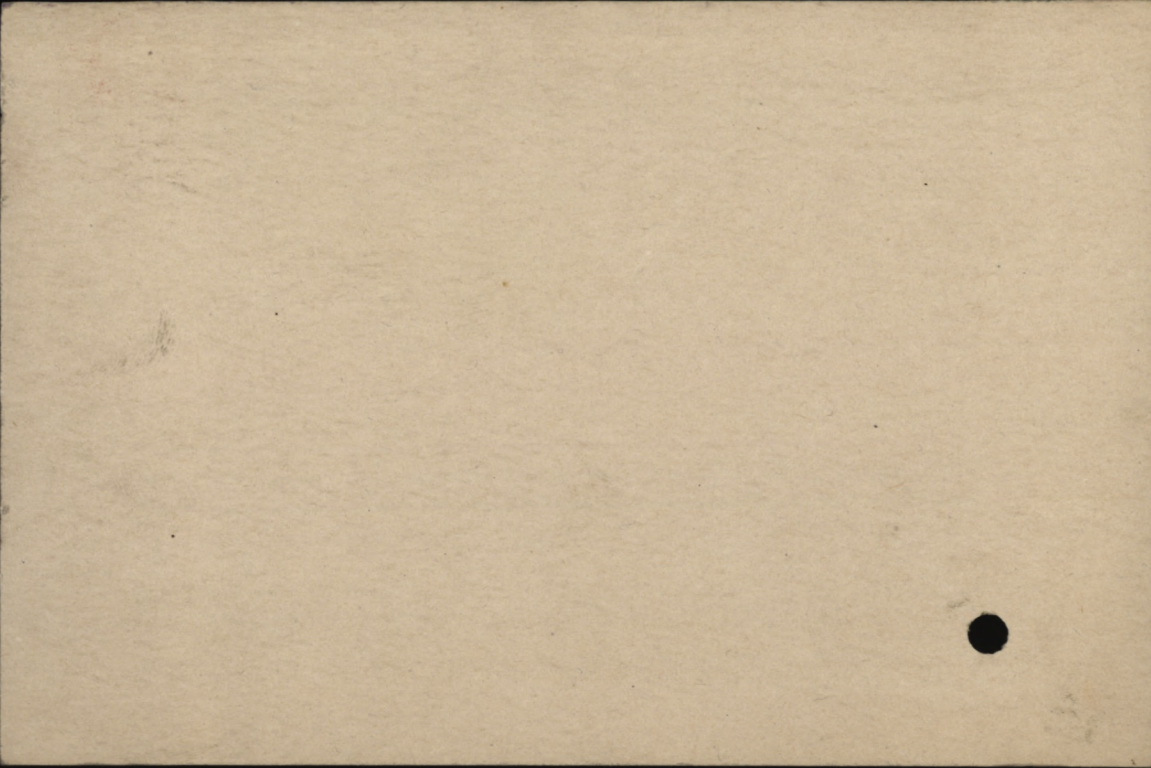




Surname *Ward* H. Q.
Christian names *John Cadet* M. D. No. *11*
Regtl. No. Rank *Major* T. O. S. *Oct 1* 19 *18*
Unit *Can Eng Dps* D. O. Pt. II *1032* of *18-1-18*
Reason *Demob* S. O. S. *15-3-19* 19 *19* *II*
Auth. *D.O. 81 of 22-3-19*
R.O. 1802 *11/1 Eng Dps*

Next of kin *Ward, Mrs Louise C* Relationship *Wife*
Address *1228 Davie St* Also notify:
Vancouver B.C.

BORN—Place *England Sheffield* Date *Dec 24th 1878*
ATTESTED—Place *M Vancouver B.C.* Date *Oct. 1st 1918*
O/S..... R/C.....



MEDICAL HISTORY SHEET

Surname Ward Christian Name John Eades Major

Examined { on 26th day of Sept 1918
 at Vancouver B.C.
 Birthplace { City or Town Sheffield
 County England

Approved by A. J. Fuller Capt.
W. S. Baird Major
 Rank M.O.

Apparent age 39 yrs 9 mos.
 Trade or occupation Purp. Financial
SOLDIER
 Height 5 feet 10 Inches
 Weight 148 lbs.
 Chest measurement { Minimum 35 inches
 Maximum expansion 38 inches
 Physical development Good
 Small-pox Marks no
 Vaccination Marks { Arm Right 0 Left 4
 Number 4

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

When Vaccinated last 1918
 (a) Marks indicating congenital peculiarities or previous disease Mole between scapulae
 (b) Slight defects but not sufficient to cause rejection none
vision. 20/20 R. & L.
hearing. normal R. & L.

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 1st day of October 1918 at North Vancouver B.C.

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<u>Naval Engineer Dept</u>	<u>Major</u>		<u>1-10-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>VANCOUVER</u>	<u>SEP 26 1918</u>	<u>A2</u>	<u>A. J. Fuller Capt.</u> <u>W. S. Baird Major</u>

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.

CANADIAN EXPEDITIONARY FORCE

M.F. 11-26.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Major**

(Name in full)..... **John Eddie WARD,**

Enlisted in..... **Canadian Engineers Training Depot No. 11.**

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~

day of..... ~~.....~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **Canadian Engineers Training Depot No. 11.**

CANADIAN EXPEDITIONARY FORCE on the..... **Twenty Second** day

of..... **June** 191..... **9**

He SERVED in CANADA, **with the Canadian Engineers Training Depot No. 11.**

and was STRUCK OFF THE STRENGTH on the..... **Fifteenth** day

of..... **March** 191..... **9** by reason of..... **General Demobilization**

Dated at Ottawa, this..... **Sixteenth** day

of..... **October** 191..... **9**

W. Kearney **Lieut.**
for Director of Personal Services.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No.....Rank Major.....Surname WARD.....
(Give name in full)
John Eades

Unit or Corps Eng. Dep. xl.....Birthplace Shaffield, England.....

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Sturdy. Weight 158 lbs. Height 5 ft 1 1/2 in. Colour of Eyes Blue.
 Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 6/6.....Left 6/6.....

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

MOLE BETWEEN SHOULDER
BLADESS

Opinion as to general health and physical condition.....GOOD.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?
(Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System...../.....Genito Urinary System.../.....Cardio-Vascular System/.....

Special Senses...-.....Integumentary System...-.....Respiratory System.....-.....

Disturbance of mentality.....-.....Muscular System.....-.....Digestive System.....-.....

Osseous and Joint System.....Any other general condition.....NIL.....

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

There is no disability due to or aggravated by service

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....**VANCOUVER**.....(Canada)

Date**MAR 22 1919**.....

Signed *W. Whitehouse*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *J. Eads Ward*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

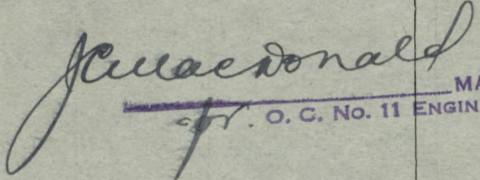
Unit, Regiment or Corps **No. 11 Engineer Depot**

Regimental No. Rank **Major** Name **Ward John Eades**
C. E. F.

Enlisted (a) **22.6.18** Terms of Service (a) **C.E.F.** Service reckons from (a) **22.6.18**

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

Extended Re-engaged Qualification (b) **Military**

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				
		Struck off the Strength of the C.E.F. in Canada. (Routine Order 1802-C dated 18-3-19. H.Q. 8553-1) (11 M.D. 22-W-6, d/20-3-19)	Vancouver, B. C.	15-3-19	Daily Orders, Part 2, # 81, dated 22-3-18
		 MAJOR C.E.F. O. C. No. 11 ENGINEER DEPOT			

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				
	Daily Orders, Part 2, W. 81, dated 18-3-19	answered, 18-3-19, H. G.		8853-1 (11 D. 22- W. 6. 9 / 20-3-19)	Struck off the strength of the C.E.F. in Canada. (Royal Order 1808 C dated 18-3-19, H.G.)

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. NO. _____ RANK Major NAME (IN FULL) WARD, J. Eades.

NEXT OF KIN Mrs. J. Eades Ward RELATIONSHIP _____ PARTICULARS *71st Pa Subs acce* EFFECTIVE DATE _____ AUTHORITY _____ ORIGINAL UNIT *6th Field Co. C.E. No. 11 Engineer Depot.* IF IN P.F. WHAT UNIT? No. _____ (BLOCK LETTERS SURNAME FIRST)

ADDRESS 1728 Davie Street, Vancouver, B.C. PLACE OF ATTESTATION Vancouver B.C. TRANSFERRED TO _____ DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1.10.18 TO WHOM PAID Mrs. J. Eades Ward. RELATIONSHIP Wife ADDRESS 1728 Davie Street, Vancouver B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *S.O.S.* PLACE *Vancouver B.C.* DATE *15.3.19* REASON *Demobilization* AUTHORITY *D.O. 81* IF ENTITLED TO POST DISCHARGE PAY *92 days*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
1919																	
Feb 1																	
28	28	5 ⁰⁰	140	140 60										50		189 60	7 87 1/2
15	15	5	75	25 50				189 60	100 50	50				518 10	205 00	600	235 56
<p>War Service Gratuity</p> <p>3 years Canada 1919 I.A.</p> <p>May 14 177 90 57 06 305 100</p>																	
				460 150										205 305	100		
														405 20			
														610 00			

Certified that all payments have been made on this account or with which covering authority has been received to date.

Amund
Paymaster, Demobilization Pay
M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service and the M.F.W. 2185 regulations.

Hewitt
Officer in Charge
M.L. No. 11

