ORIGINAL

B

D. I.

BCMR

1st DEPOT BN. 1st QUEBEC REG'T.

ATTESTATION PAPER.

No. 3080453
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Ward
1a.	What are your Christian names?	William
1b.	What is your present address?	2169 5th Ave. Troy. N.Y? USA
2.	In what Town, Township or Parish, and in what Country were you born?	Darlaston, Staffs. England
3.	What is the name of your next-of kin?	Mrs Eliza Ward
4.	What is the address of your next-of-kin?	25 King Street, Troy. N.Y. USA.
4a.	What is the relationship of your next-of-kin?	Wife
5.	What is the date of your birth?	7th November 1887
6.	What is your Trade or Calling?	Machinist
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
10.	Have you ever served in any Military Force or Naval Force? If so, state particulars of former Service.	No W W
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
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14.	If so, what was the nature of the disability?	Not Applicable
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16.	If so, what was the reason?	Not Applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

William Ward (Signature of Recruit)

Date 4th December 191 7. William R Fitzgerald (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

William Ward (Signature of Recruit)

Date 4th December 191 7. William R Fitzgerald (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 Montreal this 5th day of December 191 7.

Major (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of William Ward on Enlistment.

Apparent Age 30 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5½ ins.

Chest measurement.
- Girth when fully expanded 39 ins.
- Range of expansion 2½ ins.

Complexion Medium

Eyes Dk. Brown

Hair Dk Brown

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations Salvationist (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).

R. D. =	20
L. D. =	20
R. EAR	OK
L. EAR	OK

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.

ROBILLARD CAMP M. D. No. 4 DEC - 5 1917 MONTREAL, P.Q.

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

DOCTORED FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

Date 191 .

Place

L.M. Lindsay Capt.
Medical Officer.

*Insert here "fit" or "unfit."

"A" Fit for General Service

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.

William 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.

Major
Lieut.-Col. (Signature of Officer)
Commanding 1st Depot Bn. 1st Quebec Regt.

Date DEC 7 1917 191 .

REGIMENTAL DOCUMENTS

William Pte REGT. NO. 3046453 UNIT 2/4 Bn W RC H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	(M.F.W. 23, 133, or 51)	23.6.19. JPP				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
1	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)					1
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					28-3
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					16-3
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					3-4
3	Dms			.06279		
1	Surgeons					1
1	B.F.B.					
1	R.I.P.					

W 2589

REGT'L No. 3080453

NAME Ward. William

H. Q. FILE No. 649.

RANK AND CORPS Pte. 24th Bn. (form 1st Depot) 1st Que. Regt

FOLLOWS No. 4 U.R.D. FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N. of K.		Mrs. Eliza Ward. (Wife).
		25, King St. Troy. N. Y. U.S.A.
154-4 Yb 254	17-8-18	adm. 9. Gen. Hs. Rouen, Aug 9th 1918.
		Gsw. neck. c

L. L. 26438. M. & D. 8207.

M. F. W. 42-50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 291-4	No 9 Gen. Rouen.	9-8-18.	Gsw neck. Que Regt
a 297-3	No 2 conv. Depot Rouen.	13-8-18	" " "
a 312-7	11. Conv. Depot Buchy	15-8-18	" " "
a 315-7	Disc. to B.D. Etaples	3-9-18	" "

A.D

Number 3080453 Rank Pte

Surname WARD

Christian Name William

Units 5th C.M.R. Theatre of War France

Date of Service 11-5-18

Remarks

Latest Address ~~25 Viking St~~

Oakwood & 10th St., Ivby, N.Y. U.S.A.

Roll No B. Page 15823

200m—2—21.M.

DESP. AUG 12 1922
REGN. No. G 131865

Form R. 149.

Name WARD William Plē Rank Reg. No. 30804533

Unit 24th Bn

Next of Kin U S A

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-8-18	G(USA) G H Roues	Essex Lock	A	201		31105/16
13-8-18	2 Con Dy Roues	do	A	297	H.2541	3311/18
15-8-18	H Con Dy Bushy	do	A	3178		3793/18
3-9-18	Discharged	do	A	315		38533/18

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

6

SURNAME. Ward,

CHRISTIAN NAMES William

REGL. No. 308045 RANK Pte.

UNIT 1st. Depot (1st Que. Regt.) (4th R.D.) Bn.

FORMER CORPS Nil

Area 3 CARD NO. 7K
Sec. Demob 18/5/19
Sec 147. 27/5/19
FOLL. 10104

NEXT OF KIN.

NAMES IN FULL Ward, Mrs. Eliza

RELATIONSHIP TO SOLDIER Wife

ADDRESS 25 King St., Troy, N.Y. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Darlaston Staffs DATE Nov. 7th 1887

PLACE OF ATTESTATION Montreal, P.Q. DATE dec. 5th 1917

From Halifax Per S.S. "Grampian" 5-2-18 18th R/C 16-5-19 324/50 Pte

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Machinist RELIGION Salvationist

DESCRIPTION.

APPARENT AGE 30 YEARS 1 MONTHS

HEIGHT 5 FEET 5 ½ INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Dk. brown HAIR Dk. brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Dec. 5th 1917

Present Address. 2169 - 5th Ave., Troy N.Y., U.S.A.

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

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
WARD	W.	3080453

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Que. 24			

HOSPITAL	DATE OF ADMISSION
9 Gnl. Rouen	9-8-18
2 Conv. Dep. Rouen.	13-8-18
1. 11. Convt. Dep. Buchy.	Hosp. 15.8.18.
2.	Hosp.
3.	Hosp.
4.	Hosp.

DIAGNOSIS

1. GSW Neck R
2.
3.

DISPOSITION	DATE
C.L. 14-8-18 A291-4	
" 20-8-18 A395 (3)	
6.9.18 @ 312 (2)	
10.9.18 @ 315 (2)	

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

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

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

Sheet #2

Casualty Form—Active Service.

Unit, Regiment or Corps 24th Bn. C.E.F.

Regimental No. 3080453 Rank Pte. Name WARD, Wm.
C. E. F.

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				
27-5-19	O/S	T.O.S.D.D.#4 Disp.Stn."F"	Montreal	10-5-19	D.O.Pt.II#147.
27-5-19		S.O.S. D.D.#4 Demob.	Montreal	18-5-19	D.O.Pt.II#147. R.O. 1420.

G.H.Fletcher Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

(*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				

Form B 122.
10287—65M—28-7-17.

W.W.

Rank Name WARD. William. Reg'l No. 3080453.

Unit Canadian Recruits From u s a If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Montreal. 5th.Dec.1917. Place of Birth Staffs. ENG.

Name and Address, Next-of-Kin Mrs. Eliza Ward,

25. King Street, Troy. N.Y., USA. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

26750
N/E. R.B. No.
Fills R.L.
O R CANADA

A.F.B. 103 CHECKED 25 MAY 1918

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
	C	Arrived in England		16-2-18	S/S GRAMPIAN
27.2.18	2 RES	T.O.S		16.2.18	W.O.59a/28.2.18 p.315
		B'SHOT		27-2-18	D.O. 58.
11-5-18	—	S.O.S. to 5th C.M.R. Q.M.A.	—"—	10-5-18	—"— 181.
16-5-18	5th C.M.R.	T.O.S. from 23 Res	Field.	11-5-18	D.O. 52.
14-6-18	—	S.O.S. To 24th Bn	—"—	4-6-18	—"— 64.
17-6-18	24th Bn	T.O.S. from 5 C.M.R.	—"— Fld	5-6-18	—"— 60.
14.8.18.	Que Reg	Wounded	Ste Field	9.8.18	C.L.A. 291.
11.4.19	24 Bn	Disc. to Reserve	" Havre	7.4.19	D.O. 23
11.4.19	Jving C.C.	T.O.S. from 24th Bn	" Witley	9.4.19	" 4
		Proc to Canada		10.5.1964-F-136.	

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.	
10-5-19	J'W'NG	S.O.S C A A	W_'TLY	10-8-18	D.O. 18.4	

MILITARY SERVICE ACT, 1917. ORIGINAL

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Ward Christian name William

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule } Not Applicable

3. Consecutive number on schedule of men reporting for service (if he appears on it) } None

4. Address (including street and number, if any) } 2169 5th Ave. Troy. N.Y. USA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of December 1917, by the undersigned medical board sitting at Montreal

5. Age as stated 30 Years 1 Months. 6. Apparent age ____ Years ____ Months

7. Height 5 Feet 5½ Inches. 8. Weight 139 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 39 Ins. } 10. Complexion Medium { Eyes Dk Brn. / Hair Dk Brn. }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks None

13. Number of vaccination marks { Right arm ____ / Left arm 1 } 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease ____

MOBILIZATION CENTRE M. D. No. 4 DEC - 5 1917 MONTREAL, P.Q.

16. Slight defects but not sufficient to cause rejection ____

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17. (a) Vision R. 20 L. 20

(b) Hearing. R. 6/6 L. 6/6

Signature of Man

Lt-Col President.

L. M. Lindsay Capt Member. L. T. Lavigne MD Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
28/1/18		A. E. Lipsett M.O.	JAN 11 1918		J. A. Jaime Capt M.O.
		M.O.	21/1/18		A. E. Lipsett M.O.
		M.O.	27/1/18		A. E. Lipsett M.O.

Joined 4th day of December 1917 at Montreal

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....	1st DEPOT BN. 1st QUEBEC REG'T. 23RD RESERVE BATTN C.E.F.	308453		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Witley	17/4/9		A2 A. E. Lipsett

N.B.—This sheet is 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.
300M.—10-17.
1772-39-439.

Surname ..... Christian Name William

Ward .....

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital			DATES OF Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

URINALYSIS REPORT.
(For Board)

Reg. No. 308045 B Rank .....

Name Ward Unit J. Wing

2

Sp. Gravity ~~1028~~ 1030

Reaction Acid

Albumen Trace, Trace

Sugar

Microscopic Legatui - nothing found
to account for albumen

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C., Canadian General Laboratory.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class A, No._____

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3080453 (Rank) Pte.

Name (in full) WARD William enlisted in

the 1st Depot Bn 1st Inf Regt Canada

CANADIAN EXPEDITIONARY FORCE at Montreal on the 4th.

day of December 1917

HE served in 24th Bn (France)

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 30 years.

Height 5 ft 5½ in.

Complexion Medium

Eyes Brown

Hair Dark

William Ward
Signature of Soldier.

Marks or Scars Scar back of neck

Date of Discharge

Dispersal Station "F" MAY 18 1919 Military District No. 4

Issuing Officer Lieutenant
Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date May 18 1919

NB- 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.

C.A.D.C. 5669A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WARD. W.

REGIMENT 24th Battn RANK Pte No. 3080453

Date of Examination in England 10/4/19. | Date of Examination in France

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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2, 7, 8, 14, 32
2. EXTRACTIONS 20,
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

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 Yes
- (b) In England
- (c) In France

Lieut. Col.
A. D. D. S., M. D. 4

Signature of Dental Officer G A Ross Capt

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

4

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.

---

(1) Name of Overseas Unit which Soldier joins 1st DEPOT BN. 1st QUEBEC REG'T.

(2) Regimental Number 3080453

(3) Full Name of Soldier Ward William

(4) Place of Birth Darlaston Eng.

(5) Are you married, or not ? Married

(6) If married, state,
(a) Full name of your wife Mrs Eliza Ward

(b) Present Postal Address 25 King Street
Troy N.Y. USA

(7) Are you a widower ? No

(8) Have you any children ? No

If so, give number of boys and girls Not applicable

Also their names and ages Not applicable

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 ..... Benjiman Ward, 154 Walsall Rd., (Wednesbury, Staffs. ENG) Kings Hill

(10) Is your Mother alive ?..... Yes .....

If so, state name and address Mrs. Betsy Ward, 154 Walsall Rd., (Wednesbury, Staffs. Eng.) Kings Hill,

.....

(11) If your Mother is a widow..... Not applicable .....

Are you her sole support, or not ?..... Not Applicable .....

(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 .....

If so, in what Company ?..... Prudential .....

Have you made arrangements for payment of your Insurance premium..... Yes .....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

M. A. Piché Lieut.-Col.

.....Commanding 1st Depot Bn. 1st Quebec Regt.....

Officer Commanding.

Date....22 December 1917.....

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-2-18		EFFECTIVE DATE:-	
AMOUNT:- ~~20~~ 00		AMOUNT:-	

NAME:- WARD, William

NUMBER:- 3080453

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 Eliza Ward,
122 Oakdale Ave.,
Pawtucket, R.I., U.S.A.
(Wife) A2M7 Form
Stop eff 1-5-19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 4th Dft. 1st Depot Bn.

DATE ACCOUNT FIRST OPENED:- 1-2-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st Q.R.D
	1/6/18		5 C.M.R.
60. 17-6-18	1-7-18	22-7-18	24th Bn

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
~~10-4-19~~	~~550~~	~~15-0-0~~	~~73~~				
L.P.&.30	4/19	MRD 6801	1/4/19	C. Bal	11 20		17 4 19

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	— ~~20~~ 10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canada 1/5/19 MRD 6801 "/4/19 Bchott to Bchott MD 4

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balce forward.								5 70		
				Can. ap. Apl.				20 -			
				aR 105 · 78 Res 15/4/18 ·	2 43						
April	Pte Pay	33 -		" 229 " 30/4/18	2 43				13 84		
		33 .			4 86			20			
May	Pte Pay	34 10		Can a/c May				20			
				aR 399 23 Res 15/5/18	4 87				23 07		
				aR 5141 3 Dev Wing 28/5/18	4 46				18 61		
		34 10			9 33			20			
June	Pte Pay	33		Can a/c June				20	31 61		
				Mark 465 25 Bn. 16 6 18.	3 57				28 04		
		33			3 57			20			
July	"	34 10		Can. a/c July				20	42 14		
				aR 252 · 24 Bn. 2/7/18	4 46				37 68		
				" 400 22 " 17/7	3 57				34 11		
				" 508 do 26/7	4 46				29 65		
		34 10			12 49			20			
Aug	"	34 10		Can a/c Aug.				20	43 75		
				aR 2965 · C.D.H.Q. 15/8/18	3 57				40 18		
Sep.	"	34 10			3 57			20			
		33 —		Can a/c Sep.				20	53 18		
				aR 1761 · C.F.B.D. 7/9/18	4 46				48 72		
				aR 7109 · 11 Con Dep 30/8/18	1 78				46 94		
				aR 5975 do 19/8/18	1 78				45 16		
				aR 607 5th C.F. Bde 7/9	3 57				41 59		
		33 —			11 57			20			
Oct.	R.P.	34 10		Can a/c				20	55 69		
				aR 1039 a. 5 C F B 16.10.18	3 73				51 96		
				" 1465 " 26.10.18	3 73				48 23		
		34 10			7 41			20			

NUMBER 3080453 RANK Pte. NAME WARD Wm

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									48 23		
Nov	H.	33 08		C.A.P.				20	61 23		
				AR 2031. 5 C & B 16/11/18	3 13				57 50		
				" 2451. " 1/12/18.	13 06				44 44		
Dec	pb	34 10		C.A.P.				20	58 54		
Jan	"	34 10		"				20	72 64		
		101 20			16 79			60			
				AR Bulk 5 C & S. 27.12.18.	7 79				64 85		
				" 4766 5 C & B 27.1.19	3 73				61 12		
				" 5767 " 12.2.19.	3 73				57 39		
Feb Mar	n/a	64 90		C.A.P. Feb Mar.	15 75			40	88 29		
				AR 5829. 5 C & B 27.2.19.	3 73				78 56		
				" 6616. " 13.3.19.	3 65				74 91		
				" 7204. " 21.3.19.	3 65				71 26		
		64 90			26 28			40			
Apl.	N/A.	33 -		C.A.P.				50	84 26		
				AR 550 Flowing 11/4/19.	73 -				11 26		
				" 2718 " 29.4.19	9 13				1 53		
		33 -			82 73			20			

Posted Canada. Cheque 10-5-19
Ledger folio 64. QRD

P. 559
MARRIED OR SINGLE Yes. Married

PLACE OF BIRTH Darlaston, Staffs. Eng.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Eliza Ward.
#122 Oakdale Ave. Pawtucket R.I.

RELATIONSHIP OF NEXT OF KIN 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

REG'L NO. 3080453 RANK Pte #4 Draft NAME Ward. William.

IF IN PERMT. CORPS WHAT UNIT | UNIT 1st Quebec Regt Depot Batt. TRANSFERRED TO 23rd Res. Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal P.Q. Canada. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 4/12/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20 00 DATE EFFECTIVE 1/2/18

PAYABLE TO Mrs. Eliza Ward. #122 Oakdale Ave. Pawtucket R.I. 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)

DATE	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
MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SER. ALCE. ENG.																									
3/1 1/2/18 Balance from Canada																														10 00					
Mch P. Pay Feb.	30	80																																	
A. P. Feb + Mch.																														40					
" Mch	34 64	10 90	AR 2002 - 23rd Res 7/3/18	29 29	20 20																									40	5 70				

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		

W. S. B. CLASS. A. W. S. B. CLASS. A. Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. D. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ~~1st DEPOT BN. 1st QUEBEC REGT.~~ 6th Reinforts from USA

Regimental No. 3080453 Rank Pte Name Ward William

C. E. F.

Enlisted (a) 4-12-17 Terms of Service (a) Duration of War Service reckons from (a) 4-12-17

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 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	3.2.18	
		Disembarked	England	16.2.18	
27.2.18	23rd. Can. Res. Bn.	Taken on strength from Canada	Bramshott	16.2.18	D.P.11 0.58 & 59 d/28.2.18
4/5/18	Do	Posted to 5th Bn. C M R	B'Shott	15/3/18	DRII 0131
11/5/18	C.T.B.D.	Landed in France & T.O.S. 5th C.M.R.	C.T.B.D.	11/5/18	A.C. Clarke Lieut. Can. Dep. Res. Battn.
29/5/18	C.T.B.D.	to C.C.R.C.		23/5/18.	KR 664 PII No 82 d/16.6.18
23/5/18.	C.C.R.C.	Arrived	C.C.R.C.	23/5/18.	KR 1263.
5.6.18.	C.C.R.C.	Trans. to 24th Cdn. Battn.	—	4.6.18.	K.R. 721. K.R. wire 949 d/1.6.18. Nom. Roll of Draft 940 d/5.6.18. D.O. 64.
5.6.18.	C.C.R.C.	T.on S.24th.Cdn.Bn., on trans.from 5th.C.M.R.Bn.	Field.	5.6.18.	KR.949.P.2.0.,60 d/17.6.18
14.6.18	24th Bn.	Joined 24th Can Bn	"	8.6.18	B213.

CERTIFIED CORRECT. MAR 1918 CAN. RECORD OFFICE LONDON.

(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				
9.8.18	1 CFA	Att Neck	1 CFA	8.8.18	A36. 94066
9.8.18	" "	" "	CCS	9.8.18	
9.8.18	9 Gen.	" "	9 Gen	9.8.18	54958
8.8.18	44 CCS	" "	44 CCS	9.8.18	A36 54499
8.8.18	" "	" "	33 a Fm.	9.8.18	
14.8.18	9 Gen	" "	2 Con Dep	14.8.18	W1147
15.8.18	2 Con Dep	Attached	11 Con Dep	15.8.18	K3145
13.8.18	" "	" "	26 Con Dep	13.8.18	K777
5.9.18	6 CBD	" "	6 CBD	5.9.18	MK437
11.9.18	C.I.B.D.	Left for C.C. Rein. C.	Field	11.9.18	D1381
11.9.18	C.C. Rein. C.	Arrived "	"	11.9.18	Boarded
15.8.18	11 Con Dep	Struck off Strength	11 Con Dep	15.8.18	Boarded
3.9.18	" "	" "	Base Dep.	3.9.18	
13.9.18	CCRC	Left for Unit	Field	13.9.18	
20.9.18	H Cbn	Arrived "	Field	14.9.18	
3.1.19	24 Can Bn	On Command to 2nd Army H.Q.	Cologne	1.1.19	2nd Div AB534 dtd 31/12/18
4.1.19	" "	Ceases to be on command	Field	3.1.19	K.I. 18/23615
		Witley Camp. Proceeded to England.		7.4.19	

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Canada 16-5-1919, D.O. No. 18

R. Spenley Pte.
for Officer Commanding.

A. A. Brander

original

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 Witley Camp DATE ~~12.1.19.~~ 17/4/19

1. 1 (a) Unit 24th Cdn.Bn. (b) Regimental No. 3080453 (c) Rank Pte.

(d) Surname Ward. (e) Christian name William½

(f) Home address 122 Oakdale Ave Pawtucket R.I. U.S.A.

(g) Next of Kin Mrs W. Ward. (h) Relationship Wife.

(i) Address of Next of Kin 122 Oakdale Ave Pawtucket R.I. USxA

2. Age last birthday 30 Date of birth 7.11.1887

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal Canada. (b) Date 4.12.17.

4. Personal description: estimated

(a) Height 5.5½ (b) Weight 140 (stripped) (c) Complexion medium

(d) Colour of hair dark (e) Colour of eyes brown (f) Identification marks, Scars, etc. scar brachi/mesh. left tattoo right forearm.

5. Former trade or occupation Machinist.

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
	1	133

	Periods	
	From	To
Canada	4.12.17.	~~3~~.2.18.
England	16.2.18.	11.5.18.
France or other theatres of War	11.5.18.	9.4.19.

7. Original disease, or injury LACERATION MIDDLEFINGER RIGHT

(a) Date of origin 1902 (b) Place of origin England

(c) Cause Injury caught in a machine

M. F. B. 227.

40M.—11-18.
1772-39-117.

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.)

(LOSS OF TERMINAL Phal. of middle finger left)
LACERATION.

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.)

General condition good
Obj: Terminal phalanx of middle finger removed
good stump, no pain or disability, has good use
of hand;
Subj: none.

(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... Genito-Urinary System...No... Yes.
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded)

Special Senses...No... Respiratory System...Yes... Integumentary System...No...

Disturbances of Mentality...No... Digestive System...No... Muscular System...No...

Osseous and Joint Systems...No... Any other general condition...No.

Urine: 15.4.19. Wt. Sp. 1.030 acid, trace of alb. no sugar, microscope negative, nothing found to account for albumen

~~Some dental ~~ties~~ have been extracted~~ W.M.

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

Finger was caught in machine in 1902 and
top of finger was crushed. finger treated & had good result
has not troubled him on service

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*).)

GSW back. 9.8.18 - 5.9.18. Rain wound. fit.

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

scar quart L.F.

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~~ No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) and 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? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

H Bureau Tart Capt CAMC
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 Wm. Ward 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

William Ward Pte Rank.
Signature of invalid examined.

H.H.M.

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

R. T. C. 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.

A. W. Ecclestone *President.*

PLACE Witley — N. H. MacGregor Capt.

DATE 17/4/19 — } 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..... } Members

DATE.....

APPROVED BY

W. Grant D.C.A.M.C.

for *Assistant Director of Medical Services.*

DATE 21-21-19

APPROVED BY

Director-General of Medical Services.

DATE.....

RECEIVED 20 APR 1919 File CANADIAN TROOPS WITLEY

10-5-57

War Service Badge
Class A, No. 29725

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

D.A. F
D.G. 13

1. No. 3080453
2 Rank. Pte.
3. Name. Ward, William
4. Unit. 24th Bn. C.E.F.
5 Date of Discharge | 18-5-19. | Place Montreal
6 Reason for Discharge Demobilization

7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II#147.
8. Proposed Residence after Discharge Troy, N.Y., U.S.A.
23 King St.

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.? B 39 Montreal

MAY 18 1919

William Ward
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date MAY 18 1919

Signature [signature] Lieutenant
Officer Commanding Discharging Unit.)

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. 39)
   (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. Last Pay Certificate (P. 851), and Sup
13. Pay Book (A.B. 64).
14. [illegible] Gratuity (Form M.F.W. 2595),
15. [illegible]

Group B

Checked by No. 11

Date 18 MAY 1919

Date of Enlistment

4-12-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.C.3257		

1638.

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 3080453

Rank Pte Promoted Reverted Discharge

Soldier's Name William Hard

Battalion 1st Depot Battn 1st Quebec Regt.

Beneficiary Mrs Celeza Hard

Relationship Wife

Address 25 King St. Troy N.Y. U.S.A.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Jan 21	67047.	47		47	R Mailed 4/1/1918.

See Contract in Ledger 350

M. F. W. 128.
400m.—6-17—1772-39-1141
L. L. 22330—M. & D. 7933.

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.
4'Om. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment 4-12-17 Auth N. R

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment 1-2-18

1940

RATE OF SEPARATION ALLOWANCE

25 Cr	30 1-9-18.		

PC 2753.
M038570

RATE OF ASSIGNMENT

20 Cr			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3080453

Rank Pte Promoted Reverted Discharge

Soldier's Name Ward. William

Battalion 1st Depot Bn., 1st Quebec Regt

Beneficiary

Relationship MFW-2554 29-7-18 OK 23-11-18.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elvina. Ward

Address 122 Oakdale Ave. Pawtucket, R.I., U.S.A.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Jan	M 67047	47		47	
Feb 1918	C 77527		20	20	R
March	M 70859.		20	20	R
ACO B2021 Mar	M 84798	50		50	
April	Y 7704	25	20	45	✓
May	W 17574	25	20	45	✓ 10
June	Z 16708	25	20	45	✓ 10
July	Z 28151	25	20	45	✓
Aug.	Z 40975	25	20	45	✓
Sept	Z 55178	25	20	45	✓
Oct.	Z 70226	25	20	45	✓
Nov.	Z 84794	25	20	45	✓
Dec	Z 92674	45	20	65	✓
Jan	Z 115318	30	20	50	✓
Feb	Z 128243	30	20	50	✓
Mar	Z 139948	30	20	50	✓
Apl	Z 8397	30	20	50	✓
May	Z 15833	30	20	50	✓

File 018799-W-43. mailed 4-1-18

REMARKS

M.R.O. 1a issued
M.R.O.1.B. send 5/6/18

Trailed 24-5-18 to adj SA for Feb & Mar

J. Lawn 27-2-18

M. F. W. 128.
4'Om. 6-17—1772-33-1141
L. L. 22320—M. & D. 1923.

S.A. $492 ✓
A.P. $320 ✓

M.D. #4.

A/c Closed 31-5-19.
Ret'd per "Olympic"
Date 16-5-19. M.F.W.187 23-5-19
Closed W.A.

M.R.O. Dist. L.P. 83892 issued 23/5/19

M.R.O. 1a received 14-3-18

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. 6-17—1772-39-1141
L. L. 22330—M. & D. 7993.

W/98

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 3080453 RANK Pte NAME (IN FULL) WARD. William.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1/6/19

TO WHOM PAID Mrs. Eliz Ann Ward wife — RELATIONSHIP

ADDRESS 122 Oakland Avenue, Pawtucket R.I. U.S.A.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
F.O.S.	10-5-19	A.O. 147 Mar 49 Suppl. P 183

ORIGINAL UNIT C.E.F. 1st Quebec Regt. — IF IN P.F. WHAT UNIT? —

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 4-12-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 30.00 DATE EFFECTIVE 1/6/19

PAYABLE TO Mrs Eliza Ann Ward — RELATIONSHIP wife — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.S.G.

ADDRESS 122 Oakland Ave Pawtucket R.I. U.S.A. — Mer. National Bank. Jersey. N.J. U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Montreal DATE 18-5-19 REASON Demob. AUTHORITY A.O. 147 Mar 49 Suppl - P 186 IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. JUN 16 1919 DEMOBILIZATION PAY DIVISION

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2	COL. NO. 3	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT							1	53	1	53																					1	53
1-5-19 to 23-5-19	23	1 10	2	50	35 00 / 70 00				132	50	Boat	Francis	Can 133773	4	87	5	00	104	16	30	00			7	70			141	73	7	70		
							18	00	18	00														30	00			30	00	12	00		
									152	03																		171	73	19	70		
			Other Credits		W. S. G.		S. A.		Total		War Service Gratuity													Other Charges		W. S. G.		S. A.		Total		Balance Soldier		Balance Dependent	
					8 80		1 20		4 00																7	0			7	0	2 10		1 20	
																								7	7	0			7	7	0			
																								1	2				1	2	2 02	39	1	08
21.6.19																								7	0	6	0		13	0	1 32	30	48	
19.7.19.																								7	0	3	0		10	0	6 2	30	1 8	
19.8.19.																								6 2	30	1 8			8 0	30				
																													40 0	00				

PARTICULARS OR REMARKS — Olympic.

Cr Balance from 1.53 ✓
Cr Allotment 35 00 ✓
1/5/19 to 23/5/19 A.P. May 30 00
P.A. 6.6.19-5.7.19-5.8.19 7 70
Sick 19-5-19-31-5-19 12 00
3141 60 / 3141 61
1071253 / 1071254
1282796 / 1282797
Ward
Lot 1 Apt

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.