

2  
0-12-16  
[Handwritten initials]

No. 341080

ATTESTATION PAPER.

District Artillery Depot.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. **70th OVERSEAS BATTERY**

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **WATERMAN**
- 1a. What are your Christian names?..... **Allen McRae**
- 1b. What is your present address?..... **Chesley, Ont., Canada**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Toronto, Ont., Canada**
- 3. What is the name of your next-of-kin?..... **Elizabeth Christoffer**
- 4. What is the address of your next-of-kin?..... **Chesley, Ont., Canada**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **April 3rd, 1898**
- 6. What is your Trade or Calling?..... **Student**
- 7. Are you married?..... **Single**
- 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 } **Yes**  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Allen McRae Waterman**, 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.

*Allen McRae Waterman* (Signature of Recruit)

Date **Oct 24th, 1916** 191 . *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Allen McRae Waterman**, 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.

*Allen McRae Waterman* (Signature of Recruit)

Date **Oct 24th, 1916** 191 . *[Signature]* (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 **Toronto** this **24th** day of **Oct., 1916** 191 .

*[Signature]* (Signature of Justice)



**Description of Allen McRae Waterman on Enlistment.**

Apparent Age.....**18**.....years.....**6**.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....**5** ft **4<sup>3</sup>/<sub>4</sub>** ins.

Scar kittle finger right hand, scar right shin, scar front of index finger right hand.

Chest measurement { Girth when fully expanded.....**36** ins.  
 Range of expansion.....**4<sup>1</sup>/<sub>2</sub>** ins.

Complexion.....**Medium**

Eyes.....**Light Blue**

Hair.....**Fair**

Religious denominations. { Church of England.....  
 Presbyterian.....**Pres**  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

**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.....**Oct 24th, 1916**.....191

*Roll. H. Sheard*

Place.....**Toronto, Canada**

*Capt*

Medical Officer.

**Toronto Recruiting Depot.**

\*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.**

.....**Allen McRae Waterman**.....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.

*Allen McRae*.....Lieut.....(Signature of Officer)  
 O.C., 70th Battery, C.F.A., CEF.

Date.....**November 13th**.....19**16**



NAME WATERMAN Allan McRae REGT. NO. 341080 UNIT C.7.A. H. Q. FILE NO. 59

7-5-1  
M6

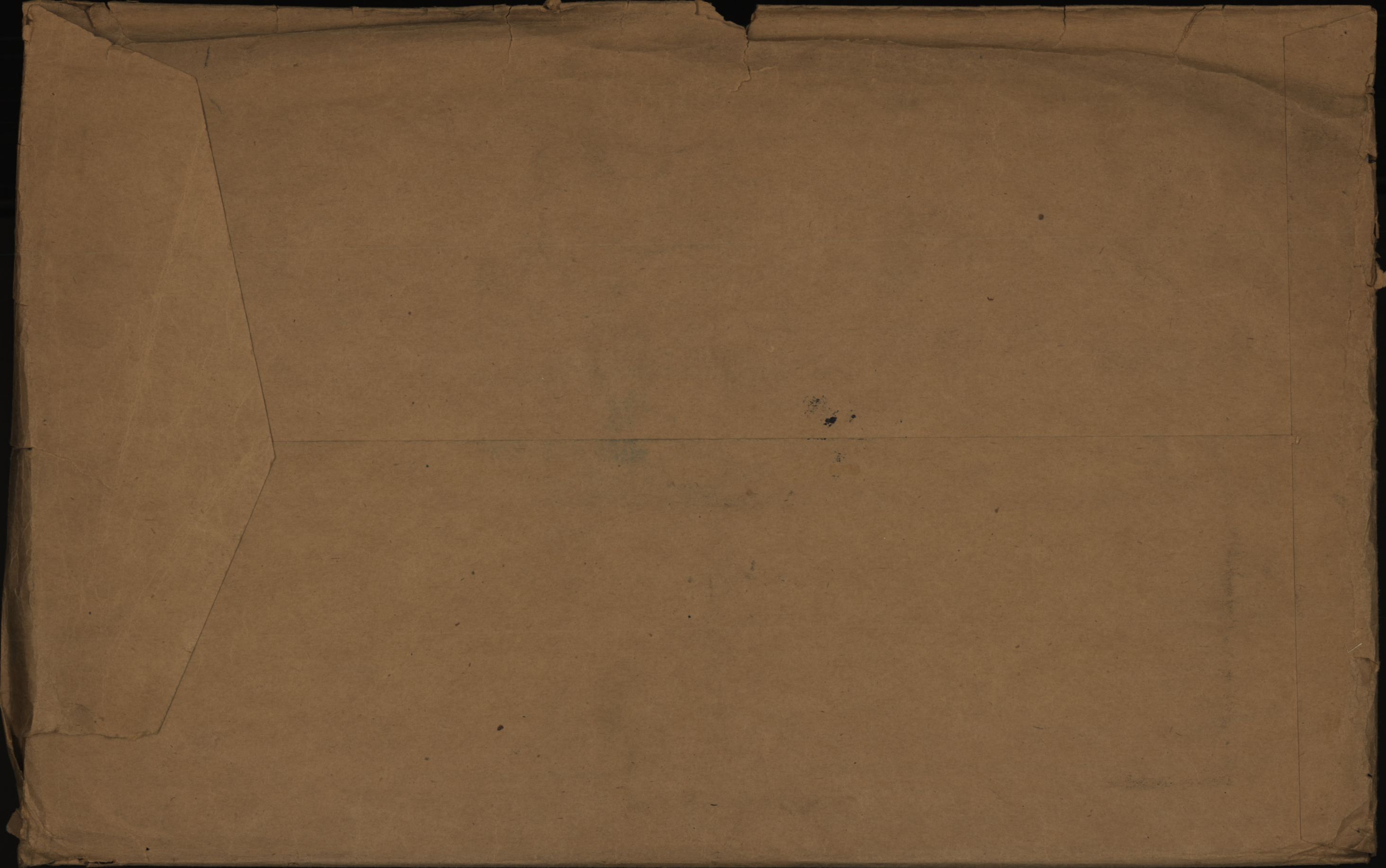
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 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)					Q emb.
1 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)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				07872	
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
7 Misc.					
1 CD 3					
1 R 149					
1 A 10					
1 Res band					
1 R 122					



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3  
21 - 8  
16 - 8  
3 - 8  
3







No 341080 RANK Pte.

NAME Waterman Allan Mc Ral

T. O. S.

UNIT

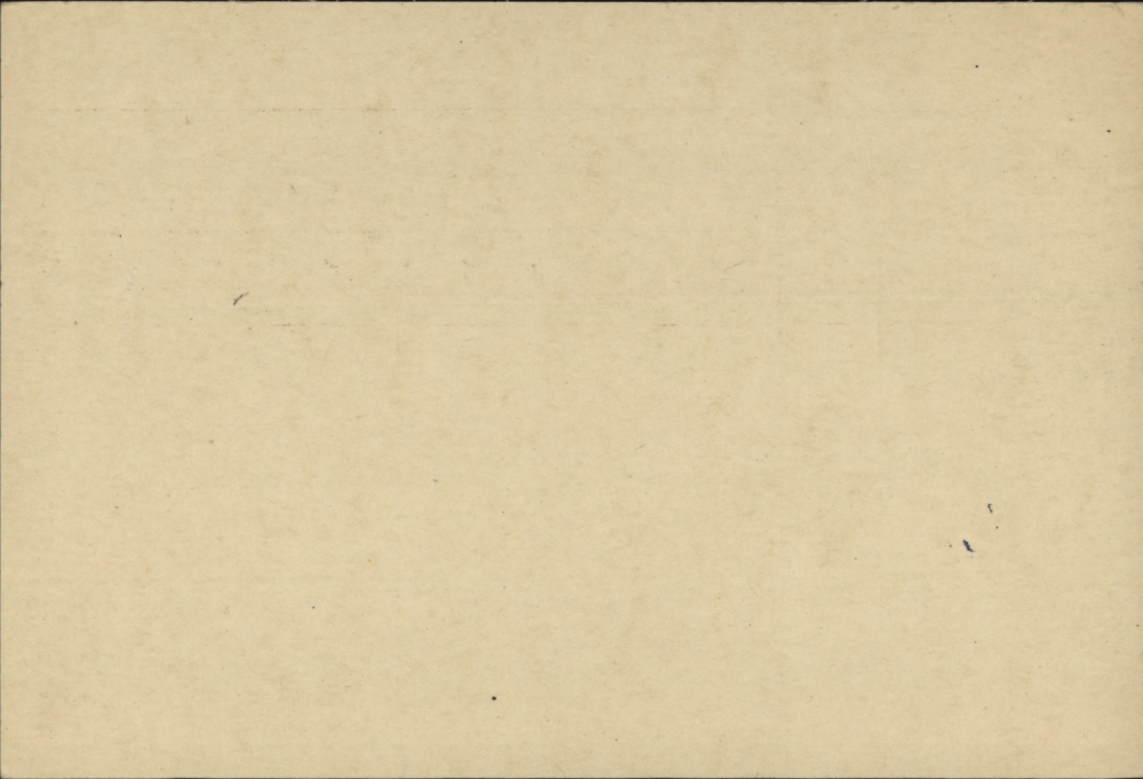
10th B atty C. 2.4 (Depot)

Transfd from Art Depot 12-11-16  
20169 of 12-11-16

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Nov. 12	Nov. 30	✓		
	Dec	✓		
1917	1917			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓	transfd of 22-3-17	2082 of 23-3-17







REG. NO. 341080 NAME Waterman, A.  
(SURNAME FIRST)

RANK Gmc CORPS 70 Batty

AGE 18. SERVICE

NAME OF HOSPITAL Exhibition Camp. PLACE Toronto

DATE OF ADMISSION 17-1-17

DISEASE Injured Heel.

DISCHARGE 19-1-17

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD







12. 6 an gen HOSPITAL.

AT 7294

A. & D. No. PL. OF ACTION.

RANK. Sqr. REG. No. 341086 UNIT. 6RA 6804 SICK OR WOUNDED

NAME. Waterman AGE. 19 RELIGION. Pres.

PLACE IN HOSPITAL. Ward 1

DIAGNOSIS. Ing. Adenitis

ADMITTED. 18. 9. 18 FROM.

DISCHARGED. To 7014 694

TRANSFERRED. 5 OCT 1918

SERVICE AT HOME. 24 IN FIELD.

RESULTS. 12 2/12

(See Document Card for M.H. Sheet and other Documents.)







No. 13 CANADIAN GENERAL HOSPITAL HOSPITAL.

HASTINGS, SUSSEX.

A. & D.  
CARD

AT.....

A. & D. No. T. 291. PL. OF ACTION.....RANK Gnr. REG. No. 341080 UNIT CFA. att. CRA. SICK OR WOUNDEDNAME Waterman A.M. AGE 19 RELIGION Pres.PLACE IN HOSPITAL B.1.DIAGNOSIS ~~Infl. of Lymphatic Glands, Rt. Inguinal.~~ V.D.S. (42) 17-10-18ADMITTED 5-10-18. FROM No. 12 Can. Gen. Hosp., Bramshott.

DISCHARGED..... TO.....

TRANSFERRED 14/10/18 Can Hosp EtchinghamSERVICE AT HOME 24/12. IN FIELD Nil.

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)







NAME

Waterman, A. M.

REGT. No.

341080

RANK AND UNIT

Gen. R. B.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C353.	12 Can. Gen. H. Bramshott.	19-9-18.	Ing. Adenitis noy. as per C 357 (1)
C369-	13. Can. Gen. Hastings	6-10-18.	Adenitis
C374-	Can. Etchinghill	15-10-18	"
C403	" " Disch	13-11-18	42







HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.











SURNAME. *Waterman*

Area *A*, CARD No. *I* ✓

CHRISTIAN NAMES *Allen McRae*

*Dence*  
FOLL  
S.O.S. 23-4-1920 1144 <sup>24</sup>/<sub>4</sub> 19  
*122*

REGL. NO. *341080* RANK *SN,*

UNIT *70th Bty C.F.A. (3rd R.D.)*

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Christopher, Mrs Elizabeth*

RELATIONSHIP TO SOLDIER *mother.*

ADDRESS *Ghesley, Ont.*

COUNTRY OF BIRTH *Canada, Toronto Ont*

DATE *Apr 3rd. 1898*

PLACE OF ATTESTATION *Toronto Ont.*

DATE *Oct 24th, 1916.*

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

*d/s 28/3/17 <sup>447</sup>/<sub>3</sub>*



*P/ 20-4-19307  
63 gm  
e M. F. W. 22. 100m. -8-16. H. Q. 1772-39-339.*



MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

6

MONTHS

HEIGHT

5

FEET

4<sup>3</sup>/<sub>4</sub>

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4' 12"

INCHES

COMPLEXION

medium

EYES

Light Blue

HAIR

Dark

DISTINGUISHING MARKS

Scar little finger R. hand

Scar R shin, Scar front of index finger  
R. hand.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct 24th, 1916

Present Address

Chesley, Ont.



M&H

Number 341080

Rank Guny B

Surname WATEC MATH

Christian Name Allen Mc Roe

Units C.F.A. Theatre of War England

Date of Service 7-4-17

Remarks

Latest Address ~~P.O. Chesley~~

297 Isabel, Winnipeg, Ontario

Roll No. a Page 2857

DESP. NOV 10 1922  
DESN NO. 1284  
S



Surname  
WATERMAN

Christian Name or Names  
A. M.

Reg. No.  
341 080.

Rank  
Gnr.

CA. RB.

Unit

Cas. List.

12 CGH.B'shott.

19-9-18.

21-9-18.C353.

Ing Adenitis. ~~15~~

10-10-18 6369

13-6-9 Hastings

6-10-18

19-10-18 6377

C. S. Stetthamhill

15-10-18

24-10-18 C381

Note. Diag. changed to V.D.S. 16,

19-11-18 6403

Dis

13-11-18

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.





Name

Waterman

Ed.

24-10-16

Date of Embarkation for England

28-3-17.

Proceeded to France.

No

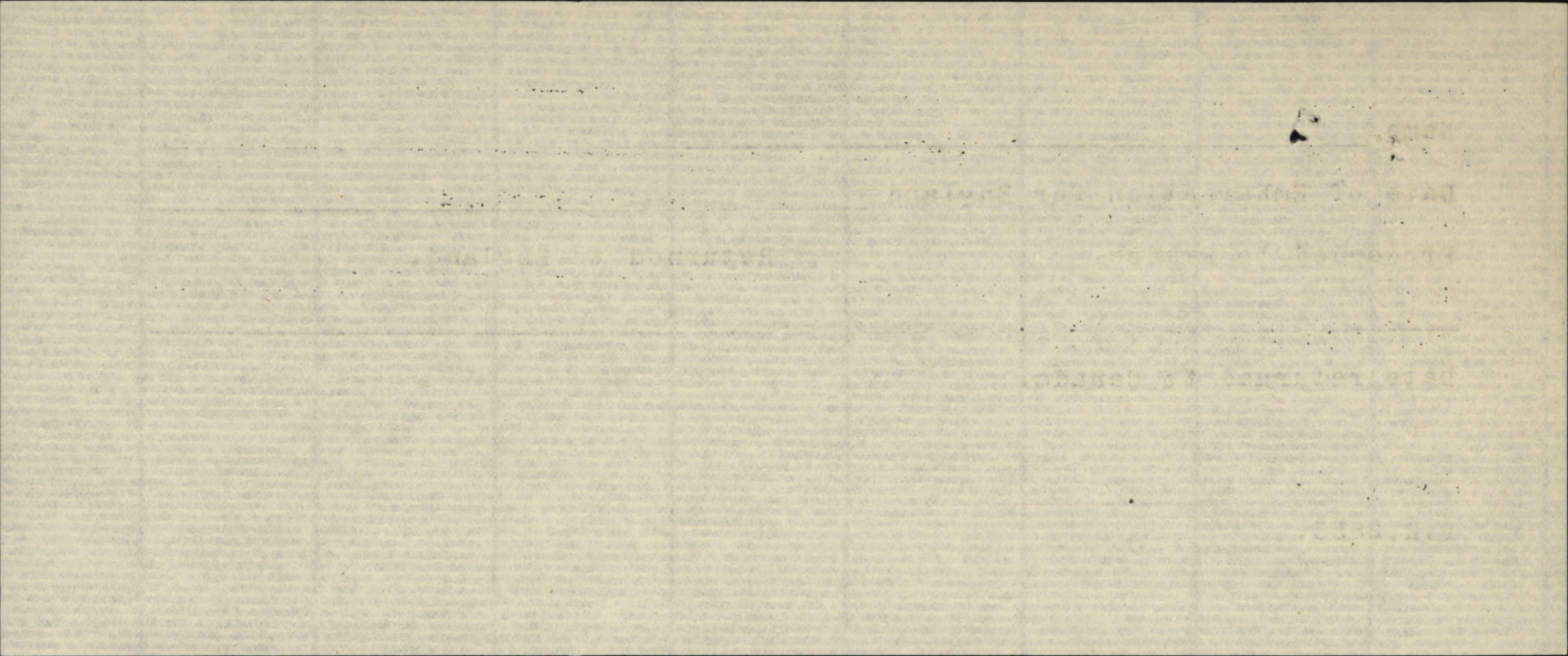
Returned to England.

Date returned to Canada.

12-4-19.

P.R. 2855.

*Ed. W. Waterman  
2-1-25*





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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 70th Battery C FA

Regimental No. 341080

Rank Pte

Name Waterman, Allan McKee

C. E. F.

Enlisted (a) 24.10.16

Terms of Service (a) War + Six Mo's Service reckons from (a) 24.10.16

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) Student

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				
		Embarked Canada Disembarked Hong Kong	Helmus Lewisham	26/3/17 7/4/17	
13-4-17	O.C. Res. Bde. C.F.A.	T.O.S. Res Bde. C.F.A. and posted to 5th Battery	S'cliffe.	8-4-17	B. O. No. 13-4-17.
23/6/17	O.C. Res Bde. C.F.A.	S.O.S. Res Bde. C.F.A. 2nd Bde. C.F.A. on absorption.	S'cliffe	23/6/17	B.O. Pt II 174. 23/6/17.
<del>24/6/17</del> 22.6.17	O.C. 2nd Bde. C.F.A.	T.O.S. Res Bde. C.F.A. posted to 6th Battery	S'cliffe	22/6/17	B.O. Pt II 1 - <del>24/6/17</del>
	O.C. 2nd Bde. C.F.A.	Preceded overseas to 4th. CD <sup>4</sup> C France.	Witley		B.O. No.
	O.C. 2nd Bde. C.F.A.	Granted Leave 31-5-17 Free Transp: 6-6-17	S'cliffe.		

(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, Shotting Smith, etc., etc., also special qualifications in technical Corps duties.



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				
6.11.17	0.62 <sup>00</sup> Ed. B. H. A.	SOS. 2 Bde CRA to C.A.M.C. and will be shown as act to H. 2. S. Staff. & E. Base for rations	Witley	3.11.17	Bo. P. II 138. 6/11/17
7-11-77	oe CARD	To S. from 2 Bde CRA as a number shown on com 2 Bde CRA	Witley	3-11-77	P. II NO 243
10-11-77	no	on com 2 Bde CRA and acci 338 of 1917	no	3-11-77	P. II NO 246
15-11-77	no	Posted to depot 14 CRA	no	14-11-77	P. II NO 257
18-11-77	no	S. to come Regt depot Shorncliffe	no	17-11-77	P. II NO 254
19/1/14 18/2/14	C.A.M.C. S	TAKEN ON STRENGTH SOS to C.C.H. Methods	Shorncliffe	14/1/14 14/2/14	<p><i>S. Bagnall</i> CAPT. ADJT. FOR G.C. CAN. ART REGIMENTAL DEPOT.</p> <p>2-500 823 2-500 352</p> <p><i>John Blayney</i> CAPT. ASST. ADJUTANT. FOR G.C. C.A.M.C. DEPOT.</p>



**Casualty Form - Active Service.**

Regiment or Corps *L.D.M.C.*  
 Rank *Pte* Surname *Waterman* Christian Name *Allan In Rae*  
 Religion *Pres.* Age on Enlistment ..... years ..... months  
 Enlisted (a) *24-10-16* Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation *Student. (School)* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked Disembarked		
<i>24/12/17</i>	<i>L.D.M.C. D</i>	<i>J.O.S. 664 for Officers</i>	<i>Matlock</i>	<i>17/12/17</i>	<i>Pt 2 #123</i> <i>1st Lt Col</i> <i>Comd'g Canadian Convalescent Hospital for Officers,</i>
<i>4-4-18</i>	<i>C.C.O.H.</i>	<i>Struck off Strength to, C.A.M.C. Depot..</i>	<i>Matlock Bath</i>	<i>4-4-18</i>	<i>Pt. 11. No. 34</i> <i>A.D.M.S. B.A.</i> <i>R.O para 155</i> <i>d/6-4-18.</i> <i>A.M.D. 1c/10-4-</i> <i>16 d/1-4-18.</i>
					<i>W. J. Hamilton</i> Capt., Adj. & Registrar, For O.C. Can. Conv. Off. Hospital, Matlock Bath.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing Smith, &c.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
2/4/18	Canada	Returned from on Com.	Matlock Bath	4/4/18	4-20094
2/4/18	do	S.O.S. to Com. Rec. Artill. withley	do	4/4/18	4-20094
					CAPT. REGT. ADJUTANT FOR C.O. C.A.M.C. DEPOT
4-4-18	C.A.M.C. Depot.	Attached to Canadian C.O.H.	Matlock Bath	4-4-18	Pt. 11. No. 34. A.D.M.S. B.A. R.O. para 155 d/6-4-18. AMD. 1c/10-4-16 d/1-4-18.
					Capt., Adj. & Registrar, For C.O. Can. Conv. Off. Hospital, Matlock Bath.
10-7-18	C.C.O.H.	Ceases to be attached to C.C.O.H.	Matlock Bath	5-7-18	Pt. 11. No. 51 ADMS. BA. letter BA/2-3-4 d/29-6-18.
					Capt., & Registrar, For C.O. Can. Conv. Off. Hospital, Matlock Bath.
16-7-18	Canada	Returned from on Com.	Schiff	5-7-18	4-20094
16-7-18	Canada	S.O.S. to Com. Rec. Artill. withley	"	16-7-18	4-20094
					CAPT. REGT. ADJUTANT FOR OFFICER COMMANDING, C.A.M.C. DEPOT



## Casualty Form - Active Service.

Regiment or Corps Reserve Brigade C.F.A.Regimental No. 341080 Rank Capt. Name Waterman A.M.Enlisted (a) 24-10-16 Terms of Service (a) War & 6 mths. Service reckons from (a) 24-10-16Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
to present rank } to lance rank } roll of N.C.Os. }Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (i) Student

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				
19.7.18	O.C. RES BDE. C.F.A.	T.O.S. from Transfer from C.A.M.C.	WITLEY.	16.7.18	PO Pt. 200
2-2-19	B.O., C.R.A.	S.O.S. to M.D. .... Wing Kimmel Park, Rhyl for return to Canada.	Witley	25-2-19	B.O. Pt. 11 56 Lieut. for Asst. Adjutant, Canadian Reserve Artillery.
2-19	S.R.A.	S.O.S. to No. Mil. Dist. Wing, Kimmel Park, Rhyl for Return to Canada.	Witley	26-2-19	Pt. II Order No. 50.  Lieut & Asst. Adjutant, Canadian Reserve Artillery.

(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.



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				
78-2-19	OC. MBI	<p>TOS C.C.C. Kimmel Park for return to Canada. Part 11 Orders No. _____</p> <p>SOS C.C.C. Kimmel Park on embarking for Canada, Part 11 Order No. <u>887</u> Coombes Lt. for Major</p> <p>Commanding <u>Misc</u> Wing, <u>1</u> Kimmel Park Camp.</p>		12-4-19	
<p>APR 12 1919 EMBARKED FOR CANADA</p> <p>TOS No 1 Dist. Depot</p> <p>Displ. Stn. K. 12-4-19</p> <p>SOS dispersed</p> <p>23, 4, 19 D.O. No. 114</p> <p>for J. Payne. Lt.</p> <p>C.C. Dispersal Area Sta. K.</p>					



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 341080 (Rank) Sergeant

Name (in full) Allen McRae Wasserman, enlisted in

the District Artillery Depot

CANADIAN EXPEDITIONARY FORCE at Toronto Ont on the 24th

day of October 1916.

HE served in England with the C.F.C.

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 21 years

Marks or Scars \_\_\_\_\_

Height 5 feet 11 3/4 inches

Complexion Medium

Eyes Light Blue

Hair Wavy

Signature of Soldier \_\_\_\_\_

Date of Discharge \_\_\_\_\_

J. Ryan  
Issuing Officer

Rank \_\_\_\_\_

DISCHARGE SECTION  
APR 23 1919  
No. 1 District Depot

for O.C. Dispersal Area Sta. K.

Date \_\_\_\_\_ 19 \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in \_\_\_\_\_

the \_\_\_\_\_ CANADIAN EXPEDITIONARY FORCE at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

HE served in \_\_\_\_\_

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	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____
Date of Discharge	_____
Rank	_____
Leaving Officer	_____
Date	_____ 19____
Mark or Scar	_____

A.B.—A duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

1918  
1919  
1920



# 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. 341080 Rank Pte. Gnr. Surname Waterman  
(Given name in full)

Unit or Corps 70 Bty. - 4th C.A.C. Birthplace Allen McAra  
Seronts, Ont.

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

## 1. GENERAL DESCRIPTION:

Physique Good Weight 148 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Blue

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 18 ft.

Left 18 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Large scar palmar surface little finger right hand - accidental in 1905.

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 No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

## 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.

No disability.  
In Hosp. as per M.H.S.  
18-9-18 - 5-10-18 R. Ing. adenitis  
5-10-18 - 14-10-18 U. D. S.  
14-10-18 - 12-11-18 Generalized Syphilis.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Alford Camp, Wales. (Overseas)  
Date Mar 31-19 Signed W. Gregory, Capt. 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 A. Mc. W. Herman

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

## THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)  
Date ..... Signed .....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 .....

(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]



# 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. 341080 Rank Gm Surname Waterman  
(Given name in full)  
Allen McKee  
 Unit or Corps 6th Coy Birthplace Toronto, Canada

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

1. GENERAL DESCRIPTION:

Physique good Weight 154 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes BLUE  
 Nutrition good  
 Pulse 72  
 Condition of arteries soft  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 2 ft. Left 2 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
SCAR ON LITTLE FINGER OF R. HAND

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 no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

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.

V.D.S.  
Painful scar right shin.





# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Walden (Overseas)

Date 5-2-19

Signed [Signature] 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 [Signature]

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

## THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date .....

Signed .....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 .....

(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]



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.

(1) Name of Overseas Unit which Soldier joins..... 70th Battery, CFA, CEF.....

(2) Regimental Number ..... 341080 .....

(3) Full Name of Soldier..... WATERMAN - ALLEN MCRAE .....

(4) Place of Birth..... Toronto, Ont. ....

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

(6) If married, state,

(a) Full name of your wife..... ~~XX~~ .....

(b) Present Postal Address..... ~~XX~~ .....

(7) Are you a widower? ..... ~~XX~~ .....

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

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

Also, their names and ages..... ~~XX~~ .....



DUPLICATE

(9) Is your Father alive?.....No.....

If so, state name and address .....xx.....

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

If so, state name and address.....Elizabeth Reid - Christopher - Chesley,  
Ontario.

(11) If your Mother is a widow.....No.....

Are you her sole support, or not?.....xx.....

(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.

.....xx.....

(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.

.....xx.....

(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.

.....xx.....

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

If so, in what Company?.....Metropolitan Life.....

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.

Officer Commanding.

Date.....Jan. 15th. 1917.....

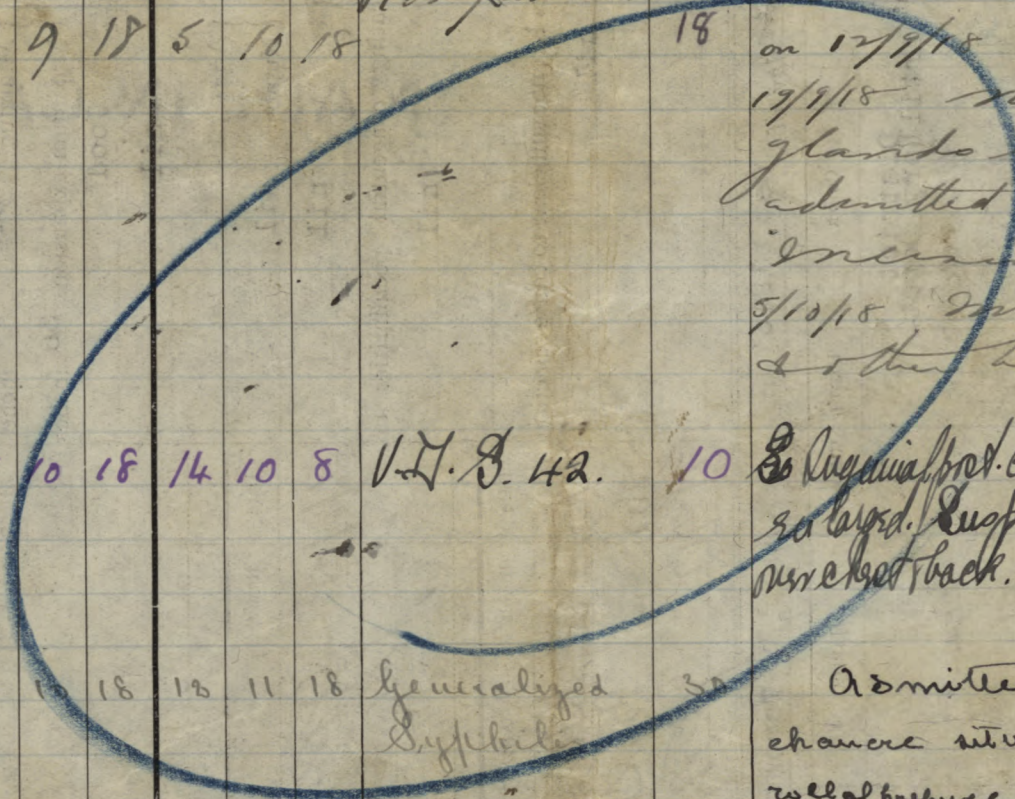






Christian Name Allen McRae  
 Surname Waterman

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL HOSPITAL.		18	9	18	5	10	18	R Inguinalis	18	small sore superior part which on 12/9/18 examined for spirochaetes 19/9/18 negative glands lymphadenitis 12/9/18 admitted glands punctured increased discharges 5/10/18 improved discharged to the trop	(S. W. Shum)
# 13 Bay. Genl Hosp Hastings.		5	10	18	14	10	8	V.L.B. 42.	10	2. Inguinal abscess with enlarged glands 20 days. Suspicious of basal maculorustis on chest back. Wassermann strongly positive.	W. W. W. (Capt. Hill)
CANADIAN HOSPITAL, ETCHINGHILL, LYNNCE.		14	1	18	13	11	18	Generalized Syphilis	30	Admitted here for syphilitic chancre situated penis inner margin. well of freedom. gonorr + glands suppur. 1. night irregular mucus discharge. Throat night. Syphilis. Dracy Gen syphilis. 2. Warts. 1st 15-10-18 Post ++ 2nd 22-10-18 neg. Received full course of 606 15-10-18 number 6 last 5-11-18 Progress good Discharged 9-11-18	W. W. W.





ASSIGNED PAY:

MILITIA AND DEFENCE

ASSIGNED PAY:

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-818.

## SEPARATION ALLOWANCE

Name

*Mr. E. R. Christoffer*

Name of Soldier

*Waterman A. M.*

Address

*Chesley, Ont*

Regtl. No.

*341080*

Rank

*Gur.*

Corps

*70<sup>th</sup> Bty 68<sup>th</sup>*

Relation to Soldier

*Wife*  
wife, child or mother

APR

1917

*\$20<sup>00</sup>**Apr 1/17*

To what Corps belonging

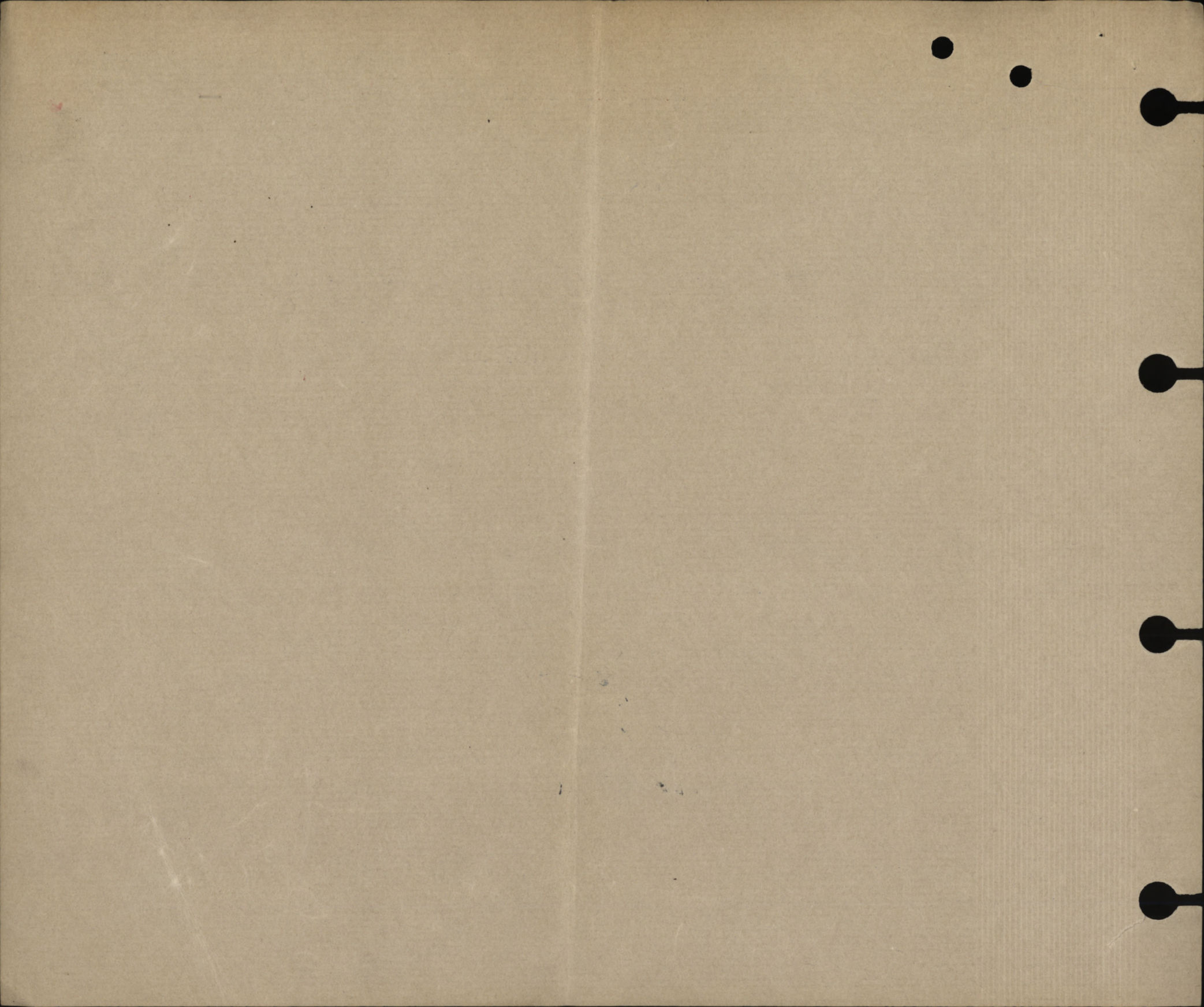
when called out

## PAYMENTS

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









# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

*Mrs E R. Christophers*  
(Assignee)

Name of Soldier

*Waterman a M*

PAYMENTS.

# 341080

*Qnr. 70 di 13ty.*

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$20.00 Apr 17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>Q 2646</i>	<i>40</i>	<i>} 40 15</i>
June		<i>619698</i>	<i>20</i>	
July		<i>U 25681</i>	<i>20</i>	
Aug.		<i>K 33192</i>	<i>20</i>	
Sept.		<i>W 42259</i>	<i>20</i>	
Oct.		<i>C 49548</i>	<i>20</i>	
Nov.		<i>N 57174</i>	<i>20</i>	
Dec.		<i>A. 64066</i>	<i>20</i>	
Jan.	1918			<i>\$180.00</i>
Feb.				<i>ym</i>
March				
April				
May				
June				
July				

APR 1917



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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.	19 0			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				











\* Strike out whichever is applicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: <i>1/4/17</i>		EFFECTIVE DATE: <i>1/3/19</i>	
AMOUNT: <i>20.00</i>		AMOUNT: <i>1/3/19</i>	

NAME: **WATERMAN** *Allan McPhee*  
NUMBER: **341080**

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 Elizabeth R. Christoffer*  
*Chesley Ont. (Mother)*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *4th 70<sup>th</sup> Bn.*

DATE ACCOUNT FIRST OPENED: *1/4/17*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
	<i>1/8/18</i>	<i>2/8/18</i>	<i>G. C. S. N. Res. Bde. C.F.A.</i>

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
<i>1/2</i>	<i>4438</i>	<i>C.A.A.</i>	<i>2 43</i>	<i>27/1/19</i>	<i>14</i>	<i>Days</i>	<i>15 40</i>
<i>15/2</i>	<i>4830</i>	<i>"</i>	<i>19 47</i>	<i>27/1</i>	<i>4</i>	<i>"</i>	<i>4 40</i>
			<i>21 90</i>				<i>19 80</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 28/2/19 N.R. 3258 18/2/19 Willey to Willey N. B. 11.96*

3 months pay 5/12/18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>3/3/18</i>	<i>Balance Forward</i>								<i>1025</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>						<i>20</i>	<i>23 25</i>		
				<i>A.R. 100 16/4/18 Buxton W2</i>	<i>4 87</i>				<i>18 38</i>		
		<i>33</i>		<i>" 187 20/4/18 "</i>	<i>4 87</i>			<i>20</i>	<i>13 51</i>		
<i>May</i>	<i>P.P.</i>	<i>34 10</i>			<i>9 74</i>				<i>27 61</i>		
				<i>" 304 14/5/18 "</i>	<i>4 87</i>				<i>22 74</i>		
		<i>34 10</i>		<i>" 419 29/5/18 "</i>	<i>4 87</i>			<i>20</i>	<i>17 87</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>			<i>9 74</i>				<i>30 87</i>		
				<i>535 13/6/18 "</i>	<i>4 87</i>			<i>20</i>	<i>26</i>		
		<i>33</i>		<i>" 624 27/6/18 "</i>	<i>7 80</i>				<i>18 70</i>		
					<i>12 17</i>						
<i>July</i>	<i>"</i>	<i>34 10</i>						<i>20</i>	<i>32 80</i>		
				<i>3243 2/7/18 "</i>	<i>9 73</i>			<i>20</i>	<i>23 07</i>		
		<i>34 10</i>			<i>9 73</i>						
<i>Aug</i>	<i>"</i>	<i>34 10</i>		<i>Cap.</i>				<i>20</i>	<i>37 17</i>		
				<i>AR 3313. CRA. 10/8</i>	<i>14 60</i>						
				<i>" 3965 "</i>	<i>2 43</i>				<i>20 14</i>		
		<i>34 10</i>			<i>17 03</i>			<i>20</i>			
<i>Sep</i>	<i>Cap.</i>	<i>33</i>		<i>Cap.</i>				<i>20</i>	<i>33 14</i>		
				<i>AR 4445 CRA 12/9/18</i>	<i>4 87</i>						
				<i>" 1828 12.C.C.N. 26/9</i>	<i>4 87</i>				<i>23 40</i>		<i>as agreed 11/1/18</i>
		<i>33</i>			<i>9 74</i>			<i>20</i>	<i>14 10</i>		
<i>Oct</i>	<i>"</i>	<i>34 10</i>		<i>ap</i>				<i>20</i>	<i>37 50</i>		
				<i>711 C.C. 201 8/10/18</i>	<i>4 87</i>				<i>32 63</i>		
		<i>34 10</i>			<i>4 87</i>			<i>20</i>			



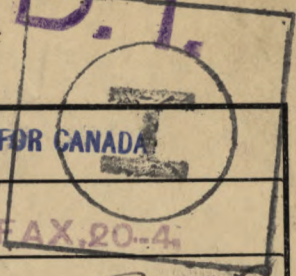




11-9-44

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

M.D.T.



1. No. 341080 APR 12 1919 EMBARKED FOR CANADA

2. Rank. Gunner DISEMBARKED HALIFAX, 20-4

3. Name. Waterman, Allan McRae

4. Unit. 70th Coy C.F.A. C.R.A.

5. Date of Discharge 23-4-19 Place London ont

6. Reason for Discharge... DEMOBILIZATION

Category A1

Next of Kin Mother

Occ. Group 19

7. Authority. GPO.

8. Proposed Residence after Discharge Chesley Ont

Casualty No. \_\_\_\_\_

Decorations No. \_\_\_\_\_

Service in France None

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.? \_\_\_\_\_

Allan Waterman  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date APR 23 1919

Signature J. J. [unclear]  
for (O. C. Discharging Unit.)

E. R. J. K



SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Prescriptions)

1. Name	
2. Rank	
3. Unit	
4. Date of Discharge	
5. Reason for Discharge	
6. Authority	
7. Proposed Residence after Discharge	
8. CERTIFICATION BY THE SIGNED BY SOLDIER I hereby certify that at the underlined place and date I received my discharge Certificate	
Signature of Soldier	
9. CONFIRMATION The discharge of the above named man is hereby confirmed.	
Date	
Signature	

1918

1211-10-18







LIST OF DISCHARGE DOCUMENTS.

17

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).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by No. .... 19

Date..... 17-2-19



LTR

Rank Name WATERMAN, Allen McRae

Reg'l No. 341080

Unit Dft 70th **Betty.** If in perm. Corps }  
What Unit? }

Married or Single Single.

Place and Date of Enlistment Toronto. Oct. 24th, 1916.

Place of Birth Toronto, Ontario, Canada.

Name and Address, Next-of-Kin Elizabeth Christoffer.  
Chesley, Ontario, Canada.

Relationship Mother.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

<p>REG. P. S. NO. <i>1008</i></p> <p>File No. <i>[Signature]</i></p> <p>Category <i>[Signature]</i></p>
---

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

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.				
	<b>C</b>	ARRIVED IN ENGLAND 7 4 17			S. S. MISSANABIE
13.4.17	Can arty Res Bde	S.O.S	Schliffe	8.4.17	Pt 103
23.6.17	" "	S.O.S. 1 2 <sup>nd</sup> Res arty	"	22.6.17	Pt 174 + 2 <sup>nd</sup> Res arty Pt 01 22/6/17 C.A.R.D.
6-11-17	" "	S.O.S to C.A.R.D.	Witley	3-11-17	- 138 (Pt 243 d/7-11-17)
17-11-17	C.A.R.D	S.O.S. to C.A.M.E.Bd	"	17-11-17	Pt 253 <sup>rd</sup> C.A.M.B. Dpt Pt 50 223 d/19-11-17 (T.O.S.)
24-12-17.	C.C. tffs/Ht	T.O.S. from C.A.M.B. Dpt.	Mc Matlock.	17-12-17	" - 123 <sup>rd</sup> C.A.M.B. Dpt Pt 50 352 d/18-12-17 (S.O.S.)
4-4-18.	do.	S.O.S. on postg. to C.A.M.B. Dpt. Pt + atted to this Ht. for S.P.Q.R.	do.	4-4-18.	" - 34 <sup>th</sup> C.A.M.B. Dpt Pt 50 97 d/7-4-18 (T.O.S. & atted)
6-7-18.	C.A.M.B. Dpt.	Retd. from "in com" to C.C. O.H. Witley	Mc Schliffe.	5-7-18	" - 187 <sup>th</sup> C.C. O.H. Pt 50 51 d/11-7-18.
16-7-18.	do.	S.O.S. on trans. to C.A.M.B. Witley	Mc do.	16-7-18.	" - 197 <sup>th</sup> Res Bde Pt 200/19-7-18

*cut*

*cut*



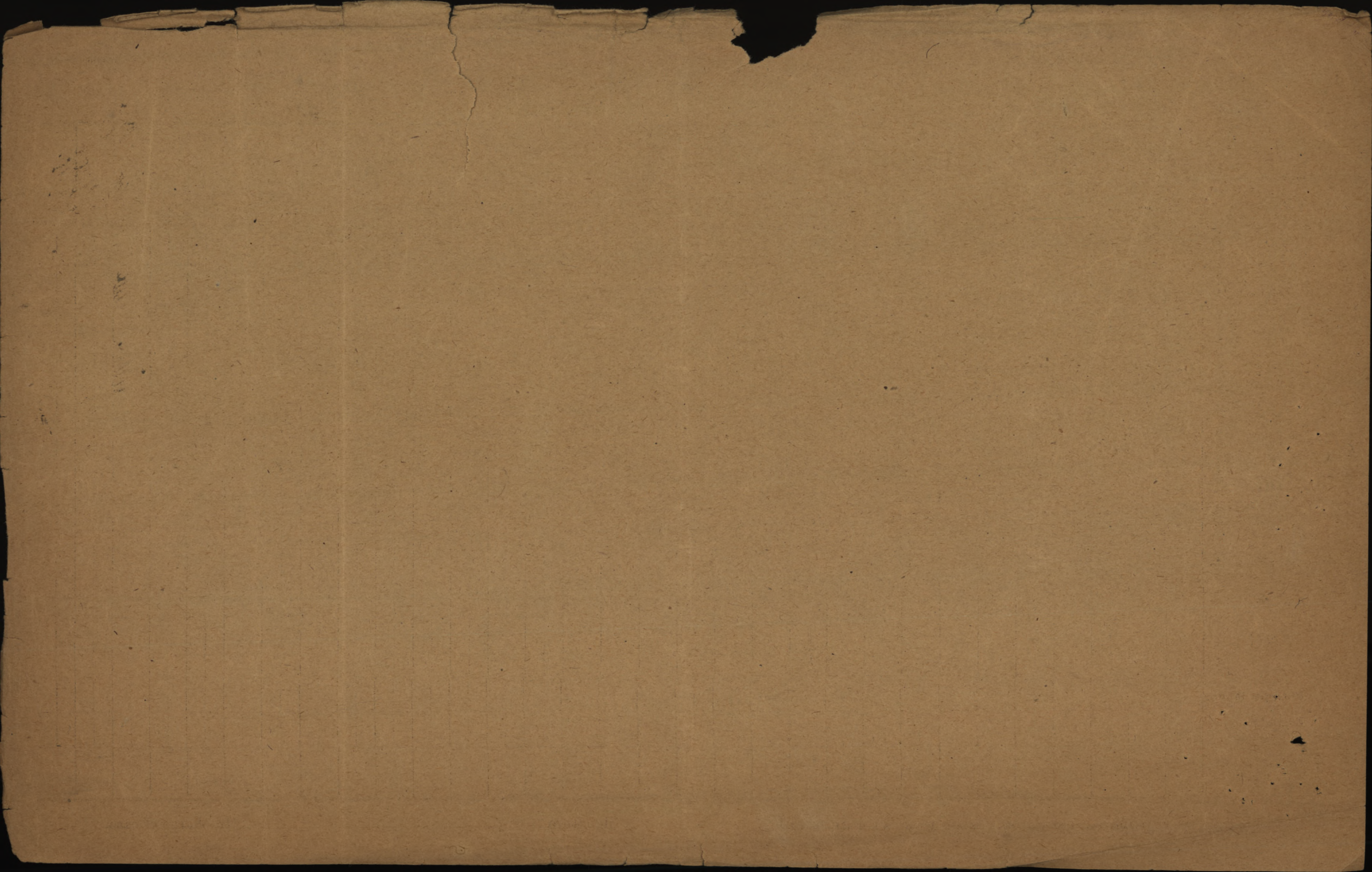
341080 Waterman. a.m.

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.				
23-1-19	Res Bde	awarded 3 days pay & forfeits 2 days pay by A.A. Reg awd. from 12007-1-19 till 2319 8-1-19	London	9-1-19	P11-23
12-2-19	" "	awarded 7 days pay with for. of 14 days pay. Forfeits 4 days pay. No pay for WK from 1200, 16-1-19 till apprehended 1200, 20-1-19.	" "	27-1-19	- 43.
		to Canada.		12-4-19.	46. H. 65.
28-2-19	Res. Bde G.S.O.	S.O.S. to H.O. Wing 4, Rhyt	"	18-12-18	WITNEY - 59 ✓ M.D. 61/68 <sup>20</sup> 3-19-
14-4-19	1 <sup>st</sup> MDCW.	S.O.S. to Canada	"	12-4-19	Rhyt - 89



















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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WATERMAN

REGIMENT GRA RANK No. 241030

Date of Examination in England 17.2.19. Date of Examination in France

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. EXTRACTIONS
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
- (b) In England
- (c) In France

CONTENTS COPIED  
 C.A.D.C., D. No. 1.

Signature of Dental Officer W. H. Sheppard Capt.



UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

17.2.19. 1919  
17.2.19. 1919

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- ( ) 17.2.19. 1919
- ( ) 17.2.19. 1919

17.2.19. 1919

17.2.19. 1919



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7294	341080.	Snr	Wakeman	A. M.
Year	Unit.	Age.	Service.	
1918	C. T. A.	19.	24/12.	
Station and Date.	Disease			
12. C. S. H.	<p>He states that he has never had any venereal disease. Onset of present trouble was about 12-5-18 when he noticed a small sore on prepuce which was not painful. About the same time glands in right groin became inflamed. On admission to hospital there was small sore on penis &amp; glands in right groin were very much enlarged, and red. Bacteriological exam of sore was negative;</p>			
19-9-18	Abscess opened under general anaesthesia.			
29-9-18	wound still discharging.			
5/10/18	Discharged. Discharged & returned to duty.			
No 13 Can Genl Hapl.	J. S. [Signature]			
9-7-18.	<p>Wound on penis healing. granular wound still discharging. wound sore also on inner side left thigh, looks unhealthy. Yellowish patches in Post. Cervical region. Suggestion of macular syphilitic rash on chest &amp; back. Wassermann strongly positive. Transfer by special hospital.</p>			

\*The first and last entries will be signed, and transfers from one Medical Officer to another attested by their signatures.

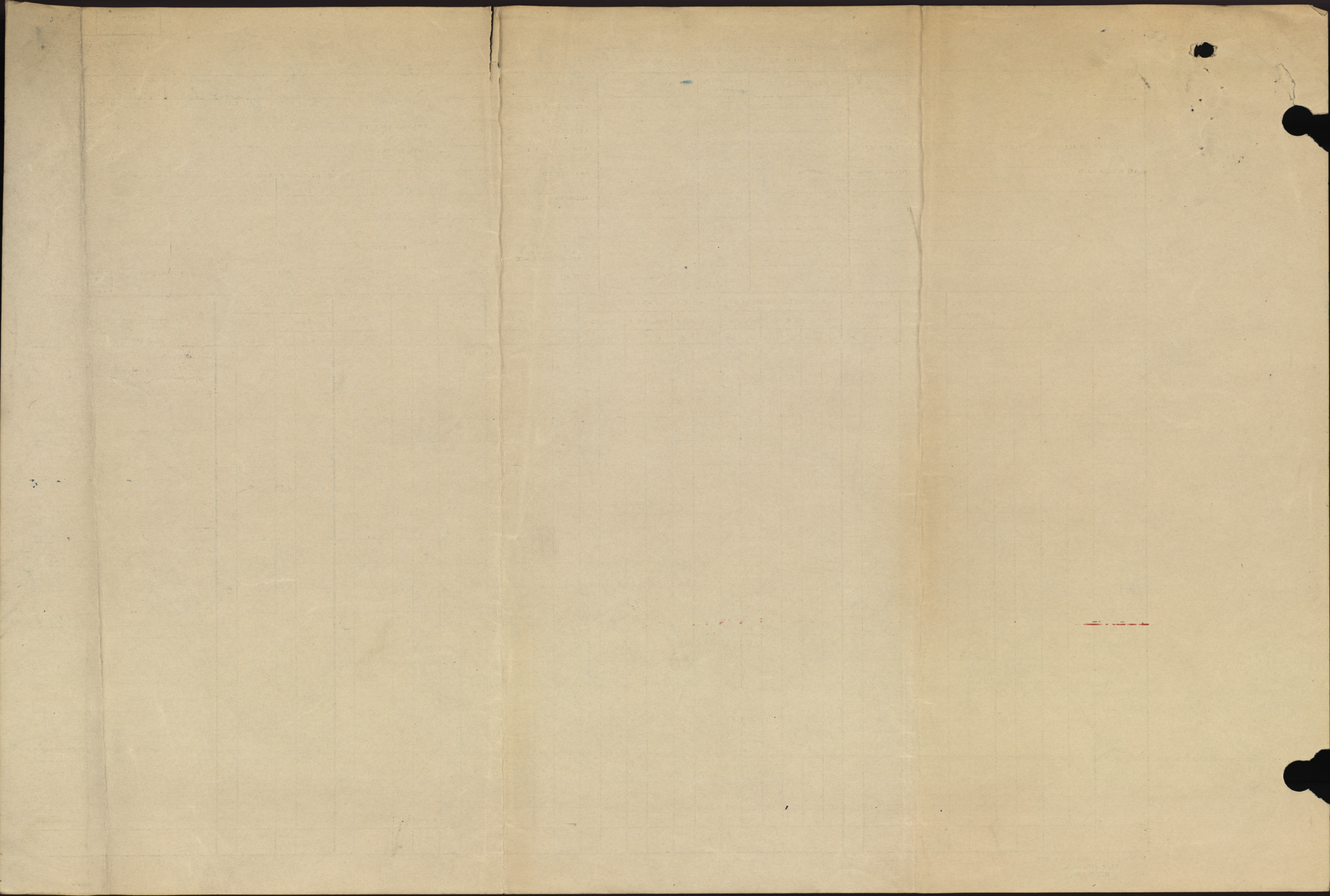


Station  
and Date.











Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Apr 1-17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
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2463

*W*

*M.L. W. 79  
99*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *341880*  
 Rank *Snr* Promoted Reverted Discharge  
 Soldier's Name *A. M. Waterman*  
 Battalion *70th Batty*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs E. R. Christopher*  
 Address *Chesley, Ont*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>File 18841-a-22</i>
<i>Dec 31</i>			<i>180 00</i>	<i>180 00</i>	<i>✓</i>
<i>Jan 19</i>	<i>O 71251</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>Q 71920</i>		<i>20</i>	<i>20</i>	<i>R</i>
<i>March</i>	<i>X 90707</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>w 12293</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>w 18067</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>R 25925</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>B 21222</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>V 35338</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>V 45561</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>K 49390</i>		<i>20</i>	<i>20</i>	<i>T</i>
<i>Nov</i>	<i>O 60960</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>w 63485</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>N 72246</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>V 77504</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>N 87631</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>V 102</i>		<i>20</i>	<i>20</i>	<i>✓</i>

M. F. W. 128  
400M-6-17-1772-89-141  
L. L. 2230-N. & D. 7383.

*A/c Closed 30-4-19*  
*Ret'd per "Adriatic"*  
*Date 30-4-19 M.F.W. 187 26-4-19*  
*Closed with M.D. #1*

*SL 710 M.P.O. Dept 85749 issued 26/4/19*





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 22320-M. & D. 7993.