

Tuplicate  
No. 464380  
Folio.



# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

87

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Welsh, Emery Jay.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Portland Ore.*
3. What is the name of your next-of kin?..... *mother, Margaret.*
4. What is the address of your next-of-kin?..... *1557-11<sup>th</sup> Ave. West, Vancouver B.C.*
5. What is the date of your birth?..... *7 May, 1895.*
6. What is your Trade or Calling?..... *Student*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated? *and inoculated?*..... *yes*
9. Do you now belong to the Active Militia?..... *no.*
10. Have you ever served in any Military Force?..... *11 mos - 6 B.C.R.*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes.*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *yes.*

*Emery Welsh* (Signature of Man.)  
*Wentess* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Emery Jay Welsh*, do solemnly declare that the above answers made by me to the above questions 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.

Date..... *SEP 28 1915* 191 . *Emery Welsh* (Signature of Recruit)  
*Wentess* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Emery Jay Welsh*, 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.

Date..... *SEP 28 1915* 191 . *Emery Welsh* (Signature of Recruit)  
*Wentess* (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 *Vernon B.C.* this *30* day of *October* 191*5*.

*W. J. [Signature]* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*Abraham [Signature]* (Approving Officer)

*T.O.S. # 3625, 6 Regt. D.C.O.R M.D. 11.*  
*10-11-14 - DO. 548 d/8/11-14*  
*Franklin 62 Bn. C.E.F. 27-9-15. DO. 28/9/15.*  
*Continuous Service.*  
*Rule 8.*

Description of Welsh, Emery Jay on Enlistment.

Apparent Age 20 years 4 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. 6 ins.  
 Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 4 ins.  
 Complexion Fair  
 Eyes Blue  
 Hair Brown  
 Religious denominations { Church of England  
 Presbyterian  
~~Wesleyan~~ Methodist ✓  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic  
 Jewish

125. lb.

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 29 Oct. 1915 g. S. Shaw  
 Place VERNON, B. C. Capt. Camc  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Emery Jay Welsh having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)  
 Date OCT 30 1915 1915 Major [Signature]  
 Commanding 62nd (Overseas) Batt., C. E. F.



REGIMENTAL DOCUMENTS

NAME *Welsh Emery*

REGT. NO. *46th 380*

UNIT *102<sup>nd</sup> Inf*

H. Q. FILE NO.

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)

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

2 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)

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

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

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 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)

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

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

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

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

1 Misc

1 *24185-009*

1 *Drop 949*

1 *R 127*

DEATH

Category

*483951*

DISCHARGE

Category

*Demob.*

DESERTION

*28-17*

*16-17*

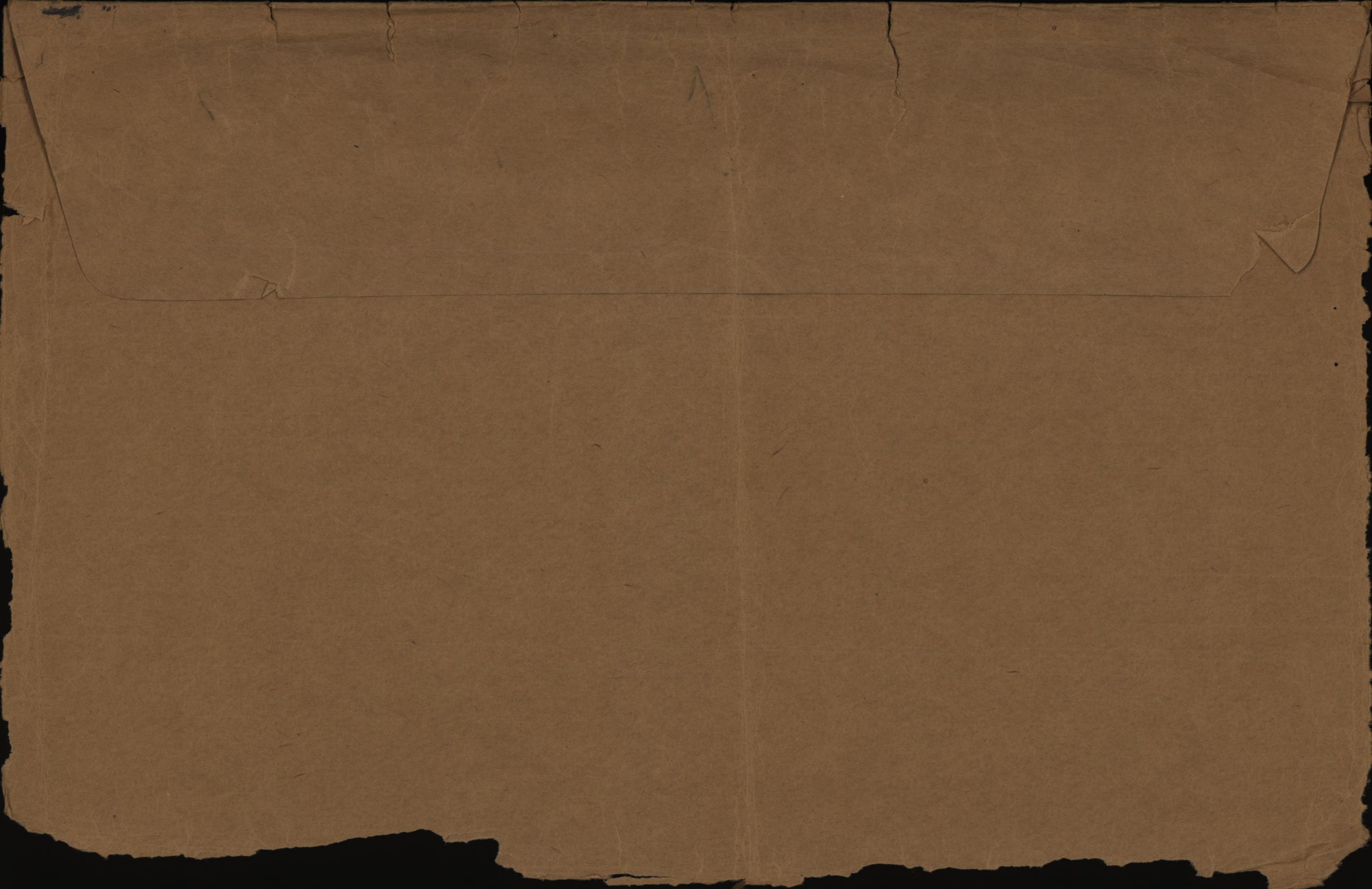
*3-18*

*3*

NATIONAL PERSONNEL  
CENTRE  
DOCUMENTS du PERSONNEL  
13803  
Box  
10227  
483951

PUBLIC ARCHIVES RECORDS CENTRE

DEPOT DES ARCHIVES



464380

I.D. number  
No. d'identification

Welsh

Surname  
Nom de famille

Died 26/05/73

Emery Jay

Given names  
Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

Box 10,227

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**



C  
NAME

Welsh, Emery Jay

7<sup>th</sup> II S.O.S. 14/6/49  
Remit. N.O. 168 of 12/6/19  
11.10.10- 464380

RANK & No.

Pte

CORPS

62<sup>nd</sup>.

Battalion.

ENLISTMENT, PLACE

Vernon, B.C.

DATE

Oct. 30<sup>th</sup>, 1915. S.

FORMER CORPS

6<sup>th</sup>. D.C.O.R.

Sgt of

COUNTRY OF BIRTH

U.S.A. (Portland, Ore.)

NEXT OF KIN

Welsh, Mrs. Margaret (mother)

ADDRESS OF NEXT OF KIN

1557-11<sup>th</sup> Ave. W.,

Vancouver, B.C.

DISCHARGE, PLACE

DATE

R/C. 6-6-19 <sup>343</sup>/<sub>48</sub> Sgt.

Sailed from Halifax

Per S.S. Baltic

M. F. W. 22. 100 m.-9.15.

REMARKS:



NAME *Welsh Emery Jay*  
RANK AND CORPS *Pte 102nd Bn*

REGT'L. No. *464380*  
H. Q. FILE NO *649*

FOLLOWS  
No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

*m of K*

*46<sup>17-10</sup> 395*

*15-10-18*

*Mrs Margaret Welsh. Mother  
1557 - 11<sup>th</sup> Ave. W. Vancouver B.C.  
Adm. 1 b. b. s. Sept 30<sup>th</sup> 1918 Retd.  
To Reg. Duty Oct 1<sup>st</sup> 1918.*

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 343-2	1. Cas C. Station	30-9-18	J. W. Neek.
a 343-2	Disc.	1-10-18.	" " "

NAME

Welsh E

RANK AND CORPS

Pte. 15<sup>th</sup> J. Bn.

REGT'L No

464380

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 439	No 10 Stat, St Omer	4-9-16	Pharyngitis
A 439	Disch to Base Details	4-9-16	"
A 440	No. 3 Can. Gen, Boulogne	4-9-16	" (Chron.)
A 457 <sup>(2)</sup>	To no. 7 Comv. Dep. Boulogne	23-9-16	Chrn. Pharyngitis
A 498	Disch to no. 3 Large Rest Camp. Boulogne.	10-11-16	"
A 523 to	no. 39 Gen. Havre	10-12-16	n. y. D. Slt.
A 576	Disc. to Base	12-2-17	V. D. S.
A 595 <sup>2</sup>	Rejoined unit	28-2-17	V. D. S.

Name *Welsh Lewis* Rank *Pte*Reg. No. *464380*Unit *15th Battalion Pegasus*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-9-16	No 10 Coy Hqs 5th Amer Heavy Inf	St Omer		A439		
4-9-16	Discharged to Base Dls	do	do	A439.		
4-9-16	No 3 Com Gen Hqs	Boulogne	Chondo	A440		
23-9-16	Trans 7/Com Dpt.	Boulogne	do	A445		
10.11.16	Sgt to 3 LRC	"	"	A498		
10.12.16	Sgt. Com Otr Hqs	Havre	NVD. Sr	A523		
12.2.17.	Discharged		V.D.S.	A575		
28-2-17	Rejoined Unit.		do.	A595.		









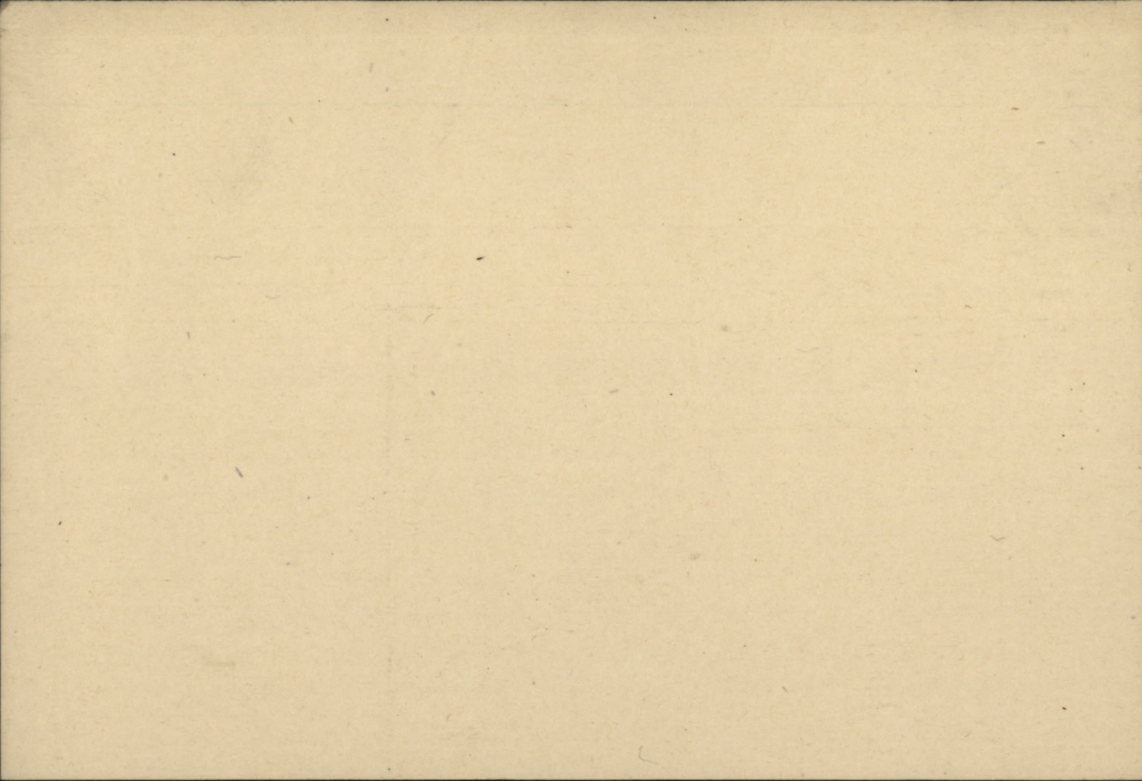
No. H 64380 RANK Pte,

NAME Welsh E. J.

T. O. S. 28-9-15 UNIT 6 2nd B attalion C.E. D.  
D.O. 80 of 28-9-15

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sept. 28	1915 Sept. 30	O.S.	Admitted to hospital 29-9-15	D.O. 82 of 29-9-15.
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1916	1916			
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
May 1	May 25	n	Trans. to 7th. Bn.	D.O. 1255-16. UNIT SAILED APR 22 1916



*Low  
Com.*

Number 464380

Rank Sgt.

Surname WELSH

Christian Name Emery Jay

Units 7th. Bn. Can. Inf. Theatre of War France

Date of Service 22.5.16

Remarks

Latest Address 1227-11th Ave West.

Vancouver. B.C.

Roll No.

*B. Coy 13166*

200m.-2-21.M.

DESP. JUN 8 1922  
REGN. NO. 37883

Replacement War Service Badge  
Class "A", issued 21 May, 1970.

Surname

Welsh.

Christian Name or Names

E.J.

Reg. No.

464 380.

Rank

Pte.

Unit

15th Btn.

Co.

B.6.102.

Troop

Batty.

Hospital

10th Staty. Hosp St. Omer.

Date of Admission

4.9.16.

Transferred

3 Gen Boulogne

Hosp.

4.9.16

7 Con Depot

Hosp.

23.9.16

3 Large Res Camp, Boulogne

Hosp.

10-11-16

No 39 Gen. Havre

Hosp.

10.12.16

Diagnosis

Pharyngitis. (Chron.)

(1)

Later Diagnosis (if changed)

(2)

n. y. W. D. S.

(3)

S.W. Nose R.

Additional Diagnosis: if more than one state present

DISPOSITION

Disch'd to Base Detail.

Date

4.9.16.

CL. 12.9.16. A439.

" " " " 12.2.17

REMARKS

Reg. Unit - 28.2.17.

Disc. to duty 1-10-18

12.9.16 A440

3.10.16 A457(2)

- 20-11-16 @ 498

19.12.16 A 523

- 20.2.17 A 576

14.3.17 A 595(2)

14-10-18 A 343

A.M.D. 2 DEPT.

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

oh  
aw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Casualty Cl. Station*

*30*  
*6-19-18*

2.

3.

4.

5.

6.

7.

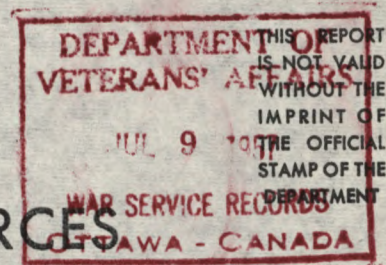


DEPARTMENT OF VETERANS AFFAIRS

## RECORD OF SERVICE

IN THE

## CANADIAN ARMED FORCES

Service Rank and/or Number 464380 Name Emery Jay WELSH

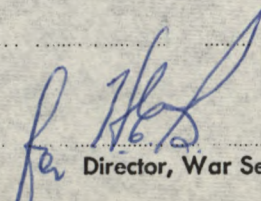
1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 7th May, 1895. Portland, Oregon, USA.
3. Date and Place of Appointment, Enlistment or Enrolment: 10th November, 1914. M.D.11
4. Unit on Appointment, Enlistment, or Enrolment: 6th Regiment D.C.O.R.
5. Theatres of Service: CANADA - ENGLAND - FRANCE
6. Date and Place of Retirement or Discharge: 14th June, 1919. Vancouver, B.C.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Sergeant
9. Medals and Decorations: BRITISH WAR & VICTORY MEDALS
10. Remarks: Nil

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

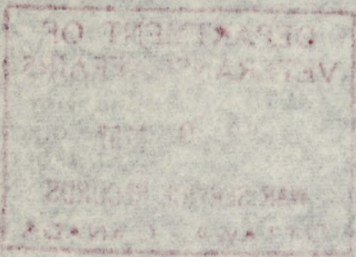
Sex: Male Height: 5 Feet 6 Inches.  
 Eyes: Blue Hair: Brown Complexion: Fair  
 Marks or Scars: S.W. nose.

Ottawa, Ont., Canada

July 9th, 19 57.

  
 Director, War Service Records

Cassondale, B.C.



DEPARTMENT OF VETERANS AFFAIRS  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20330

DEPARTMENT OF VETERANS AFFAIRS

NAME

ADDRESS

PHONE

DATE



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

307818  
Class "A" badge No.

This is to Certify that No. 464350 (Rank) Sergeant  
Name (in full) Welsh Emery enlisted in  
the 62nd Btn  
CANADIAN EXPEDITIONARY FORCE at Vernon on the 28th  
day of Sept. 1915  
HE served in 102nd Btn. France  
and is now discharged from the service by reason of Demobilization

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

Age 24  
Height 5'6"  
Complexion fair  
Eyes Blue  
Hair Brown

Marks or Scars  
— Nil —

E. J. Welsh  
Signature of Soldier

Charles Roberts  
Issuing Officer  
Rank

Date of Discharge June 14th 1919

Signed at Fauconville this 14 day of June 1919

in Military District No. XI

File Reference No.

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

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

*Copy*

War Service Badge

Class "A" No. ....

THIS IS TO CERTIFY that No. 464380 (Rank) Sergeant  
Name (in full) Wesley Emery enlisted in  
the 62<sup>nd</sup> Bn.  
CANADIAN EXPEDITIONARY FORCE at Vernon on the 28<sup>th</sup>  
day of Sept. 1915  
HE served in 102<sup>nd</sup> 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 <u>24</u>	Marks or Scars
Height <u>5' 6"</u>	<u>nil</u>
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	

Signature of Soldier \_\_\_\_\_  
Issuing Officer Cecil Roberts  
Rank Major  
Date June 14th. 1919

Date of Discharge June 14th. 1919

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.

ATLAS EXPEDITION BY ROSS

DISCHARGE CERTIFICATE



1  
2  
3  
4

Do Not

Maunne

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

17973

3 yrs

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Emery Jay 2. Surname WELSH
3. Rank Sgt. 4. Original Unit 62nd Bn 5. Reg. No. 464380
6. Address, in full, to which future payments of gratuity are to be forwarded  
General Post Office  
Vancouver B.C.
7. Date of enlistment in the C.E.F. 28/9/15 ✓
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—~~
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 28/9/15 to May 1919  
62nd Bn 28/9/15 to 28/5/16, 15th Bn  
28/5/16 to 9/11/19, 102nd Bn, 9/11/17 to May 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

Sam

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *10/11/14 6<sup>th</sup> D.C.B.R. to 28/9/15 Discharged to join overseas Battalion*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

20. Have you been issued with a War Service Badge? If so what class? *No.*

21. Have you, during the present war, served in the Imperial Forces? *No.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*

24. Are you now serving in the C.E.F.? If not, give: (a) Date of discharge (b) Reason for discharge.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Emergy Jay Welch*

Place of Residence: *1557-11<sup>th</sup> Ave West, Vancouver B.C.*

Declared before me at: *A. WING C.E.C. BRAMSHOT*

This *6<sup>th</sup>* day of *MAY* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*The following question # 12-13-14-20-24-25-26-27 unanswered*

*T.V. Scudamore Major*  
with 102nd CANADIAN INF. BR.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Welsh, S. E. J.  
REGIMENT 102nd Btl. RANK Sgt. No. 464380

Date of Examination in England 5/15/19 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

*J.S.*

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10
2. EXTRACTIONS 14
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*low*

*For A. D. D. S., M. D. No. 17*

HAS HE EVER REFUSED DENTAL TREATMENT?

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 Yes

Signature of Dental Officer R. H. A. J. S.

100-1000  
8/11/19  
100-1000  
8/11/19

100-1000  
8/11/19  
100-1000  
8/11/19

100-1000  
8/11/19

100-1000  
8/11/19



ORIGINAL

MEDICAL HISTORY SHEET.

Surname Welsh Christian Name Erving Jay

Examined { on 29 day of Oct 1915 at Vernon B.C. Approved by J. Shaw

Birthplace { City or Town Portland County Oregon Rank M.O. 62nd (Overseas) Battalion C.E.F. M.O. Captain C.A.

Apparent age 20 Trade or occupation Student Height 5 Feet 6 Inches. Weight      Lbs. Chest measurement { Minimum 34 inches. Maximum expansion 4 inches. Physical development      Small-Pox Marks      M.O. M.O. M.O. M.O. M.O. M.O.

Vaccination Marks { Arm      Right      Left      Number 1 Date 14.2.16 Result JSS VACCINATIONS. M.O. M.O. M.O.

When Vaccinated last      (a) Marks indicating congenital peculiarities or previous disease      (b) Slight defects but not sufficient to cause rejection      Date 11.11.15 Result JSS ANTI-TYPHOID INOCULATIONS, ETC. M.O. M.O. M.O.

Enlisted on 28 day of Sept 1915 at Vernon B.C.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Row 1: 62nd (OVERSEAS) BATT'N, C. E. F., 464380, 404780, Sep 28/15. Row 2: 7th Bn.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Row 1: Vancouver 11.3.16, neg Wasserman, Sgt. W. S. Bards Capt. Caine. Row 2: Bramshott 12.5.19, neg Wasserman, W.D. Bessiehan Capt. Caine, A.P. J. Weston Capt.

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



*Alving*

PARTICULARS OF A CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED

The particulars below are required for statistical purposes and further reference. Unless these are furnished the Test will not be carried out.

Name *Welsh 59* ..... Rank *Capt* ..... Reg. No. *464380* .....

Unit *102* .....

Diagnosis (If Syphilis what stage) .....

Date of first sore ..... T. Pallidum found, date & Place .....

.....

Secondaries, if any ..... Date .....

Other Symptoms .....

Treatment:- Arsenical preparations employed .....

.....

Total Dosage ..... of Injections .....

Date of last .....

Mercurial preparations employed .....

Total Dosage ..... of injections .....

Date of last .....

Other Treatment .....

Previous Wasserman's date ..... Result .....

Where performed .....

Station and date ..... Signature .....

Result of Test (Original Wasserman) Quarter System

Date ..... Serial ..... Result **WASSERMANN** .....

Remarks ..... **NEGATIVE** .....

*Charles C. Cook*



102<sup>nd</sup> Btt

A. M. [unclear]

25

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NA

A.C. Rank

Name **WELSH, Emery Jay.**Reg'l No. **464380**Unit **62nd. Bn.**If in perm. Corps,  
What Unit? }Married or Single **Single.**Place and Date of Enlistment **Vernon, B.C. Sep. 28th, 1915.** Place of Birth **Portland, Ore., U.S.A.**Name and Address, Next-of-Kin **Margaret Welsh,****1557-11th Ave, West. Vancouver, B.C. Canada.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ **N/E. R.B. No. 19227** Payable to

File R.L. ....

Relationship

Discharge, Date and Place

Category **ORGAN**

Reason

Character

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.				
<i>C.</i> auth: S.R.O. 598. 23. 5. 16. 25. 5. 16	11. 4. 16. of c 62. of c 62nd	<i>Arrived in England Deficiency in No. 419. Ad to 7th Bn</i>	<i>St. Martin's Plain France</i>	10. 4. 16. 23. 5. 16. <u>25. 5. 16</u>	55 " Baltic" Part 256 <u>Part 2, D. 257</u>
4. 6. 16.	of c 7th	<i>Taken on Strength</i>	"	26. 5. 16	Part II. 0 # 23.
14. 6. 16	do	<i>above order #23 cancelled</i>			do 24
14. 6. 16	of c 15th	<i>Taken on Strength</i>	<i>Field</i>	26. 5. 16	Part II 0 24
12. 9. 16	15th	<i>Adm #10 Staty Hspl</i>	<i>St Omer</i>	4. 9. 16	bas Rept A439 Pharyngitis
12. 9. 16	do	<i>Dis to Base Details</i>		4. 9. 16	" " A439 do
13. 9. 16	do	<i>No 3 ban Gen Hspl</i>	<i>Boulogne</i>	4. 9. 16	" " A440 do
3-10-16	"	<i>To Gen Depot No 7</i>	"	23-9-16	" " A457 do
20. 11. 16	do	<i>Dis to #3 Large Rest Camp</i>	do	10. 11. 16	" " A498 do

P

102  
92

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.				
					<u>N.Y.D. SER.</u>
19.12.16	15 <sup>th</sup>	Adm # 39. Gen Hosp'l	Harve	10.12.16	has Rept A 523
20.12.16	do	Dis to Base		12.2.17	" " A546 U.A.S
14.3.17	do	Rejoined Unit		28.2.17	" " A595
31-10-17	do	S.O.S. to 102 <sup>nd</sup> Inf Bn. Pts	Field	26-10-17	Pt II-0.12 19/102 <sup>nd</sup> Inf Pts 120 5/27-10-17
21-1-18	102 <sup>nd</sup> Bn	Awarded Good Conduct Badge	"	28-9-17	Pt II 4
14-10-18	102 Bn	Wounded	"	30-9-18	CL 343
19-10-18	102 Bn	App <sup>d</sup> a Corporal with pay	"	1-10-18	Pt II 108
31-10-18	102 Bn	Confirmed as Corporal 1/2	"	1-10-18	Pt II 112.
31-10-18	102 Bn	App <sup>d</sup> Lance Sergeant 1/2	"	1-10-18	Pt II 112.
18-3-19	"	Promoted Sergeant 1/2	"	14-2-19	" 15
		102. BATT DC 26 D. 6, 5, 19 PROC TO. ENG. D 3, 5 19			A WING CCC DO, 22, DI 2, 5, 19 TOS. 04 5 19
6.6.19	AWMig CCC	S.O.S to base.	68 D Sgt param	31-5-19 31-5-19	-20

Casualty Form—Active Service.

Regiment or Corps 62nd (OVERSEAS) BATTN C. E. F. Regimental Number 464380  
 Rank Pte Surname Skelsh Christian Name Emery Jay  
 Religion Meth. Age on Enlistment 20 years 4 months.  
 Enlisted (a) 11-15-15 Terms of Service (a) War Service Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Student  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.

Date	Report From whom received	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
		War Service Badge Class "A" No. _____	Embarked <u>Canada</u> Disembarked <u>England</u>	<u>1-4-16</u> <u>9-4-16</u>	
		PROCEEDED ON DRAFT TO ..... BATTALION. C.E.F.		<u>MAY 25 1916</u>	<u>W. Skelsh</u> Lieut.-Colonel
			Commanding 62nd (Overseas) Batt., C. E. F.		
<u>26-5-16</u>	<u>O.B.C.D.</u>	ARRIVED CAN BASE DEPOT		<u>26-5-16</u>	<u>W 17.70.24/42</u>
<u>9-6-16</u>	<u>O.B. 15 Battn</u>	JOINED UNIT	<u>15 Battn</u>	<u>6-6-16</u>	<u>B 23 - 52283</u>
<u>26-8-16</u>	<u>O.B. 10 Sta. Hoopl. N.Y.D.</u>	<u>Harm.</u>	<u>10 Sta Hoopl.</u>	<u>26-8-16</u>	<u>W 3024/521</u>
<u>SR</u>	<u>O.B. 3C.F.A.</u>	<u>Chr. tonsillitis</u>	<u>Harm.</u>	<u>26-8-16</u>	} <u>SR 20324/521</u> <u>2/16</u>
<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>Trans.</u>	<u>10 Sta Hoopl.</u>	
<u>4-9-16</u>	<u>O.B. 3 Can. Genl.</u>	<u>Pharyngitis Chr.</u>	<u>Harm.</u>	<u>3 Can. Genl.</u>	<u>4-9-16</u>
<u>SR</u>	<u>O.B. 10 Sta</u>	<u>SR Trans. to Base per 24 A.P.</u>			<u>4-9-16</u>
<u>23/9/16</u>	<u>3 Can Gen</u>	<u>Tonsillitis To 7 Can Depot</u>			<u>23/9/16</u>

(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.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

CERTIFIED CORRECT.  
 Canadian Record Office  
 Westminster House,  
 7, Millbank, S.W.

36

464380

Jte Welsh E.J.

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				
✓	7600 Depot	Lending his pass to a Comrade 27/9/16	7600 Depot.	27/9/16	3000 B2069.
22/9/16	"	3 days C.C.		23/9/16	W/3034
15/11/16	6300	Tonsillitis Admitted.		15/11/16	R.R.
18/11/16	1ST CAN ENT BN.	LEFT FOR UNIT		18/11/16	R.R.
10/11/16	7600 D	JOINED UNIT	1ST CAN ENT BN.	10/11/16	W 3034
10/12/16	6300	To Sharp Rest Camp		10/12/16	B213 DCS 358 18/12/16
"	39 Gen	To Hospital S		5/12/16	W 3034
9/12/16	8000	R of D S		10/12/16	A36 DCS 360 31/12/16
10/12/16	4200	Syphilis Adm & to CCS		4/12/16	
8/1/17	"	To A.T. 21		4/12/16	
	"	To A.T. 21		8/12/16	
	"	Forgets Field Allowance in places under stoppage of pay at the rate of 50 cents per diem whilst in hospital 4/12/16 to 9/12/16 5 days		8/12/16	A.F. 1643/2200 Park II 0 No 6 16/1/17
12/2/17	39 Gen	do do from 11/12/16 to 12/2/17 64 days		12/2/17	A.F. 1643/2556 17/2/17
13/2/17	6300	On strength to 39 Gen.		13/2/17	Park II 0 No 16
12/2/17	39 Gen	O.D.S. to 6300		12/2/17	W 3034
23/2/17	6300	LEFT FOR UNIT	15th Pm	23/2/17	R.R.
3/3/17	15 Pm	JOINED UNIT		28/2/17	B213 D.C.S. 376
11/8/17	"	Granted 10 days leave Paris from leave to 11/8/17		6/8/17	B213 HTR 98 18/8/17



Casualty Form—Active Service.

Regiment or Corps 15<sup>th</sup> Can. Inf. Bn Regimental Number 464380

Rank Pte Surname Welsh Christian Name E. J.

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) \_\_\_\_\_ 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 \_\_\_\_\_

W. S. B. CLASS. A.

Signature of Officer i/c Records.

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...			
29.6.17	Can. Corps.	Transferred to 102 <sup>nd</sup> Can. Inf. Battalion	Field	26.10.17	A 24-7-52
29.6.17	"	J.O.S of the 102 <sup>nd</sup> Can Inf Bn on str for 15 <sup>th</sup> C.I.Bn.	"	27.10.17	A 24-7-52
10.11.17	Unit	Joined	"	8.11.17	B 213
17.1.18	"	Awarded one "Red Conduct Badge"		28.9.17	" Phil 4 31.1.18
7.9.18	do	Granted 14 days leave	UK	6.9.18	B 213 DO 91 18/9/18
3.10.18	do	Wtd at duty	Field	30.9.18	KI. 17.12.96
24.9.18	do	Held to leave	"	27.9.18	B 213 DO 103 5/10/18
12.10.18	do	Appd to Capt to Comp Post	"	1.10.18	B 213 DO 108 1/10/18
26.10.18	do	Confirmed as Corporal		1.10.18	KI. 18/153A DO.
"	do	Appd 2 Sgt.		do	" " " 31/10/18

(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, Shoemaking, &c.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. **[P.T.O.]**

464380 The Welsh E.I.

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				
21.2.19	102nd Bn	Promoted Sergeant to complete club		1st. 2.19	letter K1. 1851. Phreudens No 15 14/3/19.
5.4.19	unit	ranked in discipline	UK.	21.3.19	B213 DO. 21 14/4/19
12.4.19	"	held leave Proceeded to England.		9.4.19	"
			3 MA 19		
			S. G. Casson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 2nd Echelon, B. E. F.		
	S. O. S.	Proceeding to Canada Asking cc. R. J. M. J.	31-5-19	Part II Order # 30	
				H.M.T.S. MAURETANIA EMBARKED 31-5-19	
				T.O.S. NOLL D.D, SIMAY 19 S. O. S. C. E. F June 14 1919 No 11 dd DO 168 June 17-19	
				S. D. Hook Capt. For O.C. District Depot XI	

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom Mrs. M. WelshBy Whom Assigned Welsh, E. J.Address 1557 11th Avenue W.  
Vancouver  
B.C.Regtl. No. 464380Rank PléCorps 62nd Bu. C.E.F.Rate 20<sup>00</sup> **MAR 1 1916**

## PAYMENTS

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



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MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 15m.-3-16.  
 H. Q. 1772-39-819.

Sheet No. 2.

Mrs. M. Welsh

Name of Soldier

Welsh E. J.  
62 Bn. E. E. 7.

L. L. Job 95618--M. & D. 6555.

PAYMENTS.

464380

Month.	Year.	Cheque No.	Amt.	Remarks.
			20-	
April	1916	X 2852	4000	March to April
May		J 4120	20	
June		S 4187	20	
July		T 11764	20	
Aug.		Q 15879	20	
Sept.		W 20110	20 -	
Oct.		W 25501	20	
Nov.		M 27471	20	
Dec.		K 35974	20	
Jan.	1917	F 41188	20	
Feb.		J 48042	20	
March		Q 53834	20	
April		K 5399	20	20 (circled)
May		K 11934	20	
June		J 9327	20	20 (circled)
July		L 25465	20	
Aug.		R 33145	20	
Sept.		J 40452	20	
Oct.		Q 45303	20	
Nov.		T 54229	20	
Dec.		N 63392	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: **WELSH Emery Jay**  
 EFFECTIVE DATE: 1/5/16 EFFECTIVE DATE: NUMBER: 464 380  
 AMOUNT: \$20.00 AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

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 M. Welsh  
 1557 11<sup>th</sup> Ave. west  
 Vancouver B.C.  
 (mother)  
 AUTHORITY: DD.108 19/10/18, 102 B.N.  
 DATE EFFECTIVE: 1/10/18  
 RANK OR APPOINTMENT: PK  
 112. 31/10/18. " 1/10/18. ✓ 44pl  
 15. 18/3/19. " 14/2/19. ✓ 1500  
 SGT

UNIT AND TRANSFERS  
 ORIGINAL UNIT: 62nd Bn  
 DATE ACCOUNT FIRST OPENED: 17/5/16  
 AUTHORITY: DATE EFFECTIVE: DATE LEDGER SHEET T'S F'D: UNIT TRANSFERRED TO:  
 102nd Bn  
 Canada

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
27/4	4080	French	30 70				5 18
7/5	5728	A. Wing	£ 2				9 73
10/5	6253	✓	£ 5			Lea Hall	25 58
			39 50			Lpc	13 96

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	10	10		
	115	15		
	135	15		

PARTICULARS OF RENDERING NON-EFFECTIVE *Discharged to Canada 1.6.19. NS784 15.5.19 NO 11-B. 1st Lt H.K.D. 1st Lt Original P.P.B.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									35 55		
Apr	P. P.	33	-	47. 4.4.18- 102 B. (1)	4 46						
				A.P.				20			
				115 28/4 - " - (2)	3 57				40 53		
		33	-		8 03			20			
May	P. P.	34 10	-	A.P.				20			
				170 8/5 ✓ (3)	4 46						
				234 17/5 ✓ (10)	3 57				46 59		
		34 10	-		8 03			20			
June	P P	33	-	A.P.				20	59 59		
				294 3-6-18 ✓ (4)	4 46						
				354 19/6 ✓ (10)	3 57				51 56		
		33	-		8 03			20			
July	P P	34 10	-	A.P.				20	65 66		
				421 4/7 ✓ (10)	4 46						
				476 7/7 ✓ (10)	3 57				57 63		
		34 10	-		8 03			20			
Aug	✓	34 10	-	A.P.				20			
				539 6/8 11CDB (5)	3 57						
				591 7/8 ✓ (10)	3 57				64 59		
		34 10	-		7 14			20			
Sep	✓	33	-	A.P.				20	77 59		
				8134 8/9 C Details (2)	5 35						
				2C (4) 6/11 11CDB (2)	5 840						
				621 8/9 ✓ (10)	8 92				492		
		33	-		72 67			20			

COMPILED BY *L. S. B.*  
 CHECKED BY *L. S. B.*

*ford*

*492 cleared 28/11/18*

NUMBER 464380 RANK

SGT. ~~PTE~~

NAME WELSH E. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									492		
Oct.	C.P.	3720		AP				20			
				AR 775. 5/10/18 11 CID	373						
				" 891. 13/10/18 "	373				1466		
	DIFF C. & L/S Pay 1/10-31/10/18	310							1776		
		4030			746			20			
Nov	L/S. PAY.	395		AP.				20			
				AR 1035. 19/11/18 102 Bn.	1306						
				" 1107. 3/12/18 "	933						
				" 967. 10/12/18 "	373						
				" 1179. 15/12/18 "	560						
Dec	L/S. P.	4030		AP.				20			
Jan	"	4030		AP.				20	4564		
		11960			3172			60			
Feb	"	3640		AP.				20			
				AR 1222 6/1/19 "	560						
				" 1332 14/1/19 "	560						
				" 1415. 15/1/19 "	746						
				" 1595. 4-2-19 "	1866						
				" 1664 16-2-19 "	746						
Mar	"	4030		AP.				20			
	Diff L/S. & S Pay. 14/2-31/3/19	920		AR 1824 3-3-19 "	730						
				" 1913 15-3-19 "	548						
				" 1886 " "	730						
				Exp. 56782 29-3-19	973						
				" 56799 " "	1460				235		
		8790			8919			40			
Apr.	L.P.	45-		AP.				20			
				" 52861. 2/4/19	943						
				" 58929. 4/4/19	243						
				" 1468. 30/3/19.	913				606		
May	"	4650		AP.				20			
				" 48. 14/4/19.	698				2558		
				" 5928. 7/5/19. Allwing bbb.	943						
				" 4080. 29/4/19. b & b. Name	548						
				" 6253. 10/5/19. Allw. bbb.	2433						
				" 7803. 19-5-19 ✓ (End)	487				1883		
		9150			3228			40			

So S. to Canada. Eff. 31-5-19  
S. 68. 260R







War Service Badge  
Class "A" No. 307818

Occupational Group No. 1

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

D.A.I.T.

1. No. 464380 M

2. Rank. Sgt.

3. Name. Welsh Emery

4. Unit. 102nd Bn.

5. Date of Discharge 14/6/19 Place ~~Toronto~~ Det. Vancouver B.C.

6. Reason for Discharge Demob.

H

7. Authority. No 11 dd DO 168 June 17-19

8. Proposed Residence after Discharge 1557 - 11th Ave. W.  
Vancouver B.C.  
62 Bath 28-9-15

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

E. J. Welsh

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Dispersal Station "711" JUN 14 1919 Military District No. 12

Date JUN 14 1919

MEDICAL DOCUMENTS  
 FORWARDED TO  
 S.C.R. OR I.P.C.  
 ON 98-6-19

Signature *Wm J. Mauretano* Embkd 31-5-19

Signature *Cecil Roberts*  
(O. C. Discharging Unit.)

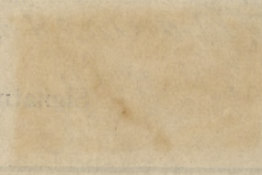
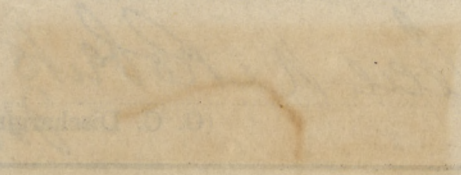
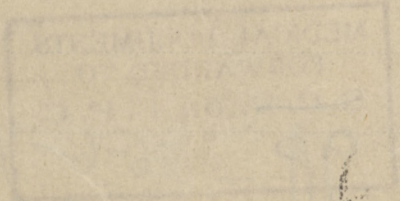
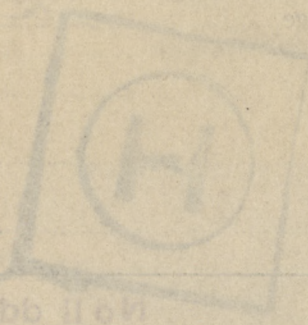
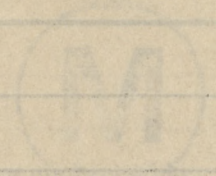
AS  
15-11-57

copy

PROCEEDINGS ON DISCHARGE

SHORT FORM NO. 1031

1. Name		2. Rank	
3. Date of Discharge		4. Place	
5. Reason for Discharge			
6. Authority			
7. Proposed Residence after Discharge			
8. CERTIFICATE TO BE SIGNED BY SOLDIER			
I hereby acknowledge that in the undersigned place and date I received my discharge Certificate			
Signature of Soldier			
CONFIRMATION			
The discharge of the above named man is hereby confirmed			
Date		Place	
Signature of Official			



LIST OF DISCHARGE DOCUMENTS

Amputation Paper, Triplicate	Medical Form W. 123
on Particulars of Remarks	Medical Form W. 123
Field Conduct Sheet	Medical Form W. 123
Casualty Form	Medical Form W. 123
Last Day Certificate	Medical Form W. 123
Certificates that missing documents are reinstated	Medical Form W. 123
Medical History Sheet	Medical Form B. 214 or A. R. 123
Proceedings of Medical Board	M. F. 123 or A. R. 123
Personal History Sheet	Medical Form B. 214
Medical Report	M. F. W. 123 or D. M. S. 123
Regimental Conduct Sheet	Medical Form B. 214
Company Conduct Sheet	Medical Form B. 214

**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).
13. Pay Book (A.F. 51).
14. War Service Certificate (Form M.F.W. 2595).
15. Salary Certificate (Form M.F.W. 2595).

Group B

Checked by No. 15 *[Signature]*

Date 30/10/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Mar. 1/1916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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# W

4348

### PARTICULARS OF SEPARATION ALLOWANCE

No. *464380*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *E. J. Welsh*  
 Battalion *62" Battrn C. C. F.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs. M. Welsh*  
 Address *1557-11" Ave W.*  
 Change of Address *Vancouver B.C.*  
 1  
 2  
 3  
 4

*92 19w/10*

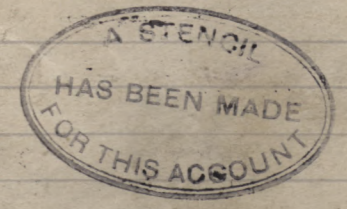
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>440</i>	<i>440</i>	
<i>Jan</i>	<i>X 72075</i>		<i>20</i>	<i>20</i>	<i>W</i>
<i>Feb</i>	<i>W 71739</i>		<i>20</i>	<i>20</i>	<i>ARK</i>
<i>March</i>	<i>X 91904</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April</i>	<i>W 14040</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>W 19883</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>R 29664</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>B 22986</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>V 39121</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>V 49399</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>K 51226</i>		<i>20</i>	<i>20</i>	<i>L</i>
<i>Nov</i>	<i>A 57200</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec 1919</i>	<i>N 64689</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>N 73924</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>V 79043</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>N 89055</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>V 1213</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>J 7289</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>N 10102</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>800</i>	<i>800</i>	

*01983 6. 11*

A/c Closed *30/6/19.*  
 Ret'd per *Mauretania*  
 Date *6/6/19* M.F.W. 187  
 Closed *13/6/19* *J. McEwan*

*MR P 111739 W Destoy 1374 RW*

M. F. W. 128.  
FORM 6-7-17239-1141  
L. L. 22230-M. & D. 7883.







MAUER ETANIA 6.6.19

AUDITOR *[initials]* PAYMASTER *[initials]*

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

REGT. No H64380 RANK Sgt NAME (IN FULL) WELSH E. J.

M. OR S. *S*

NEXT OF KIN RELATIONSHIP PARTICULARS EFFECTIVE DATE AUTHORITY ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS English. L.P.C. ad. 31.5.19 102 Bn

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE ASSIGNED PAY \$ 20<sup>00</sup> DATE EFFECTIVE closech 1.7.19

TO WHOM PAID RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS WELSH E. J.

ADDRESS 70. Bernard Street Dollanton

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE 25/9/1949 EFFECTIVE B.C.

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MD 11 14.6.19

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3									DEBIT	CREDIT		
31.5.19		150																		1396	1396	1396		
21.6.19	150	3150	3500						6.6.50	back train ch	4.87	500	9267	2000						12254	7000		other of \$35 <sup>00</sup> clothing	
										A Wing	4.87									4.87	74.87		error in English L.P.C. 4.87	
															1050					1050	8537		other chgs \$7.88 adj 7d overpaid	
	183		420		420															8537	33463			
																					5463	280		
									July 11		818530										70	210		
									Aug 14		839043										70	140		
									Sept 24		1590127										70	70		
									Oct 14		1596646										70	70		
									Nov 14		1588118										70	—		

War Service Gratiuity Service 3 years months 8537

183 days

420 00

420 00 R-10

Certified that all payments on this account for which authority has been received to date.

*[Signature]* Lieut. Paymaster, Demobilization Pay M.D. No. 11

I certify that all payments of War Service Gratiuity have been made on this account according to the printed of Service shown on the M.F.W. 2695 receipt.

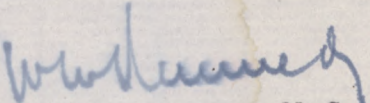
*[Signature]* Officer in Charge War Service Gratiuity M.D. No. 11



Hastings Park, Vancouver, B. C.

JUN 14 1919

This is to certify that the physical condition  
of the within named man has not changed since date of  
Overseas Board herewith attached.

  
Capt. C. A. H. C.

Handwritten text, possibly a name or address, appearing as bleed-through from the reverse side of the page.

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Handwritten text, possibly a name or address, appearing as bleed-through from the reverse side of the page.

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Handwritten text, possibly a name or address, appearing as bleed-through from the reverse side of the page.

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

S.H.

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 Bramshott Camp DATE 12-5-19

1. 1 (a) Unit 102 ad Bn (b) Regimental No. 464380 (c) Rank Sgt  
 (d) Surname WELSH (e) Christian name Emery Jay  
 (f) Home address 1557 11th Ave W. Vancouver BC  
 (g) Next of Kin Margaret Welsh (h) Relationship Mother  
 (i) Address of Next of Kin 1557 11th Ave W. Vancouver, B.C.

2. Age last birthday 23 Date of birth 7-5-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon (b) Date 28-9-15

4. Personal description:  
 (a) Height 5' 6" (b) Weight 135 (c) Complexion Fair  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. nil

5. Former trade or occupation Student

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
	3	226

	PERIODS	
	From	To
Canada	28-9-15	1-4-16
England	1-4-16	25-5-16
France or other theatres of War	25-5-16	Present

7. Original disease, or injury V.D.S.

(a) Date of origin June 1916 (b) Place of origin England  
 (c) Cause Infection

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.)

V.D.S. No disability

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.)

Wasserman Report 9-5-19

No physical signs of lues

Wasserman negative

Can Gen Lab Witley sd/ C.J. Garofield, Capt

(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 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....no Respiratory System.....no Integumentary System.....no

Disturbances of Mentality.....no Digestive System.....no Muscular System.....no

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

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

Sore on penis June 1916 admitted to Hospital In Hospital two months

No signs of V?D?S. since discharge from Hospital

a) Weakness of sight, moderate, for body, or of some of its parts, for

10.—(b) 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.)

Mumps 1908 recovery Tonsillitis 26-8-16 to 15-12-16 Recovery

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

n.a.

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

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital treatment 4-12-16 to 12-2-17 606 & Hg

9 (a) above?

System no  
Sugar will be excluded.)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Suggested that he be dealt with on arrival in Canada in accordance with

P.C.O. 47 of 20-1-19

System no

System no

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

17. Recommendations nil

sd/ H.B. Eames, Capt.

Medical Officer by whom the case is brought forward.

two months

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 E.J. Welsh, 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 nothing

sd/ Sgt. E.J. Welsh, Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No) ~~Yes~~ 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)
- (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.)

Suggested that he be dealt with on arrival in Canada in accordance with

- (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.)

P.C.O. 47 of 20-1-19

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

Auth:- A.G. Tel 9083 of 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.

Bramshott

sd/ D. Nathan, Capt. President.

PLACE.....

12-5-19

DATE.....

sd/ R.K. Johnston, Capt.

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.

PLACE.....

DATE.....

APPROVED BY

sd/ H. McKenzie, Capt. for Assistant Director of Medical Services.

DATE 12-5-19

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED A TRUE COPY

*H. D. Davidson*

CAPT CAMC