

ORIGINAL

951175

ATTESTATION PAPER.

No. 2 CONSTRUCTION, D.R. C.E.F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Mesley*
- 1a. What are your Christian names? *Benjamin*
- 1b. What is your present address? *Berfville Yarmouth County*
2. In what Town, Township or Parish, and in what Country were you born? *Berfville Yarmouth County*
3. What is the name of your next-of-kin? *Frederick Mesley*
4. What is the address of your next-of-kin? *Berfville Yarmouth County*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *1895 17th March*
6. What is your Trade or Calling? *Laborer*
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* ~~*yes 27 B. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 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1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135.*~~

Description of Benjamin Wesley on Enlistment.

Apparent Age.....21.....years.....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' 5" ft.....ins.

Chest measurement. { Girth when fully expanded.....36 ins.
Range of expansion.....3 ins.

Complexion.....dove

Eyes.....dove

Hair.....black

Religious denominations. { Church of England.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....Baptist
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*.....him.....for the Canadian Over-Seas Expeditionary Force.

Date.....August 15 1916

Place.....Barnum

D. H. Williamson M.D.
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.

.....Benjamin Wesley.....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.

D. H. Sutherland (Signature of Officer)

SEP 13 1916

Date.....1916

28-319
mbo
WESLEY Benjamin

Plc. 931175
O. H. M. S.

2 Conot. Ba.

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850M-5-13

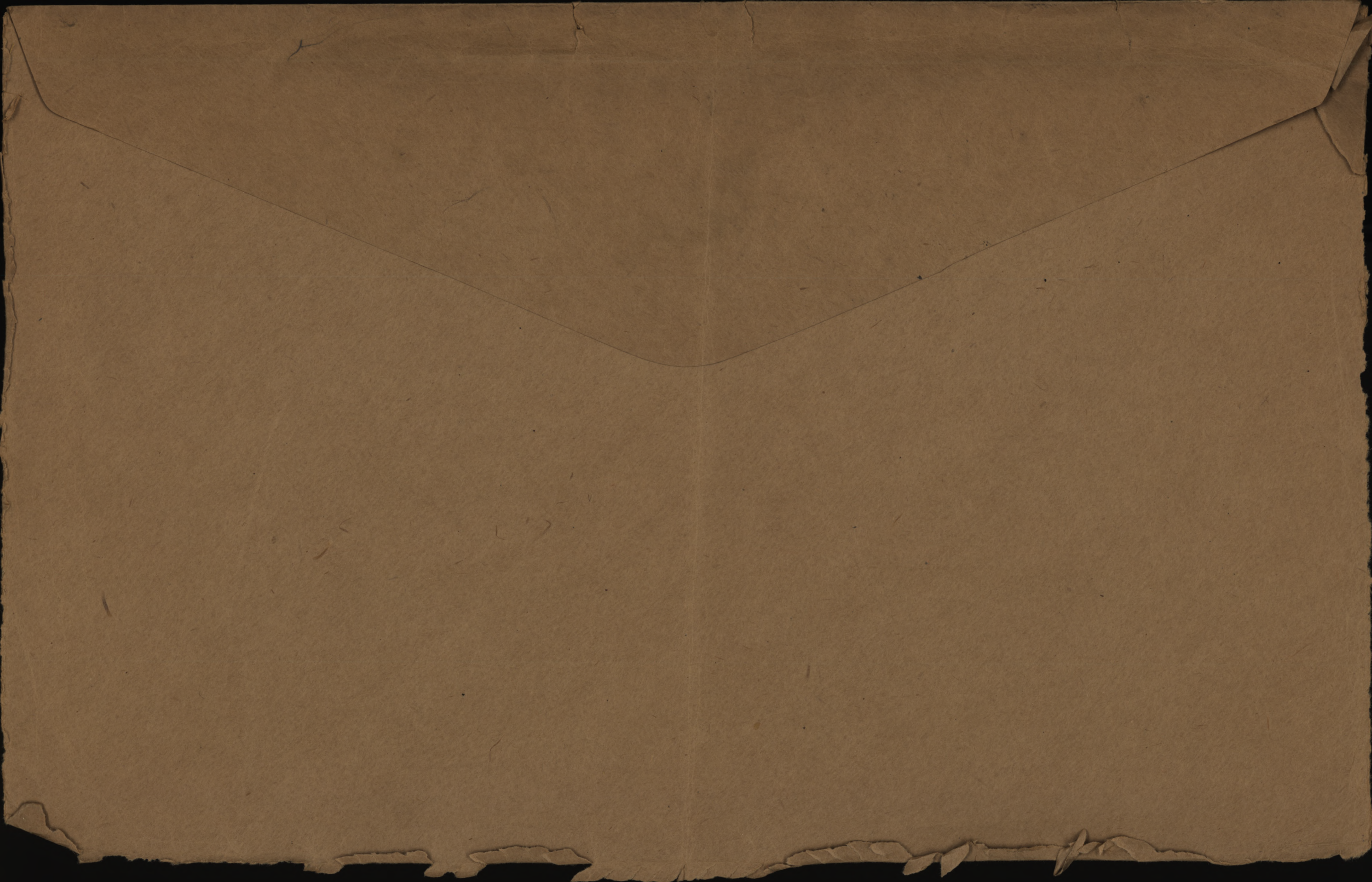
H. Q. 1772-39-67

W. C. C. B.

14278

10.235

2
12-16
12-16
8-16



931175
I.D. number
No. d'identification

Worley
Surname
Nom de famille

Benjamin
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

14278
Box - 10, 235

“CONTENTS CONFIDENTIAL”
“CONTENU CONFIDENTIEL”



MD
Number

931175-

Rank

PTE

Surname

WESLEY

Christian Name

Benjamin

Units

C.F.C.

Theatre of War

France

Date of Service

1/4/18

Remarks

Latest Address

Yarmouth
N.S.

Roll No.

200m.-2-21.M.

B. Page 13237.

DESB

MAY 13 1922

REQ

N

YV32979

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. NO.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C151	Can. Spec. Witley Camp	21-2-18	V. H. G.
@ 161	"fis" ch."	15-3-18	" " "

SURNAME.

Wesley

CHRISTIAN NAMES

Benjamin

REGL. NO.

931175

RANK

Pte.

UNIT

No. 2 Construction

FORMER CORPS

C. M. R.

CARD NO.

4

6

805 Dis 4-3-19

demob FOLL. 5.51

5060 of 1-2-19.

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wesley, Frederick

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Greenville, Yarmouth Co., N.S.

COUNTRY OF BIRTH

Canada Greenville, N.S.

DATE

1895

PLACE OF ATTESTATION

Yarmouth, N.S.

DATE

Aug. 15th 1916

M/C 25-1-19 256 6

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

Sent off Canada per M. J. Muscavice details 5/27/18

M. F. W. 22. 100M. -8-10. H. Q. 1772-39-339.

MARRIED

SINGLE

yes,

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

21

YEARS

—

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSTION

3

INCHES

COMPLEXION

Dark

EYES

Dark

HAIR

Black,

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Yarmouth, N. S.

DATE

Aug. 15th 1916

Present Address:— Greenville, Yarmouth Co., N. S.

No. 931175 RANK

Pte

NAME

Wesley, Ben.

T. O. S.

UNIT

Campcraft Battalion

M. D.

6

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1918
Jan 11918
Jan 31

2nd Cons Bn
 Deserter Returned
 1-1-18
 Disposed Pay 31-1-18
 on Transfer P.S.

DO 2 of 2-1-18
 DO 57 of 26-2-18



No. 931175 RANK Pte

NAME Wesley Benjamin.

T. O. S. 15-8-16

UNIT

No 2 Construction Battalion

A.D. 15 23-8-16

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 15	Aug 31	n		
Sept.		n		
Oct.		n		
Nov.		✓	Forf. 1 day's pay a w. l.	N.O. 76 13-11-16
Dec.		✓		
1917 Jan	1917	✓		
Feb.		n		
Mar 1	Mar 25	n		

[illegible]

Name Lesley B. Rank Pvt Regtl. No. 931175
 Original unit 2nd Bn Present unit 1st Bn M. or S. A Age 22 Religion Bapt Ref. H.Q. 74-N-562
 Port, ship and date of arrival Halifax, N.S. "Essex" 22/19
 Next of kin Father, Mr. Fred Lesley
 Address on leave 10 Leonard St. LaSalle, Yarmouth, N.S.
 Address on discharge
 Transportation issued ☒ Yes ☐ No Date Character on discharge
 Previous occupation Labourer Date and place of enlistment Yarmouth, N.S. 15/10/16
 Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29/1/19	T.O.S. from 12/1/19 Port of LaSalle	29
4-3-19	DISCHARGED at Halifax, N. S.	60

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192.

150m. 5, 18

1772-39-1243

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Wesley. B.

931175.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

U.S. 17R.

DATE OF ADMISSION

Can Spec. Withly.

21.2.18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V.O.G. _{h20}

1.

2.

3.

DISPOSITION

DATE

REMARKS

BL. 6.3.18. C/51.
18-3-18 C/61.

Dis: - 15-3-18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M. d. No 6.

NAME OF SOLDIER (Block Letters)

Wesley. B.

REGIMENT

No 2 Construction

RANK

Private

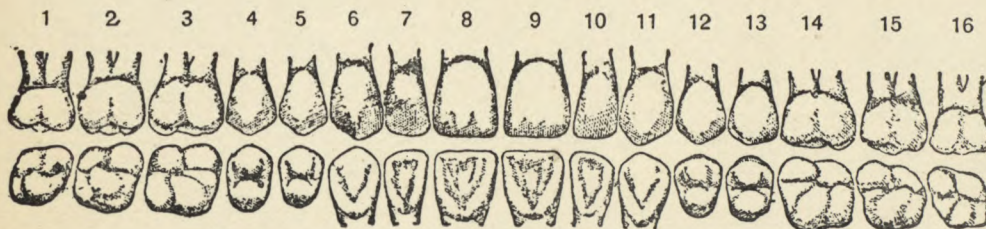
No.

931175

Date of Examination in England

31/12/18

Date of Examination in France



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?

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

Signature of Dental Officer

H. W. Reid
Capt

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.

KINNEL PARK,
NORTH WALES.

11

三

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 931175 Rank Pte. Name Wesley B.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
90 Year. 7/0/3.	No. 6 D.O. Hlfr. Cary Co.	22.11.9	Do 29.	Am. Ferguson	Lieut. ASST. ADJT. No. 6 DISTRICT DEPOT
3-19	DISCHARGED at Halifax, N. S		Do 60	C. W. MacChesney	CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.]

[P.T.O.]

[illegible]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931175 (Rank) Private

Name (in full) Benjamin Wesley enlisted in
the # 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Yarmouth N.S. on the 15th
day of August 1916

HE served in 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 23 years 11 months

Height 5 feet 4 inches

Complexion Dark

Eyes Dark

Hair Black

B Wesley

Signature of Soldier

Marks or Scars

Nil

J. M. Hughes LCPT
for O.C. DISCHARGE SECTION NO. 8 DISTRICT DEPOT
Issuing Officer

Date of Discharge March 4, 1919

Rank

Signed at Halifax N.S. this 12th day of March 1919

Appointment

in Military District No. 6 (Six)

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.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps *1st Construction Batt. C.E.F.*

Regimental No *931175*

Rank *pt*

Name *Benjamin Wesley*

Enlisted (a) *15-8-16*

Terms of Service (a) *period of war*

Service reckons from (a) *15-8-16*

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) *Rasor*

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				
		<i>arrived in England</i>		<i>16.2.18</i>	
		<i>Taken on strength #6 Casualty Unit.</i>		<i>1.1.18</i>	<i>[Signature]</i>
		<i>Embarked for O.S. at Halifax N.S.</i>		<i>3/2/18</i>	<i>LIEUT, O. i/c Casualty Unit, M. D. 6</i>
<i>22.2.18</i>	<i>OC 17th</i>	<i>105 & shown On Cmd to Seg. Camp Bramshott</i>		<i>17.2.18</i>	<i>PT Order 45</i>
<i>15.3.18</i>	<i>17th</i>	<i>Reported off Cmd do</i>		<i>18.3.18</i>	<i>PT Order 63</i>
<i>25-3-18</i>	<i>O.C. 17th S.O.S. on transfer to Can. For. Corps.</i>		<i>Bramshott.</i>	<i>25-3-18.</i>	<i>Pt. 11. Order. 71.</i>
<i>26.3.18</i>	<i>O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale</i>		<i>25.3.18</i>	<i>Pt. 11. D.O. 73</i>	<i>144th Lieut., Asst. Adj., 17th Canadian Res. Bn</i>

(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

CERTIFIED CORRECT.

12 APR 1918

LONDON.

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	Report	Place	Date	Remarks
2-4-18	OC. b. b. b.	502 BASE DEPOT C.F.C. SUNNINGDALE	London	1-4-18	PT. II. DO. 1-4-18
3/4/18	OC. b. b. b.	on transfer to France	London	3/4/18	N.R. 612. O/20. D/12/4/18.
5/4/18	"	Left for unit.	London	5/4/18	N.R. 1141. D/5/4/18.
13.4.18	OC.	Ar. at unit.	London	8.4.18	B. 213.
23.4.18	"	Date LOS v. b. b. b. chgd. to	London	2.4.18	O/23. D/23/4/18.
11/18	MAH	Tran to Eng. posted to N.S. Reg. Depot	London	14/18	KA 344
17-12-18	N.S.R.D.	LOS. 9 attached to and b. b. b. for Quarters 9 rations	London	14-12-18	DO 2 305
12/1/19	NSRD	ON COMMAND TO CDD Kimmel Rhyl	BRAMSHOTT		
		LOS OMTC on transfer to CE of Discharge Canada. Discharge for 4			
		Embarked for Canada			
		12/1/19			

Lieut. Gen. - Col. A. A. G.
Canadian Section G. H. O. 3rd Echelon. B. E. F.

NSRD 313 27/18
PART II D.O.

ba. Knight
LIEUT.
OFFICER of RECORDS,
NOVA SCOTIA REGTL. DEPOT.

ET. Rank Name WESLEY, Benjamin Reg'l No. 931175
 Nova Scotia Details, If in perm. Corps, }
 Unit to 17th Res. Bn. What Unit? }
 Married or Single Single.
 Place and Date of Enlistment Yarmouth, August 15th. 1916. Place of Birth Grenville.
 Name and Address, Next-of-Kin Frederick Wesley,
 Grenville. Yarmouth, New Brunswick, Canada Relationship Yarmouth Co.,
 Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. N. 6767
 File R.L.
 Category OR CAN

Discharge, Date and Place

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.				
	C				
22.2.18	17 th Res TOS from Canada. on	Arrived in England	St. B'shott	17.2.18	PT # 0.45
15.3.18	" Off Comd from Segregation Camp.		"	15.3.18	— 63.
25.3.18	" SOS to Can For. Corps		"	25.3.18	-71 (R# 0 72 d/ 26-3-18)
2-4-18	BDCTC B.O.S. to Col Const Coy France		"	1-4-18	" 49 (TOS) 40 20 Recd
16.12.18	NSRD. TOS from 2 nd C.D.		" B'shott.	14.12.18	SO 305 & 71 / 19.12.18
27.12.18	HSRD O/C to C.D.D. Rhyl		"	27.12.18	- 313
25.1.19	NSRD O/C to C.D.D. Rhyl.		"	12.1.19	- 18.
	SOS to 668 Canadian				

file

103 CHECKED
 10 APR 1918

[illegible]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1185 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 931175..... Rank..... Pte..... Name..... Wesley, B.....
(Surname first)
Unit 2nd. Bn..... who was* Discharged
On 4-3-19..... 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from... 1-3-19..... to ... 4-3-19..... 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... 4..... days at \$. 1.....c.....		4.00
Field Allowance..... 4..... days at \$.c. 10.....		40
Separation Allowance Nil.....		35.00
Clothing Allowance \$ 35.00.....		
Post Discharge Pay W.S.G. \$ 70.00.....	70.00	
*Other Credits		
Advances \$ 39.40.....	39.40	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. Debit.....		70.00
Total	109.40	109.40

*Give particulars.

A monthly stoppage of \$..... 15.00..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... Feb..... 191..... 9..... }
and Separation Allee. for month of..... 191..... } (to) Assignee Mrs. D. Wesley,
(Address) Greenville, Yarmouth Co., N.S.
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

A.A.C.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single..... Single.
(2) Separation Allowance, entitled or not No..... (3) Reason for discharge..... Demob.
(4) Authority for discharge or transfer D. 060.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date .. 3-3-19.....

Place Halifax, N.S.....

W. W. Dwyer, CAPTAIN,
PAYMASTER, NO. 3 DISTRICT DETACHMENT.
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

[illegible]

M.D. No. 6
No. 53

THE UNIVERSITY OF CHICAGO

Medical Examination upon leaving the Service **of an Officer fit for general service or a Soldier fit for duty.**

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

Rank Pte Name Wesley Surname Ben
 Unit or Corps 17 Reserve Bn (If a soldier) Regtl. No. 931175
 Born at Yarmouth on date March Seventeen 1896
 Signature (for identification) B. M. Esby

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

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

Weight 145 lbs.
 Height 5 ft. 4 ins.

no

2. NUTRITION AND DIATHESIS

Good

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

3. NERVOUS SYSTEM

no

4. RESPIRATORY SYSTEM.

no

5. HEART

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM

no

8. GENITO-URINARY SYSTEM

Urinalysis—S.G.? 1020 Reaction? ac Albumen? 0 Sugar? 0

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

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

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

Good

Examined at Kinmel Park
 Date 2/1/19

Signed H. P. Smith Capt. M.O.
 Signed W. A. Jones Lieut. M.O.

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

Medical Examination upon leaving the Service

At the Office of the Surgeon General, Washington, D.C.

1892

11. 14. 1892
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11. 14. 1892

11. 14. 1892

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11. 14. 1892

11. 14. 1892

Duplicate Duplicate Duplicate MEDICAL HISTORY SHEET

Surname Wesley Christian Name Benjamin

Examined	on <u>15</u> day of <u>August</u> 191 <u>6</u> at <u>Yarmouth</u>	Approved by	<u>S.W. Williamson M.D.</u>
Birthplace	City or Town <u>Greenville</u> County <u>Yarmouth</u>	Rank	M.O.
Apparent age	<u>21</u>	Date	Fit or Unfit
Trade or occupation	<u>Labourer</u>	EXAMINED FOR RE-ENGAGEMENT	
Height	<u>5</u> feet <u>5</u> Inches		M.O.
Weight	<u>149</u> lbs.		M.O.
Chest measurement	Minimum <u>33</u> inches Maximum expansion <u>36</u> inches		M.O.
Physical development	<u>good</u>		M.O.
Small-pox Marks	<u>Nil</u>		M.O.
Vaccination Marks	Arm Right Left Number <u>Nil</u>	Date	Result
When Vaccinated last		VACCINATIONS	
(a) Marks indicating congenital peculiarities or previous disease	<u>Nil</u>	<u>18/10/16</u>	<u>L.T.B. D. Murray L.T.</u> M.O.
		<u>31/10/16</u>	<u>L.T.B. D. Murray L.T.</u> M.O.
		<u>12/11/16</u>	<u>L.T.B. G.A. Dunn</u> M.O.
(b) Slight defects but not sufficient to cause rejection	<u>Nil</u>	Date	Result
		ANTI-TYPHOID INOCULATIONS, ETC.	
		<u>9/3/17</u>	<u>A.D. Murray</u> M.O.
			M.O.
			M.O.

Enlisted on 16th day of August 1916 at Yarmouth

	CORPS	REG'T L NUMBER	HABITS	DATE
Joined on enlistment	<u>m2 Conston</u>	<u>931175</u>		<u>14/8/16</u>
Transferred to	<u>Bu CBT</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD			
STATION	DATE	DISEASE	RESULT
<u>Halifax</u>	<u>3-1-18</u>	<u>swifter</u>	<u>A II</u>

Surname.

Christian Name

[illegible]

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. 931175 Rank Pte Surname Mealey
(Give name in full)

Unit or Corps 2 D # 6 Birthplace Benjamin
Yarmouth N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 4 in. Colour of Eyes brown

Nutrition Normal

Pulse Normal

Condition of arteries Normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 5 ft.

Left 5 ft.

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

nil

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

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

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

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

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

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

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.

Yarmouth N.S.

(If space is insufficient, continue on back of form.)

[OVER]

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)
Date SignedM.O.

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

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)
Date SignedM.O.

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

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

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

Opinion as to general health and physical condition
Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?
(Answer "Yes" or "No".) (Subjective evidence may be sufficient in certain cases.)
Nervous System
Genito-Urinary System
Cardio-Vascular System
Respiratory System
Integumentary System
Digestive System
Alimentary System
Genito-Urinary System
Other general condition

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins No. 2 Construction Battalion

(2) Regimental Number 931175

(3) Full Name of Soldier Benzuman Wesley

(4) Place of Birth Greenville N.S.

(5) Are you married, or not? no

(6) If married, state,
(a) Full name of your wife no

(b) Present Postal Address Yarmouth N.S.

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls no

Also their names and ages

(9) Is your Father alive? ~~No~~ yes Frederic Wesley
If so, state name and address ~~no~~ Greenville, Yarnouth Co. N.S.

(10) Is your Mother alive? ~~No~~ yes Deborah Wesley
If so, state name and address ~~no~~ (as above)

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

(15) Are you insured? ~~No~~ yes

If so, in what Company? yes

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

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

SEP 13 1916

Date.....

C. H. Reis Capt
for Officer Commanding.

ASSIGNED
PAY.

ENGLAND or
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND or
CANADA.

NAME:- WESLEY

Benjamin

EFFECTIVE
DATE:-

Feb 1st 1918

EFFECTIVE
DATE:-

NUMBER:- 931145

AMOUNT:-

15⁰⁰

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.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

Mrs Debet Wesley
Greenville Yorkmouth Co
US Mother

Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- NKR Dft

DATE ACCOUNT FIRST OPENED:- Feb 1st 1918

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T S F D

UNIT TRANSFERRED TO

20

1/4/18

25/4/18

NKR
2 Cons Co

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

4.12.18

6760

C.F.C.5.

4.66

11.12.18

3594

B.D.R.G.

9.73

14.39

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS-CE
ALL'CE

1.00

10

PARTICULARS OF RENDERING NON-EFFECTIVE:-

March to Can Auth N.R 161. ¹⁷/₁₈ L.P.C.C. Bal. 102 ¹⁴/₁₈ - Ledger 117 ¹³/₁₈

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fwd								45 40		
Apr	P. Pay	33 =		Can ass Pay				15 =			
				AR 40057 451 293 - C.F.C.	5 78						
				AR 273 274 - C.F.C. Jura	3 57						
				AR 1672 183 17 Res	14 60						
				Can AR 162 3/4 - B.D.C.F.C.	4 87				34 58		
		33			28 82			15 =			
May	P.P.	34 10		Can ass Pay				15 =			
				AR 414 9/5 C.F.C. Jura	3 57						
				428 275 -	3 57						
				Dr of Can (67930) 2/10 - re							
				931175							
		34 10		Can AR 162 3/4 - B.D.C.F.C.	7 00				39 54		
				257180	14 14			15 =			
June	P. Pay	33 =		ass Pay				15 =			
				AR 715 7/6 C.F.C. 5	3 57						
				AR 878 27/6 - Jura	3 57				50 40		
		33			7 14			15 =			
July	P. Pay	34 10		Can a.P.				15 =			
				AR 955 10/7 C.F.C. 5	3 57						
				✓ 1099 25/2 ✓	3 57				62 36		
		34 10			7 14			15 =			
Aug	P.P.	34 10		Can a.P.				15 =			
				AR 1263 10/8 C.F.C. 5	3 57						
				AR 1477 25/8 ✓	3 57				1/4 32		
		34 10			7 14			15 =			
Sep	P.P.	33 =		Can a.P.				15 =			
				AR 1678 5/9 C.F.C. 5	3 57						
				AR 1882 24/9 ✓	3 57				85 18		
		33			7 14			15 =			

NUMBER 931175

RANK *RG*

NAME *WESLEY - B.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Oct</i>									8578		
	<i>pp.</i>	<i>3410.</i>		<i>cap.</i>				<i>15</i>			
				<i>2264</i>	<i>67C5</i>	<i>12.10</i>	<i>373</i>				
				<i>2329</i>	<i>✓</i>	<i>26.10</i>	<i>373</i>		<i>9682</i>		
		<i>3410.</i>					<i>746</i>	<i>15</i>			
<i>Nov</i>	<i>✓</i>	<i>33.</i>		<i>cap</i>				<i>15</i>			
				<i>2700</i>	<i>✓</i>	<i>11.11</i>	<i>373</i>				
				<i>2919.</i>	<i>✓</i>	<i>26.11</i>	<i>1306</i>				
<i>Dec.</i>		<i>3410</i>		<i>cap.</i>				<i>15</i>			
				<i>6760.</i>	<i>✓</i>	<i>10.12</i>	<i>466</i>				
				<i>3594</i>	<i>✓</i>	<i>18.12</i>	<i>973</i>		<i>10274</i>		
		<i>6710.</i>					<i>3118</i>	<i>30.</i>			
				<i>179.</i>	<i>10.1. Endorment.</i>	<i>Rhyl</i>	<i>973</i>				
				<i>B.O.B. 16 Janada. 12.1.19.</i>							
				<i>A.O. 18. 25.1.19. N.S.R.</i>					<i>9301</i>		
		-	-				<i>973</i>	-	-	-	

[illegible]

War Service Badge Class A.
No. 77682.

Issued

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931175
Rank	Private
Surname	Wesley
Christian name	Benjamin
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#2 Construction Bn C.E.F.
Date of discharge	March 4. 1919
Place of discharge	Halifax N.S.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	23 years 11 months.
Height	5 feet 4 inches.
Complexion	Dark
Eyes	Dark
Hair	Black
Trade	Laborer
Intended place of residence	Yarmouth, N.S.
(To be given as fully as practicable.)	
Descriptive marks	
Nil	
2. The above-named man is discharged in consequence of	
Demobilization	
Authority for discharge	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....
(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. B. Quisley (Signature of Soldier.)

(Date) March 1st 1919 R. Smith (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.
Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S. J.S. Davies (Signature)
(Date) March 14, 1919 O.C. Det 1 B.D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

John W. B. —

Reg. Conduct Sheet	Minuta form B. 203	Attestation Paper	Minuta Form W. 23
Squadron		or	
Battery	B. 203a	Particulars of Recruit	W. 133
Company		Proceedings on Discharge	B. 218
Field Conduct Sheet	W. 178		
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet	Minuta form B. 313		
Casualty Form	W. 24		
Medical Report for Invalids	B. 227	(a) Proceedings on Discharge	
Dental History Sheet	B. 462		
Last Pay Certificate	W. 44	(b) Attestation	
Duplicate Discharge Certificate	W. 30A		
Form of Will	W. 82	(c) Medical History Sheet	
Only if discharged "Medically unfit"			
Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Unobtainable

Officer Commanding

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
		or	
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	Particulars of Recruit	" W. 133
	or	Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Casualty Form	" W. 54	(a) Proceedings on Discharge	
Medical Report for Invalid§	" B. 227	(b) Attestation.	
Dental History Sheet	" B. 465	(c) Medical History Sheet.	
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			
Documents not accompanying this form should be crossed out.			

I hereby certify that the following documents are unobtainable.

9. Additional Certificate in the case of a Soldier who takes Officer Commanding.
on his own request.

10. Statement of Service.

Service toward Engagement to (the date to which the Record of Service is completed)

11. Confirmation of Discharge.

The discharge of the aforementioned man is hereby confirmed.

N.B.—In the case of a man discharged by purchase,
the date and number of Deposit Receipt with
amount of same is to be noted hereon.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Feb 1-18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *31175*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Benj Wesley*
 Battalion *#6 Gas Unit - Formerly 2 Const Bn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Deber Wesley*
 Address *Greenville Yac Co N.S.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
Feb	G 78141		15	15	R
Mch	M 79773		15	15	R
April	W 14175		15	15	✓
May	W 20025		15	15	✓
June	Y 22960		15	15	✓
July	B 23116		15	15	✓
Aug	V 37256		15	15	✓
Sept	V 47538		15	15	✓
Oct	K 51369		15	15	L
Nov	Q 57345		15	15	✓
Dec 1918	N 64800		15	15	✓
Jan	N 74058		15	15	✓
			180	180	

19131-B-1

N. 64800 Remailed 20-12-18.

A/c Closed *31-1-19.*
 Ret'd per *Empress of Britain*
 Date *31-1-19* M.F.W. 187 *ms #6.*
 Clerk *B. Lefort*

M.R.O. 52369. Det. 28-1-19 off Sub 29.9

M.R.O.I a. Rendered

MAR 22 1918

 AUTHORITY
 FOR
 NEW ACCT.

 M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1683.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
400M.-6-17-1772-39-1141
L. L. 22320-M. & D. 1193.

REGT. No. 931175

RANK *Pi*

NAME (IN FULL) Wesley B.

E. J. B. 21-1-19.
RELATIONSHIP

DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931175

RANK *lie*

NAME (IN FULL) Wesley B.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE

AUTHORITY

ORIGINAL UNIT
C.E.F.

IF IN P.F.
WHAT UNIT

ADDRESS

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

.....
TO WHOM PAID

RELATIONSHIP

ADDRESS

PAYABLE TO

RELATIONSHIP

 IF ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE _____

REASON

.....
AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

Certified that all payment on this acct. have been paid.

For Senior Officers Pay Schedule M.B. 6

[illegible]

ORIGINAL. MEDICAL HISTORY SHEET

Surname Wesley Christian Name Benjamin

Examined { on 15 day of Aug, 1916 at Yarmouth

Approved by J. H. Williamson M.D.

Birthplace { City or Town Greenville County Yarmouth

Apparent age 21

Trade or occupation Labourer

Height 5 feet 5 inches

Weight 129 lbs.

Chest measurement { Minimum 33 inches Maximum expansion 36 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left Number nil

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease nil

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18/10/16	L.I.R.	D Murray Lt M.O.
31/10/16	P.I.R.	D Murray Lt M.O.
12/11/16	L.I.R.	G A Dunn M.O.

Enlisted on 14 day of August 1916 at Yarmouth

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment				
	No. 2 CONSTRUCTION, D.M. C.E.R.	931174		14/8/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

Christian Name

Surnames

Christian Name Benjamin



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				
<i>Imun.</i>		22	1	17	1	2	17	<i>Tonsillitis</i>	11		
		20	2	18	15	3	18	<i>Gonorrhoea.</i>	24	<i>Pot permanganate irrigation bid. Apparently cured Discharge as per date</i>	<i>W. C. H. M.</i>

ORIGINAL
MEDICAL HISTORY SHEET

Surname Wesley Christian Name Benjamin

Examined { on 12 day of August 1916
at Yarmouth

Birthplace { City or Town Greenville
County Yarmouth

Apparent age 21

Trade or occupation Laborer

Height 5 feet 5 Inches

Weight 149 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number nil

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

nil

Approved by

J. W. Williamson M.D.

Rank M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
26/3/18	A	Lt. Roberts Capt. M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date	Result	VACCINATIONS
18/3/17		Dunn M.O.

M.O.

M.O.

M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18/10/16	L.T.R.	Dunn M.O.
31/10/16	L.T.R.	Dunn M.O.
15/11/16	L.T.R.	G A Dunn M.O.

M.O.

M.O.

M.O.

Enlisted on 14 day of August 1916 at Yarmouth

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	No. 2 CONSTRUCTION, Bn. C.E.F. 17th Pz Bn 2 Col Lab Bn	931175		14/8/16 15/3/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Halifax	Desertion	3/1/18	AW

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.

Christian Name *Benjamin*

[illegible]

143

Doc. 25

143

~~Doc. 25~~
NAM ROL
143

to date
5-11-7
75

