

ORIGINAL

931316

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Wesley*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *New Edinburgh NS*
2. In what Town, Township or Parish, and in what Country were you born? *New Edinburgh NS*
3. What is the name of your next-of-kin? *M^r Ambrose Wesley*
4. What is the address of your next-of-kin? *New Edinburgh NS*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *February 12th*
6. What is your Trade or Calling? *Labourer*
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? *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Wesley*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *October 13th* 191*6*. *William Wesley* (Signature of Recruit)
John Lambert (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Wesley*, 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 *October 13* 191*6*. *William Wesley* (Signature of Recruit)
John Lambert (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 *TRURO, N.S.* this *13th* day of *October* 191*6*

C. H. Reis bapt (Signature of Justice)

Description of William Wesley on Enlistment.

Apparent Age...25 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 ft. 5 1/2 ins.

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

Complexion.....Light

Eyes.....Brown

Hair.....Curly

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date.....October 9th 1916.....C. W. Rees M.D.C.M.

Place.....Weymouth Falls NS.....C. W. Rees 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.

.....William 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.

.....C. W. Rees Capt.....(Signature of Officer)

Date.....OCT 24 1916.....1916

REGIMENTAL DOCUMENTS

NAME

WESLEY WILLIAM

REGT. NO.

931316

UNIT

2 Co. Bn.

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

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

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

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

A.T.W. 3997

M.T.W. 142

JOM 81375

CHDC 5009A

M.T.W. 67

M.T.W. 142

REGT. NO.

931316

UNIT

2 Co. Bn.

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

DEATH

Category

DISCHARGE

Category

DEMOR.

DESERTION

12-18

12-18

7 18

1



Number 931316

Rank

Plc.

Surname

WESLEY

Christian Name

William

Units

C.O. R.C.C.

Theatre of War

France.

Date of Service

17-5-17

Remarks

Latest Address

Weymouth Bridge,

Digby Es.

Roll No.

N. 8

200m.-2-21.M.

B. Page 13236.

DESP. JUN 14 1922
REGN. No. *21048*

201

SURNAME.

CHRISTIAN NAMES

REGL. NO. 931316

RANK

UNIT No. 2. Construction

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

508 Dis 14-2-19.
 50430 FOLL 12-2-19
 Demob 15 11 2016

Bn.

Wesley, Mrs. Ambrose,
 Mother
 New Edinburgh, Digby Co.,
 N.S.

Canada New Edinburgh N.S. Feb. 12th 1891
 Truro, N.S. Oct. 13th 1916

N/b - 25-1-19 25 6 6
 71

From Halifax Mass. "Southland" 28/3/17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Teamster.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

25 YEARS

MONTHS

HEIGHT

5 FEET

5 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Light

EYES

Brown.

HAIR

Curly.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Keymouth Falls, N.S.

DATE

Oct. 9th 1916.

Present Address

*Keymouth Falls, Digby
Co., N.S.*

NAME

Wesley E. W.

REGT'L No.

9.31316

H. Q. FILE No. 649.

RANK AND CORPS

Lieut

2 Con

Nova Scotia Regt

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A259	C & C H La Joux Jura	29-6-18	Diarrhoea
A259	Discharged	30 6 18	,

No. 931316

RANK

Pte

NAME

Wesley William

T. O. S.

9-10-16

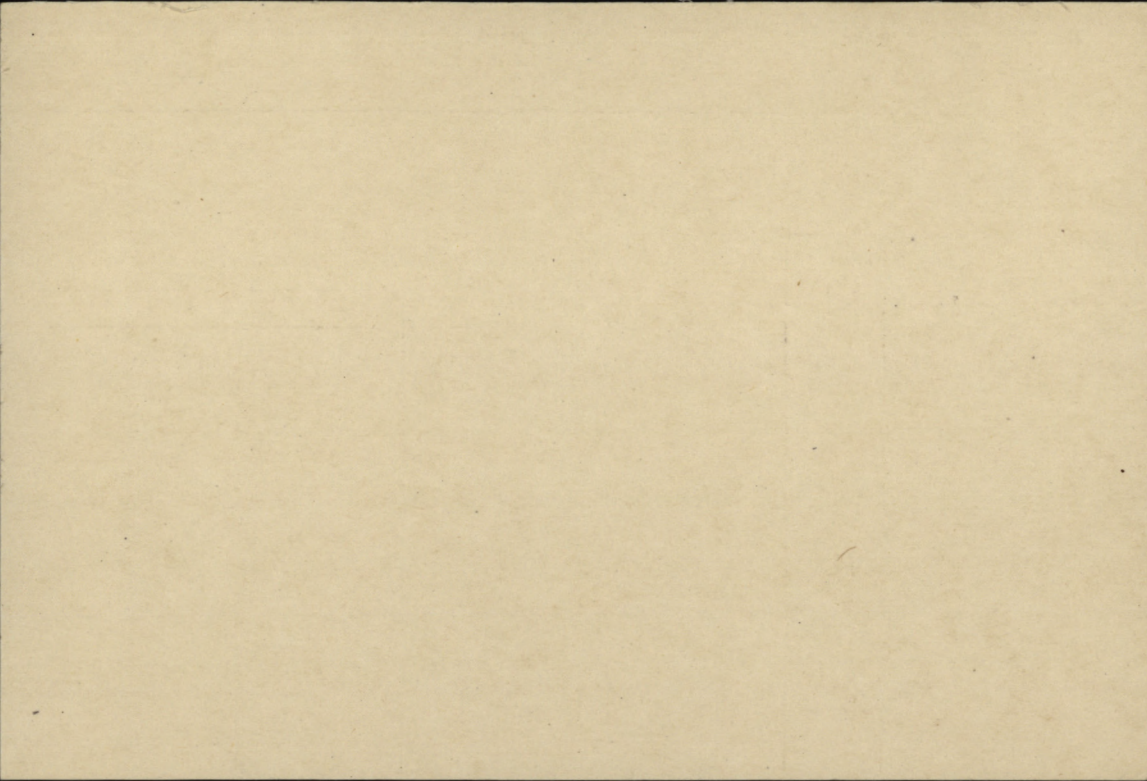
UNIT

No 2. Construction Battalion.

D.O. 5013.10.16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 9	1916 Oct 31	m.		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917	✓		
	Feb.	✓		
	Mar	m		



Name

WESLEY.

Unit

Can
2^a Tono! Co.

Next of Kin

Canada

Rank

pt

Reg. No. 931316

[illegible]

[illegible]

*Name *Lesley P.* Rank *Plt* Regtl. No. *931 316*
 Original unit *2nd Canadian Trench Coy. D.* Present unit *2nd Canadian Trench Coy. D.* M. or S. *M.* Age *27* Religion *Plt* Fyle Depot *74211-561* Ref. H.Q. *27/19*
 Port, ship and date of arrival *Halifax, N.S. 27/19*
 Next of kin *Mr. A. Lesley*
 Address on leave *Weymouth, N.S.*
 Address on discharge *Weymouth, N.S.*
 Transportation issued Yes ☒ No ☐ Date *13/10/16* Character on discharge *Good*
 Previous occupation *Teamster* Date and place of enlistment *13/10/16*
 Diagnosis *1* Date of Medical Boards *13/10/16*

Date.	Remarks.	Pt. 2 Order No.
<i>29/1/19</i>	<i>T. C. L. from 12/1/19 Posted back to 29/1/19</i>	<i>29</i>
<i>19</i>	<i>DISCHARGED at Halifax, N. S.</i>	<i>2043</i>

Date.

Remarks

Pt. 2 Order No.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Wesley.

W.

931,316.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

No. 1. (2 Con)

DATE OF ADMISSION

C. G. C. Hosp La Jout. Jura.

29.6.18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Dysentery. R.

1.

2.

3.

DISPOSITION

Disch 30-6-18.
DATE

Ch 9.7.18 2259.

REMARKS

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.

DUPLICATE

931316

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.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- 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, B'n. C.E.F.

(2) Regimental Number

931316

(3) Full Name of Soldier

William Wesley

(4) Place of Birth

New Edinburgh N.S.

(5) Are you married, or not?

No

(6) If married, state,

(a) Full name of your wife

—

(b) Present Postal Address

Weymouth N.S.

(7) Are you a widower?

—

(8) Have you any children?

—

If so, give number of boys and girls

—

Also their names and ages

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

If so, state name and address..... *No*

(10) Is your Mother alive?..... *Mrs Ambrose Wesley*

If so, state name and address..... *Weymouth MS*

(11) If your Mother is a widow..... *yes*

Are you her sole support, or not?..... *No*

(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.

Sister Mrs Robert
Weymouth Bridge
Dorset Co

(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*

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

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.

Date.....

OCT 24 1916

C. H. Reis Capt
for Officer Commanding.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

WESTON W.

REGIMENT

No 2 Const Bn

RANK

Pte

No.

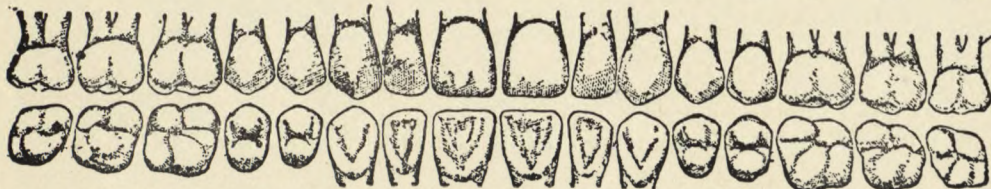
931316

Date of Examination in England

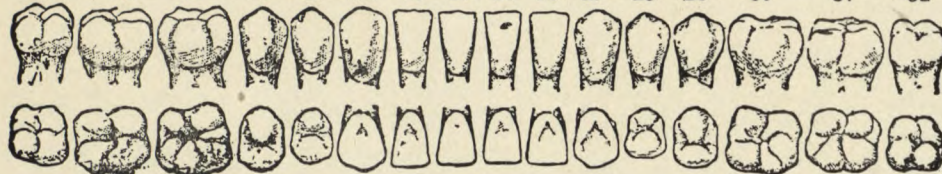
31/12/18

Date of Examination in France

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

DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. 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

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

A handwritten signature in dark ink, appearing to read "J. L. Ammerlaan".

1000
1000

WESTON W.
1000

1000
1000

1000

1000

1000

MEDICAL HISTORY SHEET

Surname Wesley Christian Name William

Examined { on 9th day of Oct 1916 at Weymouth Falls NS Approved by Dr. J. G. Macdonald

Birthplace { City or Town New Edinburgh NS Rank Sergeant M.O. County _____

Apparent age 25 years

Trade or occupation _____ M.O.

Height 5 feet 5 1/2 Inches M.O.

Weight 150 lbs. M.O.

Chest measurement { Minimum 33 inches M.O.

{ Maximum expansion 36 inches M.O.

Physical development Good M.O.

Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left M.O. Number None

When Vaccinated last never M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection

None

24/10/16 Dr. J. G. Macdonald Dr. Keut major M.O.

31/10/16 Dr. J. G. Macdonald Dr. Keut - major M.O.

7/11/16 Dr. J. G. Macdonald Dr. Keut - major M.O.

Enlisted on 9th day of October 1916 at Weymouth Falls NS

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>931316</u>		<u>10/9/16</u>
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.

Surname *Wendling* Christian Name *William*

[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. *931316* Rank *Pte* Surname *Wesley*
(Given name in full) *William Wesley*
Unit or Corps *D.D. 6* Birthplace *Weymouth, N.S.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *140* lbs. Height *5' 8"* in. Colour of Eyes *Brown*
Nutrition *Good*
Pulse *80*
Condition of arteries *normal*
Vision Rt. *6/6* Left *6/6*
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... *Good*

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

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

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

Weymouth Bridge.
N.S.

EXAMINATIONS
THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.O.

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

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

THIS SECTION FOR USE IN CANADA—

Examined at(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 a Medical Board).

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931316 (Rank) Private
Name (in full) William Wesley enlisted in
the #2 Construction Battalion
CANADIAN EXPEDITIONARY FORCE at Truro, N.S. on the 9th
day of October 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 28 years — months

Height 5 feet 3 inches

Complexion Light

Eyes Brown

Hair Curly

W Wesley
Signature of Soldier

Marks or Scars

Nil

C W MacAulney CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Date of Discharge February 14, 1919

Rank

Signed at Halifax, N.S. this 12th day of February 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 denobilization the particulars of this certificate will not be noted.
Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

H. Q. 1772-39-940.

No. 2 Construction Batt'n. C. E. F.

Qualification (b)

(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.]

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				
31.8.18	<i>see</i>	<i>Trained 14 days leave</i>	<i>et.</i>	27.8.18	<i>Despatched 27/8/18</i>
14.9.18	<i>as</i>	<i>Returned from leave</i>	<i>Quel</i>	18.9.18	<i>B213</i>
11.12.18	<i>RRH</i>	<i>Trans. to Eng. & posted to N.S. Reg Depot</i>	<i>Transhott</i>	14.12.18	<i>RR344</i>
<p><i>Ca Hewett</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, C. H. O. 3rd Echelon. C. E. F.</p>					
14.12.18	<i>N.S.R.D</i>	<i>S.O.S. attached to 26.6.18 for Qrs. Rations</i>	<i>B'shott</i>	14.12.18	<i>D.O. 305.</i>
<p><i>NSRD ON COMMAND TO</i> <i>ADD Kimmel</i> <i>Rhyl</i> <i>BRAMSHOTT</i></p>					
<p><i>12/1/19</i></p> <p><i>S.O.S. On 12/1/19 transfer to C.E.F. Discharge Canada Sailing No. 4</i></p> <p><i>Embarked for Canada. 12/1/18</i></p>					
<p><i>PART II D.O.</i> <i>NSRD 313 27/18</i></p> <p><i>Ca. Wright</i> <i>LIEUT.</i> OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPOT.</p>					

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 931316 Rank Pt. Name Wesley W.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

12.1.19 Oreas. 2/0/S. No. 6 G. D. & L. C. Co. 22.1.19 4029.	Am. Ferguson	ASST. ADJT. No. 6 DISTRICT DEPOT
74-2-19	DISCHARGED at Halifax, N. S. D. D. 43 for	Lib. 1 O. C. MISCELLANEOUS SECTION No. 6 DISTRICT DEPOT

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				

J.P. Rank

Name

WESLEY, William

Reg'l No.

931316.

Unit No.2. Const Bn.

If in perm. Corps
What Unit?

Married or Single

Single.

Place and Date of Enlistment Truro. N.S. 13th Oct. 1916.

Place of Birth New Edinburgh.
N.S.

Name and Address, Next-of-Kin Mrs. Ambrose Wesley.

New Edinburgh. N.S.

Relationship Mother.

Assigned Pay Monthly \$

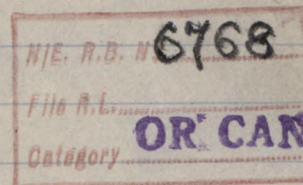
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England via S.S. Southland				7.4.17	Arrived
14-6-17	2nd Comd to Arrived in France		Field	17.5.17	F 20 115
16-12-18	NSRD TOS from 2nd Comd		13th Bde	14.12.18	200-71 d/19-12-18 2nd Comd
27-12-18	NSRD ofc to C.D.D Rhyl			27.12.18	313
25.1.19	NSRD ofc to Rhyl			12.1.19	18

A.F.B. 103 CHECKED
30 MAY 1918

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m.—10-17.
 H. Q. 1772-39-819.

To Whom *Mrs Ambrose Wesley* By Whom Assigned *Wesley. W*
 Address *New Edinburgh* Regtl. No. *931316.*
Digby Co Rank *pte.*
ns. Corps *2 Con. Bn.*
 Rate *\$ 30.00*

SPECIAL REMITTANCE

Sched 462. 20.11.17
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 <i>1917</i>			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>47756</i>	<i>30</i>	<i>Mailed 20.12.17</i>
Feb.				
March				

ASSIGNED
PAYENGLAND OR
CANADA.SEPARATION
ALLOWANCE.ENGLAND OR
CANADA.

NAME:-

WESLEY William

EFFECTIVE
DATE:-EFFECTIVE
DATE:-

NUMBER:-

931316

AMOUNT:-

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

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY

DATE
EFFECTIVEDATE LEDGED
SHEET T'S P'D

UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INKDATE OF
PAYMENTNUMBER
OF A.R.

UNIT PAID BY

AMOUNT

DATE OF
PAYMENTNUMBER
OF A.R.

UNIT PAID BY

AMOUNT

9/12 6761

8/12 3894

933.

973.

1906

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

1

10

PARTICULARS OF RENDERING NON-EFFECTIVE:

Discharge 1/19 NR 161

Lp 340²³Ledger 359²⁹

1918

PARTICULARS

CR 1

CR 2

PARTICULARS

DR 1

DR 2

DR 3

DR 4

BALANCE

DEFERRED

SEPARATION

MAR

Bal Forward

Apr

P. Pay

33 =

AR 10 8/4 CFC Jura

3 57

✓ 273. 27/4 - - -

3 57

33

7 14

308 69 190

May

P.P.

34 10

AR 14 4 9/5 CFC Jura

3 57

✓ 428 23/5 - - -

3 57

34 10

7 14

335 65 205

June

P. Pay

33 -

AR 7 15 7/6 CFC 5

3 57

GR. 173 28/6 JH.

50 00

AR 8 78 27/6 CFC Jura

3 57

33

57 14

311 51

July

P. Pay

34 10

AR 9 55 10/7 CFC 5

3 57

✓ 1099 25/7 ✓

3 57

34 10

7 14

338 47 235

Aug

P.P.

34 10

AR 12 63 10/8 67 65

3 57

AR 14 77 25/8 ✓

3 57

AR 3 25 24/8 CFC 5

97 33

AR 16 24 28/8 ✓

3 57

34 10

108 04

264 53 250

Sep

A.P.

33

CP 31330 6/9 London

34 07

AR 18 82 24/9 CFC 5

3 57

33

37 64

259 89

Oct

✓

34 10

2264 12/10 CFC 5

3 73

23 29 26.10 ✓

3 72

34 10

7 46

286 53 20

NUMBER		RANK		NAME									
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION		
Nov	P P	33		2700. 11.11 CFC 5.	3 73				286 53. 710				
				2919 26. "	3 73				346 17				
Dec.	✓	3410			—				295				
	Int on d/p P.	13 12			—				35929 300				
				6761 10.12 ✓	933				340 23 715.				
				3594 18.12 ✓	973				29988				
		8022			2652								
				180. 10.1.8 Rhyt	973								
				80.5 to Canada. 12.1.19									
				20.18.25.1.19. N.S.R.					33050				
		—	—		973	—	—	—					

205
 706
 1936
 33 98

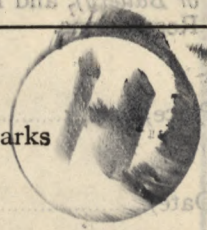
Pl 931316. Wesley. W

[illegible]

13-19-21-22
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.	931316
Rank	Private
Surname	Wesley
Christian Name	William
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. 7.
Date of Discharge	February 14, 1919
Place of Discharge	Halifax, N.S.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....28..... years.....—..... months.	Descriptive Marks  Nil.
Height.....5..... feet.....3..... inches.	
Complexion.....Light.....	
Eyes.....Brown.....	
Hair.....Curly.....	
Trade.....Seamster.....	
Intended place of residence	Weymouth Bridge Digby Co. N.S.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Demobilization	
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. 1	
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.)	
Decreased 4-5-66	

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Mr. G. B. L. 27

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.

(Place).....Halifax, N.S. W. Wesley?.....(Signature of Soldier.)

(Date).....February 12/1919 Geo. Orley.....(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. 26-2-19

(Date).....

(Signature).....

Damian

LIEUT. COL.

No. 6 DISTRICT DEPOT.

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.)

mil

W. W. W.

Reg. Conduct Sheet Militia Form B. 263	Attestation Paper Militia Form B. 235
Squadron Battery Company Conduct Sheet Militia Form B. 263a	Proceedings on Discharge B. 218
Copies of Convictions by C. F. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet Militia Form B. 313	
Medical Report for Invalid* B. 227	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate D. 877	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared).

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 B. 235.
Squadron Battery Company	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
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	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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.

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

Statement of Service.

Confirmation of Discharge.

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 Major Name Wesley Surname William
 Unit or Corps 17th Rec. Bn. (If a soldier) Regtl. No. 931316
 Born at Edinburgh N.S. on date twelfth February 1887
 Signature (for identification) Wesley William

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 135 lbs.
 Height 5 ft. 2 ins.

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? 64

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—S.G.? 1020 Reaction? ac Albumen? no Sugar? no

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 Kinnaird Park
 Date 2-1-19

Signed W. Stephens Capt M.O.

Signed W. Ernest Hume 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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931316 Rank Pte. #1111 Name Wesley, W.

Corps 2nd who was* Discharged

On 14-2-19 191, to 1-1-19 191.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191 to 14-2-19 191, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances } No. <u>A.R. 73 D.</u>	100	00	Reg't'l. Pay <u>45</u> days at \$ <u>1</u> c.	45	00
Cheques } No. <u>W.S.G. 15059</u>	70	00	Field Allow. <u>45</u> days at \$ <u>10</u> c.	4	50
Assigned Pay and Sep'n Allee. No.			Separation Allowances* (Monthly)		
Other charges <u>Regt. Fund</u>		05	Other Allowances* <u>Clothing</u>	35	00
Payment on transfer or discharge No. <u>13426</u>	286	23	Other Credits* <u>I.P.C.</u>	290	63
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	456	28	Total	456	28

*Give particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned
{ Pay for the month of 191 }
{ and Sep'n Allee. for month of 191 } (to) Assignee
(Address) NIL

(†) Insert amount to be assigned, whether it has been paid or not. A.A.C.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment
(2) if married and if a Separation Allowance Card has been submitted No
(3) cause of discharge Demob. authority D.O. 43
(4) authority for transfer

NOTE:—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20-2-19

Place Halifax, N.S.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

NO. 6 DISTRICT DEPT.
RECORD
CAPT
Paymaster No. 6 District Dept.
Paymaster.
HALIFAX

LAST PAY CERTIFICATE

On Tuesday 10th 1912

11. 9. 5. 18

800-22-7341 O.H.
878 Y.O. 8150-1700

M. OR S.

E. of B. 21-1-19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *931316*

RANK

Pi.

NAME (IN FULL)

Wesley W.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		1		L.P.C.	2nd C. Bn.	TRANSFERRED TO	DATE AUTHORITY
		10				TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS	Dorchester Bridge	
						Sigby Co. N.Y.	
					STOP PAYMENT FORM	EFFECTIVE	
					ASSIGNED PAY RENDERED, DATE		
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						14/2/19 Remot	86 DODG

BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

[illegible]