

ATTESTATION PAPER.

No. 53403

Folio. 6
14

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Arthur E. Wilson*
 2. In what Town, Township or Parish, and in what Country were you born?..... *London Eng.*
 3. What is the name of your next-of-kin?..... *Ernest Wilson Brother*
 4. What is the address of your next-of-kin?..... *Clanworth Oct*
 5. What is the date of your birth?..... *July 12 1890*
 6. What is your Trade or Calling?..... *Blacksmith*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
 9. Do you now belong to the Active Militia?..... *No*
 10. Have you ever served in any Military Force?.. *No military training but 5 yrs preparation in London & 5 Gaskford for Army or Navy.*
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*
- A. E. Wilson* (Signature of Man).
A. Little Capt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur E Wilson*, 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 *October 30* 1914. *A. E. Wilson* (Signature of Recruit)
A. Little Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur E Wilson*, 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 30* 1914. *A. E. Wilson* (Signature of Recruit)
A. Little Capt (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 *London* this *30* day of *October* 1914.

A. E. Wilson (Signature of Recruit)
A. Little Capt (Signature of Witness)
A. E. Wilson (Signature of Justice)
I certify that the above is a true copy of the Attestation of the above-named Recruit.
A. E. Wilson (Approving Officer)

Description of Arthur E Wilson on Enlistment.

Apparent Age 24 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded 34½ ins.
 Range of expansion 4½ ins.

Complexion fair

Eyes Blue

Hair light

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

Vacc left arm
Old fracture left arm

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 30 1914.

Place London

Geo C Hale
 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.

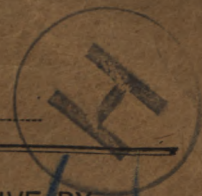
Arthur E Wilson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Wesmingle (Signature of Officer)

Date Nov. 28th 1914.

REGIMENTAL DOCUMENTS

NAME Wilson Arthur Edward REGT. NO. 53403 UNIT 2nd Bn. 6th 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)

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

1 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)

2 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)

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

Misc

1 *let 3*

1 *A.F.B. 341*

1 *6 A 40 3 2099*

2 *misc*

1 *1149*

1 *entry card*

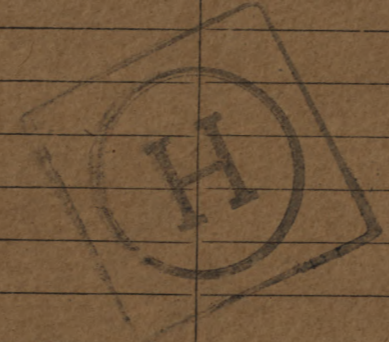
DEATH

Category

DISCHARGE

Category *Demol.*

DESERTION



26048

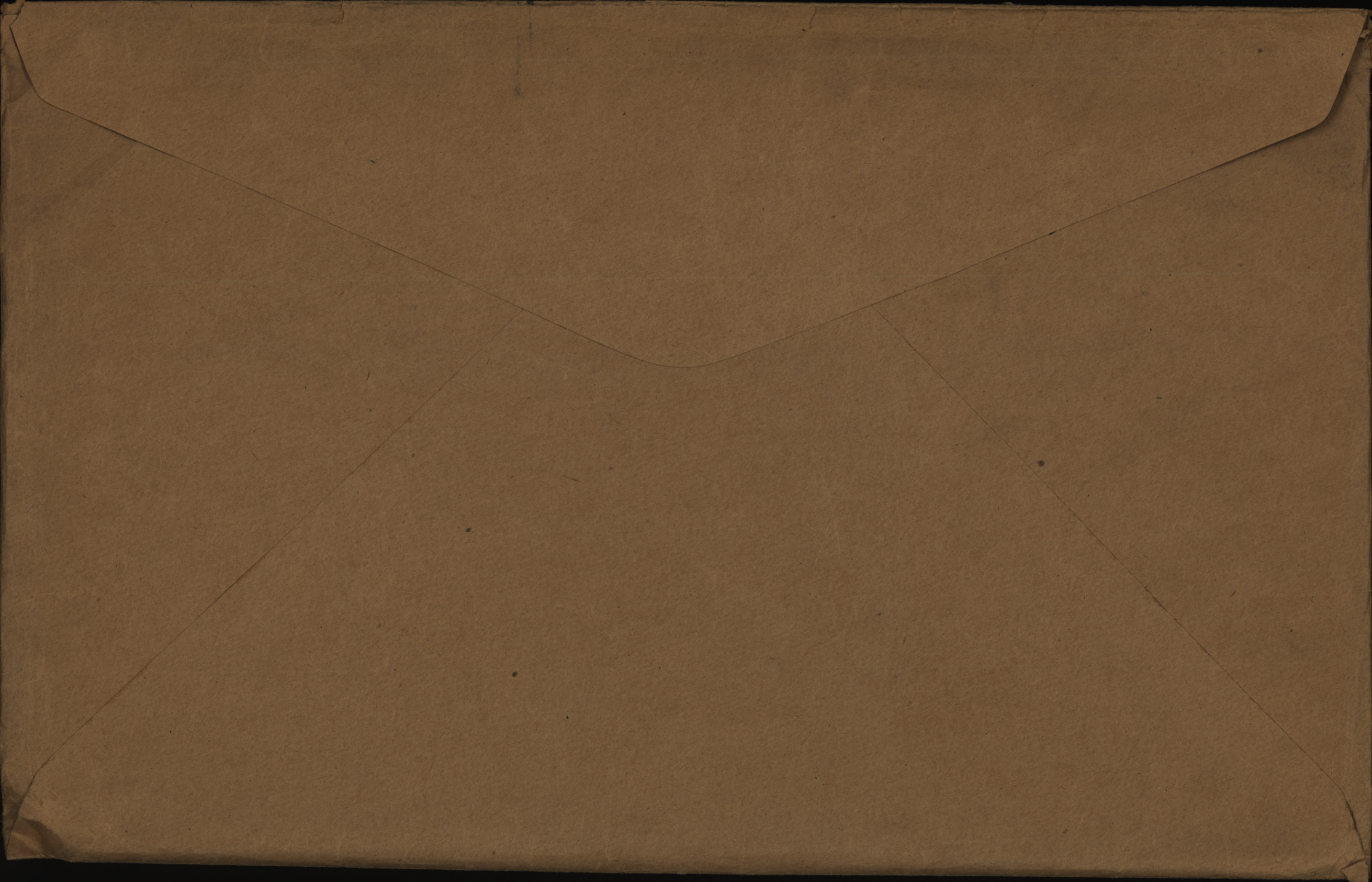
2

21-5

16-5

3-5

2



SURNAME.

Wilson

Uⁿ 2 CARD NO.

CHRISTIAN NAMES

Arthur, E.

*Sold. Dis 25-5-19 20^{month}
FOLL.
No. 156 of 5-6-19 #280*

REGL. NO.

53403

RANK

Pte.

UNIT

18th. Battalion.

FORMER CORPS

Imperial Service.

also notify

~~NEXT OF KIN.~~

next of kin.
CHANGE OF ADDRESS

NAMES IN FULL

Wilson Ernest.

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

Glanworth, Ont.

*Mrs E. B. Wilson
(P. 15)
53, Shorncliffe
Road.
Oxford Eng.
64-21-38-1, 2/11/18*

COUNTRY OF BIRTH

London, England.

DATE

PLACE OF ATTESTATION

London.

DATE

Oct. 28/14 S.

L. L. 94504. M. & D. 6512.

*Sailed from Halifax per SS
"Grampian" 18-4-15*

R/C. 22-5-19 ³³¹/₈₂ Pte.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

*64
25*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Wilson A.

RANK AND CORPS

Pte

8
18th Battr

H. Q. FILE No. 649-

REGT'L. No. *53403*

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 241(1)	No. 6, Can. 7th. Amb, D, R. S.	2-6-16	Influenza
A 248(2)	" " " " "	9-6-16	Discharged to Duty
A 391	44 Cas Clg 3209-	29-11-18	Above Abscess
A 397	Discharged	2-12-18	" "

R. 149.

Arthur E.

Name Wilson, Rank Pte.

Reg. No. 53403

Unit 18th. Battalion.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2 6	No.6.C.F.A. D.R.S.		Influenza	A241		
9 6	Discharged to Duty		do	A246		

com.

W

X

X

Number 53403 Rank Pte.

Surname WILSON

Christian Names Arthur Edward

Unit 18th. Bn. Can. Inf. Theatre of War France

Date of Service 12.9.14

Remarks

Box 134 - Post office

Latest Address Belmont. Ont. ~~Y.P.C.~~

Page 2331

Roll No. 13

18th

4 14784 8 exp

APR 23 1921

9 53535 00M SEP 20 1921

Surname: *Hilson* Christian Name or Names: *A. E.* Reg. No.: *53403*
 Rank: Hospital: *Pte.* Unit: *18* Co.: *4 Batt.* Troop: *2* Batty.: *M G E.*
 Date of Admission: *2. 4. 16.*

6 *Can of Amb Div West Stat* Hosp. *2. 6. 16*
44. C. C. D. Hosp. *29. 11. 18*
 Hosp.
 Hosp.

Diagnosis: *Influenza*
 (1) Later Diagnosis (if changed)

(2) *alveo abscess*
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

6. 14. 16 A241

" 20. 6. 16 a246(2) Dis

9. 12. 18 a391.

16-12-18 A397

REMARKS

9. 6. 16

Dis 2-12-18

A.M.D. 2 Dept.

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

51

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 198212

THIS IS TO CERTIFY that No. 53403 (Rank) Private

Name (in full) Arthur Edward Wilson enlisted in the 18th O.S. Batta

CANADIAN EXPEDITIONARY FORCE at London on the 30 day of October 1914

HE served in 2nd Batta C.M.G.B. France

Demobilization.
and is now discharged from the service by reason of ~~Medical Unfitness.~~

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

Age 27
Height 5ft 6in
Complexion Fair
Eyes Blue
Hair Light

Marks or Scars Nil

A. E. Wilson
Signature of Soldier.

H. Sargent
Issuing Officer

Date of Discharge
TORONTO
MAY 25 1919
No. 2 DISTRICT DEPOT

FOR O. C. No. 2 D. D.
Rank

Date MAY 25 1919 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.
M.F.B. 39A.

EYE EAR NOSE AND THROAT CLINIC

Witley Camp. Surrey

Date 2-5 1919

Reg. 5-3403 Rank Pvt Name Wilson A E

Unit 2nd Bn M.G.

WITHOUT GLASSES

WITH GLASSES
(as per prescription below)

SPH. CYL. AXIS.

Visual acuity rt. 6/9 with

Visual acuity lt 6/24 with

+2.00

6/12

Category recommended is A

Glasses not ordered

Original disease or injury Refractive error

Date of origin adolescence

Place of origin

Cause

Present disability Hypoxia

Remarks

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT AND HAS.....
BEEN CAUSED BY SERVICE. HAS.....BEEN AGGRAVATED BY SERVICE

L.B

W. J. MacDonald.

Captain. C.A.M.C.
Eye and Ear Specialist
Witley Camp
Surrey

UNITED STATES AND FOREIGN OFFICE

Wiley G. ...
Date

No.
Unit

UNITED STATES
OFFICE OF THE
ATTORNEY GENERAL
WASHINGTON, D.C.

INTERNAL SECURITY

with
with
Original process or return
Date of origin
Place of origin
Class
Section number
Index

UNITED STATES AND FOREIGN OFFICE
DATE OF ORIGIN AND PLACE OF ORIGIN

UNITED STATES
OFFICE OF THE
ATTORNEY GENERAL
WASHINGTON, D.C.

Eye Ear Nose and Throat Clinic.
Witley Camp, Surrey.

..... 17/4 1919.

Unit..... *2-d.B. M.G. Co*

Reg No. *53403* Rank *Pvt* Name *WILSON*

Original disease or injury. *Bilateral otitis media*

Date of origin. *1915. Gradually got worse.*

Place of origin. *France*

Cause. *Exposure*

Present disability. *RT-MT. Retracted - Sclerosed*

RIGHT. *RT* LEFT.

..... *21 ft* Voice *15 ft*

..... Weber Weber *→*

..... Rinne

..... Schwaback

..... Upper Lt.

..... Lower Lt.

Category. *A*

Remarks.

.....

.....

CONDITION WAS *not* PRESENT BEFORE ENLISTMENT AND HAS.....

BEEN CAUSED BY SERVICE.

H.S. BEEN AGGRAVATED BY SERVICE.

W. Macdonald

Captain C.A.M.C.
Ear Specialist.
Witley Camp, Surrey.

C O P Y.

FARNBOROUGH URBAL DISTRICT COUNCIL.

TOWN HALL, FARNBOROUGH.
18th February, 1919.

D.D.M.S.

Dear Doctor,

The Public Health (Pneumonia, Malaria,
Dysentary, etc., Regulations, 1919.

The above named regulations come into force on the 1st March, 1919, and in accordance with Article IV I beg to give you notice thereof.

Notification of Malaria, Dysentary, Trench Fever, and of Acute Primary Pneumonia and Acute Influenzal Pneumonia by Medical Practitioners

ARTICLE 5.

Subject the provisions of these regulations, and subject the provisions of Section 5 of the Local Government (Emergency Provisions) Act, 1916, every Medical Practitioner, as soon as he becomes aware that a person upon whom he is in Professional attendance is suffering from Malaria, Dysentary, or Trench Fever, or Acute Primary Pneumonia, or Acute Influenzal Pneumonia, shall forthwith make and sign and send or deliver to the Medical Officer of Health a notification of the case in the form and containing the particulars set forth in schedule "1" or schedule "3" as the case may be, of the Public Health (Notification of Infectious Diseases) Regulations, 1918, and shall transmit the notification to the Medical Officer of Health for the District.

Provided that a Medical Practitioner shall not be required to notify a case of Malaria, or Dysentary, or Trench Fever, under this article and shall not be paid a fee for so doing if the case has already to his knowledge been notified under these regulations or under the Infectious Diseases Notification Act, 1889, within the period of six months immediately preceding the date on which he first becomes aware of the disease in that case.

I hope to be able to send you a copy of the Order and Memorandum in the course of a few days.

Yours truly,

SGD. L. Croft Watts.
Medical Officer of Health.

Ref 38-3-0. Minute 2. March 15th, 1919.

All Medical Officers.

The above copy of extract from the Public Health Regulations, 1919, forwarded for your information and necessary action in case you should be medically attending a civilian in this country.

W. F. Nicholson
Major, C.M.D.

WFB/J.

D.D.M.S. Canadians, Jitley.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Wilson, Arthur Edward.
 2nd BATTN.
 REGIMENT CANADIAN MACHINE GUN CORPS. RANK Pte No. 53403
 Date of Examination in England 18/4/19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France yes

Signature of Dental Officer

W. H. Shepherd Capt.



Faint, illegible handwriting at the bottom left corner.

W.S.B. class "A"

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank S.W.Regiment or Corps 18th Battalion C.E.F.Regimental No. 53403 Rank Pte Name Wilson Arthur G.Enlisted (a) 30th Oct 1914 Terms of Service (a) War 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					

	18th Bn	Disembarked in France	Boulogne	15-9-15	Nom Roll	
3-6-16	5 C.F.A.	Influenza.	Adm. 5 C.F.A.	28-5-16	A 36.	DCS. 209.
do	do	do	Trans. to D.A. Stw.	2-6-16	do	do
3-6-16	6 C.F.A.D.R.S.	Influenza.	Adm. 6 C.F.A.D.R.S.	2-6-16	A 36.	DCS. 207.
10-6-16	do	Dischgd. to duty with unit		9-6-16	do	DCS. 210.
	A.A.G. Can Sect, G.H.Q., 3rd Beh.	Transferred to 4th Can Bde M. 4. Coy, struck off strength of 18th Can. Bn. Auth: Can Sect, G.H.Q., 3rd Beh., No. 294/841.	In the Field	6-7-16	B. 241.	Part II Order 29, 21 7/16.
	A.A.G. Com Sec 3rd. Beh. 4th Bde M.G. Coy.	Yakov on strength	Yield	7/6/16.	Kg 294/841 P.O. 27 d/21/7/16	
11-1-18	Ab Unit	Granted Permission to Marry in accordance with Order in Council, Canada, P.O. 1872 d. 6-7-14		11-1-18	OTH Orders, 5 d 18-1-18	KD 18/1352

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
19-1-18	Ob. Unit	Granted 14 days Leave		13-1-18	B213 Attached 4 d 24-1-18
2-2-18	do	Rejoined from Leave Absorbed into 2nd Batt'n		24-1-18	B213
30-11-18	6-C Fa.	Can Mach Gun Corps			
30-11-18	44 C.C.S.	Absence	To 44 C.C.S.	29-11-18	936 M 9765
8-12-18	44 C.C.S.	Absence	44 C.C.S.	29-11-18	936 M 8879
		do	To Duty.	2-12-18	936 M 1232
14-12-18	Unit	Rejoined from Hspl.	Field	4-12-18	B213
4-1-19	do	Granted 14 day leave U.K.		3-1-19	B213 P 1/19
1-2-19	do	Rejoined from Leave Proceeded to England	Field	24-1-19	B213 1

S.O.S on Proceeding to Canada

PART II ⁴⁴ H WING etc.

J. Fairclough

J. Skelton
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

MAY 14 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 156

MAY 25 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 156

W. C. Roberts

Lieut.
For O. C. No. 2 District Depot.

original
MEDICAL HISTORY SHEET

53403
B Co.
14

Surname Wilson

Christian Name Arthur Alexander

Examined { on 3rd day of November 1914
at London Ontario
Birthplace { City or Town Aberdeen
County Scotland

Approved by D. D. G. G. Major
Rank A.D.M.C. M. 1st Div.

Apparent age 25 years 11 months
Trade or occupation Labourer
Height 5 Feet 7 Inches
Weight _____ Lbs.
Chest measurement { Minimum 32 1/2 inches
Maximum expansion 35 inches
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right ✓ Left ✓
Number ✓
When Vaccinated last ✓
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS.
<u>20¹²/14</u>	<u>good</u>	<u>D. D. G. G.</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9¹¹/14</u>	<u>good</u>	<u>D. D. G. G.</u> M.O.
<u>19¹¹/14</u>	<u>good</u>	<u>D. D. G. G.</u> M.O.
		M.O.

Enlisted on _____ day of _____ 1914 at _____

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>18th Bn</u>	<u>53403</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.

Rank

Name

WILSON. Arthur. B.

Reg'l No. 53403.

Unit 18th Batt.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment

London. Ont. 30th Oct. 1914.

Place of Birth London. Eng.

Name and Address, Next-of-Kin

~~Ernest Wilson. Glanworth. Ont.~~MRS A. B. WILSON.
53 SHORNCLIFFE ROAD.
OXFORD. ENGLANDRelationship Brother. ^{WIFE}

Assigned Pay Monthly \$

Payable to

AUTH: - RL 29/10 10-18

Separation Allowance \$

Payable to

Relationship *etc*

Relationship

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				
29.4.15	O.C. 18 th Arr ^d	2. S. Grampan	England	29.4.15	Inform. Form
18-9-15	"	Embarked Overseas ('B' Coy)	Folkestone	14-9-15	Infm Form
20.6.16	18 th	No 6 Can. F. Amb. Div. Rest Str		2.6.16	Can. List A 241 Influenza
20.6.16	"	Discharged to Duty		9.6.16	246
21.7.16	"	Transferred to 4 th Can. Bde. Mach. Gun. Coy.	Field.	6.7.16	Pt IV L.D. 29.
"	can. mach. Gun Corp.	Taken on Strength	"	7.7.16	" " 27.
18-1-18	2 nd Lt. D. M. 460.	Granted perm. to marry	"	11-1-18	5.
15-3-18	"	Sp. to MG Corps On Strength 2 nd Bn. C.M.G Corps 19-3-1918	Pts Field	1-3-18	20
17-4-19	2 nd Bn C.M.G	Proc to Eng.	Pts Le Harve	12-4-19	Pt 2 DA 32

10969
7468

N/E. R. B. NO. 10969
File R.L.
Category OR GA

PTO

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>Sailing 55-I-558/14.5.19.</i>					
20-4-19	<i>7 Wing Ltd Lt Col W. H. W. H. W. H.</i>	<i>1st Lt from 2nd Lt Lt Col Pte</i>	<i>Witley</i>	<i>13-4-19 - 29</i>	
18-5-19	<i>W</i>	<i>Sgt to Comdr</i>		<i>14-5-19 - 44</i>	

(1.) *Miss Agnes Carter*
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *E. J. Wilson* By Whom Assigned *Wilson A. E.*
Address *15 Prospect Road, Hythe, Kent, England*
Regtl. No. *532403*

Rank *Pte*
Corps *B.C. 18th Batt. 667*
Rate *8/06* *APR 1 1916*
(1.) 20th 1st May 1917.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			(1.) 2m. 3 ⁴ / ₁₇ & 30 ⁴ / ₁₇ .
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		P 754	16 -	Duplicate sent to England. 30 ⁴ / ₁₇ cl.
June				
July		M 3951	8	
Aug.		M 5277	8 -	
Sept.		07005	8 -	
Oct.		P 7127	8 00	
Nov.		P 7262	8	
Dec.		P 9106	8	
Jan.	1916	W 7348	8 -	
Feb.		X 10849	8	
March		Z 14167	8 -	

ENGLISH
Duplicate sent to England.
30⁴/₁₇ cl.
E. J. Wilson
Hythe, Kent, England.

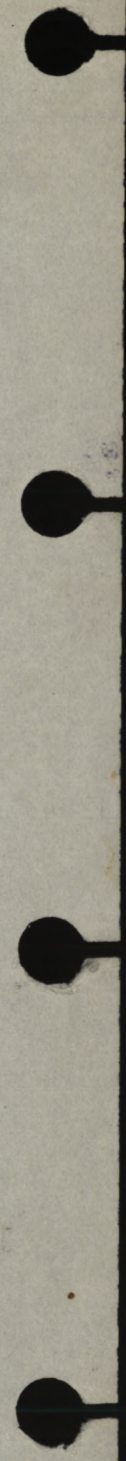
459

1

1
2
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10
11
12



(1) Miss Agnes Carter

MILITIA AND DEFENCE

M. F. W. 12a.
60m.-12-15.
1772-39-819.

ASSIGNED PAY

E. J. Wilson

OVERSEAS CONTINGENTS

Name of Soldier

Wilson A.E. 460

#53403

Photo

"B" 18 Bn

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$200 (1) 20th 1st May 1917.</i>
April	1916	T 1642	8	
May		S 5014	8	
June		38197	8	
July		B 9424	8	
Aug.		R 15793	8	
Sept.		H 19138	8	
Oct.		W 23657	8	
Nov.		I 29421	8	
Dec.		R 33113	8	
Jan.	1917	S 42548	8	
Feb.		R 45833	8	
March		R 52402	8	
April		T 5529	8	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Duplicate sent to England
ENGLISH

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

ASSIGNED PAY.

Duplicate

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name *Miss Agnes Carter*Name of Soldier *Wilson, Arthur Edward*Address *15 Prospect Rd,
Glythe,
Kent, Eng.*Regtl. No. *53403*Rank *Pte.*Corps *"B" Coy. 18th Batta.*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

*4th Bn. M G Co**(1) 20⁰⁰/_{xx} 15th May 1917.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>(1) 2 m. 3⁴/₁₇ & 30⁴/₁₇.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		<i>P. 754.</i>	<i>16 -</i>	<div data-bbox="1191 876 1792 1206" data-label="Text">FILE</div> <div data-bbox="1212 1206 2061 1519" data-label="Text"><i>Paid in Canada to E. J. Wilson. Glenworth P.O. Ontario.</i></div>
June				
July		<i>M. 3951.</i>		
Aug.		<i>N. 5277.</i>		
Sept.		<i>O. 7005.</i>		
Oct.		<i>P. 7127.</i>		
Nov.		<i>S. 7262.</i>		
Dec.		<i>T. 9106.</i>		
Jan.	1916	<i>W. 7348.</i>		
Feb.		<i>X. 10849.</i>		
March		<i>Z. 14167.</i>		

Canadian Pay Office.
Received by Pay II.

JUN 18 1917

and passed for action to
Sub-Div. Date

A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
J.		
K.		
L.		
M.		
N.		
O.		
P.		
Q.		
R.		
S.		
T.		
U.		
V.		
W.		
X.		
Y.		
Z.		

MILITIA AND DEFENCE
ASSIGNED PAY

Duplicate.

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *Miss Agnes Carter.*
 (Assignee)

OVERSEAS CONTINGENTS

Name of Soldier *Wilson, Arthur Edward,*
 # 53403. *Pte, "B" Coy. 18th Bn*

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				(1) \$ 20 ⁰⁰ / ₁₀₀ 1 st May 1917.
April	1916	T 1642.	8	Paid in Canada to E. J. Wilson, Glenworth T.O. Ontario. As pay checked & found correct
May		S. 5014.	8	
June		N. 8197.	8	
July		B. 9424.	8	
Aug.		R. 15793.	8	
Sept.		D. 19138.	8	
Oct.		D. 23857.	8	
Nov.		I. 29481.	8	
Dec.		R. 33713.	8	
Jan.	1917	S. 42548.	8	
Feb.		R. 45833.	8	
March		R. 52402.	8	
April		T. 5529.	8	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

H. M. G. Co.
 Canadian Pay Office,
 Received by Pay II.
 JUN 18 1917
 and passed for action to
 Sub-Div. Date

A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
P3		
Obs.		

✓ 28/6/17

Rank *Private* Name

Reg'l No.

WILSON. *If in perm. Corps,*
What Unit? *4th*

53403.

Unit

Married or Single

18th Batt.

Single.

Place and Date of Enlistment

Place of Birth

London, Ont. 30th Oct. 1914.

London, Eng.

Name and Address, Next-of-Kin

Ernest Wilson, Glanworth, Ont.

Relationship

Brother. ✓

Assigned Pay Monthly \$ *8.00*Payable to *E. J. Wilson**Glanworth P.O. Ont.*

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1/5</i>	<i>31/5</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>		<i>31</i>	<i>8</i>	✓	<i>33</i>	<i>110</i>		
<i>1/6</i>	<i>30/6</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>30</i>		<i>33</i>		<i>1750</i>	<i>8</i>	✓	<i>7550</i>	<i>860</i>		
<i>1/7</i>	<i>31/7</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>3410</i>		<i>7250</i>	<i>8</i>	✓	<i>3050</i>	<i>1220</i>		
								<i>173</i>	<i>173</i>						<i>1393</i>	<i>Ex. Exchange</i>	
<i>1/8</i>	<i>31/8</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>313</i>	<i>5920</i>	<i>8</i>	✓	<i>5750</i>	<i>1085</i>		
<i>1/9</i>	<i>30/9</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>30</i>		<i>33</i>	<i>400</i>	<i>268</i>	<i>8</i>	✓	<i>1068</i>	<i>3315</i>		
<i>1/10</i>	<i>31/10</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>3410</i>	<i>421</i>	<i>522</i>	<i>8</i>	✓	<i>1322</i>	<i>5403</i>		
<i>1/11</i>	<i>30/11</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>30</i>		<i>33</i>	<i>516</i>	<i>268</i>	<i>8</i>	✓	<i>1068</i>	<i>7635</i>		
<i>1-12</i>	<i>31-12</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>3410</i>	<i>586</i>	<i>713</i>	<i>8</i>	✓	<i>2463</i>	<i>8382</i>		
<i>1-14</i>	<i>31-16</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>3410</i>	<i>705</i>	<i>261</i>	<i>8</i>	✓	<i>1323</i>	<i>10669</i>		
<i>Feb</i>	<i>29</i>	<i>29</i>		<i>29</i>	<i>29</i>		<i>290</i>		<i>3190</i>	<i>801</i>	<i>262</i>	<i>8</i>	✓	<i>1323</i>	<i>12536</i>		
<i>Mar</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>3410</i>	<i>893</i>	<i>262</i>	<i>8</i>	✓	<i>1323</i>	<i>14623</i>		
				<i>336</i>			<i>3360</i>	<i>173</i>	<i>3733</i>		<i>13710</i>	<i>88</i>		<i>22510</i>		Checked <i>P.H.K.</i>	

BALANCE TRANSFERRED TO NEW LEDGER.

ASSIGNED PAY: *Canada* ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: *WILSON Arthur E.*
EFFECTIVE DATE: *1/4/18* EFFECTIVE DATE: *1/3/19* EFFECTIVE DATE: *16/1/18* NUMBER: *53403*
AMOUNT: *20⁰⁰* AMOUNT: *25⁰⁰*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: *Mrs A. Wilson (wife) same*
15 Prospect Rd, Yblyke, Kent P.307
53 Thorncliffe Road, Grays
137 Piper Ave, Grays
March 1919
as per (a r. 14/1/19)
Stopped 1-5-19
PARTICULARS OF RANK OR APPOINTMENT: AUTHORITY, DATE EFFECTIVE, RANK OR APPOINTMENT: *Private*
UNIT AND TRANSFERS: ORIGINAL UNIT: DATE ACCOUNT FIRST OPENED: AUTHORITY, DATE EFFECTIVE, DATE LEDGER SHEET T'SFD, UNIT TRANSFERRED TO: *2nd cl 9 Bn.*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS: UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/2</i>		<i>Z.M. Ages.</i>	<i>32</i>				
<i>2/3</i>	<i>3165</i>	<i>Bely.</i>	<i>365</i>				
<i>3/4</i>	<i>70</i>		<i>349</i>				
<i>18/4</i>	<i>1045</i>	<i>HCCC</i>	<i>4867</i>				
			<i>5613</i>				

DAILY RATES OF PAY AND ALLOWANCES: AUTHORITY, PAY, F.A., P.F.A., SUBS'CE ALL'CE: *1 10*

PARTICULARS OF RENDERING NON-EFFECTIVE: *30/4/19* *22/4/19* *Canada* *11/18* *727* *B'sholt* *Ledger Bal. Cr. 15970* *L.P.C. Bal. Cr. 10357*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal For^d</i>								<i>122 76 105</i>		
<i>April</i>	<i>P. Pay</i>	<i>33</i>		<i>A 22930</i>			<i>20</i>				<i>25</i>
				<i>AR 21 9/18 2ddy Bn</i>	<i>3 57</i>						
				<i>" 81 25/18 "</i>	<i>4 46</i>				<i>127 73 105</i>		
		<i>33</i>			<i>8 03</i>		<i>20</i>				<i>25</i>
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>		<i>A 26588</i>			<i>20</i>				<i>25</i>
				<i>AR 163. 10/18 "</i>	<i>3 57</i>						
				<i>" 234 19/18 "</i>	<i>4 46</i>				<i>133 80</i>		
		<i>34 10</i>			<i>8 03</i>		<i>20</i>				<i>25</i>
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>B. 42769</i>			<i>20</i>				<i>25</i>
				<i>AR 248. 2 MEB 6-6-18</i>	<i>3 57</i>						
				<i>" 326 " 23-6-18</i>	<i>4 46</i>				<i>138 77</i>		
		<i>33</i>			<i>8 03</i>		<i>20</i>				<i>25</i>
<i>July</i>	<i>P.P</i>	<i>34 10</i>		<i>C. 14960</i>			<i>20</i>				<i>25</i>
				<i>AR 382 2MY Bn: 6-7-18</i>	<i>8 03</i>				<i>144 84</i>		
		<i>34 10</i>			<i>8 03</i>		<i>20</i>				<i>25</i>
<i>Aug</i>	<i>"</i>	<i>34 10</i>		<i>655720</i>			<i>20</i>				<i>25</i>
				<i>" 612 " 1-8-18</i>	<i>3 57</i>						
				<i>" 811 " 22-8-18</i>	<i>3 57</i>						
		<i>34 10</i>			<i>7 44</i>		<i>20</i>		<i>151 80 105</i>		<i>25</i>
<i>Sept</i>	<i>"</i>	<i>33</i>		<i>694332</i>			<i>20</i>				<i>25</i>
				<i>" 1058 " 14-9</i>	<i>3 57</i>						
		<i>33</i>			<i>3 57</i>		<i>20</i>		<i>161 23</i>		<i>25</i>
<i>Oct</i>	<i>"</i>	<i>34 10</i>		<i>D 46138</i>			<i>20</i>				<i>25</i>
				<i>" 1312 " 15-10</i>	<i>7 46</i>						
				<i>" 1484 " 29-10</i>	<i>3 73</i>				<i>164 14</i>		<i>25</i>
		<i>34 10</i>			<i>1 19</i>		<i>20</i>				<i>25</i>

WR Aris
Stywood

COMPILED BY
CHECKED BY

over

NUMBER 53408

RANK

NAME WILSON

Arthur. E.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									164.14		
Oct 31	bal. fwd.										
Nov	W Pay	33		E. 16535			20				40
Dec	"	34.10		supper sec #10-56-07763			20				30
Jan	"	34.10		AR 1744 - 12/14/18 2bm 9.6 343							
Feb	"	191.20		AR 21901 210-56			50		201.61		30
Mar	W Pay	30.80			373		60				100
Apr	"	34.10		AR 2078 - 12/14/18 2bm 9.6 1298							
				AR 26 239 - 1/1/19 " " 5840							
				AR 2194 - 28/12 " " 130							
				AR 2226 - 1/1/19 " " 629							
				" 2528 - 28/1/19 " " 343							
				26113 - #10-56			20				30
				AR 2663 - 10/3 2bm 9.6 373 ✓							
				" 2832 24/2 " " 343 ✓							
				" 2049 - 11/3 " " 365 ✓					152.70		30
		24.90			93.81		20				
Apr	W Pay	33		March Japan				20			
	Int Def Pay 3074/19	14		April				20	159.70	105	
				AR 290 - 3/4 2bm 9.6 365							
				" 3163 21/3 " " 365							
				" 1048 19/4 11666 4867							
				" 3756 - 5/5 " " 963					94.00		
		47		(Car Exp)	68.90			40			
8 of 10 bar 10/5/19 mgl											

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *London, Eng.*
 NAME AND ADDRESS OF NEXT OF KIN *Ernest Wilson, Glamworth Ont.*
 RELATIONSHIP OF NEXT OF KIN *Brother*
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ *25.00* EFFECTIVE (DATE) *16/1/18.*
 PAYABLE TO *Mrs Agnes B. Wilson, 15 Prospect Rd. Hythe Kent.*
 RELATIONSHIP OF DEPENDANT *wife*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Has permission to marry.</i>	<i>11-1-18</i>	<i>B.O.S. 18-1-18 (2nd Sec)</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L. NO. *53403* RANK *1/c* NAME *Wilson Arthur E.*
 IF IN PERM. CORPS; WHAT UNIT *1st Lt* TRANSFERRED TO *b.b.A.C.* DATE *1.8.16.* AUTHORITY *Blag 21/1/16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *11th Bde M.G. Co.* DATE *28.7.16.* AUTHORITY *80 24.7.16*
 PLACE OF ATTESTATION *London, Ont.* TRANSFERRED TO *2nd* DATE AUTHORITY
 DATE OF ATTESTATION *30th Oct. 1914* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *800.00* DATE EFFECTIVE *1/5/14* *(cont. as pay ledger card)*
 PAYABLE TO *E. J. Wilson, Glamworth, L.C. Ont.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *April 1st 1918.*
 PAYABLE TO *Mrs Agnes B. Wilson, 15 Prospect Road, Hythe, Kent Eng.*
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
				<i>936.00</i>				<i>33.60</i>						<i>143</i>	<i>371.33</i>																					
<i>April 1-30</i>	<i>30</i>	<i>100</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>33</i>	<i>982</i>	<i>1025</i>																			
<i>May 1-31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>		<i>310</i>								<i>34</i>	<i>10</i>	<i>1049.15</i>	<i>1105.27.5</i>																		
<i>June 1-30</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>30</i>		<i>3</i>								<i>33</i>																					
<i>July 1-31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>		<i>310</i>								<i>34</i>	<i>10</i>																				
<i>Aug 1-31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>		<i>310</i>								<i>34</i>	<i>10</i>																				
<i>Sept 1-30</i>	<i>30</i>	<i>27</i>	<i>27</i>		<i>27</i>		<i>270</i>								<i>29</i>	<i>70</i>		<i>18th</i>	<i>188</i>	<i>137.16</i>																
<i>Sept 23-30</i>	<i>2</i>	<i>2</i>	<i>2</i>		<i>2</i>		<i>20.30</i>								<i>3</i>	<i>30</i>																				
<i>Oct 31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>		<i>310</i>								<i>32</i>	<i>10</i>	<i>111</i>	<i>7.0</i>																		
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>30</i>		<i>300</i>								<i>33</i>	<i>00</i>	<i>122</i>	<i>27.6</i>																		
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>		<i>310</i>								<i>34</i>	<i>10</i>	<i>166</i>	<i>41.2</i>																		
<i>Jan 31</i>	<i>31</i>	<i>34</i>	<i>10</i>		<i>31</i>		<i>310</i>								<i>34</i>	<i>10</i>	<i>154</i>	<i>20.11</i>																		
							<i>706.20</i>								<i>143</i>	<i>404.93</i>																				

E. J. Wilson

E

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 13

1. No. 53403.

2. Rank. Private

3. Name. WILSON Arthur Edward

4. Unit. 2nd BATTN. CANADIAN MACHINE GUN CORPS

5. Date of Discharge. MAY 25 1919 Place Toronto Ont.

6. Reason for Discharge. DEMOBILIZATION
FMB Minnekahda
MAY-14-19
DIS. MAY-28-19

7. Authority. No. 2, D. D., Part II, D. O. No. 156

8. Proposed Residence after Discharge. Belmont Ont.
G. P. O.

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.?
Arthur Edward Wilson
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place. TORONTO
Date. MAY 25 1919

No. 2 DISTRICT DEPOT
MAY 25 1919
TORONTO

Signature. H. Seymour
(O. C. Discharging Unit.)
FOR O. C. No. 2 D. D.

Start 3/11/19 m.s.

SHORT FORM
PROCEEDINGS ON DISCHARGE

(Personalization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. R. W. I.</p> <p>Signature of Soldier</p>	
<p>10. CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place</p> <p>Date</p> <p>Signature (Of C. Discharging Unit)</p>	

LIST OF DISCHARGE DOCUMENTS

Attention Paper, Triplicate Military Form W. 13

or Particulars of Discharge Military Form W. 133

Field Conduct Sheet Military Form W. 178 or A.F.R. 132

Casualty Form Military Form W. 84 or A.F.H. 101

Last Pay Certificate Military Form W. 44

Certificate that missing documents are unobtainable

Medical History Sheet Military Form B. 313 or A.F.H. 135

Proceedings of Medical Board M.N.B. 201, A.F.H. 119 or A.F.A. 41

Dental History Sheet Military Form B. 483

Medical Report M. R. W. 130 or D. M. S. 1375

Regimental Conduct Sheet Military Form D. 333

Company Conduct Sheet Military Form B. 262

1. Triplicate Attention Paper (M. W. 13) 2

2. Attention Paper (M. W. 13) 2

3. Medical History Sheet (M. H. S. 135) 2

4. Proceedings of Medical Board (M. N. B. 201) 2

5. Dental History Sheet (D. H. S. 483) 2

6. Last Pay Certificate (M. P. C. 44) 2

7. Certificate that missing documents are unobtainable 2

8. Copy of Discharge Certificate (M. D. C. 133) 2

9. Field Conduct Sheet (F. C. S. 178) 2

10. Proceedings of Medical Board (M. N. B. 201) 2

11. Proceedings of Medical Board (M. N. B. 201) 2

12. Last Pay Certificate (M. P. C. 44) 2

13. Last Pay Certificate (M. P. C. 44) 2

14. Company Conduct Sheet (M. C. S. 262) 2

15. Company Conduct Sheet (M. C. S. 262) 2

Checked by _____
Date _____

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. 179).
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 80)
(Enclosed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 80a).
10. Dispersal Certificate (C.D.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 27) and Clothing.
12. Last Pay Certificate (P. 851) + Sup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2695).
15. Sundry Documents.

Group B
 Checked by No. 11
 Date 11 MAY 1919

DUPLICATE.

53403

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

14

Surname Wilson Christian Name Alexander Arthur

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Aberdeen County Scotland

Examined ... { on 3rd day of November 1914.
at London, Ontario.

Declared Age ... 25 years 11 months. days.

Trade or Occupation ... Labourer.

Height ... 5 feet, 7 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 32½ inches.
Range of Expansion 35 inches.

War Service Badge
Class "A" No.

Physical Development ... Good.

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) None.

(b) Slight defects but not sufficient to cause rejection ... { (b) None.

Approved by (Signature) D. H. Hogg.

(Rank) Maj. A.D.M.S. 1st Div.

Medical Officer.

Enlisted ... { at
on ... day of ... 191 .

Joined on Enlistment ...	Corps. <u>18th Battn.</u>	Regtl. No. <u>53403</u>
Transferred to ...		

Became non-effective by

on ... day of ... 191 .

(Signature)

(Rank)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this map. C.A.M.C. for the Officer in Charge of Records Canadian Contingents.

List in the Case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. Cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer.

To Duty

C

A 241-246

Table III.—Boards ; Courts of Inquiry, Vaccination, Inoculations, etc. ; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service ; Issue of Surgical Appliances ; Particulars of Dental Treatment, etc.

Date	Brief details, and signature.
20.12.14.	Vaccinations. D.H.Hogg. Good.
9.11.14.	Anti-Typhoid Inoculations, etc. D.H.Hogg. Good.
19.11.14.	" "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 30. 4. 19.

1. 1 (a) Unit 2nd Bn. C.M.G. (b) Regimental No. 53403 (c) Rank Pte.

(d) Surname WILSON (e) Christian name Arthur Edward

(f) Home address Belmont Ontario

(g) Next of Kin Agnes B Wilson Mrs (h) Relationship wife

(i) Address of Next of Kin North Bay Ontario

2. Age last birthday 28 Date of birth July 12th 1890

3. Enlistment, or ~~Appointment~~ (if an Officer) (a) Place London Ont. (b) Date 3-11-14

4. Personal description: estimated

(a) Height 5.6" (b) Weight 132 (c) Complexion medium
(stripped)

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. none

5. Former trade or occupation Blacksmith

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
	4	161

	PERIODS	
	From	To
Canada	3-11-14	
England		
France or other theatres of War	15-9-15	13-4-19

7. Original disease, or injury 1. OTITIS MEDIA
2. HYPETROPIA

(a) Date of origin 1915 childhood (b) Place of origin France Canada

(c) Cause injection a congenital

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.)

1/ OTITIS MEDIA Dry Catarhal Left
(deafness)

2/ HYPEROPIC Defective vision

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.)

Specialists Report: 17.4.19 letter

Hearney R. 21 feet L 15 feet Dry Catarhal Otitis media date 1915 gradually got worse. Cause exposure R: M.T. Retracted eardrum L: PIT

Cat A condition was not present before enlistment and has been caused and aggravated by service. Capt McDonald came

Eye Report 2.5.19 with

R.V. 6/9; L.V. 6/24; +2.00 sph - 6/12. Cat A Refractive error adolescence condition was present previous to enlistment and has not been caused or aggravated by service. Gen McDonald. Capt McDonald

Subj: Defective vision

(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

Disturbances of Mentality no Digestive System no Muscular System

Osseous and Joint Systems no Any other general condition no

None normal.

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

1/ Hearney on enlistment was normal. First was found his deafness left ear in 1917 in France in the line and says at time was exposed to much artillery fire. Since then Hearney has been getting worse left. Just reported this for board

2/ Was had defective vision since child hood

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Influenza 3.6.16 - 10.6.16 - 19.6.16 ft

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

none

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

yes no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

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?

twelve months permanent

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

none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

W. Mearns, Capt. Case
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Arthur E. Wilson, 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

Arthur Edward Wilson 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.

Concur.

19. Is the invalid fit for

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

Yes A.

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

RTC. Auth. A. 9. Tel. 9083 of 11/11/15.

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.

[Signature]
President.

[Signature]
Members

PLACE *Witley*

DATE *2/5/19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

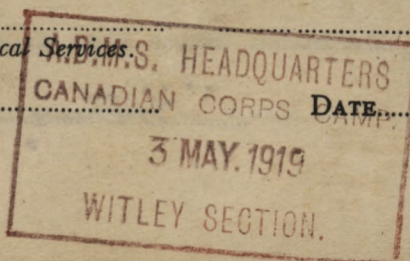
PLACE.....

DATE.....

.....Members

APPROVED BY *[Signature]* ASSISTANT DIRECTOR OF MEDICAL SERVICES

APPROVED BY *[Signature]* DIRECTOR-GENERAL OF MEDICAL SERVICES.



Date of Enlistment 20-10-14

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

W 13596 1 Mar. 1919

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30 ⁰⁰			
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RATE OF ASSIGNMENT

20 ⁵⁰			
------------------	--	--	--

11 28 W
JMP
and Cable P 021

PARTICULARS OF SEPARATION ALLOWANCE

No. 53403
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Wilson A.E.
 Battalion 18 Bn.
 Beneficiary
 Relationship Wife.
 Address

PARTICULARS OF ASSIGNMENT

Name
 Address
 Change of Address
 1 MRS. AGNES WILSON,
 137 5TH. AVE. E.,
 2 NORTH BAY ONT. 20 30 50.
 3 %53403 PTE A.E. WILSON 20.00
 TWENTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
------	------------	------------	------------	-------

1919				
May	y. 2032.	90	40	130
11	s 9256.		20	20
June		30	20	50
		90	60	150

019481-a-21 REMARKS

S.A. & A.P. Effective 1-3/19. authy. file. 019481-A-21
 A.C. 0.16.798. send to Adj. S.A. from 1-3-19 to 31-5-19. & AP
 70 from 1-3-19 to 30-4-19. M.R. 825²⁰ alt. send 13/5/19. & P.
 Passage Money. refunded. authy. file. AR. 24/4/19.
 y. 2032. Mailed 9/6/19. A.S.

A/c Closed 31/5/19 File 019481-a-21
 Ret d per Mumickahdas Date 23/5/19
 Dest... L.P. No. 85694 J.M. M.F.W 187 31/5/19
 Clerk J.P. Bouvier Date 31/5/19
 M.D. 21 B

M. F. W. 126.
40m. 6-7-1-72-39-1141
L. L. 22240-M. & D. 1993

AUTHORITY } 2 m. on file
 FOR } 019481-a-21
 NEW ACC'T } H. L. L. 12/5/19

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 138.
40M. 6-7-17239-1141
L. L. 22330-M. & D. 1993.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. NO. 53403 RANK Pte NAME (IN FULL) WILSON, A E.

M. OR S. *U.*

NEXT OF KIN *U.* RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F. *2 W.G. Bn.*

IF IN P.F. WHAT UNIT? *PSK of Nova Scotia, Belmont, ONT.*

PLACE OF ATTESTATION

DATE OF ATTESTATION *30/10/14.*

ASSIGNED PAY *20.00* DATE EFFECTIVE *closed by Ottawa 31.5.19*

PAYABLE TO *Same*

IS SEPARATION ALLOWANCE PAID? *Yes closed by Ottawa 31.5.19* DATE EFFECTIVE

TO WHOM PAID *Mrs. Agnes Wilson, wife* RELATIONSHIP

ADDRESS *139 5th Ave. E. North Bay, Ont. Belmont, Ont 19-6-19*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED PLACE *Toronto* DATE *25.5.19* REASON *Demob.* AUTHORITY *D.O.156* IF ENTITLED TO POST DISCHARGE PAY *yes*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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
<i>30.4.19</i>				<i>103 57</i>												<i>103 57</i>	<i>Bal. on Eng. d. P.C.</i>	
<i>17.6.19</i>	<i>5</i>	<i>19.59</i>	<i>31 90</i>														<i>1.5.19 to 24.5.19 P.C.</i>	
			<i>35 00</i>														<i>clothing allow.</i>	
			<i>70 00</i>														<i>1st. paym't W. S. G.</i>	
									<i>4 87</i>	<i>5 00</i>							<i>May, 9.19</i>	
								<i>200 87</i>									<i>W.S.G.</i>	
																	<i>Boot & Ham money</i>	
				<i>136 90</i>										<i>240 47</i>				
			<i>W.S.G. S.A.</i>														<i>AMOUNT DUE SOLDIER DEPENDENT</i>	
														<i>70 00</i>			<i>W.S.G. pd. as above</i>	
														<i>4 40</i>			<i>4.40-4 dep. P.A. of cr.</i>	
<i>183 days</i>			<i>4 20 - 1 80</i>	<i>6 00</i>										<i>6 00 80 40</i>	<i>3 45 60</i>	<i>1 74</i>	<i>6.00-6 dep. S.A. of cr.</i>	
									<i>20/6/19 382425</i>					<i>65 60</i>			<i>W.S.G. Paid by #2</i>	
									<i>July 16 741880</i>					<i>65 60</i>	<i>382426</i>	<i>54</i>	<i>2 00 00</i>	<i>A.P.R.</i>
									<i>Aug 15 741980</i>					<i>70</i>	<i>349881</i>	<i>30</i>	<i>3 00</i>	<i>A.P.R.</i>
									<i>Aug 15 741980</i>					<i>70</i>	<i>741980</i>	<i>30</i>	<i>4 00</i>	<i>A.P.R.</i>
									<i>Sep 18 1039777</i>					<i>70</i>	<i>1039777</i>	<i>30</i>	<i>5 00</i>	<i>A.P.R.</i>
									<i>Oct 20 1460094</i>					<i>70</i>	<i>1460094</i>	<i>30</i>	<i>6 00</i>	<i>closed at P 167</i>
				<i>4 20</i>	<i>1 80</i>	<i>6 00</i>								<i>3 45 60</i>	<i>7 4 40 1 80</i>	<i>6 00</i>	<i>1 35 m.</i>	

BALANCE FROM PREVIOUS ACCOUNT

