A.M.C. 1ST CANADIAN CONTINGENT
RE-INFORCEMENTS

Original

ATTESTATION PAPER.

No. 2005002

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Wilson
1a. What are your Christian names? ..... Henry Blair
1b. What is your present address? ..... 3½ Union St Halifax Nova Scotia
2. In what Town, Township or Parish, and in what Country were you born? ..... Great Village Colchester Co N.S
3. What is the name of your next-of kin? ..... Mable Matilda Wilson
4. What is the address of your next-of-kin? ..... 3½ Union St, Halifax, N. S.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 31st Oct = 1888
6. What is your Trade or Calling? ..... Moulder
7. Are you married? ..... yes
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, Henry Blair Wilson, 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.

Henry Blair Wilson (Signature of Recruit)

Date November 6th 1916. R.A.F. Beckett Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Blair 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.

Henry Blair Wilson (Signature of Recruit)

Date November 6th 1916. R.A.F. Beckett Sergt (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 Halifax N.S. this 6 day of Nov. 1916.

W. C. Smith (Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N.S.

M. F. W. 28.
600M.—2-16.
H. Q. 1078-39-861.

Description of ~~Henry~~ Blair Wilson on Enlistment.

Apparent Age 21 years ~ months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

Chest measurement: Girth when fully expanded 37 ins.; Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Brown

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

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).

Nil

Weight 118 lbs

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 Nov 6th 1916. W Freneas

Place Halifax N.S. Capt A.M.C.

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.

Henry Blair 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.

A A Gilroy Lieut (Signature of Officer)

Date Nov 6/16 191 .

REGIMENTAL DOCUMENTS

NAME Wilson Henry Blair REGT. NO. 2005002 UNIT A.A.S.C. H. Q. FILE NO. 7

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Dem8.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Misc:		27953			1
1	Disp Cert					
	Int Conduct					4 1 6.
1	AP122					10 6
						3 6
						1

No. 2005002 RANK Pte. NAME Wilson H. B.

T.O.S. 6-11-16
Do. 1 R. 10-11-16

UNIT Army Medical Corps. Re-inforcements

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov. 6	Nov. 30	✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓	Pcd. O/S. 25-3-17	Do. 68 of 25-3-17

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Wilson.	H.B.	2005002

Rank	Unit	Co.	Troop	Batty.
Pte.	C.M.M.C. Eng.			

Hospital — Date of Admission

Transferred Westcliff. Eye. & Ear. Hosp. 7-8-17.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Conjunctivitis. Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Dis. 14.9.17

C.L. 11-8-17. 67

" 22.9.17 76 (2)

REMARKS

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

"B" 6 CARD NO. 1/3/19
Lab Demob. 1/3/19
1001 16. 26/4/19 1006 FOLL.

SURNAME. Wilson,

CHRISTIAN NAMES Henry Blair.

REGL. No. 2005012. RANK Pte.

UNIT C.A.M.C. (M.D. No 6) (1st C.D.)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Wilson, mrs. Mabel Matilda

RELATIONSHIP TO SOLDIER Wife.

ADDRESS ~~342 Union St. Halifax. N.S.~~
~~c/o Capt. E. Hiffler~~
~~306 Robie St., Halifax, N.S.~~ Prince St.
Dartmouth, N.S.
~~S.C.C.P. 7-11-18 to 26-11-18~~

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Great Village. N.S. DATE Oct. 31st. 1888.

PLACE OF ATTESTATION Halifax. N.S. DATE Nov. 6th. 1916.

R/C. 23-4-19 311/9 Pte.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100m.—11-16. H. Q. 1772-39-339.

Sailed from Halifax Per S.S. Lapland 28-3-17

MARRIED yes. SINGLE WIDOWER

TRADE OR CALLING moulder. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 28. YEARS MONTHS

HEIGHT 5. FEET 8. INCHES

CHEST MEASUREMENT 37. INCHES EXPANSION 3. INCHES

COMPLEXION Dark. EYES Brown. HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Halifax. NS. DATE Nov. 6th. 1916.

Present Address - 36 Union St. Halifax. NS.

FORM R. 149.
7106—250m—7/2/17.

Name Wilson Henry Blair Rank Pte. Reg. No. 2005002.

Unit C.A.M.C. Basingstoke.

Next of Kin Canada.

Date 1917.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11	8	W.C.C. E.E. Hosp. Fetone.		Conjunctivitis	64		
14	8	DISCHARGED.		Do	76		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

LIST No.	HOSPITALS	DATE OF ADMISSION	REMARKS

Number 200500.2 Rank Pte.

Surname WILSON

Christian Name Henry Blair

Unit C.A.M.C. Theatre of War France.

Date of Service 15/12/17

Remarks

Latest Address G.B.O. Dartmouth N.S.

Roll No. Page 3 5-99

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

ORIGINAL

RE-INFORCEMENTS

W.S.B. Class A. No.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1773-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. Reinforcements. C.E.F.

Regimental No. 2005002 Rank Pte. Name Henry Blair Wilson.

Enlisted (a). 6/11/16. Terms of Service (a). War + 6 mos. C. E. F. Service reckons from (a). 6/11/16.

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Halifax 28-3-17			
		Disembarked Liverpool 7-4-17			
15/4/17	C.A.M.C. D.	TAKEN ON STRENGTH	Westenhanger	7/4/17	Pt II DO. 108.
10/5/17	"	D/D. to Park Prewett Hosp: Basingstoke		9/5/17	P. II DO. 130
~~8-6-17~~ 8-7-17	Cpl. H. Basingstoke	~~P.O.~~ Posted from C.A.M.C.D.	Basingstoke	9-8-17	~~Capt~~ Lieut. ~~Adjt~~ DEPT. ASST. ADJUTANT FOR O.C. C.A.M.C. TRAINING SCHOOL → Pt II D.O. 58 d/8-7-17.
8-8-17	"	Admt Westcliffe Hosp - Folkestone (NYSTAGMUS)		6-8-17	Pt II D.O. 89. 8-8-17.
16-8-17 Basingstoke	Folkestone.	Dis: FROM Westcliffe Hosp to Can Mil Hosp. & reported	Basingstoke.	15/8/17.	Pt II. D.O. 97. 16-8-17. CAT. A.
2-11-17.	"	4 Can. Gen. H. O.S. to C.A.M.C. Depot	"	1-11-17	Pt II D.O 164 - 1-11-17 RC Chaplain Capt

No. 4 Canadian General Hospital
Basingstoke, Hants.

(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				
3-11-17	C.A.M.C.	TAKEN ON STRENGTH	S.cliffe	1-11-17	Pt II D.O. 307
16.12.17	CAMCD	S.O.S. to Overseas	Shorncliffe	14-12-17	Part 2 D.O. 349
		DISEMBARKED	HAVRE		
		Having arrived as Reinf[illegible] the strength of 6 Can C Gas	Field		
15-12-17	6 G A D or 66 R 6	T.O.S. of 66 R 6 from Base		15-12-17	NR 14 = 8 d/19-12-17
		Left Clyde		26-12-17	NR 15
2-1-18	"	Left for 7 C S Hosp		26-12-17	NR
6-1-18	7 C S H.	Posted to 7 C S Hosp	"	2-1-18	NR/16
6-1-18	"	T.O.S. of K.7 Can Stat Hosp	"	3-1-18	B213 Pt II 3 d/15-1-18
29-12-18	"	Granted 14 days leave	U.K.	4-1-18	B213. Pt II 3 d/12-1-18
19-1-19	"	Rejoined from Leave		30-12-18	B213 Pt II 2-1919
	66 Havre	Posted to 6 Can C. Gas.		14-1-19	B213
		T.O.S. of O.M.F. on proceeding to Canada		19	NR. Pt II 6 d/1919
		Date 11-4-19			C. A. Howett Lieut. for Lt. Col., A.A.G., Canadian Section

Embarked Liverpool SS BELGIC
April 16th 1919
Disembarked Halifax Apl 23/19

Capt. & A.C.

A. C. No. 7 "Over Seas" Stationary Hospital.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. A. M. C.

Regimental No. 200502 Rank Pte C. E. F. Name Henry Blair Wilson

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				
16/4/19	— T.O.S. 6 DD & posted Disp. Sta. B		Ld Off	23/4/19	Do. 116
1/5/19	— S.O.S on Discharge		—	—	Do. 116 Elliot Officer i/c Records No. 6 D.D.

(*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				

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) WILSON, H. B.

REGIMENT No 7 Can. Stat'y Hosp. RANK Private No. 2005002

Date of Examination in England 20-3-19 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 13
3. CROWNS
4. DENTURES
   - (a) Full Upper Yes
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES M.D. No 6 APR 23 1919

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

Signature of Dental Officer D. Sinclair Capt

ARMY MEDICAL CORPS
RE-INFORCEMENTS

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins.....A.M.C.Reinforcements, C.E.F.

(2) Regimental Number.....2005002

(3) Full Name of Soldier.....Pte. Henry Blair Wilson.

(4) Place of Birth.....Great Village, Colchester Co. N.S.

(5) Are you married, or not?.....Married.

(6) If married, state,
(a) Full name of your wife.....Mrs. Mable Matilda Wilson.

(b) Present Postal Address.....3 1/2 Union Street, Halifax, 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.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? No

If so, state name and address —

(11) If your Mother is a widow

Are you her sole support, or not? X

(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.

X

(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.

X

(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.

application made

(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.

A. A. Johnson Lt Col

Officer Commanding.

Date 6-11-16

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. 2.005.002 Rank Pte Surname WILSON
(Given name in full)
HENRY BLAIR
Unit or Corps Cavre Birthplace Halifax N.S. (Can).

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight Est. 134 lbs. Height Est. 5 ft. 7½ in. Colour of Eyes Brown.

Nutrition Good.

Pulse 110

Condition of arteries Soft

Vision Rt. 6/9 Left 6/9

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Small scar at base dorsal surface of Thumb. L.

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 Yes (Eyes) Integumentary System No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No. Any other general condition No.

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

Congenital Nystagmus — There is no debility present according to Specialists report.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ~~Shorncliffe~~ (Overseas)

Date Jan. 23rd 1919 Signed F. S. Ruttan, Maj., M.O.

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

Signature A. B. [illegible]

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed .....M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Form R 122.
2353—100M—9-1 '-16

J.P. Rank | Name WILSON, Henry Blair. | Reg'l No. 2005002

Unit No.1.A.M.C. Reinf. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Halifax. 6th Nov.1916. | Place of Birth Great Village Colchester Co.N.S.

Name and Address, Next-of-Kin Mable Matilda Wilson.

3½ Union St. Halifax.N.S. | Relationship Wife

Assigned Pay Monthly $ | Payable to B | Relationship

Separation Allowance $ | Payable to Pt | Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 9015
File R.B.
OK CAN
Category

Report. Date.	Report. From whom received.	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.
		ARRIVED IN ENGLAND. 7 4 17 S.S. MISSANABIE.			
18-4-17.	C.A.M.C.Depot.	T.O.S. on arrival from Canada.	Westenhanger	7-4-17.	Pt II D.O. 108.
10-5-17.	do.	"On Com" to Can: Mil: Hd. Basingstoke.	do.	9-5-17	—"— 130.
8-7-17.	C.M.H.	Posted from C.amb. Dpt. to C.M.H.	Basingstoke.	9-5-17.	—"— 58. 9 Jan. Dpt. Pt II D 147. d/12-5-17 (S.O.S.)
11-8-17.	C.amb. Eng.	Adm: to W'cliffe & E. Hd.	Pte. Folkestone.	7-8-17.	C.L. 67. (Conjunctivitis)
22-8-17.	do.	Dischd: " " " "	Pte. do.	14-8-17.	—"— 76. (—) WSL
2-11-17.	No 4. C.G.H.	S.O.S. to C.amb. Dpt.	Pte. Basingstoke	1-11-17.	Pt II D 1649 d/3-11-17. C.amb. Dpt. Pt II D 307 (T.O.S.)
15-12-17.	C.amb Dpt.	S.O.S. on proc'g Overseas.	Pte. S'cliffe.	14-12-17	—"— 349.
19-12-17.	C.amb. Gen	T.O.S. on arrival in France as reinf:	Pte. Field.	15-12-17	—"— 81.
12-1-18.	No 7. C.S.H.	T.O.S. from C.amb. Gen: as reinf:	Pte. Arques.	4-1-18.	—"— 3. 4 C.amb. Gen Pt II D 3 d/16-1-18 (S.O.S.)

E.B. 103 WRECKED 1917

Report. Date.	Report. From whom received.	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.
18-3-19.	7th Sty	Proceeded to England	"	"	18-3-19	– 7.
		sailing no 44 disp area B. St. Embl. Roll 29 date 16/4/19.				
16-4-19	7th Sty	S.O.S. on Proc to Canada	"	Sciffe	16-4-19	– 13.

W.S.B. Class A No.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 309037

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2003002 (Rank) Private

Name (in full) Henry Blair Wilson enlisted in

the 16 A M Corps.

CANADIAN EXPEDITIONARY FORCE at Halifax NS on the 6th

day of November 1916

HE served in France 7 State Hospital England. CAMC.

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

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

Age 32 years.

Height 5'1 7"

Complexion Fair

Eyes Brown

Hair Dark Brown

Marks or Scars Small scar at base dorsal surface of left thumb.

H B Wilson
Signature of Soldier

Major
O. C. Dispersal Station "B"
Issuing Officer

Date of Discharge

Dispersal Station "B" MAY 1 1919 Military District No. 6

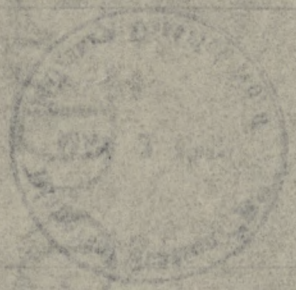
Rank

APR 23 1919

Date ..... 19....

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-89-882.



1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Wilson Christian Name Henry Blair

Examined { on 6th day of November 1916 / at Halifax Nova Scotia

Approved by [signature]

Rank Capt A.M.C. M.O.

Birthplace { City or Town Great Village / County Colchester Nova Scotia

Apparent age 25 years

Trade or occupation Moulder

Height 5 feet 8 Inches

Weight 118 lbs.

Chest measurement { Minimum 34 inches / Maximum expansion 37 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left / Number

When Vaccinated last None

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
Feb 14th	Positive	J.D. Davies M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/1/17	Good	B.J. Godfrey, Capt. A.M.C. M.O.
25/1/17		B.K. Murray M.O.
8/2/17		W.M. Redmond Lt. A.M.C. M.O.
		V TAB 10-3-17 W. Mabbs

Enlisted on 6th day of November 1916 at Halifax Nova Scotia

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C. Reinforcements	2000002		6/11/16
Transferred to	C.A.M.C.			

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Williams Christian Name Henry B. Louis

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
WEST CLIFF CANADIAN EYE EAR HOSPITAL, FOLKESTONE.		6	8	17	14	8	17	Conjunctivitis	9	Now well Vision R & L 6/9.	G Mackechnie

6 11/16

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name Mabel M. Wilson

Address ~~3½ Union St~~ Halifax 18 Needham St N.S.

Relation to Soldier wife, child or mother: Wife

Name of Soldier Wilson Henry B.

Regtl. No.

Rank Pte.

Corps A.M.C. Reinforcements

To what Corps belonging when called out: L

PAYMENTS

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

CONSOLIDATED 6 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. M. M. Wilson Wife Name of Soldier Wilson H. B. Pte.

L. L. Job 4503.—Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	N 29799	56	56 R
Feb.		M 33145	20	20
March		N 37419	20	20
April		Q 37252	20	20
May		B 65550	20	20
June		N 9826	20	20
July	83 Bn.	N 30227	20	18 Needham St Halifax N.S.
Aug.		Z 16122	20	B
Sept.		A 20467	20	T
Oct.		M 22562	20	HA
Nov.		A 155-85	20	B
Dec.		V 27907	20	F 276
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L-L.Job 5470—M. & D. 6388

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom May Wilson

Address ~~3½ Union St. Halifax~~ 18 Needham St., ~~N S~~ Halifax, N. S.

Rate 20.

By Whom Assigned Wilson Henry Blair

Regtl. No. 200600 2

Rank Pte

Corps C A M C. Reinf

APR 1917

(10/8/prov)

PAYMENTS

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

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mary Wilson
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Wilson H B
200500 2. Pte. C A M C. Reinf

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			20. APR 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		35176	20	
May		42 12313	20	
June		T/9969	20	3
July		Q 26333	20	
Aug.		A 33488	20	18 Needham St. Halifax N.S. (10/8/17 word)
Sept.		V 39734	20	
Oct.		A 23106	20	
Nov.		X 54663	20	
Dec.		Y 60989	20	$180.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559.

MARRIED OR SINGLE M.

PLACE OF BIRTH Great Village Colchester Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Matilda Wilson
3½ Union St. Halifax N.S.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Has a Pay Book in Canada

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	*EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 2005007 RANK NAME Wilson Henry Blair

IF IN PERMT. CORPS | WHAT UNIT | ame Reinf UNIT cancd TRANSFERRED TO Pes Hospital Halifax DATE 11/8/17 AUTHORITY AR 8.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO cancd DATE 1/1/18 AUTHORITY 307 3/11/17

PLACE OF ATTESTATION Halifax N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Nov 6, 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/4/17

PAYABLE TO Mrs. Kay Wilson, 3½ Union St. Halifax N.S. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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 No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														10	10															10 00				C.O.
1/4/31	5/4	1 00	6	4 10											6	4 10	53	23/4						9	73			20		49	73	24	37		Balafront Canada
June/30	30	—	33												33				122	23/5						4	84	20		29	44	30	63		
July/31	31		34	10											34	10			76	19/5						4	84	20		20		44	73		
Aug	11		11												11													20		20		35	73		To B'stoke Mtl 11/8
															155	20	22	30/6						7	30			119	47				
Aug 1/31	21		23	10											23	10	6	15/6			484	4/6	Dec Rem	4	86					21	89	36	94		
																	77	31/8						2	44									
																	65	15/8						4	87									
Sept/30	30		33												33		36	15/7						4	87	20		32	18	37	76		
			201	30										10	211	30								34	07	19	47	120		173	54				
			201	30										10	211	30								34	07	19	47	120		173	54				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct	Sept bal forward	~~37 76~~							37 76		
	P. & F. a.	34 10						20			
				51 31/7/17 B'stoke	2 44					71 86	
										32 17	
				118 29/9 B'stoke	9 73				39 69	39 69	
		34 10			12 17			20			

2005002. Pte. Wilson Henry Blair A.L. 20 00

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER- SER -REG. ALLCE PAY ENG.																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

B

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-17 1/12/18	EFFECTIVE DATE:-
AMOUNT:- ~~20.00~~ 15.00 ~~A/THCo~~	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Mary Wilson. name crossed out in error
3½ Union St. Halifax N.S.
c/o Capt E Heffler
Prince St Dartmouth N.S.
(1/12/18) Canada A/THCo

~~Stoppd 1-4-19~~

HR 45323 Schiffe & Schiffe Ind 6

NAME:- WILSON Henry Blair
NUMBER:- 2005002.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.A.M.C. D.

DATE ACCOUNT FIRST OPENED:- 1-4-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7th Stat. Hosp.

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
13/3	6324	Fwd 25-	4 66				
24/3	4744	Came Ld-1-	19 47				
			24 13				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00 - 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- 31/3/19 Dis to Canada 5323 R/Cliffe 26/3/19 HReff MMG Leave Bal 32⅓ 2 C 8 6/12

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. Fd.								30 5/4		
Apl	P.P.	33						20	43 5/4		
				AR 21.-76 H-12/4/18. W.I.	4 46				39 08		
				" 61. " 28/4/18 " IH	3 57				35 51		
		33			8 03			20			
May	do	31 10						20	49 61		
				" 99 12/5/18. 76 IH 3	4 46				45 15		
				" 138 27/5/18 " 17	4 46				40 69		
		31 10			8 92			20			
June	do	33						20	53 69		
				" 178 14/6/18 " 3	4 46				49 23		
				" 212 28/6/18 " 9	8 92				40 31		
		33			13 38			20			
July	"	31 10						20	54 41		
				" 251. 14/7/18 " 1	4 46				49 95		
				" 284 27/7/18 " 11	4 46				45 49		
		31 10			8 92			20		41	
		31 10						20	59 59		
				" 321 14/8 5	4 46				55 13		
				" 353 27/8 " 10	4 46				50 67		
		31 10			8 92			20			
Sept		33						20	63 67		
				" 383 14/9 " 3	4 46				59 21		
				" 390 28/9 " 14	4 46				54 75		Agreed 30/9/18
		33			8 92			20			
Oct		34 10						20	68 85		
				" 437 14/10 " 19	4 66				64 19		
				" 464 29/10 " 45	4 66				59 53		
		34 10			9 32			20			

Acc/Kigg
Duncan

NUMBER 2005002 RANK NAME WILSON. H.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal fwd.					59 53		
Nov	P.P.	33						20	72 53		
				AR 493 4/11 Tilly 2	13 99				58 54		
				" 536 28/11 " 6	14 66				53 88		
Dec	"	34 10						15	72 98		
				" 580 15/12 " 13	14 66				68 32		
					23 31			15	87 42		
Jan		34 10									
		101 20			23 31			50			
Feb		30 80						15	103 22		
				" 621 28/12 " 3	14 66				98 56		
				CR 747 7/1 4	14 60				83 96		
				DR. AC 5 31/1 " 5	53 53				30 43		
				AR 702 28/1 " 8	14 66				25 77		
				" 738 8/2 " 10	14 66				21 11		
Mch		34 10						15	40 21		
				" 3768 26/2 " 14	7 46				32 75		
				" 6327 13/3 " 16	4 66				28 09		
				" 4744 24/3 Cancd 17	19 47				8 62		
		64 90			113 70			30			
				" 237 9/4 Ends 2	9 23				1 11		
		- -			9 23						

Aot 16/4/19

Perforated sheet for Will from Pay Book of Reg.

No. 2007002

Name Wilson H B.

Unit Canadian Medical Army Corps

Military Will

In the event of my death
I give the whole of property
and effect to my wife
May Matilda Wilson
10 Pentham St
Halifax
Nova Scotia
Canada

Signature Wilson H B.

Rank and Regt. Pte C A M C

Date Nov 7 - 17

O.G. 13
D.A.B.

2 x 2.7

30.4.19

W.S.B. Class A No.

War Service Badge
Class "A" No. 309037

19-2-45

B.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2005002

2. Rank Private

3. Name WILSON, H. B.

4. Unit No 7 Canadian Stationary Hospital.

5. Date of Discharge 1/6/19 | Place Halifax

6. Reason for Discharge Demobilisation.

7. Authority R.O. 1420

8. Proposed Residence after Discharge Dartmouth Nova Scotia

Embarked SS BELGIC
April 16th 1919
Disembarkd Halifax A.P. 23/19
Capt & Adj.

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. 3.

H B Wilson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. APR 23 1919

Date

Signature Major
O. C. Dispersal Station, (R.)
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

5

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group HQ

Checked by No. 17

Date 14-4-19

Belgic 23.4.19

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 2006002 RANK Pte NAME (IN FULL) Wilson, H B (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30 00 — DATE EFFECTIVE 1.5.19

TO WHOM PAID — RELATIONSHIP

ADDRESS Same as A.F.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tons	16-4-19	Ldo. 116

ORIGINAL UNIT C.E.F. 1 S. Hpl. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

632

ASSIGNED PAY $ 15 00 — DATE EFFECTIVE 1.6.19

PAYABLE TO Mrs May Wilson — RELATIONSHIP

ADDRESS c/o Capt Heffler, Prince St Dartmouth NS

ANY CHANGE IN ASSIGNEE OR ADDRESS: G.P.O. Dartmouth, N. S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax, N.S. — DATE MAY 1 1919 — REASON Demob — AUTHORITY Ldo. 116 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	BALANCE FROM PREVIOUS ACCOUNT $	BALANCE FROM PREVIOUS ACCOUNT C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
April 1 to May 1	31	1.10	34	10	35	00	8	65	114	75							84	00	98	12			30	00			9	63	114	75	—	—	—	—		Bal b/f 30.4.19 Dent money from money & payment W.S. gratuity Awarde
					Y.W.S.G.S.A.																WAR SERVICE GRATUITY W.S.G.S.A.														
	153				350	00	150	00															70	00							295	00	150	00		1st payment W.S. gratuity
					15	00			5	15	00												55	00	60	00					210	00	90	00		Refund Mrs May
																							70	00	30	00					140	00	60	00		3-7-19. # 876406 - 876407
																							70	00	30	00					70	00	30	00		1-8-19. # 899217-8
																							70	00	30	00			515	00	Nil		Nil			1-8-19. # 1171825-6
			365	00	150	00	515	00															965	00	150	00			515	00						

100M-1-19.—L. L. 53962-M & O. 9723.
M. F. W. 2596.
1772-39-1390.

Forms
I. 1237
11

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5312	200502	Pte	Wilson	Henry B.

Year	Unit.	Age.	Service.
1917	CAMC Staff CMH Basingstoke	29 Yrs	9/12 Ltd

Station and Date. 6-8-17

Disease Conjunctivitis

Had Typhoid Fever 10 years ago and developed Conjunctivitis, Has been troubled at intervals since, Has never had much discharge from eyes.

Complains of pain in head over frontal area, This pain comes on and off at intervals of from two to three months

Sight – Rt Eye = 6/9.
Lt Eye – 6/9

Marked Hypermetropia.

Treatment. Rp 1/1k Zinci Sulph. Tab. 1 t.d.s. Ung. Hydr. Ox. Flav. Tabes t.d.s.

Has a slight Conjunctivitis R & L with very slight Blepharitis.

D'Rate. Fundi healthy
R & L Dioptric Hyp. does not accept glasses.

11/8/17. See Capt Hughes. Is there anything in Sinuses et Cetera? R.C.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested b

(23205) Wt. W 4234—M 527. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

Ileus Obstruction due to Hyp. Mid. Durbs
Kr. & left.
Also probable antral involvement
both sides.
Patient refuses operation.

R A Hughes.

M & S read
Hop Rep 14/8/17

Radiograms

Date of Enlistment 6-11-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Apr 1/17.

RATE OF SEPARATION ALLOWANCE

~~20~~	$ 25.00 1-12-17 P.C.3257	30 1-9-18 P.C.2753 m.o. 41257.	

W 7583

RATE OF ASSIGNMENT

~~20~~	15 1-12-18		

9 L 8 W 31 Sit.

PARTICULARS OF SEPARATION ALLOWANCE

No. 2005002.

Rank Pte Promoted Reverted Discharge

Soldier's Name Henry Blair Wilson

Battalion C.A. M.C. Reinf's

Beneficiary ~~Mabel M. Wilson~~

Relationship wife

Address

M F W 1/3/18 Retd O.K. 22-11-18

PARTICULARS OF ASSIGNMENT

Name Mrs May Wilson

Address ~~18 Needham St Halifax~~ N.S.

Change of Address

1 ~~356 Robie St, Halifax, N.S.~~

2 ~~Prince St. Dartmouth Aug 7/18~~

3 c/o Capt E. Hefler. Prince St.

4 Dartmouth, N.S.

19485-H53

Date 1917	Cheque No.	Amount S/A ✓	Amount A/P ✓	✓ Total	REMARKS
Dec 31		276	180	456	
Jan 18	K 69988	30	20	50	
Feb 18	O 73321	25	20	~~45~~ 45	
Mar	X 95568	25	20	45	✓
Apr	X 7812	25	20	45	✓
May	X 17866	25	20	45	✓
June	T 26621	25	20	45	✓
July	B 26773	25	20	45	✓
Aug	V 40981	25	20	45	✓
Sept	W 42197	25	20	45	✓
Oct	K 55169	25	20	45	✓
Nov	Φ 61101	25	20	45	
Dec	P 64169	25	15	60	✓
Jan	R 70207	30	15	45	✓
Feb.	X 75128	30	15	45	✓
Mar.	O 87192	30	15	45	✓
Apr.	V 36444	30	15	45	✓
		721	475	1196	

2 M dated 6-10-18 reduced AP to #15. from 1-12-18 alteration 19003. 5-11-18 9.

Co paddenwell

Can R O L P 46577 8/18

Can. A/c Closed 30-4-19

Ret'd per Belgic

Date 23-4-19 F X 2-5-19

M.D.#6 Clerk Ebdue

M.R.O.L.P. #81837 dest. rend 2-5-19

A STENCIL HAS BEEN MADE FOR THIS ACCO

M. F. W. 128
400M.—6-17—177248-1141
L. L. 22820—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1263.3

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

FORM OF WILL.

I, Henry Blair Wilson (Name in full)
Regimental Number 2005002 serving in CAMC Re. Inforcements Halifax
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

X

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs May Matilda Wilson
3½ Union St.
Halifax N.S.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 10th day of January A. D. 1917

H. B. Wilson Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A C McCormack Lieut.
Address of Witness Renfrew Ontario
Occupation of Witness 2nd. A.M.C.
Signature of Second Witness Jack R Findlay
Address of Witness Barrington N.S.
Occupation of Witness Soldier.

F. W. 82
00M-5-16.
1772-39-983.

Reverse Side Left Blank
Note Leaf 8