

226th. OVERSEAS BATTALION C. E. F. ATTESTATION PAPER.

No./000803

Folio.

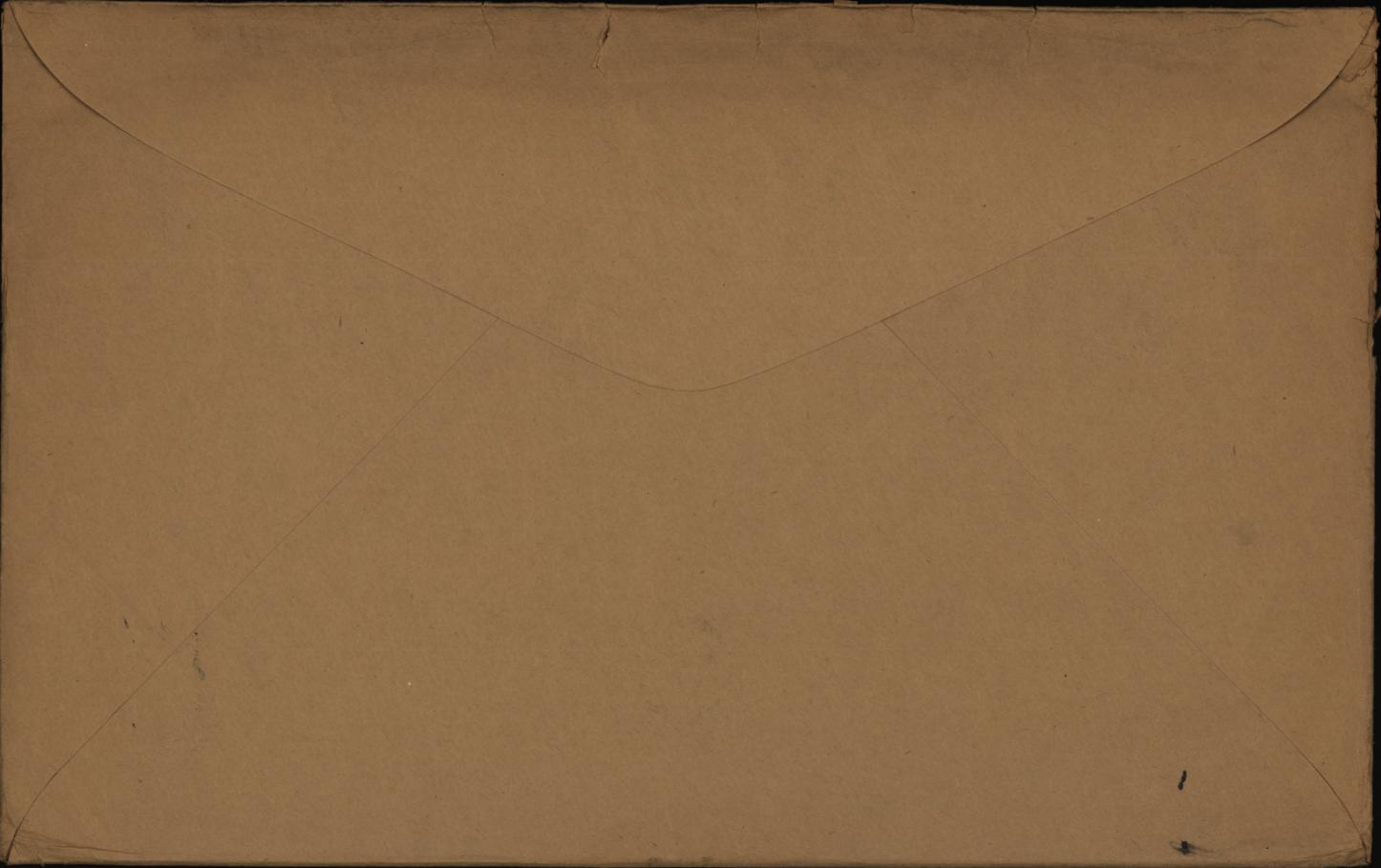
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	
	ANSWERS.)
1. What is your surname?	7/-1/-
1a. What are your Christian names?	
1b. What is your present address?	
2. In what Town, Township or Parish, and in what Country were you look?	Rathwell man
3. What is the name of your next-of kin?	
4. What is the address of ar next-of-kin?	Kathurell man
4a. What is the relationship of your next-of-kin?.	Falker,
5. What is the date of our birth?	august 6th 1893.
6. What is your Trade or Calling?	
	no
8. Are willing to be vaccinated or revaccinated and inoculated?	
	Ino
	4
10. Have you ever served in any Military Force? If so, state particulars of former Service.	
11. Do you understand the nature and terms of your engagement?	Ges
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	
Date Pluy XX 1916.	1. Mulson (Signature of Recruit) 2. Dusher (Signature of Witness)
I, Malley Mulson bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His M	MAN ON ATTESTATION. , do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as lajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, o help me God. (Signature of Recruit)
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as prov The above questions were then read to the R I have taken care that he understands each	me that if he made any false answer to any of the above ided in the Army Act. ecruit in my presence. question, and that his answer to each question has been as made and signed the declaration and taken the oath day of 1916. (Signature of Justice)
M. F. W. 28	3

rhha	rent Age years months.	Distinctive marks, and marks indicating congenital
(To be d	etermined according to the instructions given in the Regu- ms for Army Medical Services.)	peculiarities or previous disease.
		(Shoul'I 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).
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it.	Girth when fully expanded. Sins.	
Chest measure- ment.	Range of expansion. 3.21 ins.	
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	Church of England	
	Presbyterian X	nu
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Religious denominations.	Baptist or Congregationalist	and the second s
Relig	Roman Catholic	
denc	Jewish	
	Other denominations	
	(Denomination to be stated.)	
	ection specified in the Regulations for Army Me He can see at the required distance with eit	edical Services. her eye; his heart and lungs are healthy; he has th
free to Date	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* I consider him* for the Canal C	her eye; his heart and lungs are healthy; he has the
free to Date	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* I consider him* for the Canal C	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Anadian Over-Seas Expeditionary Force. Medical Officer.
free to Date	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Cally 12 1916. *Insert here "fit" or "unfit.' Note.—Should the Medical Officer consider the Recruit unfit, tested, and will briefly state below the cause of unfitness:—	her eye; his heart and lungs are healthy; he has the heart is not subject to fits of any description. anadian Over-Seas Expeditionary Force. And Medical Officer. The win fill in the foregoing Certificate only in the case of those who have
free to Date	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Cally 12 1916. *Insert here "fit" or "unfit.' Note.—Should the Medical Officer consider the Recruit unfit, tested, and will briefly state below the cause of unfitness:—	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Georgia Carlon Medical Officer.
free to Date	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Cally 12 1916. *Insert here "fit" or "unfit.' Note.—Should the Medical Officer consider the Recruit unfit, tested, and will briefly state below the cause of unfitness:—	her eye; his heart and lungs are healthy; he has the heart is not subject to fits of any description. anadian Over-Seas Expeditionary Force. General Comments of the win fill in the foregoing Certificate only in the case of those who have the comments of the case of th
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NAME Wilson Walter (PG) REGT. NO. 1000853 UNIT 181 By CM. F. Q. FILE NO. M. F. W. 2505 NON-EFFECTIVE BY TO WHOM FORWARDED DATE FORWARDED CONTENTS DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) 28528

REGIMENTAL DOCUMENTS



Surname. WILSON Christian Name... Maltel Unit. Caroll. G. Bdd Theatre of War. Mance Date of Service. 9-11-1.7.... Latest Address. Hathewell. Man.

RANK AND UNIT

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ESP. MAR 31 1924

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

NAME Wilson, Walter 1000800 CORPS 936 4 DATE Alby 12th 1916 ENLISTMENT, PLACE Glenboro FORMER CORPS / hil COUNTRY OF BIRTH & anada Rathwell, Man ADDRESS OF NEXT OF KIN Rathwell, Man 805.0is.7-5-19 2 0 000 1 DISCHARGE, PLACE Vailed franklalifag per SS Olympie M. F. W. 22. 100 m. -9-15.

L. L. 85779-M. & D.-6011. 13/13/16

H. Q. 1772-39-839.

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MEDICAL EXAMINATION. PLACE & lembors

DATE Hely 12 1916

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DATE OF LIST NO. HOSPITAL ADMISSION REMARKS

REGT'L. No. / Apr 803 NAME Wilson &J. H. Q. FILE NO 649 FOLLOWS RANK AND CORPS 00 -183n No CABLE NATURE OF CASUALTY NO. DATE FOLLOWS M. F. W. 42-100m.-28-11-17. L. L. 31493. M. & D. 8476. H. Q. 1772-39-893.

8-12-17 Influenza Disch & Duly HOSPITAL a211 11 Cantle ame. 45-18 a214 10-5-18 Discharged 996 25- gen Hardelof-8-12-18 Seabres Discharged 0400 14-12-18

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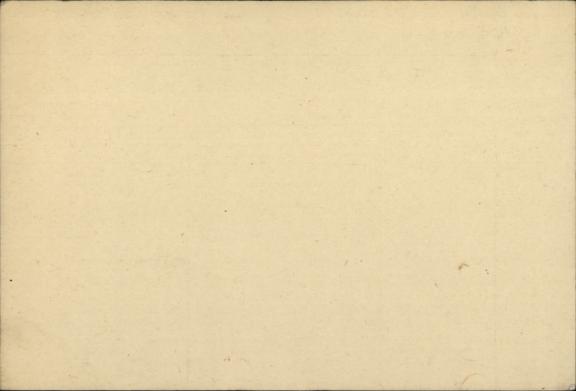
NAME Wilson, Walter

T. O. S.

UNIT 226th Battaleon b. E. F. Jenbaro Detachment.

M. D. 10.

PAID	PAID	SIG.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.			
FROM	то	REC'T	PARTICULARS	AUTHORITY		
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Name **T106-250m-7/2/17.** **Walter** **Name** **Property R. 149.** **Walter** **Property R. 149.** **P	Rank Pte	Reg. No.	1000863
Unit 13th.C.M.G	.00. 19 MG BN.		
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Date 1917 Movement	Place Ca	sualty List Notifi No. N/K	
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CHRISTIAN NAME OR NAMES REG. No. Wilson. W. 1000803 Muly 13. Co. Bu TROOP DATE OF ADMISSION 3. 6.7. auch. 8.12.14 11 16 7 dub. HOSP. 4 . 5 - 18 3. Aust. Gen. abbeville HOSP. 10.8.18. 25 Gen: Hos: Hardelot 26.8.18. HOSP. 8.12.18. Jufluenza lo SW.L. Fort Scalies. 4. DISPOSITION Dice. 10. J: 18 22-12-17 1 13,10.18 13 5 1862110 14. 12.18 9396 (2) Disch 14-12-18. A.M.D. 2 Dept. Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

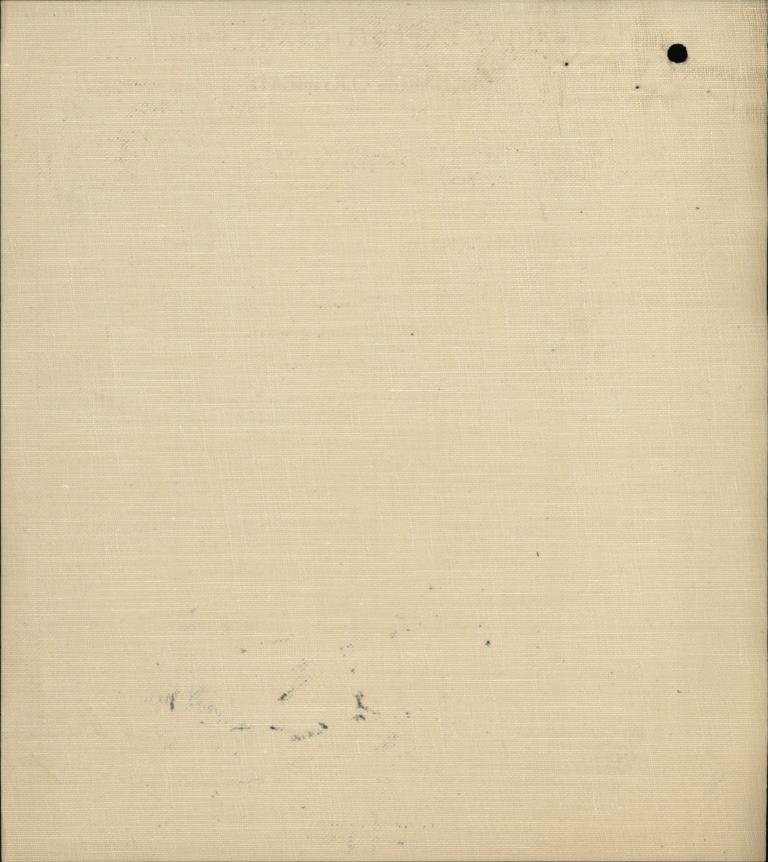
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CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE Class "A" N. 851770

THIS IS TO CERTIFY that No. 1000	809 (Rank) AC,
Name (in full) WILSON	Maetis enlisted in
the 226 % Bu	S
CANADIAN EXPEDITIONARY FORCE at.	len boro . Tran on the 12
day of Jetanan 1916	
day of 1916 HE served in 187,	. my. E. France
	Demobilization
and is now discharged from the service by reaso	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on th	ne DATE below is as follows:
Age 23 ys 8 mis.	Marks of Scars
Height by I was	V. V.
Complexion tasks	
Eyes Selle	
Hair Dork Balance	
1/15/10/20	
Signature of Soldier	A Vargeont y
Date of Discharge No. 2 DISTRICT DEPOT	Issuing Officer
MAY 7 1919	
1919	POR O. C. No. Bank D.
TORONTO	Date MAY 7 1010 19
	11171

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.



Regimen	nt or Corps	SERVICE	AND CASUA	LTY FORM Regimen	Part II).	. 0.	9 9
*Substar	ntative Rank_	Surna	ame	Christian Names			
Acting I (To be ent	Rank	ilitate alteration.)				,	
	(A) Report	(B)	Record of promotion	(C) s, appointments, reductions,	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders		ions to be shown, for method of I, 1816 of 1917. Corps and unit I posted to be invariably named.		Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
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						Name and	1

Nothing to be written in this margin.

To be folded on this line.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

	(A) Report		Aut	(B)	Record of promotions, appoin casualties, transfers, postings, &c as substantive promotions to be s	. All acting as well	Place of casualty	Date of promotion, reduction,	(F) Remarks, and initials and rank	
Date.		n whom eived	Part I	I. of Orders	entry of which see A.C.I, 1816 of 1 to which transferred and posted to	917. Corps and unit	casualty	reversion, casualty, &c.	of an officer	
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Fill in Only.—Unit, Number, Rank and Name. S. B. C. 2055 S. F. B. 103.)

Casualty Form-Active Service.

1000803 /

250M.—1-16. H. Q. 1772-39-920.

			Unit, Regiment or Corps 226th. OV	ERSEAS BATTA	LION C.	E. F.
	Regime	ntal No	Nan Rankrivate Nan	ne Walt	er)	Vilson)
	Enlisted	d (a) Feby +	196 Terms of Service (1) Marx 6 m	nos after se	ervice reckor	ns from (a) Feby 7676 12/16
		promotion to sent rank.	Date of appointment to lance rank	ent }		rical position on }
	Extende	ed	Re-engaged	Qualification (Lecon	intant) machine Gum
	Date	From whom received	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. 218, Army Form A. 38, or other official documents.
			Embarkes ?	Halifax Md.	15/12/16	JAM 9. 2810
/4/17	0.C Bat	.226th S. talion 14	Th Reserve Battalion	1.0-16	36/3/17	Cant Adit
1	300			0.C., 236th	Battal:	on.
4/17	0.0	-14th T.	O.S. on transfer from 6th Battalion.	Dibgate	7/4/17	Pt.2 0.95.1
			for	o.c., 14th F	eserve	Capt. Adjt., Battalion.
9/	5/17-	O.C.14th Res.Batt.	S.O.S. on transfer to Can Machine Gun Depot.			7 Pt.2 0. 126
1				14th Reserv	e Butta	lion. Capt. Adjt.,
WAY 1	1 1917	Com.	Taken on Strength, C.M.G.D.	rowborough	AY 1 1 19	auth. Depot Order Pt. II No./3/
1	(a) (b)	In the case of a me.g. Signaller, Sho	an who has re-engaged for, or enlisted into Section D. eing Smith, etc., etc., also special qualifications in techn	Army Reserve, particular	rs of such re-eng	gagement or enlistment will be entered. [P.T.O.

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<u>.</u>	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	1-00-161055		Remarks taken from Army Form B. 213
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Reg'l No.1000803 .

Uni226th Battalion

If in perm. Corps, What Unit?

Married or Single Single .

Place and Date of Enlistment Glenboro. Man. 12th Feby. 1916

Place of Birth Rathwell, Manitoba. Canada.

Name and Address, Next-of-Kin

Mr Charles Wilson. .

Rathwell, Manitoba, Canada.

Relationship Father

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

Discharge, Date and Place

Reason

Character

	Repo	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	2	Place.	Date.		IARKS ficial Documents.
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			Jo.S. from 14 Res Bn.	87			131.	9. 02. p. pe:11
	1.11.17	امر مرا عدا	T.O.S. from M.g. R.P. (13th Coy)		200		— 306 D.	
			admy. No. 3. Coln. Field amb.		do.		CL AST. 2mg	
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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. 1900 T.O. 3. Rank C. to Surname VILASON (Given pame in full)
Unit or Corps 19 6 M & Pn. Birthplace Sathwell Man
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
1. GENERAL DESCRIPTION:
Physique . Weight
Nutrition Identification marks, scars, or deformities. Pulse Give cause and date of origin.)
Condition of arteries.
Hearing Conversational voice) Rt
Leftft.
Opinion as to general health and physical condition
2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)
Nervous System
Special Senses
Disturbance of mentality. Muscular System Digestive System
Osseous and Joint System Any other general condition.
3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date
of origin; and also a description of the present condition.
Afterenza afirfing les desablely
2 WO 7/5/18 5/5/18 ho disability
V. Noot left 4/8/18 /27/10/18 les desability
Afluenza afirfing he desabelity 2 W 0. 7/5/18 5/5/18 he desabelity 2. Hoot left 4/8/18 127/10/18 he desabelity abie: 14/14/18 he headelity

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS.
Examined at (Overseas) Date Signed Signed
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service. Signature (If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date Signed
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.)

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block Letters)

Pate of Examination in England 29-3-19.

Date of Examination in England 29-3-19.

Date of Examination in England 29-3-19.

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

3. In Part the teet be set to be set to

DIRECTIONS TO DENTAL OFFICERS

- 1. This form will be made out for each individual at the time of Demobilization in England or France.
- 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

25

M

17-1

PRESENT	DENTAL	REQUIREMENTS
FRESENI	DENIAL	KEOUIKE VIENTS

- 1. FILLINGS
- 2. Extractions
- Z. LATRACTIO
- CROWNS
 Dentures
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

MAS

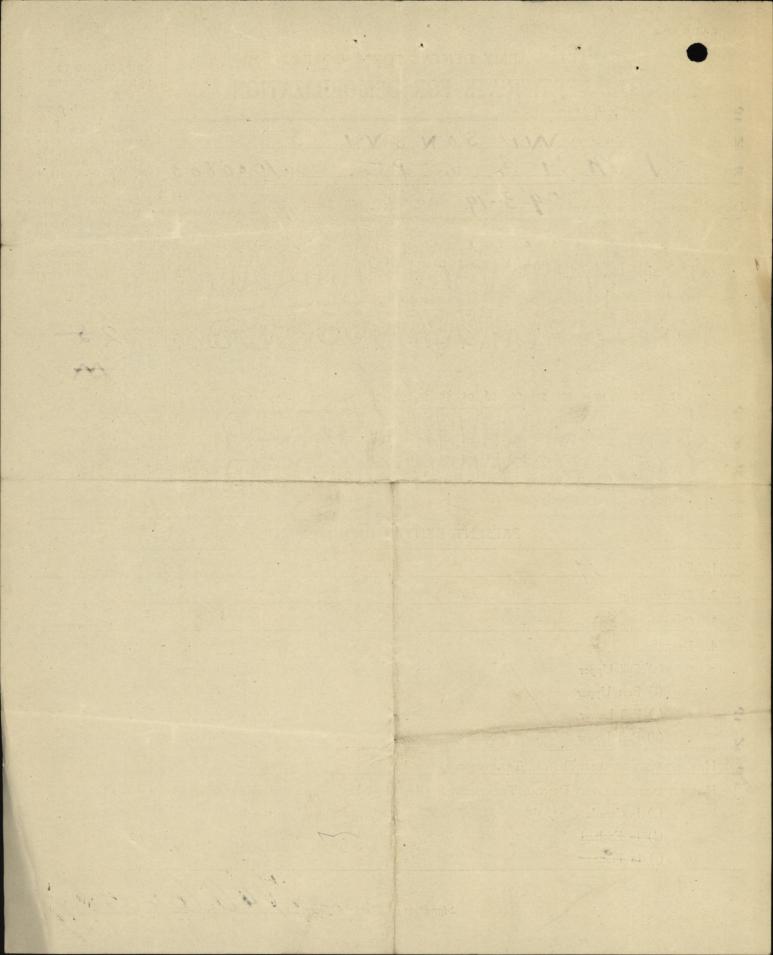
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

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

BRAMSHOTT CAMP

Signature of Dental Officer_

A Clevsby Cape



MEDICAL HISTORY SHEET.

surname Wi	lson	. Ch	ristia	n Nam	re U	latte	E
Examined { on 11 th day of Febry 1916.				Approved by A finalle			
Birthplace { City or Town.	Pathwe	ll		Ran	nk Jau	ms Du	selving
(County	Man.		Date.	Fit or Unfit.	EXAM	INED FOR RE-ENGA	GEMENT.
Trade or occupation a	acountary	1					M.O.
Height F	4	Inches.			The state of the s		M.O.
Weight /	0	Lbs.					M.O.
	imum 35	inches.					M.O.
Chest measurement {	ximum expansion 3/2;	/					M.O.
Physical development							M.O.
Small-Pox Marks	nol						M.O.
Vaccination Marks { Arm	Right. Left.		Date.	Result.		VACCINATIONS	
(Num	ber	9	1	1.0	0	0 0	
When Vaccinated last	amano	0	fime H	16/00.	fame	, Dissilie	M.O.
(a) Marks indicating		ies or					M.O.
previous disease			11	me	-0		M.O.
(b) Slight defects but not	t sufficient to course we		1 Chief.	Result.	ANTI-	TYPHOID INOCULAT	ions, Etc.
(b) Slight defects but no	sufficient to cause re	jection	July 3	16	Janu	· Duxley	M.O.
			Auly /	9/16.	Jane	es Dusil	ung M.O.
		0	aug 8	16	James	1 Durte	M.O.
Enlisted on !! the	of Februa	ary	10	1600	Gh.	horo	Mani
226th		REGT'L N	UMBER.	н.	ABITS.	D	ATE.
Joined on enlistment	FAS D. 1	000	803			20	.6.11
,	BATTALION					Seby	10/16
Transferred to		FF	-1			APR 7	1917
		TN. C.	E.F.				
	1 G Pool						
EXAMI	EXAMINED OR DISCHARGED BY A MEDICAL BOARD.						
STATION.	DATE.		Dis	EASE.		RESUI	т.
						1	7
						1	

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.

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. DATES OF Number of Date of Arrival Signature Admission into Hospital. Discharge from Hospital. DISEASE. days in STATION. at the of Medical Officer. Hospital. Station. Day Month Year Month Year Day James Dusbury Name Christian Surname

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

INSTRUCTIONS.

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

(1) 1	Name of Overseas Unit which Soldier joins
	226th. OVERSEAS BATTALION C. E. F.
(2) I	Regimental Number 1000803
(3) I	Full Name of Soldier Walter Wilson
	que o destriben en crombación debecto from devolt, culto constituto e colonia escipilida.
(4) I	Place of Birth Rathwell.
	manitoba
(5) A	Are you married, or not?
(6) I	If married, state, (a) Full name of your wife
	(b) Present Postal Address
1	
(7) A	Are you a widower? Mo,
	Have you any children? No
(8) 1	Have you any children r
	If so, give number of boys and girls
	Also their names and ages
M. F	F. W. 67.
	M.—3-16. (SEE OTHER SIDE.)

(9) Is your Father alive? LLS.
(9) Is your Father alive? Ulson Rathwell Man
(10) Is your Mother alive?
If so, state name and address Annie Wilson. Rathwell Mau.
Rathwell Man.
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
(15) Are you insured? ————————————————————————————————————
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.
Dodlees/r
Date Actualy, 3.19/6. Commanding 222th Consider Commanding. Commanding 222th Consider Commanding. Commanding 222th Consider Commanding.

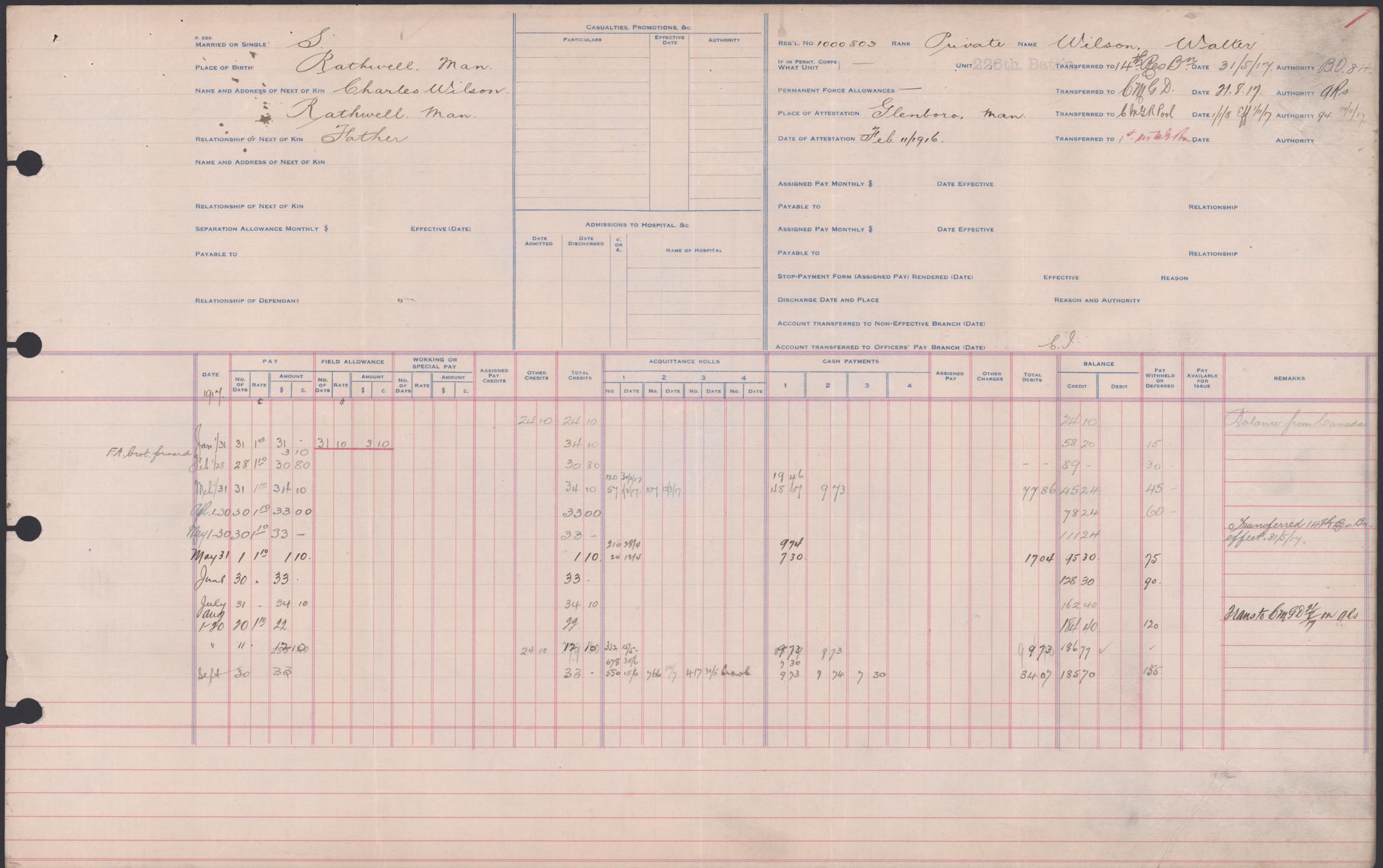
P 820 12474-375M-13-2-18. NAME: Wilson Waller ASSIGNED ENGLAND OR SEPARATION ENGLAND OR PAY. CANADA. ALLOWANCE. CANADA EFFECTIVE EFFECTIVE NUMBER:- 1000803 DATE :-DATE:-PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-AMOUNT: NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE RANK OR APPOINTMENT Rivale UNIT AND TRANSFERS ORIGINAL UNIT: - 226 1 Bm DATE ACCOUNT FIRST OPENED:- //// DATE DATE LEDGER EFFECTIVE SHEET T'SP'D UNIT TRANSFERRED TO AUTHORITY 16/n9/3n EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK. DATE OF NUMBER AMOUNT DATE OF NUMBER UNIT PAID BY UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES 4-3-19 P.F.A. SUBSICE AUTHORITY F.A. PAY 14.3.19 Twing BCO 28.319 2600 PARTICULARS OF RENDERING NON-EFFECTIVE: -1.4.19 N.A. 5696 Bollow Bobb Whole MR 10 30.3.19 Lib. 6. 411. 16 DR 2. DR. 3., DR. 4. BALANCE DEFERRED DR. 1 CR. 1 | CR. 2. PARTICULARS PARTICULARS 277 54 225 mel 3025/240 32858 255 ar 307 " 23/5 ar 408 1 M & Bn: 6-6-18 May 353 55 384-08 ²⁸⁵ 410 15 300 33 " 3040 5 Con Schot 2.9 1 3326 4 DWAR 4334 9.9 436 03 but ak 1382. 64130 3410 DWar 19168. 6.8. B 458 92 200 ar 1589- 9/11/18. 16mg. Bon an 1592 6/11/18 an 1862 - 14/11 18 any 2 second 528 41 The ", ", ar 3907 - 28/1/8/20 arry 2019 ar 2189 3/1/19 6 R's Epot 1.

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16/1 1 buly Br

NAME VILAGE DEFERRED SEPARATION

PARTICULARS DAY 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED SEPARATION NUMBER / 000 8 83 , RANK CR. 1. | CR. 2. PARTICULARS 6490 1865 The model pay 25/2 484 16 ap >100 - 50/3 bles 73 april 40145 Jes Chanda 56/4/98256 Combs



10008,03 Ple Wilson W. AMOUNT NO. OF DAYS RATE \$ C. ASSIGNED PAY CREDITS CREDITS CREDITS PAY PAY
WITHHELD AVAILABLE
OR FOR
DEFERRED ISSUE NO. OF RATE \$ C. DAYS DEBIT NO. DATE NO. DATE NO. DATE NO. DATE BALANCE RED. ALLOE. PAY ENG. DR.4 BALANCE -RED. ALL MONTH PARTICULARS CR. I CR. 2 PARTICULARS DR.I DR.2 PARTICULARS DR.I DR.2 MONTH PARTICULARS CR. I CR. 2 185.90 135 AR105-8 31/8/17 CM 92 7 30 Get " 939 15/8/17. 9 73 ar. 894 31/7/17 7.30 1156 14/9/17 · 974 Oct 31. 1214. 29/9/17 7 30 178 43 150 34.10 ak. 1350. 15/10/17. 6 hold. 973 33 " 1407 29/10/17 34 10. 7.30 228 50 180 67 10 34 10 34 10 249 22 AR146 1692669B 24/4/17 13 38 P.P. > H 30 80 aR302/Conglon 3/1/8 359 ar 25-1 1 " 23/1/1 8 03 ar. 359 1 . 17/18 4 46 an 267 181- Bu sep. 14/4/17 4 46 19. M. S. Bh. at. 12/2 357 ar 224 259 50 -30 80 3410 4522/2-446 5/65/3 357 54519/3 446 27 54 225 34 10 1606

War Service Badge Class "A" No. 285/70

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1.	No.	1000803
2	Rank.	Rti
3.	Name.	WILSON Water,
4.	Unit.	WILSON Water. 18. Bu E. My. E
5	Date of I	Discharge MAY 7 1919 Place Toronto Out.
6	Reason fo	or Discharge DEMOBILISATION.
		704
7.	Authority	No.2 District Depot, Part II, D.O.No. 127
8.	Proposed	Residence after Discharge.
		Rathwell. man;
9.	I hereby	CERTIFICATE TO BE SIGNED BY SOLDIER. acknowledge that at the undernoted place and date I received my discharge Certificate
		Signature of Soldier.
10.		CONFIRMATION.
	The d	ischarge of the above named man is hereby confirmed.
	Place	No. 2 DISTRICT DEPOT
	Date	MAY 7 1919
		TORONTO
		Signature O. C. No. 2 D. D. (O. C. Discharging Unit.)

SHORT MORRO SERVING BARRA (Aprilatifions (I) Jonnot CERTIFICATE TO RESIDINGD BY SOLDIER. The discharge of the above named man is hereby confirmed.

O. C. Discharging Chit.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate

or Particulars of Recenit

Traint Condon's Marie

Casualty Form

Last Pay Certificat

Certificate that missing documents are unobtainable

Medical Mistory Sheet.

Proceedings of Medical Board

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angist.

Regimental Conduct Sheet

Company Conduct Sheet

Water French

Militia Form W. Life

Militia Form W. (78 orth D. M. 122

Militia Ports W. Lt or A. P.S. 198

Militia Form W. 44

MURIS Form IS. 743 of A. F. H. 172

M.F.B. 227, A.F.B. 179 or A.F.A. M.

Milita Form B. 465

M. E. W. 129 of D. M. S. 1576

Militia Form B. 263:

Malitia Form B. 2033

down down

ALOL GOA ST

LIST OF DISCHARGE DOCUMENTS.

Militia Form W. 23
Militia Form W. 133
Militia Form W. 178 or A.F.B. 122
Militia Form W. 54 or A.F.B. 103
Militia Form W. 44
Militia Form B. 313 or A.F.B. 178
M.F.B. 227, A.F.B. 179 or A.F.A. 45
Militia Form B. 465
M. F. W. 129 or D. M. S. 1375
Militia Form B. 263
Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 28), 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. Beam (M.F.B. 227 or M.F. W.129)

5. Dental Certificate (C.A.D. 5009a).

6 Field Conduct Sheet (A.F.B. 122.)
7 Fockedings on Discharge (M.F.B. 218a)
6 Discharge (Certificate (M.F.W. 39)

9. Copy of Discharge Circulate (M.F.W. 392).
10. Dispersal Contracte (C.D.S).

and Clothing Statement Q.M.G. Form (D.O.S. 2),

Pay Book (A.B.C.)

Mar Service (Containty (Form MAN, 2595). to, madry Documents.

Checked by No. Date 16 ADD 1016

Casualty Form Active Service.								
Regiment or Corps. 13 2 Com M. 9 Corp								
	Rank Use: Surname Withon Christian Name Walter							
	Religion							
Enlisted	(a)	Terms of Service (a)	. Service reckon	s from (a))			
Date of [promotion to presen	nt rank Date of ap	ppointment to lar	ce rank				
Extended	d {······)	Re-engaged	Qualification (b)					
	()							
Occupation	on			Sign	nature of Officer.			
	Report	The state of the s	The State of the		Remarks			
Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Taken from Army Form B. 213, Army Form A. 36, or other official			
				1000	documents.			
	120000000000000000000000000000000000000	Embarked	4136					
		Disembarked.			Marie			
elala	Melint.	Un Command with	Tiely	1-12:17	15213			
8/12/11	2811	172 - Lun Cery.	1					
10/12/17	JCTH	Cours to be allet on			· ·			
	10.00	action to the following	3CFA.	8-12-17	6A36P627			
9.12.17	1 thalant	078	1- CTA	9-12-17				
9-12-17.	17.ld Unl.	Influenza. Adm.	17. Aul.	9-12-17	# A36.8138			
15.12.17	Ochui.	tour to Hope hits	14.18.	8-12117	B213			
22.12.17	50	Rejoined Unit	Frely	15-12-17	B213			
		Obsorbed into 1st Batt	21/04/2016		THE REPORT OF THE PARTY OF THE			
		Can Mach Gun Corps			A STATE OF THE STA			
3-5-18.	3074	PMO- adm 2/5/18 To	10. Edn. 74	2/5/18	a36/89339			
(a) In the cas	se of a man who has re-engaged f	or or enlisted into Castle D		-				

⁶⁾ Signaller, Shoeing-Smith, &c.

Secretary lands					The second secon
	Report	Record of promotions, reductions, transfers casualties. &c., during active service, as reported on from Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of	Remarks Taken from Army Form B.213, Army Form A.36, or other official
Date	From whom received	B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	react of Castalty	Casualty	or other official documents.
4/5/18	1 C. 8.A.	PMO. to 11 Chm & A.	4	15/18	Ea679:
3.5.18	n	" agm.	3	-5-18	89741
5-5-18	11 C7A.	PNO adm	4	15-118	7375
4-5-18	ocumi	Sick to hosp		3.5-18	8343
18-5-18		Regd Stris from h	sp	11-5-18	13213
9-8-18	1679.	SW. Foot L. adm & to	665.	9-8-18	F136 9 7895
10-8-18	3 aust Den.	Sw. Foot I. adm	-	10-8-18	A36 & 9324
17-8-18	Oblinit.	Waid to 665.	Field.	10-8-18	N2/3.
13-8-18	47 605.	SW foot adm 9-8-18 Ito	665	10-8-18	THE PROPERTY OF THE PARTY OF TH
26-8-18	Son Depot	SW. foot 2. adm.	abld	26-8-18	H 5/55.
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3-10-18	5 c Del	hely for core	Base	13-10-18	A STATE OF THE STA
17-10-18	ccac	1.14	The	27.10.18	20
2-11-18	00	Join a Unit	"	30-10-18	Bars
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PAYMASTER

PAYMASTER

RANK Pte. NAME (IN FULL)

RANK Pte. NAME (IN FULL)

RANK Pte. NAME (IN FULL) WHAT UNIT? Royal Bank of Canada. Rath well Man AUTHORITY RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS EFFECTIVE IF ENTITLED TO POST DISCHARGE PAY DATE 7-5-19 Demob T.O. 5.26 H.19. D.O. 127..... BALANCE TOTAL DEBITS SUIPARTICULARS OR REMARKS. 114-19-11-211-61-411 blogling allow 128 Pay 9. W.S. & 561 Due Soldier 74 40 345 60 140 280 FOR PAYMASTER WAR SERVICE GRATUITY 350 A.R. 150 420 420

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. 1000803 DAILY RATE OF PAY AND ALLOWANCES NEXT OF KIN EFFECTIVE DATE PARTICULARS AUTHORITY ADDRESS DATE OF ATTESTATION TRANSFERRED TO IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE TO WHOM PAID RELATIONSHIP ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED Toronto PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-ASSIGNED OTHER MENTAL CREDITS CREDITS PAY CHARGES MONTH NO. OF DAYS OL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES AMOUNT RATE BALANCE FROM PREVIOUS ACCOUNT 41114 41116 Eudorsed on L. Pl. 119-117 41 10 4510 Q 73 35 00 7000 487 200 6. B852\$3. 541661 7000 wse 183da 420 420 ine 2 378514 20000 70 70 dep. 29 1042000 420 4 40

00M-1-19.—L. L. 53962-M. & D. 9723. M. F. W. 2596. 1772-39-1390.

