

ATTESTATION PAPER.

No 429611

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *William Edward Wilson*
2. In what Town, Township or Parish, and in what Country were you born? *St. Appelle, Sask*
3. What is the name of your next-of-kin? *Mother, Wm Wilson*
4. What is the address of your next-of-kin? *415 10th Ave E. Vancouver*
5. What is the date of your birth? *16 Apr 1895*
6. What is your Trade or Calling? *Carpenter*
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? *yes 6th B Coy*
10. Have you ever served in any Military Force? (If so, state particulars of former service.) *no*
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*

W. E. Wilson (Signature of Man).
Embaldes (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wm 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.

W. E. Wilson (Signature of Recruit)
 Date *March 20* 1915. *Embaldes* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm 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.

W. E. Wilson (Signature of Recruit)
 Date *March 20* 1915. *Embaldes* (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 **NEW WESTMINSTER, B. C.** this *20th* day of *March* 1915
Charles Booth (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Charles Booth (Approving Officer)

Description of William Edward Wilson on Enlistment.

Apparent Age.....19 years.....11 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded.....35 3/4 ins.
Range of expansion.....4 3/4 ins.

Complexion.....medium

Eyes.....grey

Hair.....dark

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

One vaccination mark on left arm.
Scar below right eye

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.....MAR 20 1915.....1915

Place.....NEW WESTMINSTER, B. C.

H. H. Watson
H. H. Watson
Medical Officer.

*Insert here "fit" or "unfit."

Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Edward 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.

Date.....March 20.....1915.

H. H. Watson
H. H. Watson
(Signature of Officer)

REGIMENTAL DOCUMENTS

NAME

Wilson William Edward

REGT. NO.

429611

UNIT

Casc

H. Q. FILE NO.

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)

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

DEATH

Category

DISCHARGE

Category

Demobn

DESERTION

41	9
10	9
3-	9
1	

28755

484222

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number.

429611

Rank

Pte

Surname.

WILSON

Christian Name

William Edward

Unit.

C.A. 56

Theatre of War

France

Date of Service

4-5-16

Remarks.

Latest Address

Qu'Appelle

Roll No.

B. Page 3607.

13

14

NAME

REGT. NO.

RANK AND UNIT

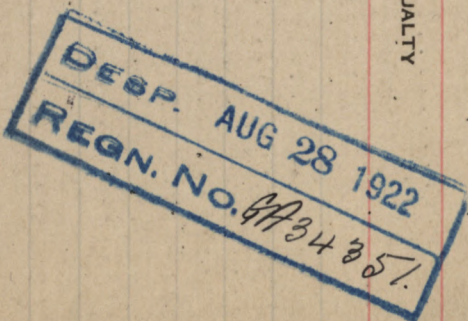
NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY



Reg. No 429611.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
Oct. 8.	No. 3. Can. Stat. Hosp.	Boulogne.	PUO.	A184		
" 26.	Trans. to No. 7. British Con. Depot.	Influenza.		A190		
" 29.	Disch. to 3rd Large Rest Camp.		"	A192.		
Nov. 21	Rejoined Unit from Hosp.		"	A201		

[illegible]

No. 29611

RANK

Pte.

NAME

Wilson, W.

E.

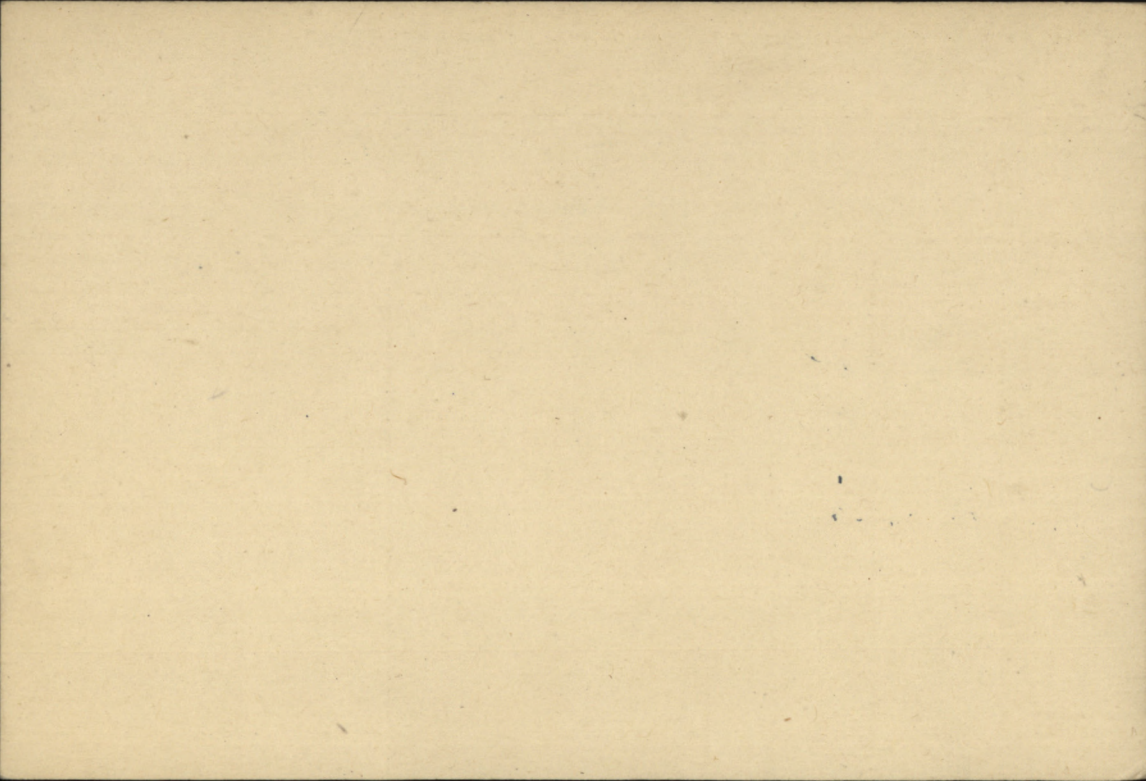
T. O. S. 12-3-15

(201-21 of 1-31-3-15)

UNIT 47th Battalion

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 12	Mar 31	✓		
Apr -		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept. 1	Oct. 15	✓		
Oct. 16	Oct. 31	✓		
			UNIT SAILED NOV 13 1915	



NAME

RANK AND CORPS.

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST NO	HOSPITAL	DATE OF ADMISSION	REMARKS
A 184	No 3 Can. Stat, Boulogne	8-10-16	P W. O.
A 190	Trans. to no 7 Br. Com. Depot	26-10-16	Influenza
A 192	Disch. to 9103 Large Res. Camp, Boulogne	29-10-16	"
A. 201.	St. 2nd. Liv. Train	21-11-16	" (Rejoin from 1 dep)

NAME

Wilson, William C.

RANK & No.

Pte.

CORPS

47th (3rd Rsl)

Battalion

ENLISTMENT, PLACE

New Westminster

DATE

Mar. 20th 1915 S.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada Qu'Appelle, Sask.

NEXT OF KIN

Wilson W. N. Mrs. (mother)

ADDRESS OF NEXT OF KIN

~~415 10th Ave. E. Vancouver.~~

P. O. Qu'Appelle, Sask, Can.

~~B.C.~~

DISCHARGE, PLACE

DATE

(auth. H. Q 54-21-38-1.)
(19-7-16.)R/C. 22-5-19 ³³¹/₁₀₁ 802.

Sailed from Montreal Per S.S.

L. L. 85093-M. & D. 5952

"Scandinavian"

1-10-15. 218

M. F. W. 22-50m.-9-15.
H. Q. 1772-39-839.M. 10
804.0 22-28-5-19 1900
80.1500 30-5-19 1000
429611.

REMARKS:

Surname

Christian Name or Names

Reg. No.

Wilson

W. E.

Rank

Unit

Co.

Troop

Batty.

Hôpital

C. a. s. c.

2nd Div. Inn
Date of Admission

Transferred #3 Can Stai Boulogne

Hosp. 8.10.16

4 Brit Conv Dep.

Hosp. 26.10.16.

3 Large Rest Boulogne

Hosp. 29-10-16

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Ch. 17. 10. 16 # a184

4. 11. 16 A90.

e.L. 14-11-16 A 192

5. 12. 16 2201

REMARKS

Duty 21. 11. 16.

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.

DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File

Attention of

Ottawa, Ont.
Date Sept. 13, 1965

NAME **WILSON, William Edward**

SERVICE **429611 WW1**
NUMBER

C.P.C. No.

W.V.A. No. **233990**

NAVY

ARMY **XXX**

R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Saskatoon, Sask. Tele-Memo d/Sept. 9, 1965

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death September 9, 1965

Cause of Death _____

Place of Death Veterans' Section, University Hospital, Saskatoon, Sask.

Name and Address of next of kin (if known) _____

Copies to: W.S.R.

V. I.

~~PXXX~~

~~XXX~~

H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Copy for H.O. File

Ottawa, Ont.
Sept. 13, 1962

WILSON, William Edward

AS9011 W41

333900

S.T.M.C. Saskatoon, Sask. Tel-emo 4/Sept. 9, 1962

September 9, 1962

Veterans' Section, University Hospital, Saskatoon, Sask.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE DISCHARGE CERTIFICATE

CLASS "A" No. 187108

THIS IS TO CERTIFY that No. 429611 (Rank) 2nd Lt.

Name (in full) WILSON, William, Edward enlisted in the 47th Battalion

CANADIAN EXPEDITIONARY FORCE at New Westminster, B.C. on the 20th day of March 1915.

HE served in France with 2nd Div. Trench.

and is now discharged from the service by reason of Demobilization B.O. 1420 (c) Medical Unfitness.

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

Age 24 yrs.
Height 5'7 1/2"
Complexion Medium
Eyes Grey
Hair Dark

Marks or Scars
1 Trace Lt. Arm
Scar Below Plt. Eye

W E Wilson

Signature of Soldier.

Wm Stansbury

Issuing Officer.

Lieut

Rank

Date of Discharge



Date 38. 5- 1919

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.

- 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.

Rank _____ Name WILSON William Edward Reg'l No. 429611
 Unit 47th Bn. If in perm. Corps, _____
 What Unit? _____ Married or Single Single.
 Place and Date of Enlistment New Westminster. 20th Mar. 1915 Place of Birth On Appelle Sask.
 Name and Address, Next-of-Kin W.N. Wilson, 415 1st Ave E. Vancouver. B.C.
 Relationship Mother *auth RL 29 & 87-16*

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

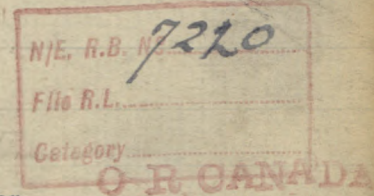
Separation Allowance \$ _____ Payable to _____

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				
		<i>Arrived in England Bramshott</i>		<i>10-10-15</i>	<i>Nominal Roll</i>
<i>8.12.15</i>	<i>O.C. 30^m</i>	<i>Trans to C.A.B.C.T.D.</i>	<i>Seliffe</i>	<i>6¹²/₁₅</i>	<i>R II 280 R.O. 3954</i>
<i>8.12.15</i>	<i>W.D.</i>	<i>Taken on strength.</i>	<i>"</i>	<i>6.12.15</i>	<i>158.</i>
<i>16.4.16</i>	<i>Casualty</i>	<i>Struck off strength. TD</i>	<i>"</i>	<i>13.4.16</i>	<i>PT II DO 107</i>
		<i>Proceeded 4 days time transport.</i>			<i>Auth. C.O. 1836. 2/15-4-16</i>
<i>21-4-16</i>	<i>1/2 Pool</i>	<i>Taken on strength attached to 13th B. Havre</i>	<i>"</i>	<i>14-4-16</i>	<i>RC II 14.</i>
<i>4-5-16</i>	<i>1/2 Pool</i>	<i>Trans to 2 Canadian Trench Field</i>	<i>"</i>	<i>3-5-16</i>	<i>RC II DO 23.</i>
<i>7-6-16</i>	<i>2 div. T.</i>	<i>L.O.S from C.A.B.C. Pool</i>	<i>"</i>	<i>4-6-16</i>	<i>PT II - O. 23</i>
<i>" "</i>	<i>5th Bn</i>	<i>Attached as in War Order to replace casualties and complete list of Home Transport Personnel</i>	<i>"</i>	<i>10-6-16</i>	<i>PT II O. 23</i>

A.F.B. 103 CHECKED
30 DEC. 1916 *(MR) Jy*

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				
7.6.16	2 nd Div. T.	Attached to 5 th T. amb to replace casualties & complete establishment in the field		10.6.16	Pt II D.23
17.10.16	" "	Adm. No 3 Cam. Stationary Hosp Boulogne		8.10.16	P.21.0 C.L F184
24.10.16	" "	beams to be attached to 5 th Field Amb on admission to Hosp! Field		8.10.16	Pt II 62 B.L. am d/ 9-11-16 Pt II 67
4.11.16	C.H.S.C. D.D.W.	Transferred to No 7 Bth. Gen depot Boulogne		26.10.16	Influenza C.L F190
14.11.16	" "	Discharged to 3 rd Large Rest Camp	"	29.10.16	" " " 192
8.12.16	" "	Rejoined unit	"	21.11.16	" " " 201
Proc to Canada 14-5-19 55-M-79					
26.4.19	R Wing	TOS	Mr. Witley	17.4.19	NO. 14
15.5.19	"	8056 Jan	" "	14.5.19	- 30

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

WILSON W.E

REGIMENT

2nd Div Trans

RANK

Ser

No.

429611

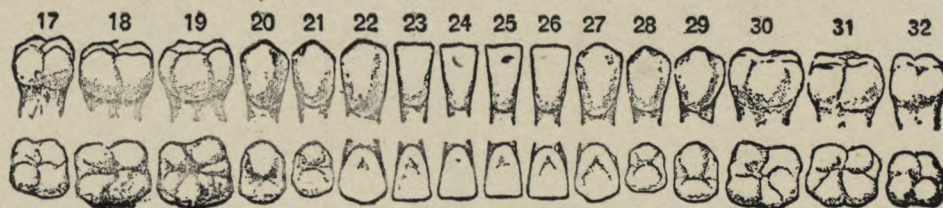
Date of Examination in England

29/4/19

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

Amf J. Ross

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

J. Ross Capt.

DIRECTIONS TO
DENTAL OFFICERS

1. This form is to be filled out by the dental officer in charge of the dental unit, and is to be submitted to the commanding officer of the unit.

2. The dental officer should fill out this form at the end of each month, and submit it to the commanding officer.

3. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

4. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

5. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

6. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

7. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

8. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

9. The dental officer should also fill out this form at the end of each year, and submit it to the commanding officer.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

33

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. 429611 Rank Sgt Surname Wilson
(Given name in full)
William Edward
Unit or Corps 4th Bn 2nd Div Train Birthplace Quappelle Sask

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

1. GENERAL DESCRIPTION:

Physique good Weight 141 lbs.

Height 5 ft. 7 1/2 in. Colour of Eyes blue

Nutrition good

Pulse 74 regular

Condition of arteries soft

Vision Rt. 4/2 Left 4/2

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

scar R eye
cut in childhood

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

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.

Influenza 28-10-16
P.H. 10 2-10-16.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at... *Witley* ... (Overseas)

Date ... *21-11-19* ...

Signed *J. M. Green Capt* 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 *W. E. Wilson*

(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.)

*Recommend that the M/F man
be discharged. He is fit -*

*Inspector Capt.
M.O. #10 D.D.*

W.S.B. class "A"

Casualty Form Active Service.

CERTIFIED CORRECT. Army Form B. 103.

Canadian Forces Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps

47th Battalion C.E.F.

Regimental No. 429611

Rank Pte

Name

Wilson, D.E.

Enlisted (a) 10-3-15

Terms of Service (a) Duration of War

Service reckons from (a) 20-3-15

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Carpenter

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				
		Trans. to 30th Res. Bn. Bath.	S. Cliffe	31-10-15.	T.L. Maffey Capt. & Adjutant. 30th Reserve Battalion C.E.F.
		Trans. to C.O. S.B. J.D. R.O. 3454.	S. Cliffe	6-12-15	
13 APR. 1916	On draft Overseas				M. Ruttan Major
		EMBARKED FOR FRANCE.		13 4 16	
		Disembarked France		14/4/16	Trans. Return (Res.) d/c 15/4/16
		Taken on strength of C.O.S.B. Pool and reinforced unit and attached to Base H.Q. Depot	Field	14/4/16	Pl. II. Orders No. 17. d/c 21/4/16
29/4/16.	1st Lt. Comd.	Proceeding to 2nd Div. Train	do	2/5/16	K.R. 6-133. O.C. R. No. 29.
do	do	Transferred to 2nd Div. Train	do	3/5/16	K.R. 6-133. Pl. II orders No. 28. d/c 7/6/16
		Desires to be attached to			

(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.]

(over)

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				
5/5/16.	O.C. 2nd. Can. D. Tr.	Taken on the strength 2nd Can Divl Train as Reinforcements from CASO Pool.		4/5/16.	Pt. 11. Orders No 23 dated 7/6/16. K.R. 6-133.
12/5/16.	O/C Unit	att to 5 th Can Fld Amb to replace Establishment ^{Casualties}	Field.	10/6/16.	B213a
1/9/16	O/C 5 th Can Fld Amb	Sentenced to forfeit 3 days pay for when on (A.B.) ^{disobeying} disobeying ^{order.}		1/9/16. 28/8/16	} B 2069. Pt 4 and 2 41 dt 8/9/16.
17.10.16	Long Casualty List	Seems to be attached to 5 th Can Fld. Amb on admission to Hospital	Field	8.10.16	Nº A184. Pt 11 00 67 24.10.16
8.10.16	3rd Com Stat	P.U.O. admitted to 3rd Can Stat	✓	8.10.16	W3034
7.10.16	4 th Can Fld Amb.	✓ adm & Transf to C.R.P.	✓	4.10.16 5.10.16	α 36 D.C.B. 23 26.10.16.
4-11-16	1/2 3rd Can Str Hsq.	Trans Nº 7 Butch Con. Depot 26	Field	26-10-16	Long Casualty list 'A' Nº A.A.190
4-11-16	A.D.C. Base Dep't	Joined from 3 rd Hsq 'A' (classified.)		3-11-16	from Roll of Am. (A.S.) (Base Dep't) of 4-11-16
26-10-16	1/2 3rd Str Hsq.	Transferred to no 7 Con Depot		26-10-16	W3034 (66) of 10-11-16
11-10-16	1/2 Con Depot	Transferred to no 3 Long Res. Camp.		29-10-16	W3034. '65'
13-11-16.	O/C asst. Base dep't.	Proceeded to join Unit from asst. Base Dep't.		12-11-16.	Cas Ret & Dep't.
25-11-16	O/C Unit	Rejoined Unit from asst. Base Dep't.		21-11-16.	B213. D.C.S. 6-129 dt 13-11-16
15-9-17	do	granted 10 days leave ^{Paris}	Field	15-9-17	B213 Pt 10 644-22-9-17.
29-9-17	do	Rejoined from leave	"	22-9-17	B213 " 679 6-10-17.

[illegible]

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wilson Christian Name William Edward

Examined { on 20 day of March 1915
at New Westminster B.C.

Birthplace { City or Town New Appelle
County Sask. Canada

Apparent age 19.11

Trade or occupation Carpenter

Height 5 Feet 4 1/2 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 4 3/4 inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm _____ Right _____ Left /
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection

Scar below right eye

Approved by

Hnwason

Rank Capt. Caml. M.O.

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

Date	Result	VACCINATIONS.
<u>26.8.15</u>	<u>Positive</u>	<u>R.B. Hoff</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2.8.15</u>	<u>+</u>	<u>Hnw.</u> M.O.
<u>13.8.15</u>	<u>+</u>	<u>Hnw.</u> M.O.
<u>22.8.15</u>	<u>+</u>	<u>Hnw.</u> M.O.

Enlisted on _____ day of _____ 1915 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th D.L.O.R.</u>			
Transferred to..	<u>47th BATT.</u>	<u>A29611</u>		<u>20/3/15.</u>
	<u>C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.	(VW)
		Admission into Hospital.			Discharge from Hospital.							
		Day	Month	Year	Day	Month	Year					
No3 Can.Stn.Hpl. Boulogne		8	10	16	26	10	16	P.U.O.	29	Transferred to No7 British Con.Dep.Boulogne.		A184-190
No7 British Con.Dep." Boulogne.		26	10	16	29	10	16	" Influenza	3	Discharged to 3rd Large rest Camp.	"	A192
No3 Large rest, Camp. Boulogne.		29	10	16	21	11	16	"	22	Rejoined unit from Hospital.		A201 VW

(VW)

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom

Mrs. H. K. Wilson

By Whom Assigned

Wilson W. G.

Address

P. O. 24 Appelle
 Gask

Regtl. No.

429611

Rank

Dr

Corps

2. D. Tm

Rate \$ 50 00

SPECIAL REMITTANCE

Schedule # 306. 7.2.17

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.	Aug. 1916	9714163.	50 -	Sched 142. 15.7.16.
Dec.				
Jan.	1917			
Feb.		48100	50 .	
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

2nd. Contingent

2nd. Contingent

To Whom Mrs. W. K. Wilson

Address 415 10th Ave. E.

Vancouver B.C.

By Whom Assigned Wilson W. E.

Regtl. No. 429611

Rank Pte

Corps 47th Batten, 3rd Draft

Rate \$15.00

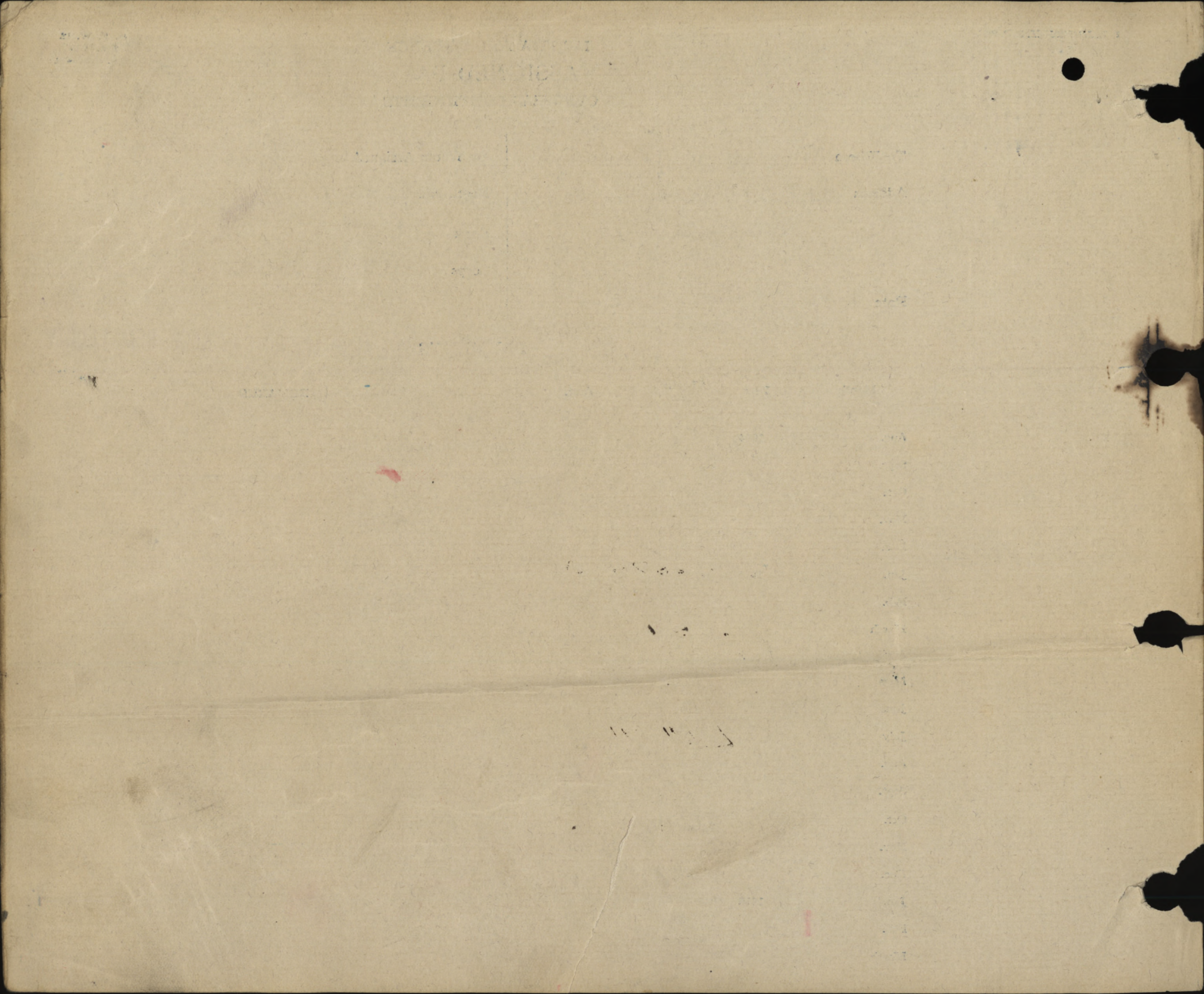
OCT 1- 1915

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Box 463
Quappelle
Sask
18/11/16 HMB
20.00 Jan 1915
Cancelled Dec 1915 3m 1915

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Re opened per 2m 87/17 & B3/4/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Adjustment
Feb.				
March				
April				
May				
June				CONSOLIDATED ACCOUNT 3
July				
Aug.				
Sept.				
Oct.		16614	15	
Nov.		24018	15	\$15.00 Refund Requested Oct 26/16 HMB. \$15.00 Recovered by reopening c/o 1/1/17. Bmn 14/4/17
Dec.		47267	15	
Jan.	1916			
Feb.				
March				

2m



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 6888.

Wm W. K. Wilson

PAYMENTS.

Name of Soldier

429611

Wilson, W. E.
Apr. 47 1/2 Bath

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰ Jan 17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>65^h a 4072</i>	<i>65</i>	
May		<i>212674</i>	<i>35</i>	
June		<i>U 19137</i>	<i>20</i>	
July		<i>S. 26702</i>	<i>20</i>	
Aug.		<i>J 33812</i>	<i>20</i>	
Sept.		<i>Y 40696</i>	<i>20</i>	
Oct.		<i>Z 45605</i>	<i>20</i>	
Nov.		<i>L 54411</i>	<i>20</i>	
Dec.		<i>261200</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

The Overpayment in Dec. - 15, \$15⁰⁰
has been recovered by G's P. M.
A see corresp. 11 1/2.

for Jan to recover overpayment 15⁰⁰
Dec - 1915

65⁰⁰ April to adj. Feb = 14/11.
35⁰⁰ May to adj. 20
20⁰⁰ In future. B.

285⁰⁰

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.				

Rank *Plt* Name **WILSON William Edward** Reg'l No. **429611** P-56
 Unit **47th Bn.** If in perm. Corps, }
 What Unit? }
 Place and Date of Enlistment **New Westminster. 20th Mar. 1915** Married or Single **Single.**
 Place of Birth **On Appelle Sask.**
 Name and Address, Next-of-Kin **W.N. Wilson, 415-1st Ave E. Vancouver. B.C.**
 Relationship **Mother**

Assigned Pay Monthly \$ **15⁰⁰ A.P. cancelled.** Payable to **W.N. Wilson** Relationship **Mother**
11/2/16 **15-10th Ave E**
Vancouver, B.C.

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							
1915																		
Oct	16	31	✓	16	1	16	16	10	1	60	5	2260	730	15	✓	2280	30	Lpb.
Nov	1	30		30	1	30	30	10	3			33	1233	15	✓	2733	597	\$15 ⁰⁰ A.P. cancelled
Dec	1	31		31	1	31	31	10	3	10		3410	487			487	3520	12/15 12/15 12/15 R.O. 280- 8/2/15
								3520	3520			487			487	3033		
Jan.	1			31			310	3033	6443			973			973	5470		
Feb	1	29		29		29	290	5470	8660			3163			3163	5497		
Mar	1-31	31		31		31	310	5497	8907			4381			4381	4526		
				168 00	✓	1680	500	18980	✓	11454	3000	✓	✓	✓	14424	4526	Checked.....	

BALANCE TRANSFERRED TO NEW LEDGER

[illegible]

\$20

[illegible]

ASSIGNED
PAY

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME:- *WILSON William Edward*

EFFECTIVE
DATE:-

1/1/17

EFFECTIVE
DATE:-

NUMBER:- *H29611*

AMOUNT:-

20⁰⁰

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs W. H. Wilson. (Mother)

Qu'Appelle, Sask.

Stopped 1/5/19

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

D.O. 21-5-5-19

26-3-19

*Pte.
1st Class Clerk.*

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S'D

UNIT TRANSFERRED TO

D.O. 23 7/6/16

1/10/16

2 D Train

1/6/19

Can. Sec.

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

16/4/19 2158

Field

4 56

22/4/19 831

R. Wing

73 00

77 56

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBSCE
ALL'CE

1 - - 10

L.P.C. Cr Bal 92 77

Ledger Bal 170 33

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Can 30/4/19. NR 5/7627. B shot. 26/4/19 B shot. MD 12

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Bal fwd.</i>								<i>170 80</i>	<i>180</i>	
<i>Apr.</i>				<i>169. 2 D.T. 12/4 5</i>	<i>4 46</i>				<i>166 34</i>		
				<i>248. " 26/4 17</i>	<i>3 57</i>				<i>162 77</i>		
	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>20</i>	<i>175 77</i>		
<i>May</i>		<i>33</i>			<i>8 03</i>			<i>20</i>			
	<i>P.P.</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20</i>	<i>189 87</i>		
				<i>519. 2 D.T. 9/5 3</i>	<i>4 46</i>				<i>185 41</i>		
				<i>845 " 25/5 2</i>	<i>3 57</i>				<i>181 84</i>		
<i>June</i>		<i>34 10</i>			<i>8 03</i>			<i>20</i>			
	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>20</i>	<i>194 84</i>		
				<i>AR 923 26/5 2 D.T.</i>	<i>2 4 46</i>				<i>190 38</i>		
		<i>33</i>		<i>" 330 27/6 2 Dac.</i>	<i>8 3 57</i>			<i>20</i>	<i>186 75</i>	<i>180</i>	
					<i>8 03</i>						
<i>July</i>	<i>"</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20</i>	<i>210 91</i>		
				<i>AR 1316 26/7 2 D.T.</i>	<i>13 8 03</i>				<i>192 88</i>	<i>180</i>	
<i>Aug</i>		<i>34 10</i>		<i>C.A.P.</i>	<i>8 03</i>			<i>20</i>	<i>206 98</i>		
<i>Sep</i>		<i>34 10</i>		<i>C.A.P.</i>				<i>20</i>	<i>219 98</i>		
		<i>33</i>						<i>20</i>	<i>205 70</i>	<i>150</i>	
<i>Oct</i>		<i>34 10</i>		<i>C.A.P.</i>	<i>1518 28/9 20</i>	<i>14 28</i>			<i>219 80</i>		
				<i>auth. exp. 28/9 20/18</i>							
				<i>Advance from 20/18</i>							
		<i>34 10</i>		<i>2256 26/10 C.A.P.</i>	<i>39 7 46</i>			<i>20</i>	<i>212 34</i>		
				<i>C.A.P.</i>							
<i>Nov.</i>		<i>33</i>						<i>20</i>	<i>225 34</i>		
				<i>CR 59971 7.11.18 F4</i>	<i>19 47</i>				<i>205 87</i>		
				<i>CR 59954 7.11.18 F3</i>	<i>14 60</i>				<i>191 27</i>		
				<i>v 66046 7.11.18 F10-0-0</i>	<i>48 67</i>				<i>142 60</i>		
				<i>4027 25.11.18 CC 946</i>	<i>3 73</i>				<i>138 87</i>		
		<i>34 10</i>						<i>20</i>	<i>152 97</i>		
		<i>67 10</i>						<i>40</i>			

COMPILED BY
CHECKED BY

2 Berryman
10/10/18

NUMBER		RANK		NAME											
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION				
		6710			8647			40	15297						
				3557. 10.12.18. 6CDB.	933				14364						
		3410			4588			20	15774						
		10120			9580			60							
Feb		3080			9580			20	16854						
				1850. 14.12.18. 2DT. 2.	373										
				2150. 9.1.19 ✓	26. 754										
				2463. 29.1.19 ✓	65. 373				15354						
				2699. 15.2.19 ✓	95 373				14981						
Mar		3410			1873			20	16391						
				119											
				2861 ✓	26-1 933										
				144 ✓											
				3052 ✓	10-3 365										
				149 ✓											
				3199 ✓	153 1825				13268						
		6490			4996			40							
April		3300						20		13133					
	Interest on Deferred Pay.	2465		2158. ✓	17.4. 456				17033						
	Undercredited. 36 days @ 60c. p.d. diff			831 CCC.	26.4 73										
	Net. P.P. + 1st Class Clerk Pay.	2160		2380. Enl.P.C	10.5 2433										
	26.2.19. - 30.4.19. Pgs. and.								9004						
		7925			10189			20							
				S.O.S. Canada. 14.5.19											

WAR SERVICE BADGE
CLASS "A" No. 187108

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

O.S. 15.

S.S. 22.

D.A. ~~O.M.~~

1. No. 429611

2. Rank. Dvr.

3. Name. WILSON. William Edward.

4. Unit. 4th. C'oy. 2nd. Div. Train. C.A.S.C.

5. Date of Discharge

38. 5' 19

Place ~~Regina. Sask.~~ ^{Winnipeg} Man.

6. Reason for Discharge.

DEMOBILIZATION

Embkd MINNEAPOLIS
May 14 '19.

Disembarked May 23, 19

7. Authority. Do 150

8. Proposed Residence after Discharge.

Qu'Appelle, Sask.

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.?

W. Wilson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature

Wm. Hausen

(O. C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Line	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the underlined place and date I received my discharge Certificate	
M. E. W. T.	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	

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. 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). *f. Inf.*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No. 14 *[Signature]*

Date..... 12/5/19

DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital, Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

A. J.

A 29611

MEDICAL HISTORY of

Surname WILSON Christian Name William Edward

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Qu'Appelle County Sask. Canada

Examined ... { on 20th day of March 1915 ,
at New Westminster, B.C.

Declared Age ... 19 years 11 months days.

Trade or Occupation ... Carpenter

Height ... 5 feet 7½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 35¾ inches.
Range of Expansion 4¾ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Scar below right eye

(b) Slight defects but not sufficient to cause rejection ... { (b)

Approved by (Signature) H.N.Watson,
(Rank) Capt. C.A.M.C.
Medical Officer.

Enlisted ... { at
on day of 191

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>6th D.C.O.R.</u>	<u>A 29611</u>
Transferred to ...	<u>47th Battn. C.E.F.</u>	

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper on day of 191

(Signature) H.N.Watson
(Rank) Capt.

Admitted to Hospital	Discharged from Hospital	Number
----------------------	--------------------------	--------

[illegible]

Check 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. In 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

Transferred to No7 British Conval.Depot.Boulogne.

A184-190 (VW)

Discharged to 3rd Large rest Camp. Boulogne.

A192 "

Rejoined unit from Hospital.

A201 11

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.

[illegible]

Table IV.—Service Table.

[illegible]

REGT. NO. 429611

RANK

NAME (IN FULL)

Wilson W. E.

M. OR S.

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)	
ADDRESS					47	TRANSFERRED TO	DATE	AUTHORITY
						Dis Str M	MAY 14 1919	D, O, 150
						TRANSFERRED TO	DATE	AUTHORITY
					9.7.15			
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE		
					1000	1.6.19		
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS						Mrs W. K. Wilson.	Union Bank	
					ADDRESS	Box 463 Qu'Appelle Qu'Appelle, Sask		
						Sask		
					STOP PAYMENT FORM	EFFECTIVE		
					ASSIGNED PAY			
					RENDERED, DATE			
					DISCHARGED	PLACE	DATE	REASON
						M. D. 10	MAY 28 1919	D
								D, O, 150
								ENTITLED TO POST DISCHARGE PAY

[illegible]

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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Jan 1/17

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

W	8115	20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 429611
 Rank pte Promoted Reverted Discharge
 Soldier's Name W. E. Wilson
 Battalion 47 Battrn 2nd Dfr
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mr. W. K. Wilson
 Address Box 463 Quappelle
 Change of Address Sask.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					019489-W-3
Dec. 31			285	285	See also acct in Spec. Res. Ledger
Jan. 18	R. 70776		20	20	
Feb. "	S. 66894		20	20	
Mar.	Y. 90094		20	20	
Apr.	X. 8295		20	20	
May	X. 18384		20	20	
June	T. 27122		20	20	
July	B. 27276		20	20	
Aug.	V. 41488		20	20	
Sept.	W. 42723		20	20	
Oct.	K. 55692		20	20	
Nov.	Q. 61618		20	20	
Dec.	W. 67579		20	20	
Jan. 9	R. 70668		20	20	
Feb.	X. 75549		20	20	
Mar.	Q. 82580		20	20	
Apr.	V. 3951		20	20	
May	V. 5724		20	20	
			625	625	

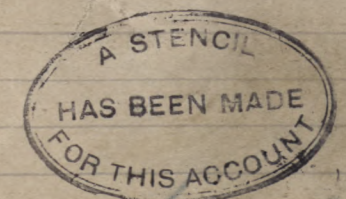
A/c Closed..... File.....

Ret'd per..... Date.....

Dest.... L. P. No..... M. P. W 187

Clerk..... Date.....

M. I.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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

Name _____
Address _____
Change of Address _____
1 _____
2 _____
3 _____
4 _____

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128.
4008-6-7-1772-35-1141
L. L. 22320-M. & D. 1983.