ATTESTATION PAPER.

No. 107024

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Welsen
1a. What are your Christian names?	William Harold
1b. What is your present address?	P.O. North Regina Sask.
2. In what Town, Township or Parish, and in what Country were you born?	La Revere Man: Canada.
3. What is the name of your next-of kin?	Dolly
4. What is the address of your next-of-kin?	PO North Regina Sask
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	Sept 9th 1886
6 What is your Trade or Calling?	Meter Mechanic
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? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Welsen William Harold, 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.

W H Welsen (Signature of Recruit)

Date Feby 14th 1916 J Leach Cross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Welsen William Harold, 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 H Welsen (Signature of Recruit)

Date Feby 14 1916 J Leach Cross (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 Regina Sask this 14th day of Feby 1916

W H Parle Lt (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-89-341

20-8-61

Description of Wilson William Harold on Enlistment.

Apparent Age 29 years 5 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. 10½ ins.
Chest measurement. Girth when fully expanded.	33 ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	fair
Eyes	blue
Hair	light Brown
Religious denominations. Church of England	
Presbyterian	
Methodist	×
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feby 14th 1916.

Place Regina Sask

— Capt and
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.

Wilson William Harold 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.

(Signature of Officer)
Capt. Adjt

Date Feby 14th 1916.

NAME Wilson Wm Harold — REGT. NO. 907029 — UNIT 190th Bn — H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	2/10/19			
1	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)				
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)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			28786	
2	LAST PAY CERTIFICATE (M.F.W. 44)		P.M.G. Militia HQ	7/5/19	Misc-102(misc)
	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)				
1	R.B.S.				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Med Unfit

DESERTION

784223

No. 909029 RANK Pte. (L/6pl. prov.) NAME Wilson Wm.

T. O. S. 14-2-16 UNIT 195th Battalion, C.E.F.
D.O.I. 26-2-16.

M. D. 10-12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Feb. 14	Feb. 29.	✓		
Mar. 1.	Mar. 31	✓		
Apr.		✓	Prom. prov. L/6pl. 20-4-16.	(AO. 148.)
May.		✓		
June.		✓		
July		✓	A.W.L. Tat. 6-7-16.	(July pay list.)
Aug. 1.	Aug. 9.	✓	Discharged (Med. Unfit). 9-8-16.	(AO. 141)
			Acct. closed by payment. S.	

907029.

MEDICAL HISTORY SHEET.

Surname WILSON. *Christian Name* William Harold.

Examined { on 14th day of February 1916. / at Regina. Sask.

Approved by W Rcobs

Rank Capt M.O.

Birthplace { City or Town La Rivere. / County Manitoba. Canada.

Apparent age 29 5/12.

Trade or occupation Motor Mechanic.

Height 5 Feet 10½. Inches.

Weight ..... Lbs.

Chest measurement { Minimum 35. inches. / Maximum expansion 2½. 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 .....

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

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 14th *day of* February 1916 *at* Regina, Sask

	Corps.	Regt'l Number.	Rating.	Date.
Joined on enlistment	195th.	907029		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-29-430.

Surname..... Christian Name.....

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 907029 Rank Lce Corp. Name Wilson, W.

Corps 195th O/B. who was * discharged

On 9/8/1916 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

Dr.	$	c.		Cr.	$	c.
From Aug 1 To Aug 9 1916			From Aug 1 To Aug 9 1916			
Bal. Dr. from previous month				Regimental pay 9 days at $ 1 c	9	
Total payments during period from Aug 1-9	24	11		Field allowance 9 " $ c 10		90
Assigned Pay				Other allowances		
Other Charges (give particulars) Kit Shortage	35	04		Other Credits (give particulars) Credit from prev. month	19	10
Bal. Cr. on discharge or transfer				C/C clothing	10	
				Kit Returned	30	15
				Bal. Dr. on discharge or transfer		
Total	69	15		Total	69	15

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is $15.00, and has been charged in Pay-list for month of July

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment Feb. 14, 1916.

(2) if married and if a Separation Allowance Card has been submitted yes

(3) cause of discharge and authority medically unfit A.D.M.S. 275-195

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Aug. 10th, 1916.

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

Date Aug. 10, 1916.

Place Camp Hughes, Man.

C B Keeley-side Capt.

Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

W1169

n.a
ad

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Wilson (Surname) William Harold (Christian Name)

Regimental Number 907029 Rank L/Cpl.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks: From Decl.

File No. 19489-W-59 **WAR SERVICE GRATUITY.** Register No. W1169

Reg. No. 907029

Name Wilson Wm H

Address Amelia, Sask

~~North Regina P.O~~
~~Sask~~

Dependent

Address

Soldier not Eligible for O.S.G.
Services less than 1 year auth. file as above
2067-10-1-20

Pay Soldier $

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

file copy
9-1-20

GEN'L AUDITOR
Posting checked by
.....
Date.....

79

DEPARTMENT OF VETERANS AFFAIRS

To Deputy Minister

Date.....

Attention of C.C.R.

NAME WILSON, William H. SERVICE NUMBER 907029 WW1 C.P.C. No. 6610 W.V.A. No. NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from
LAST POST

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death 22-7-67
Cause of Death.....
Place of Death Vancouver, B.C.

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

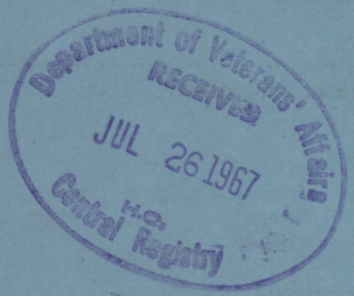
.....

Copies to: W.S.R. ✓
V. I.
~~PAY~~
~~D.O.~~
H.O.

} Destroy form if advice of death already received.

for AC DHERY
Chief, Central Registry "VA"

DVA 24


Department of Veterans' Affairs
RECEIVED
JUL 26 1967
H.O.
Central Registry

1-3-16-

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16
H.Q. 1172-69-818.

SEPARATION ALLOWANCE

22

Name Dolly Wilson

Address North Regina. Sask.

not listed 8/3.

Relation to Soldier wife, child or mother } wife.

Name of Soldier Wilson - Wm H.

Regtl. No.

Rank Pte -

Corps 195th Battn.

To what Corps belonging when called out }

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				

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Dolly Wilson. Wife

L. L. Job 310.—Req. 6574.

Name of Soldier Wilson Wm H.

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		W8508	80	80
July		610872	20	20
Aug.		Z 12861	20	20
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Discharged 9/8/16 (RMC 10/8/16)

Return of 8/14 overpaid requested 22/8/16

ACCOUNT CLOSED

DATE..... PER W

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.				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 907029 (Rank) Private

Name (in full) WILSON, William Harold enlisted in

the 195th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Regina, Sask. on the 14th

day of February 1916

HE served in Canada

and is now discharged from the service by reason of

His having been found medically unfit for General Service

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

Age	29 Years, 11 Months	Marks or Scars	
Height	5 Feet, 10½ Inches		
Complexion	Fair		
Eyes	Blue		Mil
Hair	Light Brown		

Signature of Soldier

Issuing Officer

Lieut-Colonel

Rank

Date of Discharge Camp Hughes, Man. 9th August 1916

for A/Adjutant-General

Appointment

Signed at Ottawa this 25th day of April 19 19

in Military District No. Headquarters

File Reference No. 649-K-3405

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 907029 (Rank) Private Name WILSON, William Harold

Unit (on discharge) 195th Battalion

Address on Discharge G.P.O., N. Regina, Saskatchewan

Character and Conduct Good

Former Occupation Motor Mechanic

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Nil

Signed at Ottawa this 25th day of April 19 19

Name of Officer

Rank Lieut-Colonel

Appointment for Adjutant-General

7278 6610 3246. W. 16

7278

649-W-34405-

MEDICAL HISTORY OF AN INVALID.

1. Station. Regina
2. Regiment or Corps. 195th Battalion
3. Regimental No. and Rank. 907029
Lac. Corp.
4. Name. William Wilson
5. Age last Birthday. 29
6. Enlisted on 14 Feby /16
at Regina
7. Former Trade or Occupation.
Machinist

8. General remarks on his :—
(a) Conduct. no
(b) Habits. Record
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT MILITIA & DEFENCE AUG 24 1916 H.Q. CANADA

Date. 21 July /16

9. Service. Years. Days.

	PERIODS.	
	FROM.	TO.

10. (a) Disease or disability. Double congenital Hernia Haemorrhoids
(b) Date of origin. Haemorrhoids last Oct /15 – Hernia from birth
(c) Place of origin. Manitou Man
(d) Cause. unknown

11. Present Condition. (Most Important) (To include full description of present disabling condition or conditions.) Congenital Hernia – Descends into both rings – Unable to be on feet any length of time gets weak – Has pain – Haemorrhoids bleed – slightly protruding

12. (a) Is the disability the result of service or climate? no
(b) Has it been aggravated by intemperance, vice or misconduct? no

noted 9-12-16 Clk.

M.F.B. 227.
M. F. B. 227.
100 M—2-16.
1772-39-117.
100m-2-16
1772-39-117

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

none

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

not app

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not app

14. Treatment Rest - Has worn truss -
Should be operated upon -
NB - Refuses operation of any kind (ABG)

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? Has been aggravated 20% by Service - Route Marching & General Camp duties

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? For life without operation

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. 100% at present decreasing to 20% after rest & use of truss with will be as before enlistment

18. State if for discharge on account of unfitness for Service.

For discharge on account of unfitness for service

A.G. Gorrell
Capt CAMC

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.
The Board concurs in report on ~~Pt~~ Corps to Wilson 907029

10. Double Congenital Hernia + Hemorrhoids

11. Hernia descends on exertion - Unable to be long on feet - Complains weakness - Hemorrhoids bleed at intervals

12. no - no

15. Has been aggravated 20%

16. For life without operation which has been refused

17. 100% at present - Due to descending Hernia and weakness produced thereby this will reduce to 20% by rest and truss

19. Is he unfit for Military Service. Yes.

20. Recommendations:

That he be discharged as medically unfit as he proposes again wearing a truss the Board does not recommend treatment in Convalescent Home

Signatures:—

A. Gorrell, Captain — President.

[signature] — Members.

Station. Regina

Date. 22nd July, 1916. Davis Brunner, H. Cape.

Date. APPROVED — Assc. Director of Medical Services.

JUL 25 1916

Approved. [signature] Major, A.M.C. D.M.S., M.D. No. 10 WINNIPEG, MAN.

Date. 26/8/16 [signature] Director-General of Medical Services.

(Except for disability due to hernia)

J-16

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B, 227.

100 m-2-16.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. .....

Date of final disposal .....

How finally disposed of .....

The original Report is invariably to accompany the discharge documents of invalids.