Duplicate 100TH BN

2.8.16 Cardy

ATTESTATION PAPER.

No. 217094

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. 217095 Roll

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Wise
1a. What are your Christian names?	Charles Arthur
1b. What is your present address?	Post Office, Lenore, Man.
2. In what Town, Township or Parish, and in what Country were you born?	Chelsea. London. Eng.
3. What is the name of your next-of kin?	Henry Wise
4. What is the address of your next-of-kin?	Medburn Farm Dairy, Station Road Radlett. Herts. Eng.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	June 14th. 1886
6. What is your Trade or Calling?	Farmer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	100th Winnipeg Grenadiers
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, Charles Arthur Wise, 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.

Chas a Wise (Signature of Recruit)

Date July 22nd 1916. A B Mitchell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Arthur Wise, 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.

Chas a Wise (Signature of Recruit)

Date July 22nd 1916. A B Mitchell (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 Camp Hughes, Man this 22nd day of July 1916.

A B Mitchell (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of Charles Arthur Wise on Enlistment.

Apparent Age 30 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

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

Complexion Fair

Eyes Blue

Hair Fair

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

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

1 on left. Infancy

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 July 22nd 1916 D. Y. Abbott

Place Camp Hughes, Man. Capt. CAMC
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.

Charles Arthur Wise 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.

J B Mitchell (Signature of Officer)

Date July 22nd 1916

REGIMENTAL DOCUMENTS

NAME WISE Charles Arthur REGT. NO. 2170945 UNIT R.A.M.C. 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	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
2	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)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
4	Misc			39049	
1	Dent Cert				
1	M Fw 67				
1	P 122				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

W. 2589
100M 11-18
1772-39-1377

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 104th D/E Batt

(2) Regimental Number 2170954

(3) Full Name of Soldier Charles Arthur (e) Wise

(4) Place of Birth Chelsea London England

(5) Are you married, or not ? Not

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1272-30-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Harry Wise Station Rd Radcliff. Hants England.

(10) Is your Mother alive? Yes Annie Priscilla Wise

If so, state name and address As above

(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.

Nil

(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? Yes No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. H. Mitchell

Officer Commanding.

Date Sept 27/16

Major OCBC

No. 21095 RANK Pte NAME Wise C R.

T.O.S. 22-7-16 UNIT 100th Battalion

D.O. 202. July Paylist.

M.D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 22	1916 July 31	C C		

UNIT SAILED

SEP 18 1916

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
Hon 913			B

Number 217094 Rank a/Sgt

Surname WISE

Christian Name Charles Arthur

Unit 10th Bn. Can. Inf. Theatre of War England

Date of Service 25-9-16

Remarks

Latest Address Gen. Del. Calgary Alta.

Page 313

Roll No A

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE.

NATURE OF CASUALTY

DESP. MAY 29 1925

REGN. NO. 137830

Receipt recd 30-6-25

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-918.

SURNAME. Wise "M 10"

CHRISTIAN NAMES Charles Arthur

REGL. No. 214095 RANK Pte.

UNIT 100th

FORMER CORPS 100 Winnipeg Grenadiers

CARD No. 20/

Sat. Denied 1/19

FOLL. D02 38 f 2 4/1 1/19 1050

NEXT OF KIN.

Wise, Mrs. M.S. (wife)
7. High Street, Cobham.
Surrey, England.

auth. 54-21-38-1.-9/1/18.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Chelsea London DATE June 14th. 1886

PLACE OF ATTESTATION Camp Hughes Man. DATE July 22nd 1916

Sailed from Halifax 18/9/16. per S.S. Olympic R/C 12-9-38 f 2 4/1 1/19 540 17.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 30 YEARS 1 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS 1 on L. Infancy.

MEDICAL EXAMINATION. PLACE Camp Hughes Man. DATE July 22nd. 1916.

Present Address P.O. Lenore Man.

170711

FORM OF WILL.

I, Charles Arthur Wise (Name in full)

Regimental Number 217095 serving in Man. Regtl Depot

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto wife

Mrs Mabel Sarah Wise
8 High Street
Cobham Surrey Eng

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

absolutely, and my personal estate I bequeath to my wife.

Mrs Mabel Sarah Wise
8 High Street
Cobham. Surrey. Eng.

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

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

this 13th day of November A. D. 1917

Chas A Wise Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness W. H. Parry

Address of Witness Manitoba Regtl Depot 1021-6th Ave West Calgary

Occupation of Witness Clerk

Signature of Second Witness A. Ferguson

Address of Witness Man. Regtl. Depot - Shornciffe 675 William Ave - Winnipeg

Occupation of Witness Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

REGISTERED.
WILLS-SECTION
20 NOV. 1917
ESTATES, O.M.F.C., LONDON.

FORM OF WILL.

73670

I, Charles Arthur Wise (Name in full)

Regimental Number 217094 serving in The 100th Batt 6 E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my father

Henry Wise of the village of Radlett in Hertfordshire in England. — Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

my said father Henry Wise — Name and Address of person or persons to receive personal estate* *(See note).*

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

this 30th day of August A. D. 1916

Charles Arthur Wise Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C Morrison

Address of Witness Windsor Nova Scotia.

Occupation of Witness Captain 100th Batt 6 E.F.

Signature of Second Witness J M S Jeeves

Address of Witness 100th Batt N.S. E.F.

Occupation of Witness Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C. F. C.

Regimental No. 217094 Rank A/Sgt. C. E. F. Name WISE C. A.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12.8.19	C. F. C.	On Command to Part of Emb. & S.S.S. to Can.	Witley	8.8.19	W.O. 225.

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Army Form B. 103. Sheet Two Regimental Number 267944

Casualty Form—Active Service.

Regiment or Corps 100th Bde 25 Bn

Rank Pte Surname Wilson Christian Name G. A.

Religion C Age on Enlistment ..... years ..... months

Enlisted (a) 22.7.16 Terms of Service (a) D.O.W. Service reckons from (a) 22.7.16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) Shoemaker

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report		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	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
14.8.18	O.C. 6th C.	Granted permission to wear one Good Conduct stripe	S'dale	22.7.18	Pt II D.O. 193
2/4/19	O.C. C.F.C.	Appt'd. a/Sgt with pay whilst specially employed on demobilisation duties	S'dale	20.3.19	Pt II D.O. 92
8/8/19	O.C. C.F.C.	SOS Base Depot C.F.C. ~~On Transfer to CANADIAN CAMP~~ Embarkation to Canada	S'DALE 8/8/19		PT II D.O. 220 J. J. Leary Lt. for O.C. C.F.C.

(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) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		LMT CARONIA [illegible]			
		SAILE [illegible] LIVERPOOL	9 8 19.		
		9-8-19 T.O.S. Dispersal Station M	D.O. 238/pa. 2.		
		and Dispersed 20-8-19	D.O. 238/pa. 3		
		[illegible] Lieut. for O. C. 10 District Depot.			

C.A.D.C. 5002A

A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) WISE, G. A

REGIMENT C.F.C. RANK A/Sgt No. 217094

Date of Examination in England 27-6-19 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5. 18.
2. EXTRACTIONS 17. 21.
3. CROWNS None
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } None

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 yes
- (c) In France

unfit Heart Capt.

Signature of Dental Officer F W Tweddle Capt

2nd Original H.Q.R. 02613-6-10-17

To A.A.M.R.D.

MEDICAL HISTORY SHEET

Surname Wise Christian Name Charles Arthur

Examined on 22nd day of July 1916 at Camp Hughes, Man.

Birthplace City or Town Chelsea County Eng.

Apparent age 30 yrs 1 mth

Trade or occupation Farmer

Height 5 feet 10 Inches

Weight 155 lbs.

Chest measurement Minimum 34 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks

Vaccination Marks Arm Right Left X Number 1

When Vaccinated last Infancy

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Defective vision corrected easily with present glasses

29/11/18

Approved by W. G. Abbott

Rank Capt Cams M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
22/2/18	Bone	L.H. Roberts Capt	M.O.
Aug 3/18	B one	L/H Roberts Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
4/8/16		W G Abbott	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24/7/16	-	W G Abbott	M.O.
30/7/16	-	W G Abbott	M.O.
4/8/16	T.A.B. 1/c	W G Abbott	M.O.

Enlisted on 22nd day of July 1916 at Camp Hughes, Man.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	100th Battn.	217094	good	July 22nd 1916
Transferred to	11th Reserve Bn. 14 C.R.B.		B1	JAN 20 1917 27-3-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
St. Charles Place Shorncliffe.	Feb 28/17.	Def. Vision.	B1. Fit. A.D.Pay. Capt.
Witley	16/8/17	Def. vision	C1 Fit Staff Capt
Ref S.R.O. #2799	9.2.799	17.2.11.17	B1 C Cumulo St Cam
Shorncliffe	20.11.17	do	B2 11 Coy Depot
Do	2-7-19	Do	B1 Fit Authority Capt

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

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

Surname Wise Christian Name Charles Arthur

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				
Westcliffe	13-2-17							defect vision		Right $\frac{6}{60}$ - 30 $\frac{6}{6}$ Left $\frac{6}{60}$ - 30 $\frac{6}{6}$ recommend. B	

Pte

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 100th. Overseas Battalion

Regimental No. 2170974 Rank Pte. Name Charles Arthur Wise

C. E. F.

Enlisted (a) 22/7/16 Terms of Service (a) D.B.W. Service reckons from (a) 22/7/16.

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

Extended | Re-engaged | Qualification (b) Military- none - Civil - Farmer

Report Date	Report 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. 213, Army Form A. 36, or other official documents.
		Embarked - Canada	Halifax	18-9-16	
		Disembarked - England	Liverpool	25-9-16	
18/1/17	A. G. Can. 21-2-17 O.C. 100th Bn	Transferred to 11th Reserve Batt.	Shorncliffe	JAN 20 1917	part Orders 20 [signature] Captain & Adjutant 100th. Overseas Batt
20-1-17	O.C. 11th	Taken on strength 11th	Shorncliffe	20-1-17	Pt. 11 Bn. O. 15
16-3-17	O.C. 11th	Struck off strength 11th C.R.Bn. and posted to Manitoba Reg. Depot.	Dibgate	16-3-17	Pt. 11 Bn. O. 62.
20 MAR 1917	11 Res Bn Regt Depot Rega Depot	Posted to Man. Reg. Depot On Command 2 C.R.B.	Dibgate S'cliffe	17-3-17 19-3-17	Depot Pte 9-1 " 11 [signature] Lieut. & Adjutant, Manitoba Regimental Depot.

[signature] R. Godfrey Simmons Lieut
Captain & Adjutant,
11th (Res.) Battalion.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
24/3/17	O.C. 14th Res. Batt.	Attached from Regt. Depot & to 2nd CRB. for Duty.	Dibgate	19/3/17	Pt. 2, No. 79.3. J. A. Sinclair Capt. & Adjt. 14th Res. Battn. C.E.F.
23-10-17	O.C. 2nd C.R. Bde.	Ceases to be attached to Hdqrs 2nd C.R. Bde for duty & discipline.	Shorncliffe	23-10-17	Bde Part II 269 ..... Major, Staff Captain, 2nd Canadian Reserve Brigade.
18.3.17	Joined	Taken on strength 1st Res Depot Bn.	Seliffe.	17.3.17	Pt II Do 9
20.3.17	—	att 2 CRB. for duty + 14th Res. Rats Etc	—	19.3.17	— — 11
29-7-17	—	Cease att 14 Res for Rations etc + att M R B. for. Rations Etc	—	16.7.17	— — 142.
27.9.17	—	Granted furlo to many	—	25.9.17	— — 202.
28.11.17	—	Cease att 2 CRB for duty + 1st Depot Coy (Bde Employ	—	23-10-17	— — 233.
8/1/18	—	Granted furlo 7/1/18 - 14/1/18	—	7/1/18	— 39.
13/1/18	—	att to 1st CCD	—	13/1/18	— 44.
21/1/18	Joined	Ceases att 1st CRD London Trans Can Hon Corps Sunningdale	Seliffe	20/1/18	— 52. G. Shelley Lieut. & Adjutant, Manitoba Regimental Depot.

21.2.18 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 20.2.18 Pt.11.D.O. 45

R—122

Rank Pte Name WISE, Charles Arthur. Reg'l No. 217094

Unit 100th Bn. If in perm. Corps, What Unit? Camp Hughes, Man. Married ~~or Single.~~ ~~Single.~~

Place and Date of Enlistment 22nd July 1916. Place of Birth Chelsea, London, Eng.

Name and Address, Next-of-Kin ~~Henry Wise.~~ Mrs M. S. Wise ~~Medburn Farm Dairy,~~ ~~Station Road, Radlett,~~ 7 High St Cobhams, Surrey, Eng. ~~Herts, Eng.~~ Relationship ~~Father~~ wife.

Assigned Pay Monthly $ Payable to Pte. 29/24/9/16 Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 21964 File R.L. Category C. R., Can

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
CFC		Arr. in England S.S. Olympic		25th Sept. 1916.	
20.1.17	100th Bn.	S O S to IIth Res Bn	Seaford	20.1.17	Pt, 2.DO.20
20-1-17	IIth Bn	T.O.S from 100th Bn	Sh'cliffe	20.I.17.	Pt. 2.DO.15
29-3-17.	14th Res Bde	attd from May Reg. Dep. for duty	"	19-3-17.	Pt II 79. (Pt II "man Dep)
7-6-17	2nd Res Bde	attd to for 2nd Bde	"	23-4-17	Pt II. 155.
18-3-17.	Man R. Dep.	T.O.S on being reported from "Th Res Bn.	pte.	17-3-17.	Pt II 09. ("Th Res Pt II 62 d/16/3/17)
17-7-17	14th Res.	ceases to be attd from MRD.	Pte	Dibgate 16-7-17	Pt II O. 195 MRD. Pt II O. 142 d/29-7-17
27.9.17	M.R.D.	Granted Permission to marry	"	" 28.9.17	Pt II O. 202
23-10-17	Ndgtn 2nd Res Bde.	Ceases to be attached	pte	— " — 23-10-17	Pt II O 233 d/28.10.17 Pt II O. 269. M R D
13-2-18.	MRD	Attached 100th		13-2-18.	Pt II O. 44
22-2-18	MRD.	ceases attd 1 C.C.D. SOS to Can For. Corps	Pte	D'gate. 20-2-18	— " — 53. (Pt II O 45 d/21-2-18 B D C Pte. T.O.S

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
21. 2. 18	1st C.C.D.	Leave to be attached prior to C.F.C	Pte Sandling	20.2.18	Ft 050
14. 8. 18	C.F.C. B.O.	Permt to wear I.G.C. Badge	Pte. Sdale.	22.7.18	D.O. 193.
2. 4. 19	" "	To be A/sgt with Pay while specially employed	" "	20 3 19 - 92	
8. 8. 19.	C.F.C.	Leaves to be detch. to C.F.C. Swingdale on posting to C.F.C. C.C.C.	A/Sgt. S'dale.	8. 8. 19. - 220.	SL. 101. M. 14 9. 8. 19
13. 8. 19	"	SOS to Canada	"	Wisley 9. 8. 19 - 225	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 217094 (Rank) Sgt

Name (in full) Wise. Charles Arthur, enlisted in

the 100th O/S Battn,

CANADIAN EXPEDITIONARY FORCE at Camp Hughes. Man. on the 22nd

day of July 1916

HE served in 11th Battn. & C.F.C. England

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

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

Age 33yrs

Height 5ft 10ins.

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

I on left. Infancy.

Chas a Wise
Signature of Soldier

Date of Discharge

Dispersal Station "M" AUG 20 1919 Military District No. 10

A Van Haverly
Issuing Officer

Lieut
Rank

Date 30. 8 19 19

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

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

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

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

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

Form P. 812B.
79691 5m 18/9/19 D.671

CA
FILE NO 9647

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Wise. C. A.

Address 7. High Street.
Cobham. Surrey

Dependent 217094 Lgt.

Address

Date 1919	Cheque No.	Gratuity			Payments			Balance Due			Remarks
Nov 25	W.S.G.	40	7	7							
" 26	130479				11	12	2	28	15	5	£56 5s 0d
Dec 15	154489				14	7	8	14	7	9	
1920 Jan 16	158284				14	7	9	.	.	.	
		40	7	7	40	7	7				

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

A-305

38734

Ref. No. N.R.

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom Mrs. Annie P. Wise,

Address Medlum Farm Dairy,
Station Road,
Radlett, Herts.

Rate $20.00

Date to Commence 1st September, 1916.

By whom assigned Wise, C.A.

Regtl. No. 217095.

Rank Pte.

Corps, &c. 100th Battn.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Oct.		218871	40		
Nov.		255446	20		
Dec.		299869	20		
Jan.	1917	306146	20		
Feb.		385838	20		
Mar.		433434	20		
April			140		
May					
June					
July					
Aug.					

60 days

A.P. checked & found correct.

W. J. Davey
Sgt. 23/3/17

ASSIGNED PAY.

By whom assigned Wisa. E A.

Regtl. No. 217095. Pte. 100th Bn.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

Form P. 812B.
31845 2m 28/11/19 726

Ca. 10765

FILE NO.....

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to WISE Mrs M.S.

Address 7 High St
Cobham Surrey

Dependent WISE Ca. 21709

Address

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
1920		34 18 7			
Jan 12	147300		6 3 3	28 15 4	Cable amt on file.
Jan 20	147430		28 15 4	. . .	
		34 18 7	34 18 7		

P. 559.

MARRIED OR SINGLE: S

PLACE OF BIRTH: Chelsea. London. England

NAME AND ADDRESS OF NEXT OF KIN: Mrs Annie P. Wise
Medium Farm Dairy, Station Rd. Redhill. Surrey.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 25.00 / 20.00 — EFFECTIVE (DATE) 28/10/17 auth. offr. S.R. Canada. List A.

PAYABLE TO: Mrs. Mabel S. Wise.
8 High St. Cobham, Surrey.

RELATIONSHIP OF DEPENDANT: Wife

A.P. Cheques Issued Correct. Hannay Pay Sgt 23/2/17

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 217095 RANK Pte. NAME Wise Charles Arthur #1/2

IF IN PERMT. CORPS WHAT UNIT } UNIT 100th Bn. TRANSFERRED TO 11th R. Bde DATE 1/2/17 AUTHORITY 20.69 12/1/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 14 Res DATE 11/4/17 AUTHORITY Dhotr

PLACE OF ATTESTATION Camp Hughes, Man. TRANSFERRED TO 676 B.D. Eng. DATE 1.3.18. AUTHORITY

DATE OF ATTESTATION 22-7-1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 2 DATE EFFECTIVE Sept. 1. 1916

PAYABLE TO Mrs Annie P. Wise, Medium Farm Dairy, Station Rd Redhill RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/7/17 a 2m renewal 3/1/17

PAYABLE TO Mrs Mabel (Mabel) Sarah Wise 8 High Street Cobham Surrey RELATIONSHIP Wife

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) 6.2

Assigned pay for month of Sept paid by Assigned Pay Branch, and recovered on Pay Sheets, Canada. Sept

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															16 50															16 50				Bal from Chelsea
Oct. 1-31	31	1-	31 -		31	10	3 10								34 10	39	31/10	80	16/10				973	487			20 -		34 60	16 -				
Nov. 1-30	30	1-	30 -		30	10	3 -								33 -	193	30/10/16						4 87				20 -		24 87	24 13				
DEC 1-31	31		31 -		31		3 10								34 10	252 191	30/11/16 16/11/16						2 44 4 87				20 -	10	27 41	38 82				g. 4005-140-15/11/16
			9 20												1 1 7 70																			
Jan	31	1st 10	34 10												34 10	3888	15/1						9 73 7 30				70		27 73	35 19				
Feb	28	1st	30 80												30 80	3148	3/1						7 30				20		24 60	31 37				
Mch	31	1st	34 10												34 10	3315 3406	9/2 28/2	3488	15/3				4 86 7 30	4 86			20		37 02	28 47				
Apl	10		11												11.												20		20	19 47				
Apl 11-30	20		22												22			458	29/3	14th Res					7 30		20		7 30	34 17				
1.31.5	31	1st	34 10												34 10							506836					20		20 -	48 27				
June	30	"	33 -												33 -	749 1004	15/5 31/5					A53975	4 87 7 30				20		32 17	49 10				
July	31	"	34 10												34 10							A85412					20		20 -	63 20				
Aug	31	"	34 10												34 10							A13677					20		30	77 30				
Sept.	30	.	33 .												33 .			278 62	29/4/3 14/4/3	14th Res.		A195965			7 30 4 87		20		32 17	78 13				

217095 Private Wise Charles Arthur

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE												
																								PERM. PAY	SER. ALLCE. ENG.										
Oct	B Pay		34	10																			7813											
"											Cheque 735996						90																		
											K/R. 22227																								
"											593 29/6/17 14th Res Bn			9	74																			
											Dn 3593																								
											508 14/6 14 Res			4	86																			
			34	10										14	60	20																		
																							7763											
											Nor Ch 54966					20																		
											TB 93683					20						22 58												
																							25											
Nov	PA		33								DN a/R 119 29/8/17 MRD			4	87																			
Dec	"		34	10							" " 73 29/8/17 "			7	30																			
											" " 96 13/9/17 " "			9	74																			
											" " 642 13/9/17 14th Res			4	87																			
											a/R 136 14/9/17 MRD			4	87																			
											a/R 381 27/9/17 " "			7	30																			
											" 358 13/9/17 "			4	87																			
			67	10										43	82	40							6091	Nil										
1918																																			
Jan.	N.A.		34	10							C. 54917					20																			
											Dn. a/R 135 MRD		26.9.17.	7	30																			
											Dn. MR 316 "		27.10.17.	9	73																			
											MR 848 "		18.11.17	7	30																			
											" 465 "		7.12.17	7	30																			
			31	10							Dn a/c 705 "		15.10.17.	4	87	20							38 51	Nil										
														36	50																			
Feby.	P.P. Pay		30	80							D 7525					20																			
											AR 726 MRD.		10.1.18	4	87																			
											" 895 "		28.1.18	7	30																			
											" 941 "		9.2.18	4	87																			
			30	80										17	04	20							32 27	✓										
March	P.P.		34	10							a/R 732 A/12951		2-9.4.18			20																			
											a/R 1376		26.2.18	4	87																			
											a/R 1671		18.3.18	14	60								2690											
			34	10										19	47	20																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND OR ~~CANADA~~.
EFFECTIVE DATE:- 1.9.16	Stopped 1/9/19	EFFECTIVE DATE:- ~~1.10.17~~	1-9-18
AMOUNT:- ~~6~~ 20.		AMOUNT:- ~~6~~	3000

NAME:- WISE Charles Arthur A

NUMBER:- 21095. 421 E

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 Mabel Sarah Wise (Wife)	Same.
8 High St. Cobham, Surrey.	
Eng.	
21	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O.92. 24/9/19 (S.D. 224)	20.3.19	Pte: a/Sgt

UNIT AND TRANSFERS

ORIGINAL UNIT:- 100th Bn:

DATE ACCOUNT FIRST OPENED:- 1.10.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			P.F.C. Eng

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
4.7	6585		~~9 15~~			Ledger L.P.C.	35 04
21.7	7220		~~24 35~~				98
			34 06				
			35 04				
			98				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	~~1~~	~~10~~		
D.O.92. 24/9 B.D. (224)	1 35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Eng NB 1/10/20. L/daily rate?

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Ford								26 90	- -	
April	P. P	33.		a/52573 £9-4-11			20				25
				AR B77 19/4/18 BD.	487						
				DOR 325 21/2/18 BD.	- 24						
				AR B329 24/4/18 BD.	487				29 92		
		33.			998		20.				
May	P.P.	34 10		AP+SA. May B15638 £9.4.11			20				25
				AR. B661. 14.5.18. BD	1947						
				" B970 30.5.18 "	487						
		34 10			2434		20		19 68	- -	
June	P.P.	33		AP+SA June B70666 £9.4.11			20				25
				AR B1136 12.6.18 BD.	487				27 81	- -	
		33			487		20				
July	P.P.	34 10		AP+SA July B93475 £9.4.11			20				25
				AR. B1673 11.7.18 BD.	7460						
				" B1860 24.7.18 "	487				22 44		
		34 10			1947		20				
Aug	P.P.	34 10		AP+SA. B72097. £9.4.11			20				25
				AR. B2240 14.8.18 BD	973						
				" B2689 29.8.18 "	487				21 94		
		34 10			1460		20				
	R Pay	33 -		AP+SA. D170 £9-4-11			20				25
				AR B2925 10-9-18 BD.	973						
				" B3291 27-9-18 "	487				20 34		
		33			1460		20				25
Oct	R Pay	34 10		AP+SA. D69778. £9-4-11			20				25
				AR B3724. 15-10-18 BD	487						
				" B3991. 28-10-18 "	973				19 84		
		34 10			1460		20				25
		Ford			Ford				Ford		

COMPILED BY T. Williams

CHECKED BY [illegible]

P 850
15-11-18
Effect
30-9-18

NUMBER 217095 RANK Pte NAME Wise. E A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION.
				Bal ford.					19 84		
Nov	P Pay	33 -		aR-Sa/ E29074 £12-6-7			20				40 -
				aR 4256. 15-11-18 BD	9 73						
Dec	" -	34 10		" B4541 26-11-18 "	4 87						
				E82772. £10-5-6			20				30
Jan	" "	34 10		" B5259 17-12-18 BD	12 17						
				aR-Sa E35765 £10-5-6			20		34 27		30
		101 20		aR B6296. 14-1-19 B D	26 77 12 17		60				100
Feb	" "	30 80		A.P.S.A. E85555 £10-5-6			20				30 -
				aR 7626 7-2-19 B D	14 60						
Mar	" "	34 10		G.24738. £10-5-6	2 6 77		20				30 -
				" 9830. 13-3-19 B D	12 17				2023		
		64 90			38 94		40				60
Apl.	Dif P & S. Pay 20/3/19 - 31/3/19. 12 d 40	4 80		APTSA. A17730. £10-5-6			20				30 -
	Sgt Pay	45		aR B1133 BA 15.4	24 33						
May	✓	46 50		A 72799. 21/5/19 £10-5-6			20		7 64		30
				B3203 15-5	24 33				27 87		
		96 30			48 66		40		27 87		60
JUNE	✓	45 -		A.83940 June £10-5-6.			20		119 37		30
				aR. 4844 16-6-19. B.D.	24 33				64 33		
				B 1/6101 July £10-5-6			20				30
July		46 50							53 04		
		91 50			24 33		40				60
				Supp. B1/3250 £10-5-6. Aug			20				30
				65-85 [illegible]	97 3						
				[illegible]	24 33				98		
					34 06		20				30
Aug				aR7471 BDC 6-8-19 2	24 33				23 35		
					24 33						

SOS 9/8. 101 —— 10

W. 1800.

CARONIA

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 214094 RANK Sgt NAME (IN FULL) WISE C A (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil ✓ — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
20		

ORIGINAL UNIT C.E.F. 100 — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Disp Stn M — DATE AUG 9 - 1919 — AUTHORITY D. O. 238

DATE OF ATTESTATION 22-7-16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20/- ✓ — DATE EFFECTIVE 1-9-19

PAYABLE TO Mrs. M. A. Wise — RELATIONSHIP ✓ — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. W.S.G.

ADDRESS 8 High St Cobham, Surrey England. — EFFECTIVE — 7 High St Cobham Surrey Eng

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — 6-11-19 — REASON D

DISCHARGED — PLACE M. D. NO. 10 — DATE AUG 20 1919 — AUTHORITY D. O. 238 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								98		98																										98	La BAL. ENG. L. P. C.
Aug.	29	1.50	43	50	35 - 40 -				148	50							24 33		4 84 5 -		115	28									149	48					Clothing Allce. 1st payment W.S.G.
																																					Advances - Boat - Train
																																					C.P. chgd. on Eng. L. P. C. to Aug
					W.S.G.																		W.S.G.									SOLDIER DEPENDENT				1st Payment W. S. G. as above
183 Days at Nil			420	-					420	-													70	-							350	-	Nil		70 - 1st Payt W.S.G.
													Sep. 20								1350	✓								336	50	Nil		70 - 2nd Payt W.S.G.
													Oct. 21.				1241 33		70	-										266	50			70 - 3rd Payt W.S.G.
																	1687 80		70	-										196	50			70 - 4th Payt W.S.G.
																					196	50								NIL				196 50 MFW 2609 Sent to England 6-11-19
									420	00											210	00													6 = 180 SA on W.S.G. Less 10 % p SA
30-12-19			180	-					180	-											10	-										170	-			Aug Auth AP 1956 dated 23-12-19
																					Account closed											—				Bal. SA 70 - 0 - 0 to England
																					170	-															Auth

AUDITED 11 19 Audit Office

200M-3-19.—L. L. 58788-1... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

D.A. M.

M

I

1. No. 217094
2. Rank a/Sgt.
3. Name Wise. Charles Arthur.
4. Unit C.F.C. & IIth Res. Battn.
5. Date of Discharge 20 8 19 | Place Winnipeg

6. Reason for Discharge Demobilisation. Cat. B.2.
Group. I.
Wife.
C. of E.

7. Authority D.O. 238

8. Proposed Residence after Discharge General Delivery. P.O.
Calgary. Alb.

INT CARONIA SAILING NO 108
ARRD LIVERPOOL 9 8 19

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. ?

Chas A Wise
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

MEDICAL DOCUMENTS FORWARDED TO S. C. R. or P. B. C. on 11/9/19.

Dispersal Station, M.D. No. 10 Military District No. 10

Place

Date AUG 20 1919

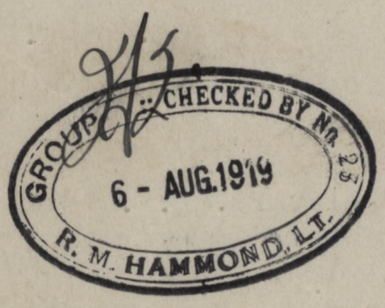
Signature
(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

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



THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION SUNNINGDALE DATE JUNE 27 1919

1. 1 (a) Unit C.F.C. (b) Regimental No. 217094 (c) Rank SGT.

(d) Surname WISE (e) Christian name CHARLES ARTHUR

(f) Home address LENORE MANITOBA

(g) Next of Kin MRS M.S WISE (h) Relationship WIFE

(i) Address of Next of Kin 7 HIGH ST COBHAM-SURREY-ENG

2. Age last birthday 33 Date of birth 14-6-1886

3. Enlistment, or Appointment (if an Officer) (a) Place BRANDON (b) Date 22-7-1916

4. Personal description:

(a) Height 5-10 in (b) Weight 160 (stripped) (c) Complexion FAIR

(d) Colour of hair BROWN (e) Colour of eyes GREY (f) Identification marks, Scars, etc. NO

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	345

	Periods	
	From	To
Canada	22-7-16	18-9-16
England	25-9-16	
France or other theatres of War		

7. Original disease, or injury MYOPIA

(a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin ENGLAND

(c) Cause CONDITIONS OF CIVIL LIFE

M. F. B. 227.
400M.—11-18.
1772-20-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(DEFECTIVE VISION) Partial loss function both eyes

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective — Spec Report.

Eyes Rt 6/60 = 6/6 with — 3.00 Sph.

Left 6/60 = 6/6 " — 3.00 Sph.

Defect not due to service.

Diagnosis — Myopia

Bi for eyes.

Sgd. R.J. Hardstaff Capt CAMC

Subjective — Poor eye sight.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

Mans statement — Defective eyesight since he was 14 years old. Has been wearing glasses since that time

Boards.

St. Martins Plains — 28-2-17-Bi for defective vision

Aldergate — 16-8-17-Bi " " "

Sennymdale — 20-11-18-Bi " " "

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

Typhoid fever Sept 1914.

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

See 4d

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

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

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

NA

J. J. Heaton Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned C. A. Wise have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Nil

C. A. Wise Sgt. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.)	no
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or~~ No.)	yes B two
(*c*) Home service (Canada only),	(" C)	(~~Yes or~~ No.)	Yes.
(*d*) Temporarily unfit.	(" D)	(~~Yes or~~ No.)	no
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or~~ No.)	no

20. It is certified that the invalid

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

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

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

Boarded for return to Canada with A. G. Let 9083 11/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Sunningdale

DATE 2.7.19

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.
13, BERNERS ST. LONDON, W.1

To AAMC

13-1-0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE, 1917.

SPECIAL REPORT ON EYES.

NO. 217094

RANK Pte

NAME Trans CA

IN OR OUT PATIENT

UNIT 10th Bn

FROM: OFFICER COMMANDING.

TO OC 2 Bgde HQ

2ND CAN. RES. BRIGADE
2 - AUG
SENIOR MEDICAL OFFICER

RIGHT VISION - 6/60 = 6/6

LEFT VISION - 6/60 = 6/6

REMARKS:

~~XXXX~~

HE IS ____ FIT FOR OVERSEAS SERVICE. ~~GLASSES HAVE~~ ____ BEEN ORDERED. CONDITION WAS ____ PRESENT PREVIOUS TO ENLISTMENT AND IS not CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY B

H.B. Colmer Lt Col
C.A.M.C.
FOR. O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

V.

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shorncliffe Feb 28/ 1917.

No. 217094 Rank Pte. Name Wise. Chas. Arthur.

Local Unit 11th Res Bn 2nd Res Bde Overseas Unit _____ Age 30.

Examination held at St Martins Plains

DISABILITY. ~~Overseas~~ Local (scratch one out). Defective Vision

PRESENT CONDITION.

R.V. $\frac{6}{60}$ - 3D = $\frac{6}{6}$.

L.V $\frac{6}{60}$ - 3D = $\frac{6}{6}$.

BOARD RECOMMENDS:— B 1

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

Signatures:—

G Boothillier Capt President.

Members .....

Pte. A Pawsey Capt.

G Boothillier Capt.

APPROVED MAR 5 1917

Dated.....1917.

For A.D.M.S. Canadian Training Division.

For A.D.M.S.

SHORNCLIFFE A.D.M.S. CANADIAN TRAINING DIVISION

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 191

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

Disability { Present / Local

PRESENT CONDITION

BOARD RECOMMENDS:

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures .....

President

.....

.....

APPROVED ... 191

Dated 191

Examining Officers

PAY

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 217094 Rank PTE Surname WISE Christian Name CHARLES ARTHUR

Unit or Corps—(a) Overseas from United Kingdom None. (b) in United Kingdom C. A. Corps.

Born at—Town Chelsea County or Province Middlesex Country England

Date of Birth—Day 14th Month June Year 1886 Age 32 yrs. 5 months.

Joined at Camp Hughes, Man. Date 22nd July 1916

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 10½ Colour of eyes Grey

Signature of Soldier (*for identification purposes*) C A Wise

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) DEFECTIVE VISION.

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	UNKNOWN	England	1900
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? — If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? — If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? —

(*iii.*) As to Group (*c*) above ? —

PART I. (continued).

5. MEDICAL HISTORY. I had typhoid fever in 1914. Rheumatism while living in England but after emigrating to Canada has been free from same. Enlisted July 16 with 2nd Infantry battn. and was able to "carry on" in Canada and throughout training here. Has also been in Hospital on France.

6. PRESENT CONDITION. Heart, lungs & other systems (except eyes) normal. Specialists report. Westcliffe-Folkestone Hosp 13/2/17 and Aug 2/17. attached. R.E 6/60. L.Eye 6/60.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. ——

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes

(ii.) If so, describe. 5 Extracted & denture supplied

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) BII (b) Invalid to Canada? ~~No~~ Yes

(c) Discharge from the Service as permanently unfit?

Date of Report 19/11/1916 Signed J. D. MacLean Capt. C.A.M.C.
Officer in medical charge of case.

Station Sunningdale-Berks. Eng

I have satisfied myself of the general accuracy of the above Report, and concur therein *except .....

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? / Aggravated? No
(b) Misconduct of the Soldier { Caused? No / Aggravated?

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) Permanent Pension

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) None

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Not applicable
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Not applicable

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:—
Service to be aggravated by
enemy action
Authority for pension, A.R. telegram
20.8.3. 11.11.18

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) B2
(b) Invalid to Canada? —
(c) Discharge from Service as permanently unfit? —

Date of Board 20 11 18
Signatures of the Board { H.L. Cock Major Canc President.
W.W. Eastcanc
Station Sunningdale

Approved W.W.
A.D.M.S.
Dated at Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. NOV 28 1918 13, BERNERS ST. LONDON, W.1

Captain, A.M.S., Canadians, London

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, 217094 Pte Wise Charles Arthur, have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of :—

E. A Wise
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE.*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.