46 Battery C F A
Winnipeg
Man

Original

Report for duty May 10th 1917

ATTESTATION PAPER.

No. 1,250,346

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Wolfe
1a.	What are your Christian names?	Esfeld
1b.	What is your present address?	Keewatin, Ontario. Canada
2.	In what Town, Township or Parish, and in what Country were you born?	Iceland
3.	What is the name of your next-of kin?	Johanna Esfeld Wolfe
4.	What is the address of your next-of-kin?	Keewatin Ontario Canada
4a.	What is the relationship of your next-of-kin?	Mother
5.	What is the date of your birth?	Oct 12th 1899.
6	What is your Trade or Calling?	Miller
7	Are you married?	single
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.

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No

14. If so, what was the nature of the disability?

15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?

16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Esfeld Wolfe, 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.

Esfeld Wolfe (Signature of Recruit)

Date May 8th 1917. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Esfeld Wolfe, 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.

Esfeld Wolfe (Signature of Recruit)

Date May 8th 1917. [illegible] (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 Winnipeg Man this 8th day of May 1917.

W. Fairchild J.P. (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Description of Esfeld Wolfe on Enlistment.

Apparent Age 18 years ..... 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. 3½ ins.
Chest measurement. Girth when fully expanded.	35 ins.
Chest measurement. Range of expansion	2 ins.
Complexion	Fair
Eyes	Gray
Hair	Fair
Religious denominations. Church of England	
Presbyterian	✓
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

Vision R. Eye 20/20
" L. Eye 20/20
Hearing R. Ear Normal
" L. Ear "

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 8th May 1917 H. Tunker Capt

Place WINNIPEG. MAN

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:—

fit as driver

MAY 11 1917

Mobilization Board
Medical Board
Approved
President
Member
Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Esfeld Wolfe 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.

H. Lovitt (Signature of Officer)

Lieut.
Acting In Command 76th. Depot. Battery C.F.A.

Date 8th May 1917.

REGIMENTAL DOCUMENTS

NAME WOLFE Esfeld REGT. NO. 2503346 UNIT 76th Tps Bty H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
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)			30744	
M.F.W. 192				
M.F.W. 67				
P. 138				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

R Ems B.

DESERTION

W. 2589
1M-11-18
1782-32-1877

649-W.11166.

SURNAME. Wolfe.

CHRISTIAN NAMES Esfeld.

REGL. No. 1250346. RANK Dr.

UNIT 76th. Bty. C.F.A. (7th R.D.)

FORMER CORPS Nil.

M.D. 10 CARD NO.

SOSDis. 25-3-19 to Demob

FOLL. 80-80 / 21-3-19 *108.D.

NEXT OF KIN.

NAMES IN FULL Wolfe, Mrs. Johanna.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Keewatin, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Iceland. DATE Oct. 12th. 1899.

PLACE OF ATTESTATION Winnipeg, Man. DATE May 8th. 1917.

SS. Lapland fr. Halifax 11-2-18.

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

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

R/C .25-2-19 270/85 Dvr.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Miller. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 3½ INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2 INCHES

COMPLEXION Fair. EYES Grey. HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE May 8th 1917.

Present Address - Keewatin, Ont.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number..... 1350346 Rank..... Dvr.....

Surname..... WOLFE .....

Christian Name..... Esfield .....

Unit..... C.F.A. Theatre of War..... England.....

Date of Service..... 24/3/18 .....

Remarks.....

Latest Address..... Keewatin .....

..... Ont .....

page 316

Roll No. a

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE
G 337698	JUL 8

NATURE OF CASUALTY

M. F. W. 49—100M.—8-18.
H.Q. 1772-39-883.

No. 1250346 RANK Pvt. NAME Wolfe E.

T. O. S. 8-5-17
B.O. 129-9-5-17

UNIT 76th Depot Battery C. F. A.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
may 8	may 31	N		
June		N		
July		N		
Aug		N		
Sept		N		
Oct		✓		
Nov		N		
Dec		✓		
1918	1918			
Jan		✓	S.O.S. Draft No 7.	B.O 36 of Jan pay list

*Name Wolfe, Esfeld Rank Dvr. Regtl. No. 1250346

Fyle Depot

Original unit 76 Bty. Present unit M. or S. Age 20 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival 25.2.19 "Empress of Britain", Halifax

Next of kin (Mother) Mrs. Johauna Wolfe, Kenwatin, Ont.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Miller Date and place of enlistment Wpg. May 8/17

Diagnosis Date of Medical Boards MAR 17 1919

Date.	Remarks	Pt. 2 Order No.
17.2.19	T. O.S.#10 D.D. & Posted to Cas.Coy.	D.O.63-2
	14 days L/L.	

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

N.D10.

NAME OF SOLDIER (Block Letters) WOLFE, E

REGIMENT C.F.A. RANK Drv. No. 1250346

Date of Examination in England 31, 1, 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 7 — 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A.D. Rural Capt

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 76th Depot Battery C. F. A

(2) Regimental Number 125036

(3) Full Name of Soldier Esfeld Wolfe

(4) Place of Birth Iceland

(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? no

(8) Have you any children? ✓

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address ✓

(10) Is your Mother alive? yes

If so, state name and address Mrs Johanna Wolfe
Kenvatin Ontario Canada

(11) If your Mother is a widow yes

Are you her sole support, or not? yes

(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.

Forty dollars per month.
only son.

(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.

yes

(15) Are you insured? yes

If so, in what Company? Imperial Life Ass. Co

Have you made arrangements for payment of your Insurance premium yes

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

W. Saunders Lieut.
Officer Commanding.
Acting in Command 76th. Depot. Battery C.F.A.

Date May 8th 1917

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Felix Surname Lefeldt.

Unit or Corps C.E.F. (If a soldier) Regtl. No. 250346

Born at ? Leeland on, date Oct 12th 1899

Signature (for identification) E Wolfe

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 148 lbs.

Height 5 ft. 2 ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 78 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? acid Albumen? 0 Sugar? 0

9. **SKIN, MIDDLE EAR, EYE** or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Seaford No 2 Signed [illegible] M.O.

Date 27/1/19 Signed [illegible] Capt M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

S.S. Empress of Britain

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

Kelowna Ont.

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. 250346 Rank Driver Surname WOLFE
(Give name in full)
Christian

Unit or Corps C.F.A. 100 Birthplace Iceland Place not known

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 137 lbs. Height 5 ft. 4 in. Color of Eyes Blue

Nutrition Good

Pulse 73

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar on left cheek - accident - childhood - no disability

Opinion as to general health and physical condition Good Good

DISTRICT DEPOT NO. 10

RECEIVED HEADQUARTERS MAR 18 19

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 - except as above stated ... Respiratory System. no

Disturbance of mentality. no . Muscular System. yes ... 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.

1. See description under identification marks above

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

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.

Signautre .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Winnipeg (Canada)

Date March 17th 1919 Signed E. L. MacIntyre 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 E. L. Wolfe

(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.)

J. C. Pinton

[OVER]

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

I.B.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 10 DISTRICT DEPOT
DISCHARGE

This is to Certify that No. 1250246. (Rank) Driver.

Name (in full) ESFELD, WOLFE. enlisted in

the 76th Depot Battery. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 8th

day of May 1917.

HE served in England, Res: Bde: C.F.A; One year.

and is now discharged from the service by reason of *Demobilization R.O. 1429 (c)*

☆ C.O. 69 - 835 D.O.80 ☆

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

Age 19 years. 5 mths.

Height 5'-5½".

Complexion Fair.

Eyes Grey.

Hair Fair.

E. Wolfe
Signature of Soldier

Marks or Scars Scar on left cheek accident childhood.

A. Forbes Major
Officer Commanding No. 10 District Depot
Issuing Officer

Rank

Appointment

Date of Discharge 25-3-19.

Signed at Winnipeg this 25th day of March 1919.

in Military District No. 10

File Reference No. 44/B 1353

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
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

MEDICAL HISTORY SHEET.

1250346

Surname Wolfe Christian Name Ewfeld

Examined on 8 day of May 1917
at WINNIPEG. MAN

Birthplace City or Town Iceland
County

Apparent age 18 yrs

Trade or occupation Miller

Height 5 Feet 3½ Inches.

Weight 124 Lbs.

Chest measurement Minimum 033 inches.
Maximum expansion 35 inches.

Physical development Normal

Small-Pox Marks Nil

Vaccination Marks Arm Right. ~~Left.~~
Number 1 ~~Nil~~

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision R. Eye 20-20
" L. Eye 20-20
Hearing R. Ear N
" L. Ear N

Approved by Yuker Capt
Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		MAY 11 1917 M.O.
		Mobilization Medical Board M.O.
		Approved [illegible] President M.O.
		[illegible] Capt. M.O.
		[illegible] Member M.O.
		[illegible] Capt. M.O.
		[illegible] Member M.O.
		M.O.

Date.	Result.	Vaccinations.
14/5/17	+	Yuker Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
14/5/17	+	Yuker Capt M.O. 7.7.17
21/5/17	+	Yuker Capt M.O.
27/7/17		[illegible] E.C.H. Capt M.O.

Enlisted on 8 day of May 1917 at WINNIPEG. MAN

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	76th Depot Battery C.E.F.	1250346	Temperate	8-5-17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kinmount	27-1-19	[illegible]	[illegible]

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.
200M—11-15.
H. Q. 1772 39-439.

Surname Adye Christian Name Rockfield

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

Date of Birth Oct 12/1899 Not to be sent to till 19 years of age

Auth - A.P.

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 76TH. DEPOT. BATTERY C. F. A.

Regimental No. 250316 Rank Dvr Name Wolfe, Enfeld C. E. F.

Enlisted (a) 8-5-17 Terms of Service (a) War Service reckons from (a) 8-5-17

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) Miller

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Halifax	10-2-18	S.S.Lapland
		Disembarked	Glasgow	25-2-18	
1 MAR 1918	O.C. Res Bde C.F.A.	208 from Canada	Witley	26 FEB 1918	BOOT. II 60
24-1-19	Res. Bde. CFA	S.O.S. to H.D.No. 10 Wing, Concentration Camp for return to Canada.	Bordon	24-1-19	BO Pt. II 24.

[illegible] Lieut.
for O.C. Reserve Brigade, CFA

(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				
21.1.19		T.O.S. C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 25. S.O.S.			
15-2-19		C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 46 H.776. Ross Xt.			4-2-19
		For Commanding 10 Wing, Kinmel Park Camp.			

H.M.T. EMPRESS OF BRITAIN.

SAILED
FEB 17 1919
ARRIVED
FEB 26 1919

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

M. F. W. 54. (A. F. B. 108.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 76th Battery C.F.A.

Regimental No. 1250346 Rank Dvr. Name Wolfe, Reginald C. E. F.

Enlisted (a) 8.5.17 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				
17.2.19	T.O.S. No. 10 DISTRICT DEPOT	D.O. 63 PARA. 2			
	/s Hoodday Capt	Major			
	Officer Commanding No. 10 District Depot				
		Discharged 25-3-19, C. O. 69/85 D. O. 30			
		Major			
		Officer Commanding No. 10 District Depot			

(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				

FORM OF WILL.

I, Esfeld Wolfe (Name in full) C.E.F.

Regimental Number 1350346 serving in 76th Depot Battery

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

/

/

/

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

absolutely, and my personal estate I bequeath to

my mother Mrs Johanna Wolfe

* Keewatin Ont.

Canada

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 22 day of May A. D. 1917

Esfeld Wolfe 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 E Gooden

Address of Witness 76th Depot Battery

Occupation of Witness Gunner

Signature of Second Witness J O Kay

Address of Witness 76th Depot Battery

Occupation of Witness Gunner

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

FORM OF WILL.

L. L. Job [illegible]—M. & D. 8049.

E W O.K. Bq R. 8-5-17. 290

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs. Johannah Wolfe.
Address Keewatin Ont.

Relation to Soldier wife, child or mother } Widowed Mother

Name of Soldier Wolfe Esfeld.
Regtl. No. 125-0346
Rank Dr.
Corps 76th Battery.
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				

CONSOLIDATED 5 ACCOUNT

O.K. Bg R. 8-5-17.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
5m. - 6-16.
1772—39—818.

Sheet No. 2. Mrs. Johannah Wolfe Fr-Mother

L. L. Job 4503. Req. 6832

Name of Soldier Wolfe Ersfeld

Dr - 1250346 - 76th Bty

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May			15	
June			-	
July			-	
Aug.		A 8975	75-	75 R Mailed 20-8-17
Sept.		H 19728	20	Bo
Oct.		O 21979	20	B
Nov.		D 26287	20	B
Dec.		G 27791	20	13 Stop Paymaster Paying $155 from 1/1/18
Jan.	1918			
Feb.				
March				
April				Reopened from 1-1-18 ER
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Form R 122.
10287—65M—28-7-17.

LTR Rank Name WOLFE, Esfeld Reg'l No. 1250346

Unit No 7 Lit 76th Batt If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, May 8t , 1917. Place of Birth Iceland.

Name and Address, Next-of-Kin Johanna Wolfe

Keewatin Ontario Canada Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 44266
File R.I.
Category

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England 4-2-18 S/S LAPLAND			
1.3.18	Rec C.F.A	Taken on strength	Dor	Witley	26.2.18 PHT. 60 No AP
24-1-19	" "	S.O. S Poste to M.D. wing/10 Rhyl North S.C.	"	Bordon	24-1-19 " 24 v M.D.6. W. 10/25/2/19
18-2-19.	10. Wing	S.O.S to Canada	"	Rhyl.	24-1-19. 17-2-19. 11. 48.

1250346 Wolfe. E.

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.					

FORM P. 559
8248-150M.-7/9/17

MARRIED OR SINGLE Single

PLACE OF BIRTH Iceland

NAME OF NEXT OF KIN Johanna Wolfe RELATIONSHIP Mother

ADDRESS Keewatin Ontario Canada

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

NEW PAYBOOK ISSUED

STOPPED EFFECTIVE (DATE

REASON

AUTHORITY

REMARKS

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

NEW PAYBOOK ISSUED

REG'L NO. 1250346 RANK Dr. NAME WOLFE, Gesfold.

PLACE OF ATTESTATION Winnipeg Man. DATE OF ATTESTATION 8/5/17 ORIGINAL UNIT Draft 76th Depot Bde

PRESENT UNIT CRA

ASSIGNED PAY

(1) PER MONTH $ 15 DATE EFFECTIVE 1/3/18 AUTHY.

PAYABLE TO Mrs J Wolfe Keewatin. Ont

RELATIONSHIP Mother

(2) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ C.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ C.	SEPARATION ALLOWANCE $ C.	ASSIGNED PAY CREDITS $ C.	ANY OTHER CREDITS $ C.	TOTAL CREDITS $ C.	SEPARATION ALLOWANCE $ C.	CASH PAYMENTS DURING THE MONTH 1 $ C.	2 $ C.	3 $ C.	4 $ C.	ASSIGNED PAY $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE CARRIED FORWARD CREDIT $ C.	BALANCE CARRIED FORWARD DEBIT $ C.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
JAN 31 1918		Balance from Canada														8 90									
Feb	Gas Pay	30	60							29 20															
Feb		31	60										30			14 40									
				64 90						29 20			30												

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.F. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ C.	No. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/2/18.		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

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

~~1/2/18~~ 1/4/18

Mrs. J. Wolfe (Mother)
Keewatins, Ont. Can.

NAME:- WOLFE. Esgeld.

NUMBER:- 1250346.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 46th Bty. Dfd.

DATE ACCOUNT FIRST OPENED:- 1/2/18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.A.
Canada cert	1/4/19		

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10.		
Cr Bal	21 4/-			

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
8/1/18.		B.K. Drugs. 15	~~3.~~				
10/1/18	26263	Bordon.	~~4 87~~				
31/1/19	13694	Bordon	~~4 87~~ 10 04				

Disb. Canada 24/1/19 authy NR 2144 B.K. Drugs. 30/6/18 P.850
To Khyl. Ind. 10. Cr Bal. 21 4/-

PARTICULARS OF RENDERING NON-EFFECTIVE 1918

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal. Fwd.								14 40	Nil.	
April	Gnr. Pay	33-		Cap.				15-	32 40		
		33-						15-			
May	Gnr Pay	34 10		Cap.				15	51 50		
				AR 781 3/5/18 CRA.	2 43 ✓						
				AR 882 7/5/18 "	9 73 ✓						
				" 1391 23/5/18 "	9 43 ✓				29 61		
		34 10			21 89			15			
June	G.C.	33		Cap.				15	47 61		
				AR. 1664. CRA. 11.6.18.	9 73 ✓						
				" 2160 " 25.6.18	14 60 ✓				23 28		
		33 -			24 33			15			
July	"	34 10		Cap				15	42 38		
				AR 2563. CRA. 9.7.18	4 87 ✓						
				" 2971 " 23.7.18	9 73 ✓				27 78		
		34 10			14 60			15			
Aug	"	34 10		Cap				15			
				AR. 3438 CRA 13/8/18	4 87 ✓						
				" 3839 " 27/8/18	9 73 ✓				32 28		
		34 10			14 60			15			
Sep.	"	33 .		Cap.				15	50 28		
	C. Hole "9204 ~~(AR 146 ADMS. Chgd in error)~~ Feb. 18. CCAC. Mar. 1/18		4 87	AR. 4483. CRA 12/9/18	4 87 ✓				45 41		
		33 .			14 54			15			
Oct	. . .	34 10		AR 5018 CRA 2/10	43 80 ✓						
				AR 4005 Drawers CRA 11/10	1 17 ✓						
				AR 5845 CRA 22/10	4 87 ✓						
				Cap	49 84			15	14 67		
		34 10			49 84			15			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									14 67		
Nov	GP	33		ak 325 CRA 13/11	4 87						
Dec		34 10		" 615 " 25/11	9 73						
1914 Jan	-	34 10		" 1788 " 18/12	15 09						
				Cap				15			
				Cap				15			
				ak 1904 " 19/12	9 73						
				Cap				15	31 45		
		101 20			39 42			45	10 ac		
				2636 10/1 CRA	4 87				21 41		
				2067 9/1 "	30						
				276 2/2 KBK	9 73						
				2094 27/1 CRA	4 87				11 68		
					19 77						

Left Canada. Nov 10.
1914.
1524 CR. 3.

This space to be for numbers.

4-1-44

5-2-44

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 1250346

Rank Dvr.

Surname Wolfe.

Christian name Rafeld.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 75th Depot Battery C.F.A.

Date of discharge 25-3-19

Place of discharge Winnipeg. Man.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 5 months.	Descriptive marks
Height 5 feet 5 inches.	Scar on left cheek accident childhood.
Complexion Fair.	
Eyes Grey	
Hair Fair.	
Trade Miller.	
Intended place of residence (To be given as fully as practicable.) Keewatin Ontario Ont.	

2. The above-named man is discharged in consequence of

☆ C.O. 69 - 825 D.O.80 ☆

Authority for discharge *Demobilization R.O. 1420 (a)*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Winnipeg.Man. E. E. Wolfe *(Signature of Soldier.)*

(Date) 25-3-19 Fredk. Hayes Jenkins Lieut. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg.Man.

(Signature) J. P. Forbes Major.

(Date) 25-3-19 O.C.No. 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I E. Wolfe. I

None

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

(2468) Wt. W. 2280—PP1152 6-18 J.F.W. (K3577) Army Form W3997.

Regtl. No. 1250346 Rank Driver

Name Wolfe E.
(Christian Names in full) (Surname)

Unit C.R.A. Regt. or Corps 76th Battery

Mother Keewabin Miller

A

COVER

FOR

DISCHARGE DOCUMENTS.

H.M.T. EMPRESS OF BRITAIN.

SAILED FEB 17 1919
ARRIVED FEB 26 19

AUDITOR | PAYMASTER

M. & S.

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

REGT. No. 1250346. RANK Dvr NAME (IN FULL) Wolfe. G.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Mrs J. Wolfe. — RELATIONSHIP Mother

ADDRESS Keewatin Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 76 Bty. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 /19. — DATE EFFECTIVE

PAYABLE TO Mrs J. Wolfe. — RELATIONSHIP Mother

ADDRESS Keewatin Ont. Ontario.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D.10 — DATE 25/6/19 — REASON D — AUTHORITY D.O.80 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	Sa. $	C.	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
1919																											53 19			53 19	53 19			122 Days @ 1/9
1/Mar to 26/3	53	1.10	58	30	35 11 20 25 -				129	50	25	532	25	533			40	43	25	-	10	-					53 19 58			129	50				NR
			58	30	71	20			129	50							40	43	25	-	10	-					107	26			182	69	53	19		NR
Mar 25	122		280.				120 -				12834	70	-																						70 1st Payment W.S.S.
									400		12854	8							30	-													300	-	30 " " " (Ca)
Apl. 25											55465	70	-																						70 2nd " "
											55466								30	-													200	-	30 " " " " (Sa)
May 25											57301	87	70	-																						70 3rd " "
											57301	9							30	-													100	-	30 " " " " Sa.
June 25											77174	1	70	-																						70 4th " "
											7742								30	-													45		30 " " " " Sa.
			280.				120		400								280.		120	-										400	-				
																	a/c closed																		

AUDITED JUN 26 1919 Audit Clerk M.D. 10

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

64

Date of Enlistment *autho. N.R.*

8-5-17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment *Febry 1st 1918.*

RATE OF SEPARATION ALLOWANCE

40	*25*	*$30.- 1-9-18*	

1-12-17 P.C. 2753
PC 3257 41795

W 8735

RATE OF ASSIGNMENT

15.00 xx			

PARTICULARS OF SEPARATION ALLOWANCE

No. *150346.*

Rank *Dr.* Promoted Reverted Discharge

Soldier's Name *E. Wolfe.*

Battalion *76th ~~Sepbt~~ Battery C.A. C.E.F.*

Beneficiary

Relationship *W. mother*

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. J. Wolfe.*

Address *Keewatin. Ont. Canada.*

Change of Address

1

2 MRS. J. WOLFE,

3 KEEWATIN, ONT. 15 25 ~~15.00~~ 40.

4 % 150346 DR E. WOLFE
~~FIFTEEN~~ DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						19663-E-2.-E.1077.
Dec. Feb 1918	*C 76826*	*15-*	*15*	*15-*	*X*	*MRO 1.5 re pte. 4.4.18. Jr.*
Mch	*4 90655*		*15-*	*15-*	*✓*	
Jan	*W 31486*	*30*		*30*		*M 24 25-5-4 ret'd 22-11-18*
Mch	*G 16555*	*50*		*50*	*5-4/18*	*aco 2970-4-4-18*
April	*Y 81155*	*25-*	*15*	*40*	*✓*	
May	*X 18978*	*25-*	*15-*	*40*	*✓*	
June	*T 27696*	*25-*	*15-*	*40*		
July	*B 27861*	*25-*	*15-*	*40*		
Aug	*X 34606*	*25-*	*15-*	*40*	*✓*	
~~Sept~~ *Sept*	*W 43346*	*25-*	*15-*	*40*	*✓*	
Oct	*K 56313*	*25*	*15*	*40*	*✓*	
Nov.	*S 56761*	*25-*	*15-*	*40*	*✓*	
Dec 1919	*P 64573*	*45*	*15*	*60*	*✓✓*	
Jan	*R 71248*	*30*	*15*	*45-*	*✓*	
Feb	*X 76093*	*30*	*15*	*45*	*✓*	
Mar.		*550*	*195-*	*735-*		

A. J. Graham 21-3-18

M. F. W. 128.
4(OM. 6-7—1772-39-1141
L. L. 22220—M. & D. 7993.

A/c Closed 28-2-19

Ret'd per *Emp. Britain*

Date *25-3-19. M. 7-W.187. 1/3/19.*

Clerk *W.M. Phillips*

M.O. 10. M.R.O. 5 to 9 7. Offices

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. HA

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400m.—'-17—1779 39-1141
L. L. 22320—M. & D. 7993.