ORIGINAL.

181st Overseas Battalion

ATTESTATION PAPER.

No. 865865.

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?	John Oswald.
1b. What is your present address?	Virden, Manitoba, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Bolton, Peel County, Ontario, Canada.
3. What is the name of your next-of kin?	Mrs. Martha Jane Wolfe.
4. What is the address of your next-of-kin?	Bolton, Ontario, Canada.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	17th. January, 1896.
6. What is your Trade or Calling?	Farmer.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Oswald 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.

John Oswald Wolfe (Signature of Recruit)

Date 30th. November, 1916. J. S. Currey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Oswald 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.

John Oswald Wolfe (Signature of Recruit)

Date 30th. November, 1916. J. S. Currey (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 Brandon, Manitoba, this 30th. day of November, 1916

W. Sperley (Signature of Justice)

J.P.

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

6

Description of John Oswald Wolfe on Enlistment.

Apparent Age 20 years 10 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).

V.L. 1.
Wt. 155 lbs.

Height	5 ft. 8 ins.	
Chest measurement. Girth when fully expanded	39. 39 ins.	
Range of expansion	4 ins.	
Complexion	Fair.	
Eyes	Blue.	
Hair	Brown.	
Religious denominations. Church of England		
Presbyterian	X	
Methodist		
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (Denomination to be stated.)		

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 30th. November, 1916. D Wallace

Place Brandon, Manitoba. Captain, A.M.S.
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:—

H A Craton Capt Can
Lapsley Do
J H Williams Lt Do

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Oswald 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.

D. M. Rennie Lt.-Col. (Signature of Officer)
O.C. 181st. Overseas Battalion, CEF.

Date 30th. November, 1916.

A.F. 28/2/19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.W. 3997 1
D.N.S. 1
A.B. 122 1
M.F.W. 129. 1
D.M.S. 1375 1
1st Aid 132 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

M.F.W. 192 1
C.A.D.C. 500 A. 1
Form No. 2 D.D. 10 1

M.F.W. 62 1
B.49 — 1

Received 1 D.N.S.

— Mid Coverlet
One Jacket

DISCHARGE DOCUMENTS

Name WOLFE JOHN OSWALD

Regt. No. 865865 Rank L/Cpl.

Corps 181st Battalion

DEMOB

R. O. No.....

H. Q. No.....

30790

3.

25 = 12
10 = 12
5 = 12
3

484261

865865 | WOLFE | JOHN OSWALD

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

OPEN
ATIA

dec'd 19/12/66

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

30790

Location
Lieu 10518

ARC-1048 (rev. 91)

NAME Wolfe, John Oswald

RANK AND CORPS pte.

REGT'L No. 865865

H. Q. FILE No. 649.

(8) th Bn. Gord. H.

FOLLOWS No. 181st Bn.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N. of K.		Mrs. Martha Jane Wolfe Mother
auth SAA	T. 21-8-18	~~Dalhousie~~ Lagerton P.O. Ont.
H. 255	18-8-18	Adm. Mil. H. Edmonton London
	80-2	"N" Aug. 13th 1918. G.S.W.L. Hand.

L. L. 20497—M. & D. 7938

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS M. Regt
a24	No. 3 can. Fld amb	23-9-17	Inf. Left ankle.
a26	Disch. to Duty	27-9-17	" " "
a204	No 2 can Fld amb	27-4-18	Influenza
a207	Disch to duty	29-4-18	"
B292	Gen Hsl Edmonton	13-8-18	GSW L Hand
B305	Hsl Conv Ward Colo Jct	28-8-18	" " "
B338	Discharged	2-10-18	" " "

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 86586 Rank A/Lt. Col.

Surname Wolfe

Christian Name John Oswald

Unit 8th Bn. Can. Inf. Theatre of War France

Date of Service 16-6-17

Remarks Verdun

Latest Address ~~Albion P.O.~~ Mans
~~Ontario~~

Roll No. B Page 3440

NAME

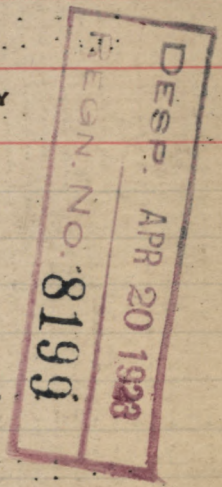
REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY



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

No. 865865 RANK Pte NAME Wolfe, John Oswald.

T. O. S. 30-11-16 Do. UNIT 181st Battalion C.E.F.
25-5 of 30-11-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 30	Nov 30	W		
Dec		W		
1917	1917			
Jan		—		
Feb		—		
Mar		—		
April		W		

UNIT SAILED
APR 18 1917

SURNAME. Wolfe. Mil Med. 2.5. 30573

CHRISTIAN NAMES John. Oswald.

REGL. No. 863-866 RANK Pte.

UNIT 181st. Bn.

FORMER CORPS Inf.

CARD NO. 4

S.O.S. Demob. 26-1-19.
A.O. 22 ROLL 22/1/19.
#2.88

NEXT OF KIN.

NAMES IN FULL Wolfe. Mrs. Martha. ~~Jane~~.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~Bolton~~. Ont.
Albion P.O.

CHANGE OF ADDRESS

S.A.A.P. 22-8-18

COUNTRY OF BIRTH Canada Bolton. Ont. DATE Jan. 17th 1896.

PLACE OF ATTESTATION Brandon. Man. DATE Nov 30th 1916

R/C. 30/12/18 248 2 38.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Halifax per S.S. "Grampian" 8-4-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 20. YEARS 10 MONTHS

HEIGHT 5. FEET 8. INCHES

CHEST MEASUREMENT 39. INCHES EXPANSION 4. INCHES

COMPLEXION Fair. EYES Blue. HAIR Brown.

DISTINGUISHING MARKS 1 Vacc; left.

Award Mil Med. 13-3-18 (L G 30573.

MEDICAL EXAMINATION. PLACE Brandon. Man. DATE Nov 30th 1916

Present Address. Virden. Man.

Form R. 149.

Name WOLFE John Oswald Rank Pte. Reg. No. 865865

Unit 8th Bn.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-4	2 b. C.A.		Influenza	PM04		17468
29-4	Discharged to Duty			A207	3/5	17595
1918.						
13-8.	G.M.A. Edmonton. Pte. Lt Naval			H1755		23943
				B82 92		
11-8.	5 C.A.H. Power		do.			31871/4
28-8.	M.H. Epsom.		do.	B305		25110.
2-10.	Discharged			B338		8426
2-10.	Struck off Strength 14-10-18.					
	18 Rec. Seaford. Sanit. Pte.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

FORM R. 149.
7106—250m—7/2/17.

Name WOLFE Rank Pte. Reg. No. 865865.

Unit 8th Bn. JOHN OSWALD

Next of Kin Canada WR.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
22-9	3rd Can Fld Amb	Dvl. Dangle		A24		3938
27-9	Discharged to Duty.			A26.		4062
					R.T.O. 19-11-17	
					C 21.11.17	

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
WOLFE.	J.O.	865865

RANK.	UNIT	CO.	TROOP	BATTY.
Pte.	Man. 8.			

HOSPITAL — DATE OF ADMISSION

3. C.F. Amb. — 23-9-17.

1. 2 C.F. Amb. — Hosp. 27.4.18
2. Gen. Hl. Edmonton — Hosp. 19-8-18
3. Woodcote Park, Epsom. — Hosp. 28-8-18.
4. — Hosp.

DIAGNOSIS

1. Inf. Lt. Ankle. R
2. Influenza G.S.W. L. Hand. R
3.

DISPOSITION

Dis to Duty. 27-9-17.
Dis. to Duty 29-4-18 DATE
Dis 2-10-18 REMARKS

C.L. 1-10-17. A24.
3-10-17. A26.
3.5.18 a 204.2
" 7-5-18 a 207 (2)
15-8-18 B 298-8
29.8.18 B 305 (2)
7-10-18 B 338 (3)

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name L. WOLFE, John C. Rank LC Regtl. No 865865

Original unit Present unit 18th Res. M. or S. Age 22 Religion Presb Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Carmania Halifax, 30-12-18.

Next of kin Mother Mrs. Martha Jane Wolfe Bolton Ont.

Address on leave same

Address on discharge Albion P O Ont

Transportation issued Yes / No Date 25-1-19 Albion Ont Character on discharge

Previous occupation Farmer. Date and place of enlistment Brandon Nov 30/16.

Diagnosis Demobilization Date of Medical Boards 21-1-19

Date. T.O.S.	Remarks	Pt. 2 Order No.
22-12-18	Posted to Cas. ToEx. Camp 30-12-18.	
	Leave & Subs from 4-1-19 to 20-1-19	7
25-1-19	SOS DISCHARGED "DEMOBILIZATION" 91 das. PDP&C.A.	22

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

(over)

Date.	Remarks.	Pt. 2 Order

M.F.W. 192
150M—6-18.
1772-39-1243.

2nd. Sheet

Army Form B. 103. Regimental Number 86586

Casualty Form—Active Service.

Regiment or Corps.....

Rank Pte Surname Wolfe Christian Name F. C.

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

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

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

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

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...			
19.8.18	18th R.D.	T.O.S. from 8th Bn	Pte Seaford	13.8.18	Pte 281 Jas F. 10.18
			H. Charters LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.		
14.10.18	18th Res: Bn.	TAKEN ON STRENGTH.	Seaford	2.10.18	Part II D.O. 287.
24.10.18	18th Res: Bn.	To be a/Lce. Corpl. with pay whilst attending C.T.W.S. Bexhill	"	26.10.18	Part II D.O. 297.
7 12 18	do	w/Command Segregation Camp Kinmel Park.	Seaford	7.12.18	" 337 341
A.W.C.C. Kinmel Park					
Part 2	"				
21.12.18	Cease to be attached Transfer C.E.F.				

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

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				
					N.M. ac Lieut. 21. for O/C M.D.2. C.W.
DEC 22 1918 O.S.		T.O.S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D.O. 1
					Lieut. For O.C. No. 2 District Depot
s #2	D.D. Jan 25th 1919 Ptll #25.	H.S. Bellew			
		Discharge Sections, No. 2 District Depot			

N. C.

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 181st Overseas Battalion, CEF.

Regimental No. 865865. Rank Private. Name John Oswald Wolfe.

C. E. F.

Enlisted (a) 30/11/16. Terms of Service (a) War & 6 mos after. Service reckons from (a) 30/11/16.

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) 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	Halifax	16-4-17	H.M.T. Grampian
		Disembarked	Liverpool	29.4.17	H.M.T. Grampian
7/5/17	O/C 181st	Transfered to 18th Res Bn	Dibgate,	29/4/17	B.O.86. D. W. Beaubien Lieut. Col. O.C. 181st Overseas Battalion C.E.F.
MAY 9 1917	18th Res. Bn.	TAKEN ON STRENGTH.	DIBGATE.	APR 29 1917	Part II D.O. 116
	C.C. 18th Res. Bn.	Draftd to 8th Batt	Dibgate	JUN 1 1917	Part II D.O. 155 W. Gilmour Lieut. Asst. Adjutant, 18th Res. Bn.

CERTIFIED A TRUE COPY
18 JUL 1917
CAN. RECORD OFFICE

(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				
C. B. D.		ARRIVED C. B. D. FRAN	17.6.17	N. R. D 18.6.17	
				PART II ORDERS No 86 D 28.6.17	
C. B. D.		LEFT C. B D. FOR 1st Ens Bn		N. R. D 4.7.17	
O. C. ..... BN		ARRIVED 1st Ens BN. FIELD		B. 213 D 6.7.17.	
20/8/17	1st Entl Bn	To Unit.	Field.	20/8/17	N.R.
25.8.17.	8th Bn.	Joined Unit.	—	22.8.17.	B.213. D.C.S. 476
29.9.17	8th	To Hospital	Field	23.9.17	B213.
—	do	Returned from hospital	do	27.9.17	B213.
27.9.17	3.C.Fd.	Injec Lanolin	at 3.C.Fd To out-	22.9.17 27.9.17	& a by 80 87.
12.1.18	8 Bn	granted 14 days Leave	patis	8.1.18	B213 p II 07.
26-1-18	do	JOINED UNIT		23/1/18	B 213.
12.3.18	Lon Gaz.	Awarded Military Medal	"	—	No 30873 R II 41 24/4/18
29.4.18	2 C.D.A.	Influenza 27/4/18	Hosp.	2 CDA	29.4.18 E7760.
1.5.18	"	"	to	Duty	29.4.18 E8650.
4.5.18	8 Bn	Reported.		Duty	29.4.18 B213
11.8.18.	5 Gen.	S.W. VIII (1) R.L to	Aden.		11.8.18. G 8021.
11 8 18.	do	"	to	Eng.	11 8 18. G 9768.
11.8.18.	5 Gen	Inv. W. to Eng			W 3089
		reported to M.R.D. Seaford per A.T. Marquerite.		11 8 18	A II N 089 of 22.8.18.

LIEUT.
FOR LT-COL.
A. A. G.

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 L/Cpl Name J O Surname Wolfe

Unit or Corps 58th Bn (If a soldier) Regtl. No. 865865

Born at Toronto Ont on, date Jan 17th 1894

Signature (for identification) J. O. Wolfe

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None

Weight 170 lbs.

Height 5 ft. 8 ins.

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?** Good

4. **RESPIRATORY SYSTEM.** Good

5. **HEART?**

Abnormal Sounds? Nil

Abnormal Size? Nil

Pulse Rate? 74 Intermittence or irregularity? None

6. **ARTERIES.**—Any hardening? None

7. **DIGESTIVE SYSTEM?** Good

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? Acid Albumen? Nil Sugar? Nil

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

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

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

Examined at Kinmount Ont Signed J R Edmonson M.O.

Date 12-12-18 Signed Jas Butler 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.*

A ii

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 865-865 Rank L/Cpl Surname WOLFE (Give name in full) John C.

Unit or Corps No 2 D N Birthplace Toronto Ont°

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

1. GENERAL DESCRIPTION:

Physique good Weight 168 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition well developed + nourished

Pulse 72 regular

Condition of arteries soft

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 10 ft.

Left 15 ft.

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

Dre vac. scar left arm - childhood
Scar middle ~~index~~ finger - G.S.W - France 1918
Two small scars of left arm - G.S.W " 1918

Opinion as to general health and physical condition Physically fit - A ii

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

~~Ear~~ Otitis Media ~~Chr.~~ suppur. complicating scarlet fever during childhood - Not aggravated during service - No disability.
G.S.W. middle ~~index~~ finger rt. hand - scar well healed - No disability.
G.S.W left arm - 2 small scars well healed. no disability.
No haemorrhoids, hernia, varicocele or varicose veins.
Urine analysis - albumen & sugar none.
Injury to left ankle 1917 in France - good recovery - No disability

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Exhibition Camp (Canada)

Date 21-1-19 Signed W. P. Tubbleston Lt. 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 #865866 Lce/Cpl J. O. 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.)

APPROVED
JAN 27 1919
J. M. Chrestian CAPT.
FOR A. D. M. S. M. D. 2

[OVER]

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

100 MRy

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wolfe, *Christian Name* John Oswald.

Examined { on 30th day of November, 1916
at Brandon, Manitoba.

Approved by Mr Carlton Capt Line
Williams Lt Do
Dwallace

Birthplace { City or Town Bolton,
County Ontario, Canada.

Rank Captain, A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
16/9/18	A	2PB. 15 AUG 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Apparent age 20 years. 10 months.

Trade or occupation Farmer.

Height 5 Feet 8 Inches.

Weight 155 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 4 inches.

Physical development Good.

Small-Pox Marks Nil.

Vaccination Marks { Arm Right. Left. X
Number 1.

When Vaccinated last Childhood.

Date.	Result.	Vaccinations.
5/1/17	P	Dwallace M.O.
		M.O.
29/6/18	ABG	2PB M.O.
27/7/18	Result.	IAB Anti-Typhoid Inoculations, Etc.
5/1/17	OK	Dwallace M.O.
12/1/17	OK	Dwallace M.O.
19/1/17	OK	Dwallace M.O.

(a) Marks indicating congenital peculiarities or previous disease Nil.

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

CANADIAN

Enlisted on 30th. day of November, 1916 at Brandon, Manitoba.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	181st. Overseas Battalion, CEF.	865865.		30/11/16.
Transferred to	18th Res: Bn. & Bath. 18th Res: Bn.	865865.		APR 29 1917 JUN 16 19

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Exhib. Camp	21-1-19	nil	A ii list Invalided to

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

M. F. B. 313.
400M.—1-16.
M. Q. 1772-39-439.

JNC

Surname Wolfe. Christian Name John Oswald.

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.
3rd Can. Fd. Amb.	Fd. Amb.	23	9	17	27	9	17	Inj Lt ankle		Dis to duty. A24	A26.
		13	8	18	27	8	18	Shell Wd L arm & R Hand flesh	14.	Recovering	
										Transferred to Can Hpl. Epsom.	W B Taylor. MAJOR R.A.M.C. FOR M.O. I/C CASE.
Can. H. Epsom.		27	8	18	2 - OCT		1918	do	37	Left arm healed & causing no material inconvenience - Lt hand, proximal phalanx middle finger immobile. Wd not healed, full use of fingers Had had Massage + P.T. 2. Now discharged by P.S. Dept as fit for A.	B.C. Hardman MAJOR CAMC

GENERAL MILITARY HOSPITAL
EASTERN COMMAND
26 AUG 1918
EDMONTON, N. 18

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 865865 (Rank) L/CPL.

Name (in full) WOLFE JOHN OSWALD. (Military Medal). enlisted in the 181st Bn.

CANADIAN EXPEDITIONARY FORCE at Brandon Man. on the 30th day of Nov. 19 16.

HE served in England and France.

and is now discharged from the service by reason of "Demobilization".

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

Age 22.

Height 5' 8".

Complexion Fair.

Eyes Blue.

Hair Brown.

Marks or Scars Vacc. scars on left arm.

G.S.W. right leg. 11-8-18

John A Wolfe
Signature of Soldier

W Hart Jaffe
Issuing Officer

O.C. Discharge Sections, No. 2 District Depot

Rank

Appointment

Date of Discharge Jan 25th 1919.

Signed at Toronto Ont. this 25th day of Jan. 19 19

in Military District No. 2.

File Reference No.

No. 2 JAN 25 1919 DISTRICT DEPOT

M. B.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (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.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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 181st. Overseas Battalion, CEF.

(2) Regimental Number 865865.

(3) Full Name of Soldier John Oswald Wolfe.

(4) Place of Birth Bolton, Peel County, Ontario, Canada.

(5) Are you married, or not ? Single.

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes. Mr. Richard Wolfe.

If so, state name and address ..... 570 Simcoe St., Winnipeg, Manitoba, Canada.

(10) Is your Mother alive ?..... Yes.

If so, state name and address..... Mrs. Martha Jane Wolfe.

..... Bolton, Ontario, Canada.

(11) If your Mother is a widow..... No.

Are you her sole support, or not ?..... No.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... Mother.

.....

.....

(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.

If so, in what Company ?..... Canada Life.

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.

D W Beaubier Lt.-Col.

Officer Commanding.

181st. Overseas Battalion, CEF.

Date 30th. November, 1916.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2.

NAME OF SOLDIER Wright - John - O

RANK Sgt.

REGIMENT

No. 765765

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

DISCHARGE EXAM.
CASUALTY Co. # 2 D. D. Certificate issued for
Date JAN 21 1919

DENTALLY FIT

W. D. Temple
Major

M.F.B. 465.
200m—6-18.
1772-39-950.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WOLFE F. O

REGIMENT 8 Bn RANK L/C No. 865865

Date of Examination in England 11/12/18 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Nil
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
- (*b*) In England yes.
- (*c*) In France

Kinmel Park, N. Wales

Signature of Dental Officer A Kendrick Capt

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

Ottawa, Ont.
Date December 22, 1966

Attention of

NAME WOLFE, John Oswald

SERVICE NUMBER 865865 WW1

C.P.C. No.
W.V.A. No. 200100

NAVY
ARMY XXX
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. St.James, Man. Tel Memo December 2, 1966

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death December 19, 1966
Cause of Death
Place of Death Deer Lodge Hospital, St.James, Man.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~XXXXX~~
~~XXXXX~~
H.O.

Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

Form R 122.
2353—100M—9-12-16.

E.T.

Rank | Name WOLFE, John Oswald | Reg'l No. 865865

Unit 181st Bn to Man Regt | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Brandon. Nov 30th 1916. | Place of Birth Bolton Peel Co., Ontario Canada.

Name and Address, Next-of-Kin Mrs Martha Jane Wolfe. Bolton. Ontario. Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character W Cas. a/Pte

N/E. R.B. No. 15546
Fils R.L.
Category O.R. Can.

H. W. & V., Ld.—9546-16.

Report. Date.	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 29 4 17 S.S. GRAMPIAN.			
9 5 17.	18th Res	T O S FROM 13[illegible] Bn	[illegible]	Pte.	116
18-6-17	—	S.O.S. to 8th Bn p/seas.	Dibgate	16-6-17	8th Bn Pte No. 86. d/28-6-17 Pte No. 155. appln B
29-9-17	Man Regt	3 Cam & ld Ambulk	Field	23.9.17	C.L.A. 24 Qut Lancle
2.10.17	"	Posted to Duty	"	27.9.17	C.L.A. 26 " "
24.4.18	8th Bn.	Awarded Military Medal	Pte Field.	12.3.18.	O.M.G. N. 41. authy Supplt Lond Gaz 30573. 12.3.18.
16.8.18	—	Wounded	"	11.8.18	H.A. 3187/4
15.8.18	C.L. Man	Wounded	"	13.8.18	C.L. No. B.292. G.S.W.
22.8.18	8th Bn	Invalided wounded & posted To M.R.D.	O.C. "	11.8.18	R.D. D089.
19.8.18	M.R.D.	T.O.S. on posting from 8th Bn	Seaford	13.8.18	R.D. D231.

865865 Wolfe J 6

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
4.10.18	In R D	S O S 6 18th Res Bn	Pl. Seaford	2-10-18	Pte II 280+18th Res Bn Pte II 284 14-10-18
24.10.18	18th Res M.D.2	Appd a/L/Cpl with pay.	" "	26-10-18	Pte II 294.
~~6.1.19~~	~~Hunt Park~~	~~Revert to perm. grade for using obscene language and threatening to A.C.O~~	~~a/L/Cpl. Rhyl~~	~~6.1.19~~	~~" "~~
18.1.19	18 Res.	S.O.S. 6 C.E.F. Canada M.D.2	a/L/Cpl. Pte. Seaford	21.12.18	" " 18.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 21 (Assignee) Mrs. Martha Wolfe

Name of Soldier Wolfe. 865865 Pte J.O. 181 Batt

L. L. Job 5470—Req. 6888.

20.00

APR 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		98340	40	
June		W21481	20	
July		425855	20	
Aug.		L33582	20	
Sept.		B39911	20	
Oct.		F.46541	20	
Nov.		M54247	20	
Dec.		X61730	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

180 10

CANADIAN
ASSIGNED PAY AUDITED
Forsmith
LIEUT.
DATE 10/6/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. & Ob 4503.—M. & D. 6832.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

J.O.

Name Mrs Martha Wolfe

Address Albion P.O.
Ontario
Ont

Name of Soldier Wolfe

Regtl. No. 865865

Rank Pte

Corps 181 Batt

~~Relation to Soldier~~
~~wife, child or mother~~ } 20.00 APR 1 1917

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 4 ACCOUNT

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1. 5. 17.		EFFECTIVE DATE:–	
AMOUNT:– $20.00		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.

Mrs. Marcha Wolfe,
Albion, Ont.
Mother.
Stopped. Eff. 31. 12. 18.

NAME:– WOLFE John Oswald

NUMBER:– 865865

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
D.O. 297 18 Res 24/10	26.10.18	A/L/CPL with Pay.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 181st Bn.

DATE ACCOUNT FIRST OPENED:– 1. 5. 17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8th Bn.
231	1.9.18		M.R.D.

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
~~25. 11~~	~~2405~~	~~Seaford.~~	~~19 47~~				
~~30 11~~	~~2559~~	~~"~~	~~19 47~~				
			38 94				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSISTENCE ALLOWANCE
	1 00	. 10	. .	. .

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dist. Canada. 31/12/18. Ledger Bal 54 77. C.P.C. Bal. 15 77.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Nov. 31	Bal. forward								22 06		
April	L. Pay	33						20			
				A.R. 28 8 Bn. 4. 4. 18	1 78						
				" 96 " 22. 4. 18	6 25				27 03		
		33		" 180. " 16. 5. 18.	8 03			20			
May	do	34 10		C.A.P.	4 46			20			
				AR 133 8 Bn. 5. 5. 18.	3 57				33 10		
		34 10			8 03			20			
June	do	33						20			
				AR. 266 10½ Bn. 2. 6. 18	3 54						
				" 352 " 15. 6 18	4 46				38 07		
		33			8 03			20			
July	do	34 10						20	52 17		
		34 10						20			
Aug	do	34 10						20			
				AR. 4240 C.C.H. Epsom 28. 8. 18	9 73				56 54		
		34 10			9 73			20			
Sept	do	33		AR 6608 CCH. Eps 30. 9. 18	4 87			20	64 67		
		33			4 87			20			
Oct.		34 10		C.A.P.				20			
	S.T. 2.10.18 – 14.10.18 12 days.	8 76		OR. 306 C.C.H Epsom 2/10	48 67						
	Bo 290. 17.10.18 18 Res.			- 1928 18 Res. 15/10	4 87						
	APPTD. L/CPL WITH PAY 26.10.18 DO. 297 24/10/18 18 Res UNDERPD 6 DYS @ 55.	30		2051 - 25/10	9 73				24 56		
		43 16			63 27			20			
Nov.	L.C.P.	34 50		C.A.P.				20			
	"			"							
				AR. 2405 25/9/18 18 Res.	19 47						
Dec.	"	35 65		C.A.P.				20	54 71		
		70 15			19 47			40			

NUMBER 865865 RANK a/L/Cpl NAME Wolfe G.O.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Forward	70 15		Forward	10 47 19 47			40	24 56		
				A.R. 2559. 30/11/18. 18 Rs.	19 47						
					38 94						
		70 15			38 94			40	15 77		

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 1918

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Martha J. Wolfe
Bolton, Ontario, Canada

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ ✓ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 86585 RANK Pte NAME Wolfe, John Oswald.

IF IN PERMT. CORPS WHAT UNIT | UNIT 181st. TRANSFERRED TO 1/8th Res Bn DATE 1/5/17 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 8th Bn. DATE 1-11-17 AUTHORITY Nom. Roll.

PLACE OF ATTESTATION Brandon, Manitoba TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION November 30th, 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00. DATE EFFECTIVE May 1st, 1917.

PAYABLE TO Mrs. Martha Wolfe, Albion, Ontario. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

62

C

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
1917.																																		
May 1	Balance from Canada													12 00	18 00																13				
"	31	1c	34	10											34 10								4 87				20		24 87	22 23				
June	30	1c	33	—											33 —	166	21/5/17	344					1460	487			20		39 47	15 76				
July	31		34	10											34 10												20 —		20 —	29 86		—	29 86	
Aug	31		34	10											34 10												20		20	43 96				
Sept.	30		33	00											33 00												20 —		20 —	56 96		—	29 86	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct. 1	Bal. forward	~~29 86~~							56 96 29 86		✓
11	P. Pay	34 10						20			
				Pln. 4/8/11 8th Bn. 7/9/17	2 68						
				" 850 " " 4/8/17	2 67				65 71 38 61		✓
		34 10			3 35			20			
Nov 30		33						20			
	Forward	33						20	65 71		

#865865 Pte. Loudfe, John Oswald. App #2012

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	DEFERRED PAY	SER. ALLCE. ENG.																				
	B/F Forward	33																												20 65 71				
Dec 31		34 10		AR 854	27/9/17	8th Bn			3 57																				20				
				D/N 9060 AR 402	7/9/17	1 Bn M Bn			2 68																									
				" 944 - 196	5/9/17	1/8 B			4 47																									
				AR 753	1/9/17	8th Bn			2 68																									
				" 726	28/8/17	"			2 68																									
				" 968	1/11/17	"			3 57																									
				" 916	16/10/17	"			4 46																									
		64 10							24 11																				40	68 10			
18 Jany	S.S.	34 10																											20				
				" 997	16/11/17	"			13 38																									
				" 1072	8 Bn.	12. 12. 17			3 57																									
				" 1107	"	22. 12. 17			4 46																									
		34 10							21 41																				20	61 39			
Feb.	S. Pay	30 80																											20				
				100151	"	Paris	14. 1. 18		8 92																									
				AR 1236	8 Bn	8. 1. 18			8 92																									
				" 12287	Paris	19. 8. 17			8 92																									
				" 8735	"	10. 1. 18			8 92																									
				" 11288	"	17. 1. 18			8 92																									
				" 1192	8 Bn.	3. 1. 18			3 57																									
				" 1317	"	1. 2. 18			3 54																									
		30 80							51 74																				20	20 45			
Mch	P. P.	34 10																											20				
				AR 1392	8 Bn	24. 2. 18			4 46																									
				" 1454	"	8. 3. 18			3 57																									
				" 1542	"	21. 3. 18			4 46																									
		34 10							12 49																				20	22 06			

CANADIAN ASSIGNED PAY AUDITED
CREDIT CLERK
DATE 15 Jan 19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M.B.

RECEIVED RECORD OFFICE FEB 17 1919

REFERRED TO — Act P

ACTION TAKEN

1. No. 865865

2 Rank. L/CPL.

3. Name. WOLFE JOHN OSWALD.

4. Unit. 181st Bn. (#2 D.D.).

5 Date of Discharge Jan 25th 1919. Place TORONTO. ONT.

6 Reason for Discharge ON GENERAL DEMOBILIZATION

7. Authority. D.O, D.D.#2 Pt11 #21.

8. Proposed Residence after Discharge Albion P.O. Ont.

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.?

John Oswald Wolfe

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO. ONT.

Date Jan 25th 1919.

Rank

Signature J S Bennett

(O. C. Discharging Unit.)

O. C. Discharge Depot No. 2 District

M.F.B. 218a—300M.-11-18—1772-39-113.

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

10,000 bks.—John Rissen, Ltd.—3067/2/17—Forms W 3172/3.

Army Form W. 3172.
(In pads of 50.)

Mct Epsom Hospital.

Ward 16 "G" 10 No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
265765	Pte Wolfe JO	9th Can Bn.	Middle fingers rt hand

G S Wounds

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Received
Wound rt hand.
Continues to discharge

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 14640

Nothing abnormal
can be seen

Signature of M.O. Mcp Bradley

Date _____

Signature of Radiographer DF

Date 6.9.18.

Forms I. 1237 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	863865	Pte	Wolfe	John
Year	Unit.		Age.	Service.
1918	8th Canadians		24	2

Station and Date.

Disease G.S.W. L Arm + R Hand

7th Can F.A. 9.8.18. A.T.S. 756

48 C.C.S. 9.8.18 &

No 5 Gen Hp. 11.8.18

Several wounds left upper arm - one through - one ? F B felt under skin Rt hand. Laceration over knuckles 3 middle fingers

A.T.S 570 Units 16. 8.18

" " " " " 23 8.18

27.8.18 Epsom

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

MIL CNV HP.
WOODCOTE PK
EPSOM.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	265865	Pte	Wolfe	J.C.
	Unit.		Age.	Service.
	5th Can Bns.		23	

Station and Date.	Disease G.S.W. L. Arm. & R. Hand. (Flesh) 9.8.18.
28 AUG 1918	Lt Arm healed & causing no material inconvenience
	Rt hand — proximal phalanx mid. fingers involved wd not healed — full use of fingers
	Mass & R.T.'s — fit for duty
4 SEP 1918	Disc. mass
5/9/18	Still some slight discharge hand wd.
5 SEP 1918	Hand & Rad taken
16 SEP 1918	Slight stiffness right middle fingers. Fit A.

29-6-18 (64)

Y.M.C.A. TAB 2.9.18.
Edinburgh

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

M.D. 2
No. 53

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 865865 Rank L/C Name Wolfe J. C.

Corps # 2 D D who was* Disc

On 25 1 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 1 1919

to 25 1 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.O.C.	9	23	Balance Cr. from prev. month		
Advances by Cheques No. 86200	5	00	Regt'l. Pay 25 days at $ 1.15	28	75
Assigned Pay and Sep'n Allce. No.			Field Allow. days at $ c.		
Other charges 87452			Separation Allowance* (Monthly)		
Payment on transfer or discharge No.	63	12	Other Allowances* Clo.	35	00
Bal. Cr. (to be paid by the new unit)			Other Credits* Subs.	13	60
			Bal. Dr. (to be deducted by new unit)		
Total	77	35	Total	77	35

*Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid paid on account of Assigned Pay for the month of Dec 1918 and Sep'n Allce. for month of 1918 (to) Assignee Mrs Martta Wolfe

(Address) Albion P.O. Ont

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority D.O. 22

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 23 1 19

Place Toronto

W. Hamilton CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 161, Financial Instructions, 1917) C.E.F. (1918).

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

Corps ..... who was* .....

On ..... 191 .... to ..... 191 ....

*Insert "discharged" or "transferred."

To ..... 191 ....

The following is a statement of the account of the above named from ..... 191 .... to ..... 191 .... the inclusive date of transfer or discharge.

Dr.	£	s.	d.	Cr.	£	s.	d.
Bal. Dy. from prev. month				Balance Cr. from prev. month			
Pay for ..... No. ..... days at $ ..... per day				Regtl. Pay ..... days at $ ..... per day			
Charges ..... No. ..... days at $ ..... per day				Field Allow. ..... days at $ ..... per day			
Assigned Pay and Sep. Allce. No.				Separation Allowance* (Monthly)			
Other Charges*				Other Allowance*			
Payment on transfer or discharge No.				Other Credits*			
Bal. Cr. (to be paid by the new unit)				Bal. Dr. (to be debited by new unit)			
Total				Total			

*Give particulars.

(1) Insert amount to be stated whether it has been paid or not.
(2) Insert "not" if amount has not been paid from period of account.

On Transfer of an Officer.

Pay and Allowances of Rs. ..... has been paid by Paymaster, Military District No. .....

REMARKS:

Note (1) date of enlistment

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

(3) cause of discharge ..... authority .....

(4) authority for transfer

Separation Allowance and Assigned Pay Card and Ind. Card (M.F.W. 11) are to accompany the original Last Pay Certificate on transfer.

I have carefully compared this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date .....

Place .....

(Signature) ..... Paymaster.

N.B.—For publication in this form is to be made out in quadruplicate. Original copy to paymaster of new unit (if transferred) or District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

The duplicate of this form is to be made out in triplicate. Original copy to accompany discharge duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. Three months' Post Discharge Certificates will be forwarded with duplicate to Paymaster Post Discharge Pay and triplicate with his discharge documents.

M. F. W. 14.
3-0 1918-1000
Forms and Q.F. Ltd.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

apr 1/19

RATE OF SEPARATION ALLOWANCE

W 8750

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 865865.

Rank Pte. Promoted Reverted Discharge

Soldier's Name G. O. Wolfe.

Battalion 181 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Martha Wolfe.

Address Allenon P.O. Ontario Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec			180	180	
Jan	W71469		20	20	
Feby	H 68343		20	20	
March	Y 90669		20	20	
April	X 8862		20	20	
May	X 18992		20	20	
June	T 27710		20	20	
July	B 27897		20	20	
Aug	X 34722		20	20	
Sept	W 43365		20	20	
Oct	K 56331		20	20	
Nov.	S 56779		20	20	
Dec 1919 Jan	W 68006		20	20	
			420	420	

19666-J-5 REMARKS

A/c Closed 31-12-18

Ret'd per Carmania

Date 21-12-18 M.F.W.187 4-1-19

Clerk

M. D. # 2

3

M-R-O-45-999 destroy 4/1/19 mch

CANADA
ASSIGNED PAY DEPARTMENT
A/C.P.O. CLERK
DATE 10/9/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—172-33-1141
L. L. 22320—M. & D. 7993.

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.

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.—6-17—1772-39-1141
L. L. 22920—M. & D. 7663.

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 865865 | RANK L/Cpl. | NAME (IN FULL) WOLFE, J.O.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
W.S.S. Complete 19-2-19		

ORIGINAL UNIT C.E.F. M.R.D. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 30-11-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 20.00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs. Martha Wolfe | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS Albion P.O.

ADDRESS Albion P.O. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED #200. | PLACE Toronto | DATE 25/1/19 | REASON Demob | AUTHORITY CO 22. | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ 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.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account																					Last paid 4/1 20.00
Jan 31	25	1.15	28 75	13 60	35																
2 years					350							Jan 24	68 22		70 00			70 00		280 00	Due
												Feb 22	221011		70 00			140 00		210 00	Due
												Mar 21	223401		70 00			210 00		140 00	Due
												Apl 23	283618		70 00			280 00		70 00	Due
												May 20	289491		70 00			350 00		Closed.	
																	1 00		Debit Balance 1 00.		Records to Permanent Grade 6.1.19. Charge 20 days at 3. A.F. 1966-J-5. Passed 4th P.M.S. Refund Request 17.6.20 Lapsed File 1966. J. 5 RM

60m.-11-18. L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	