157th OVERSEAS BN.
ATTESTATION PAPER.

ORIGINAL

No. 644539

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Wood,
1a. What are your Christian names? ..... William John.
1b. What is your present address? ..... Midland
2. In what Town, Township or Parish, and in what Country were you born? ..... Ottawa, Canada
3. What is the name of your next-of-kin? ..... Mrs. Jessie M. Wood
4. What is the address of your next-of-kin? ..... Midland, Ont.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... May 26/1877
6. What is your Trade or Calling? ..... Carriage Painter
7. Are you married ? ..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
If so, state particulars of former service.
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, W. J. Wood, 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.

Wm. J. Wood (Signature of Recruit)

Date Feb. 1 1916 W D Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W. J. Wood, 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.

Wm. J. Wood (Signature of Recruit)

Date Feb. 1 1916 W D Smith (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 Midland this 10 day of Feb. 1916

D. Howell (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of William John Wood on Enlistment.

Apparent Age 38 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Grey

Hair Dark

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

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 declares that he is not subject to fits of any description.

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

Date Feb 1 1916 — J. W. Umbrella Capt
Place Kingston — Medical Officer.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William John Wood having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. H. Brown Capt. (Signature of Officer)

Date Feb 14 1916

D H Macfarlane
Lt. Col.
Com'd'g. 16th Batln. C.E.F. Barrie

12-6-19-2-m

REGIMENTAL DOCUMENTS

NAME WOOD William John REGT. NO. 644539 UNIT 28th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
20	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Misc.					
1	AFB					
1	P122					

32137

W 2589
100M-11-18
1772 39 1377

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 644539 Rank Pte.

Surname WOOD

Christian Name William John

Unit 20th Bn. Can. Inf. Theatre of War France

Date of Service 20-8-18

Remarks

Latest Address Midland, Ont.,

B

Roll No. Page 3462

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
NO.	DATE

NATURE OF CASUALTY

M. A. 9018 Hdqrs

MAY 2 1918

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

No. 644539 RANK Pte. NAME Wood. W. J

T. O. S. 31-12-15
D.O. 2 31-12-15

UNIT 157th Battalion. C. E. F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 21	1915 Dec. 31			
1916 Jan.				
Feb.				
Mar.				
Apr.				
May.				
June.				
July.			To be Staff Batman 6-7-16	D.O. 480 of 6-7-16.
Aug.				
Sept.				
Oct.				

UNIT SAILED
OCT 17 1916

SURNAME. Wood

CHRISTIAN NAMES William John

REGL. NO. 644539 RANK Pte.

UNIT 157th

FORMER CORPS Dil

CARD NO. 2

SOS. Des. 24-5-19 2nd Draft

FOLL. SO. 15 19 31-5-19 2nd 200

Bn.

NEXT OF KIN.

NAMES IN FULL Wood. Mrs. Jessie M.

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~Midland, Ont~~

Box 639. King St. Midland. Ont.

L. Stof. 27/7/17. mjd

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Ottawa. Ont. DATE May 26th 1877

PLACE OF ATTESTATION Midland, Ont. DATE Feb. 10th 1916

R/C. 22-5-19 329/116 Pte.

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

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

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Carriage Painter RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 38 YEARS MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Ruddy EYES Grey HAIR Dark

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Midland, Ont. DATE Feb. 1st 1916

Present address Midland, Ont.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 193819

THIS IS TO CERTIFY that No. 644539 (Rank) Pte.

Name (in full) Mack. William John enlisted in

the 157th Bn.

CANADIAN EXPEDITIONARY FORCE at Midland on the 10

day of Feb. 19 16

HE served in 2 & 17 Bn. France

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

~~Medical Unfitness~~.

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

Age 41

Height 5' 10"

Complexion Ruddy

Eyes Gray

Hair Dark

Marks or Scars

Nil.

Williams. John Wood
Signature of Soldier.

H Sargeant Cpl
Issuing Officer.

Date of Discharge

DISTRICT DEPOT
MAY 24 1919
TORONTO

Capt.
Rank
FOR O. C. No. 2 D. D.

Date MAY 24 1919 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL. OTTAWA, CANADA.

M.F.B. 39A.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 644539 Rank Pte. C. E. F. Name Wood Wm. John

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TO		1919	PART II D. O. 151
MAY 24 1919	S. O. S.	(DISCHARGED FROM C. M. S.)	2 D.S. DEPOT,		PART II D. O. 151

W. C. Roberts Lieut.
For O. C. No. 2 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				

13

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block letters) WOOD, W. J.

REGIMENT 20th Bn. RANK Pte. No. 644539

Date of Examination in England 9 APR 1919 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

   (*a*) Full Upper

   (*b*) Part Upper

   (*c*) Full Lower

   (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(*a*) In Canada

(*b*) In England yes

(*c*) In France

Signature of Dental Officer W Ross Capt

25M.—12-18.
H.Q. 1772-39-950

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

Wife

To Whom Mrs Jessie Wood,

Address King St., Box 639, ~~Midland, Ont.~~

Rate 20.00 Midland, OCT 1 1916 Ont.

By Whom Assigned Wood, W. J.

Regtl. No. 644539

Rank Pte.

Corps 157 Bn.

(25/2/17 wife)

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503.—Req. 6332.

Name of Soldier Wood, W. J.

Month.	Year.	Cheque No.	Amt.	Remarks.
			2100	6448 39 Pte. 1 5 7 Bn
April	1916			OCT 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.		T27348	20	15
Nov.		B 315779	20	10
Dec.		37044	20	5 00
Jan.	1917	H2119	20	3
Feb.		P 47405	20	
March		V52163	20	
April		55-9-6	20	20 H
May		12815	20	
June		X 18875	20	5
July		W 28565	20	
Aug.		55565	20	King St., Box 639, Midland, Ont.
Sept.		B40031	20	(23/7/17 wnt)
Oct.		H46508	20	
Nov.		48151	20	
Dec.		64158	20	
Jan.	1918			280 00 RW
Feb.				
March				300
April				
May				
June				
July				

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. Job 95618—M. & D. 6555.

1-3-'16

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Jessie Wood,

Address King St., Box 639
Midland, Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Wood, Wm. John

Regtl. No.

Rank Pte.

Corps "D Co." 157th Battn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
15m.—3-16.
H. Q. 1772-39-818.

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

Name of Soldier Wood, Wm. John (Pte)

Jessie Wood, Wife

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	R 1793	40	40
May		S 6205	20	20
June		W 7420	20	20
July		V 10636	20	20
Aug.		W 14685	20	20
Sept.		R 17669	20	20
Oct.		S 19821	20	20
Nov.		C 24738	20	20
Dec.		Q 26994	20	20
Jan.	1917	L 28571	20	20
Feb.		Q 34088	20	20
March		R 37265	20	20
April		T 3054	20	20
May		S 6615	20	20
June		Q 10279	20	20
July		Q 13603	20	20
Aug.		R 17641	20	
Sept.		I 19616	20	
Oct.		P 22230	20	
Nov.		E 26237	20	
Dec.		Q 29068	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

440 00

King St Br 639 Midland Ont

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.				

P. 559

MARRIED OR SINGLE — M

PLACE OF BIRTH — Carleton Ottawa Ont Can

NAME AND ADDRESS OF NEXT OF KIN — Wood, Jessie Midland, Ont Can

RELATIONSHIP OF NEXT OF KIN — Wife

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. 644539 RANK Pte NAME Wood, William J

IF IN PERMT. CORPS } WHAT UNIT } UNIT 157th O.S. Bn. C.E.F. TRANSFERRED TO 116 Bn DATE 21/12/16 AUTHORITY T.O. 172

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 238 Forr. Bn. DATE 16/3/17 AUTHORITY 20/3/17

PLACE OF ATTESTATION Midland, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 21/12/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Oct 1/16

PAYABLE TO Jessie Wood, Midland, Ont, Can RELATIONSHIP Wife

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)

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
Oct														9 10	9 10															9 10				assgnmt paid by A.P. Branch for 9 10 credited on Oct paylist. C.P.C. Canada
																																		Balance from Canada
Nov	1-30	30	1.00	30		30	.10	3							33	46	9/11	74	30/11					974	486			20		34 60	750		750		
	Dec	20	1.00	20	00	20	10	2	00						22	00	186		106	18/1/16					7 30			20	00	27 30					
															64	10														6 10					
	Dec	11		11				1	10						12	10																			
	Jan			6	10																													
	1-31	31	1.00 10	34	10										34	10												20	00	20		28	40		
	Feby																																	Transto 238 Forr Bn 16/3/17 20 20. 20/3/17
	1-15	15		16	50										16	50	599	16/1						487				70	00	24 87		20	03		
				11	70									9 10	12	80								14	61	12	16	80	00	106	44				
	16-28	13		14	30										14	30	924	24/1						4	30					20		24	03		
	March	31		34	10										34	10	1504	23/2	1624	13/3 24/3						4	86			44	32	16	81		
																								12	16	4	30	20							
	Apr	30		33											33													20		20		29	81		
	May	31		34	10										34	10			2102	24/4					12	17		20	60	32	44	31	14		Sch. Q 4005 5/4/18 - 9/4/17.
	June	30		33											33													20		20		44	14		
	July	31		34	10										34	10												20		20		58	24		
	Aug	31		34	10										34	10	2312	24/5						12	17			20		32	17	60	17		
				334	40									9 10	343	50								46	24	36	49	200	60	283	33				
				334	40									9 10	343	50								46	24	36	49	200	60	283	33				

644539 Pte Wood. W.J. A.P. 2007

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
			334	40										9 10	343 50
Sep. 30	1	Co	33	00											33 00

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
3793	20/7						
4001	24/8						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
116 21	36 49			200	60	283 33	60 17			
24 33										
12 17				20		56 50	36 67			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
		~~36 67~~							36 67		
Oct	P. Pay	34 10		Cap.				20			
				A.R. 4x9x-25/9/17-BDC 7C.	12 16				38 61		
Nov	RP.	34 10			12 16			20			
		33		A/C clean.				20			
Dec	RP.	34 10		A.R. 1110 19/10/17 Virginia Water	12 17						
				Cap			20		53 54		
1918		67 10			12 17			H0			
Jany	11	34 10		Cap.				20			
				A.R. 307 16-11-17 101 Cap	17 03						
				A.R. L559 17/12/17 " "	24 33				26 28		
									26 28		
Feb	P.P.	34 10			41 36			20			
		30 80		A.R. 887 17-1-18 " "	12 17						
				Cap			20		24 91		
March	P.P.	30 80		Ch. P.	12 17			20			
		34 10						20			
				A.R.C. 1254 21-2-18 101 Cap.	12 17.						
				A.R.P. 1685 19-3-18 101 Cap.	12 17				14 67		
		34 10			24 34			20			

REMARKS	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1.10.16

AMOUNT:- ~~$20~~

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- WOOD William J.

NUMBER:- 644579.

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.

Jessie Wood. (Wife)
Midland, Ontario. Can.

Stopped 1/5/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 157th O.B.n.

DATE ACCOUNT FIRST OPENED:- 1.11.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.F.C. Eng
N.R.	1.7.18	22.7.18	12th RES.
77. 31/8/18	1/9/18		20th Bn (a)

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
10/4/19	553	Witley	~~38 93~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
Ledger Bal 95.04 L. R.		56-11		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada 30/4/19 N.R. 6879 Witley 17/4/19 Brams M.D 2.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Ford								1467	- -	
April	P.P	33 -		Can.				20.			
				A.R. Ezy 1. 16/4/18 101 Can	12 17				1550		
		33 -			12 17			20 -			
May	P. P.	34 10		A.R. B625. 14.5.18. Sydale.	9 73						
				L.A.P.				20			
		34 10			9 73			20	1987	- -	
June	P.P.	33		L.A.P.				20			
				Det A.R. 711 23.5.18 12 Res	7 30 -						
				" 934 14.6.18 "	7 30 -					- -	
				" 1087 26.6.18 "	7 30 -				1097		
		33			21 90			20			
July	P. Pay.	34 10		Can				20			
		34 10			- -			20	2507		
Aug.	P. Pay.	34 10		Can Pay				20			
		34 10			- -			20	3917		
Sept	do	33		C.A.P.				20	5217		
				A.R 778 819 20 Bn	3 57				4860		
				" 884 27/9 20 Bn	3 57				4503		
		33			7 14			20			
Oct	P Pay	34 10		L.A.P.				20			
				A.R. 1752 29.10 20 R	3 73				5540		
		34 10			3 73			20			
Nov	P.P. Nov & Dec	67 10		A.R. 514 18/11 20 R	3 73						
	✓ Jany	34 10		" 1041 26/11 "	13 06						
				C.A.P. Nov & Dec				40			
				✓ Jany				20	7981		
		101 20			16 79			60			

Forwarded

A.W. Fletcher
Shorthand

COMPILED BY
CHECKED BY

NUMBER 644539 RANK Pte NAME Wood W.J. CAP £20

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									79 81		
Feb				Cap				20			
				AR 1883 - 28/1/18 - 20 Bn	1 30						
				- 2340 - 10/1/19 - -	3 77						
				- 3126 - 24/1/19 - -	3 73						
				- 1440 - 18/12/18 - -	6 49						
				- 4199 - 26/2/19 - -	3 73						
				- 5788 - 27/3/19 - -	3 65						
March	Pay	64 90		Cap				20	82 04		
		64 90			27 67			40			
Apr	Pay	33		Cap				20			
				AR 553 - 13/4/19 - Otway	38 93				56 11		
		33			38 93			20			

SOS Funds £60 - 13/5/19 Major

War Service Badge
Class "A" No. 193819

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D A I
O.G. 14

M

1. No. 644539.
2. Rank. Pte.
3. Name. Isaac Guillain John.
4. Unit. 20th Bn.
5. Date of Discharge | MAY 24 1919 | Place Toronto.
6. Reason for Discharge DEMOBILIZATION

DEMOBILIZATION
H

7. Authority. No. 2, D.D., Part II, D.O. No. 151
8. Proposed Residence after Discharge Midland 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.?

Wm John Wood
Signature of Soldier.

10. CONFIRMATION.

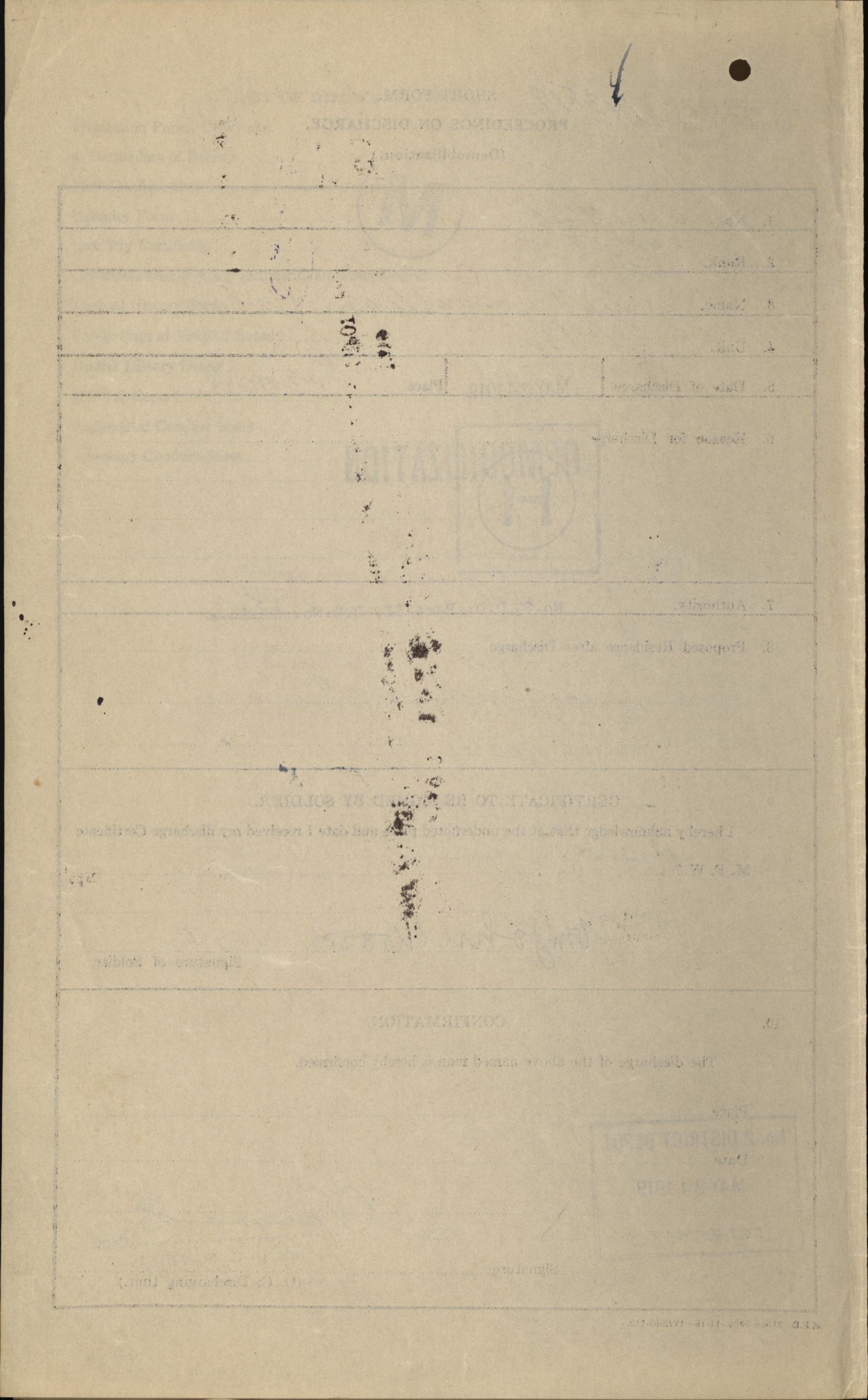
The discharge of the above named man is hereby confirmed.

Place

No. 2 DISTRICT DEPOT
Date
MAY 24 1919
TORONTO

H Sargeant Capt.
Signature FOR O. C. No. 2 D. D.
(O. C. Discharging Unit.)

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

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). & Allow.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13

Checked by No. 17

Date MAY 7 - 1919

W.S.B, CLASS. "A"

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

M. F. W. 54. (A. F. B. 1...)

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 157th O. S. Bn., C. E. F.

Regimental No. 644539 Rank Pte Name Wood, William John

Enlisted (a) 20/12/15 Terms of Service (a) Duration of war Service reckons from (a) 20/12/15 1/2/16

Date of promotion to present rank. 1-2-16 Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) (a) Lewis (b) Scout

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	17/10/16	
		Arrived	England	28/10/16	
8/12/16	15th	Trans to 116th Bn	Bramshott	8/12/16	Do pt II no 172 [illegible] Adjutant, 157th O. S. Bn., C. E. F.
28-12-16.	O.C. 116th	Taken on strength 116th	Witley	8/12/16.	Po 2 H.O. 340.
19/1/17.	116th Bn.	Transferred to 238th Bn. est. C.	Witley	19/1/17	Pt. 2 Order No. 20 [illegible] FOR O.C. 116TH Bn
1-2-17	D.R.T.O	T.O.S Can. Forestry Corps	London	19-1-17	D.O. Pt. II. no 28 W. J. Wilson Lt. + Asst adj. C. F. C.
7.5.17	Dist. 13	T.O.S. at co. 1. from C. F. C.	London	1.5.17	Pt. II D.O. # 6
10.5.18	" 53	S.O.S. at co. 101 on posting to Base Depot	Eastham	9.5.18	Pt. II D.O. # 20 [illegible] Canadians. [illegible] cas. sec.

(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 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.
7.5.18	B.H.C.	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale	9.5.18	Pt. II D.O. 132	
21.5.18	O.C.T.C.	O.O.Q. on transfer to 12th Reserve Unity	BASE DEPOT C.F.C. SUNNINGDALE	20.5.18	PT. II. DO. NO 121 Thornbury Lieut. i/c Records C.E.F.
21-5-18	12th. Bn.	T.O.S. 12th. Res. Bn.	Witley.	20-5-18,	Part II 120. 121.
19.8.18	12th Res. Bn. C.E.F.	Transferred to 20 Q Pattn	do.	19.8.18	Part II 196 Lieut i/c Records 12th Res. Bn. C.E.F.
20 AOU 18	C.I.B.D.	Arrived & T.O.S. 10th Bn		20 AOU 18	N.R. Part II Ord. 77 - 1918.
23 AOU 18	C.I.B.D.	Left for C.C. Rein C.		23 AOU 18	"
23 AOU 18	C.C. Rein. C.	Arrived.		23 AOU 18	"
29 AOU 18	— " —	Left for Unit	Field	29 AOU 18	"
7 SEP 18	20th Bn.	Arrived	Field	31 AOU 18	B213.
	C.E.C.	Proceeded To England		6 AVR 1919	N. Bart Brandon Lieut. for Lt. Col., A.A.G., Canadian Section
7-4-19	Sailing "O" WING	T.O.S. S.C.C., C.M.F. ON PROCEEDING TO CANADA * Sailing 30 * S.S. CARONIA Sailed Liverpool 14-5-19	Witley WITLEY	11/4/19 10/5/19	A.C.A.S. D.O. PT. 2 No. 29. O Massey Lieut., OFFICER I/c RECORDS, "O" Wing C.C.

CERTIFIED CORRECT 21 AUG. 1918

R—122
8.401—50,000—21-10-16.

G.C. Rank Name WOOD. William John. - Reg'l No. 644539. -

Unit 157th. Bn. If in perm. Corps, What Unit? } Married or Single Married. -

Place and Date of Enlistment Midland. 1st. Feba. 1916. Place of Birth Ottawa Canada. -

Name and Address, Next-of-Kin Mrs. Jessie M. Wood. -

Midland. Ont. Canada. - Relationship Wife. -

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

1st Cook

NIE. R.B. No. 29870
File R.L.
Category CAN. OR

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 S.S. Cameronia		28/10/16	
8-12-16	157th	Trans to 116th Bn BRAMSHOTT		8.12.16	Pt. II, DO 172 & 183.
28.12.16	116th Bn	T.o.S. on trans fm 157th Bn	Witley	8.12.16	Pt II D.O. 340.
20.1.17	"	S.O.S. to Can Forestry	"	19.1.17	— 20.
1.2.17	C.F.C.	T.O.S. from 116th Bn Corps	London	19-1-17	- 28
7 5 17	Dist. 3 C F C	On Strength 1/ Coy	London	15 17	Pt2 6
10.8.18	— " —	S.O.S. to B.D.C.F.C.	" Eytham	9.5.18	" 20
11-5-18	B.D.C.F.C.	T.O.S. from 3 Dist. C.F.C. Pt	Sidup	9.5.18	Pt II D.O. 113
21-5-18	— " —	S.O.S. to 12th Res Bn	" "	20.5.18	" 121
19.8.18	12th Res	S.O.S. to 20th Bn	" Witley	19-8-18 — 196	

A.F.B. 103 CHECKED 26 JUL 1918

12 Res. D.O. 121 D/ 21.5.18
20th Bn D.O. 44 of 31.8.18

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.
8.4.19	20 Bn	proc to Eng	Ste Witley	6.4.19	D O 32
11/4/19	O.Wing C.C.C.	T.O.S. Pending R.T.C	" "	7/4/19	" 5.
6 19	owing	SOS TO CAN	13	5 19	Pt 61

60-i-45
15/5/19

DUPLICATE

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

15

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 157th. O.S.Bn. Simcoe Foresters.

(2) Regimental Number 644539

(3) Full Name of Soldier Wood, William John,

(4) Place of Birth Ottawa, Ont. Can.

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

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

(b) Present Postal Address Midland, Ont. Can. Box 639.

(7) Are you a widower ?

(8) Have you any children ? Yes.

If so, give number of boys and girls Two boys. two girls.

Also their names and ages Leon Allen nine years.
Irene Ethel Eight years.
Sylvia Margaret, Five "
Verne, Douglas, Two "

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address Wood, William, Smithville, Ont. Can.

(10) Is your Mother alive ? No.

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not ?

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

(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 ? No.

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

D Hunter Lareu Lt Col
Officer Commanding.

Date 21st Sept. 1916

Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Oct. 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~$ 25.00~~ 1-12-17 P.C.3257	30	

1/9/18 DC 2783 MW 43035

W

9209

RATE OF ASSIGNMENT

20.			

(Wife)

PARTICULARS OF SEPARATION ALLOWANCE

No. 647539

Rank Pte. Promoted Reverted Discharge

Soldier's Name W. J. Wood.

Battalion 157 Batt'n.

Beneficiary ~~Jessie Wood~~

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Jessie Wood

Address King St. Box 639

Change of Address Midland Ont.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
			300			19709-W-120.
Dec 31.17		440 00	~~280~~ 00	720 00		MSW 2554 R-9
Jan 18	X 72798	30	20	50	✓	
Feb	T 67768	25	20	45	WITS	
Mch	V 91080	25	20	45	✓	
apr	X 9269	25	20	45	✓	
may	X 19429	25	20	45		
June	V 23918	25	20	45		
July	B 28295	25	20	45		
Aug	X 35160	25	20	45	✓	
Sept	W 43807	25	20	45	✓	
Oct	O 48601	25	20	45	✓	
Nov	S 57228	25	20	45	✓	
Dec	O 64748	45	20	65	✓	
Jan	R 71679	30	20	50	✓	
Feb	X 76492	30	20	50	✓	
Mar.	O 83466	30	20	50	✓	
Apr	V 4641	30	20	50	✓	
May	V 6278	30	20	50	✓	
		915	640			

A/c Closed 31-5-19.

Rec'd per Caronia.

Date 22/5/19 & 28/5/19.

Clerk Kay

MD #2.

Microfilm 85451 Destroyed 28/5/19 RW

CONSOLIDATED ACCOUNT

M. F. W. 128.
4'0m. 6-'7—1-772-39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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

123.
1-172-39-1141
—M. & D. 1933.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Woodall Christian Name William John

15

Examined { on 20 day of Dec 1916
at Malone

Approved by J Gwaunegge

Rank Capt. M.O.

Birthplace { City or Town Olean
County Cattaraugus

Apparent age 38

Trade or occupation painter

Height 5 Feet 10 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development good.

Small-Pox Marks no

Vaccination Marks { Arm Right. 0 Left. 1
Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	Examined for Re-engagement.
17/4/18	A	J W Begg Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1916 Aug	22	F G Gwaunegge M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
9/16. Mch	16	F Gwaunegge
	20	F G W M.O.
	23	F G W M.O.
12/4/18	+ C	J W Begg Capt.

Enlisted on 20 day of Dec 1915 at Malone

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	157 Battn	644539	good	Dec 20, 1916 21
Transferred to	116th Bn. 12 C & G			7/12/16
	238th Bn. 19/5/17. 20 " 19 " 18			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Wadsley	12-4-19	Varicose Vein	Bt. to Depot Capt Crone

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 Wood Christian Name William John

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.

"CORONIA" 21.5.19

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

AUDITOR | PAYMASTER

W. 3703

DISPERSAL PAY

M. OR S. M. | REGT. No. 644539 | RANK Pte | NAME (IN FULL) WOOD, Wm. J.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. Closed by Ottawa, 31.5.19 | DATE EFFECTIVE

TO WHOM PAID Jessie Wood | RELATIONSHIP wife

ADDRESS King st. Box 639. Midland, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Re adjustment		
Complete		

ORIGINAL UNIT C.E.F. 20 'Bn. | IF IN P.F. WHAT UNIT? P.O. Midland, Ontario.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 21-12-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE Closed by Ottawa 31.5.19

PAYABLE TO Same | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 24.5.19 | REASON Demob. | AUTHORITY D.O.151 | IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			T.O.S/H.S.-1.9.D.O...15.1..... SUBS.....TO.....PARTICULARS OR REMARKS.....
30.4.19							56	56																								56			Bal on Eng. L. P.C.
1/5/19 to 29/5/19	29	1	31	90																															1.5.19 to 24.5.19 P.A.
					35	00																													clothing allce.
					70	00																													1st payment W.S.G.
																48	50					20	00											May 1919 N.S.O.
																16	14																	Boots hand money
							136	90																					193	01	—	—	—	—	
		W.S.G.		S.A.																		W.S.G.		S.A.										
																						24-5-19		70	00									W.S.G. pd. as above
																								5	50									5.50 - 1 dy. P.A. Opg.
																																		70 days Sea office
183 days		420		180		600																						7	00	82	50	344	50	173	A.S.C.
																July 15	324590					64	50	July 16	729979	53	200	280	120				1st W.S.G. Allt. Paid by #2 D.D.
																Aug 14	747722					70		747723		30	200	210	90				Arrs
																Sep 17	1039570					70		1039571		30	100	100	60				W.S.G. PAID IN FULL
																Oct 20	1460137					70		1460138		30	500	70	30				PAID IN FULL CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
																Nov 21.	1742358					70		1742359		30	600	Closed					Rec'd
		420		180		600																344	50			75	50	180	600						

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

Original.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECORD OFFICE 12 APR 1919 WITLEY

15

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

STATION Witley Surrey DATE 11-4-19

1. 1 (a) Unit 70th Bn. (b) Regimental No. 644539 (c) Rank Pte.

(d) Surname WOOD (e) Christian name WM. JOHN

(f) Home address Midland Ont.

(g) Next of Kin Mrs. J. M. Wood (h) Relationship wife

(i) Address of Next of Kin as above

2. Age last birthday 41 Date of birth 26-5-1877

3. Enlistment, or Appointment (if an Officer) (a) Place Midland (b) Date 21-12-15

4. Personal description:

(a) Height 5-10" (b) Weight 165 lbs. (stripped) estimated (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes grey (f) Identification marks, Scars, etc. Tattoo anchor L. forearm.

5. Former trade or occupation carriage painter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 years	120 ~~Nil~~

	Periods	
	From	To
Canada	21-12-15	17-10-16
England	17-10-16	15-8-18
France or other theatres of War	15-8-18	6-4-19

7. Original disease, or injury Varicose Veins

(a) Date of origin States Prior to Enlistment (b) Place of origin Canada

(c) Cause

unknown

M. F. B. 227.

-11-18.
D-627.

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

(Varicose veins from legs) Slight degree.

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

Obj. Symptoms:- Very slight dilatation & varicosity of veins in legs below knee. Slight varicosity below internal malleolus left. a slight localized dilatation of vein outer aspect R. leg. no swelling or oedema.

Subj. Symptoms:- Pains aching in legs when wearing putties & when marching or standing a long time.

R/V 6/12 L.V. 6/12 ears normal.

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

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

Special Senses..no.. Respiratory System..no.. Integumentary System..no..

Disturbances of Mentality..no.. Digestive System..no.. Muscular System..no..

Osseous and Joint Systems..no.. Any other general condition..no..

Urinalysis 1020 acid no alb. or sugar

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

States that he thinks veins were slightly dilated from his enlistment, but gave no trouble. & that marching & wearing putties has caused legs to ache.

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

States. Double Inguinal Hernia operation 1915–

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

nil

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

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

yes :- He states that he had no pain or ache in legs on enlistment

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

The regimental documents will be referred to.

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

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

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

N.A.

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

P. Auckland Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing

W. J. Wood Pte. Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

Yes NOT.

20. It is certified that the invalid

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

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

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

Discharged for return to Canada Med. Bd. 1/20437 1/4/18

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

J. G. F. Wadsworth Capt. C.A.M.C. President.

PLACE Woking

DATE 12.4.19

W. J. Brank Capt. C.A.M.C. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President.*

PLACE.....

DATE..... } Members

APPROVED BY

for *Assistant Director of Medical Services.*

DATE April 12th. 1919.

APPROVED BY

Capt. C.A.M.C

Director-General of Medical Services.

DATE.....

HEADQUARTERS A.D.M.S. 14 APR 1919 File CANADIAN TROOPS, WITLEY.