143rd O/S BATT. C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 826826

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Cross
1a. What are your Christian names? ..... Walter Wilson
1b. What is your present address? ..... ~~Grande~~ Port Clements, Graham Island B.C.
2. In what Town, Township or Parish, and in what Country were you born? ..... Rutherglen, Lanarkshire, Scotland
3. What is the name of your next-of kin? ..... Agnes Coales Cross
4. What is the address of your next-of-kin? ..... Port Clements, Graham Island B.C.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... June 12th 1879
6. What is your Trade or Calling? ..... Farmer
7. Are you married? ..... Yes, 4 Children
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, Walter Wilson Cross, 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.

Walter Wilson Cross (Signature of Recruit)

Date July 15 1916. A Colgate Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Wilson Cross, 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.

Walter Wilson Cross (Signature of Recruit)

Date July 15 1916. A Colgate Lieut (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 Edmonton this 15 day of July 1916.

A Colgate Lieut (Signature of Justice)

J. P. for Alberta

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

Description of Cross Walter Wilson on Enlistment.

Apparent Age 37 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 4½ ins.

Chest measurement: Girth when fully expanded 36 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian X
- 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).

None

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 January 4 1916.

Place Grand Prairie

W. H. Collins
Capt 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.

Walter Wilson Cross 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.

W. Lawler Major (Signature of Officer)
Lt.-Col.
for O. C. 143rd Battalion, C. E. F.

Date July 15th 1916.

A. A. G.

REGIMENTAL DOCUMENTS

26 419 a4

NAME CROSS WALTER WILSON REGT. NO. 826826 UNIT 2nd CMR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				46155	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)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
48	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
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)					
1	FCD #3					
1	MFW 67					
1	[illegible]					
1	[illegible]					
1	[illegible]					
2	[illegible]					

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

CANADIAN EXPEDITIONARY FORCE

War Service Badge Class "A" No. 62681

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 826826 (Rank) Pte

Name (in full) CROSS Walter Wilson enlisted in

the 143rd Bn. - 2nd C.M.R.

CANADIAN EXPEDITIONARY FORCE at Grand Prairie on the 14

day of July 1916

HE served in England & 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 39 years 9 months

Height 5 ft 4½ in

Complexion Fair

Eyes Blue

Hair Dk Brown

Marks or Scars small scar across bridge of nose. 21 small tattoo marks left hand.

Walter W Cross
Signature of Soldier

W. J. Bayton
Issuing Officer

Capt
Rank

O. C. "U" DISPERSAL STATION

Date of Discharge

APR 2 - 1919

Date APR 2 - 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

143rd O/S BATT. C. E. F.

MEDICAL HISTORY SHEET. 826826

ORIGINAL

Surname Cross Christian Name Walter Wilson

Examined on July day of 14th 1916 at Grand prairie

Approved by H H Collins

Rank Capt M.O.

Birthplace City or Town Rutherglen County Graham Island B.C.

Apparent age 37

Trade or occupation Farmer

Height 5 Feet 4½ Inches.

Weight 140 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number 2

When Vaccinated last 1904

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date.	Result.	Vaccinations.
17/7/16		P. Ingram M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
AUG 3 - 1916		[illegible] M.O.
AUG 8 1916		M.O.
AUG 15 1916		M.O.

Enlisted on 15th day of July 1916 at Grand Prairie.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	143rd O/S. Batt. C.E.F.	826826		15/7/16
Transferred to	24th Res Bn. 2nd C.M.R.			23/3/17 MAY 10 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Victoria B.C.	FEB 5 1917	President - Members	Fit. G. Cuzner Capt. C.A.M.C. W. J. Dawswell Capt. C.A.M.C. N. J. Paul Capt. C.A.M.C.

B [illegible] 24/3/17 [illegible]

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-459.

Surname Cree Christian Name Wallace Hudson

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.

417 MENZIES ST.
VICTORIA, B. C.

307.

FORM LETTER "D"

5-11-20

To Dr. J.F.Shute

Victoria, B.C.

Dental treatment.

#826826, Pte. W.W.Cross, 2nd CMR's; (418 Craigflower Rd.,Victoria, B.C.)

The marginally named man has been authorized to receive dental treatment from you.

He is entitled to - Examination; Cleaning of teeth 1 simple Amalgam,#6; Partial upper denture of 12 teeth,#2-3-4-5-7-8-9-10-11-12-13-14; Partial lower denture of 6 teeth,#18-19-20-29-30-31; 4 Gold clasps; Pyorrhea treatment to the extent of $4.00

and the total amount authorized to be paid for this work is $

37.00

In case the patient desires a different class of work to that specified above, the difference in cost must be borne by the patient. The Militia Department will in no case assume any responsibility for any expenditure in excess of that authorized by them.

M.F.W. 2650.
21m-4-20.M.
H.Q.1772-39-1469.

District Dental Officer Capt.
Military District No. XI.

417 MENZIES ST.

VICTORIA, B. C.

FORM LETTER "C".

5-11-20

To Mr. W.W.Cross

418 Craigflower Road CITY

Dental treatment.

You are hereby authorized to receive dental treatment from Dr. J.F.Shute 202 Pemberton Bldg. CITY

You are entitled to the following work: Examination; Cleaning of teeth; 1 simple Amalgam filling,#6; Partial upper denture of 12 teeth, #-2-3-4-5-7-8-9-10-11-12-13-14; Partial lower denture of 6 teeth,#18-19-20-29-30-31; 4 Gold clasps; Pyorrhea treatment to the extent of $4.00 and the amount allowed for this work is $ 37.00

You will please forward immediately on completion of this work, an account in quadruplicate, showing that the work for which payment is claimed has been performed, certified by the Dental Surgeon.

M.F.W. 2649.
21m.-4-20.(M)
H.Q.1772-39-1468.

District Dental Officer, Capt.
Military District No. XI.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) CROSS W. W.

REGIMENT 2nd C.M.R. RANK Pte No. 826826

Date of Examination in England _____ Date of Examination in France 14-1-19

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper Repair
   - (*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 Yes

Signature of Dental Officer G Chaplain Capt

307

Victoria

Dr. Shute

SEP 16 1920

AUG 17 1920

C O P Y

CADC 5009A

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

DENTAK CERTIFICATE ON DEMOBILIZATION

Directions to Dental Officer.

NAME OF SOLDIFR CROSS W.W.

Regiment 2nd C.M.R. RANK Pte NO. 826826

DATE EX IN FRANCE. 14.1.19

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.

C H A R T

Corrected M2 A465 attached

Ptesent Dental Requirements.

1. Fillings

2. Extractions

3. Crowns

4. Dentures
   (a) Full Upper
   (b) Part Upper XXXXXX REPAIR.
   (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 "

Signature of Dental Officer

G.E.Gilfillan. Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION........................

NAME OF SOLDIER........................ No........................

REGIMENT........................ RANK........................

M.F B. 465
100m.—7-16.
1772-39-950

DATE		No.	Fillings				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
			Amal.	Phosp.	G. Per.	Cement											

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Cross, W. W.

REGIMENT 2nd Bn R's

RANK Tie

DISTRICT XI

No. 826826

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.

Condition on first Examination	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
Nov.	1920	1							✓					2	4					J. F. Shute		Exams
																						Cleaning

COMPLETED

[signature]

Capt.

District Dental Officer, M.D. No. 11

FEB 10 1921

M.F.B. 465.
200M.—6-18.
1772-39-950.

To be made out in duplicate. 143rd O/S BATT. C. E. F. 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 143rd Battn C.E.F.

(2) Regimental Number 826826

(3) Full Name of Soldier Walter Wilson Crowe

(4) Place of Birth Rutherglen Lanarkshire Scotland

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

(6) If married, state,
(a) Full name of your wife Agnes Coates Warner Crowe

(b) Present Postal Address 1540 Amphion St Victoria B.C. Canada.

(7) Are you a widower? —

(8) Have you any children? Four.

If so, give number of boys and girls 2 boys 2 girls

Also their names and ages

Mary Findlay Murdoch Crowe 16 yrs.
Isabella Baird Wilson Crowe 13 yrs.
Robert Crowe 10 ..
Walter Crowe 6 ..

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(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? Yes

If so, in what Company? New York Prudential

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.

A. Bruce Lowley
Lt.-Col.
O. C. 143rd Battalion, C. E. F.
Officer Commanding.

Date 19/10/16

Oly.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Service- 2 yrs.

862

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Walter Wilson 2. Surname CROSS

3. Rank Pte 4. Original Unit 143rd Bn. 5. Reg. No. 826826

6. Address, in full, to which future payments of gratuity are to be forwarded 1540 Amphion St Victoria B.C.

7. Date of enlistment in the C.E.F. July 14th 1916 Canada

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mr Agnes Cross (wife)

9. Relationship of such dependent wife

10. Address, in full, of such dependent 1540 Amphion St Victoria B. C. Canada

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

No

143rd Batt Scotsfund 62nd Can R. May 1917

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 50,000(8). 2/19. S.O.,F.Rd.

Ind

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid no

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled no

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? yes

(b) If so, was such reversion in consequence of misconduct or inefficiency? no

24. Are you now serving in the C.E.F.? No If not, give:—(a) Date of discharge 2/4/19 (b) Reason for discharge Demob

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: W. W. Gross

Place of Residence: 1540 Amphion St. Victoria BC

Declared before me at: Brandon.

This 5 day of 3 19 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

G. L. Johnston D.S.O.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name CROSS, Walter Wilson. | Reg'l No. 826826.

Unit 143rd Bn. | If in perm. Corps What Unit? | Married or Single Married.

Place and Date of Enlistment Edmonton 15th July. 1916. | Place of Birth Rutherglen. Lanarkshire. Scotland.

Name and Address, Next-of-Kin Agnes Coates Cross.

Port Clements Graham Island. B.C. | Relationship Wife.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No 15602
File R.L.
Category Can OR

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
ARRIVED IN ENGLAND per S. S. SOUTHLAND 27.2.17					
17.3.17	143rd Bn	Holds Act Rank of L/Cpl	Seaford	28.2.17	Ptu O. 59
23.3.17	143rd Bn.	S.O.S. to 24th Res.	Brocesford	23.3.17	Pt. IID.O-64 and 24 Res Pt II 72
10.5.17	24 Res	Reverts to the Ranks	"	10.5.17	Pt-II 120.
"	"	SOS on posting to 2nd CMR	"	10.5.17	Pt-II 120 + 2nd C M R. Pt II 60 d/23.5.17.
13-9-18	2 CMR	Awarded 1 G.C. Badge	Field Pte	15-7-18	Pro O 98.

A.F.B. 103 RECEIVED
NB. 26 MAY 1917

2 C M R Pt O 13 d. 16 2 19
Proc to Engd 13 2 19
41- U- 17.3-19
SOS to CANADA 17:3:19
2 C M R D O. 29. d. 16 3-19

826826. CROSS W W

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.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 143rd O/S BATT. C. E. F.

Regimental No. 826826 Rank Private Name Walter Wilson Cross

Enlisted (a) 15-7-16 Terms of Service (a) Duration of war + 6 mos. Service reckons from (a) 15-7-16

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

Extended | Re-engaged | Qualification (b) Farmer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	17/2/17	
		Disembarked	England	24/2/17	
23/3/17	143rd Bn	Transferred to 24th Res Bn.	Seaford	23/3/17	B.O. Part II 764. 23/3/17. G. Lindsell Captain and Adjutant, 143rd Battalion, C. E. F.
17.3.17	143rd Bn.	To be a/L. Cpl.	Seaford.	28.2.17	B.O. Part II No 59. 17.3.17 G. Lindsell Capt
6.4.17	24th Res Bn.	Taken on strength 24th Res Bn	Seaford	23.3.17	B.O. Part II No 72
10.5.17	24th Res Bn.	Proceeded overseas for service with 4th Battn. (& reverts to Pte (Same order) 2nd C.M.R.	Seaford	10.5.17	B.O. Part II No 120 C. Thomas Adjt. 24th CANADIAN RES. BATTN.
		O.C. C. B. D.	Landed in France. Taken on strength 52nd Can. Bn.		Nom. Roll d/ 12.5.17 Pt II B.O. 660 d/ 23.5.17
		— do. —	Left for 3rd Bn	27/5/17	Nom. Roll d/ 12.5.17
9.6.17	Unit	O.C. 52nd Bn. Joined Unit	Arrived for duty 3rd Bn Field	30/5/17 7.6.17	B.213 d 30/5/17 B213 dtd 8.8.26

(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.

CERTIFIED CORRECT. — JUN 1917 — CANADIAN RECORDS, LONDON.

826826 Cross W.W.

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.
5.1.18	2 Cmk	14 days leave to UK.	Fixed	1.1.18	B213 Pt II 4
26.1.18	"	Rejoined	"	18.1.18	B213
10.8.18	"	Awarded 1 G. Conduct Badge	-	15.7.18	B213 Pt II 98 dy 13.9.18
28.12.18	"	14 days leave to UK.	"	23.12.18	B213 Pt II 2 dy 8-1-19
11-1-19	"	Rejoined	"	9-1-19	B213
~~12~~ 13.2.19	CCC Hamm	Proc to Eng		~~12~~ 13.2.19	NP D.O. 13/19

War Service Badge
Class "A" No. _____

C.A. Hewett
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

15-3-19 S O S on Procdg to Canada

H.D. Williams Jr

T.O.S. No 11 D.D. 17 Mch 19
S.O.S.C.E.F Apr 2-19 U Area
No 11 dd DO 97 Apr. 7 -19

Amsdougall Jr
Lt.-Col.
for O.C., District Depot, M.D. XI

R.D. Blandford
Capt.
Adjutant, No. 8 Trans-Atlantic Conducting Staff

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File (Gen.Subj. TF-14837) (Microfilmed VF-994-5)

Ottawa, Ont.

Date MAY 30 1966

Attention of

NAME CROSS, Walter Wilson

SERVICE NUMBER 826826 WW1

C.P.C. No.

W.V.A. No.

NAVY

ARMY XXX

R.C.A.F.

The DEPARTMENT has received information from

Sr.Pension Medical Examiner, C.P.C. Victoria, B.C. d/May 25, 1966

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death May 4, 1966

Cause of Death

Place of Death Victoria, B.C.

Name and Address of next of kin (if known)

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

Destroy form if advice of death already received.

E.C. Richards

for

Chief, Central Registry

DVA 24

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Agnes C. Cross wife Name of Soldier Cross Walter W

Pte.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		T14749	30		30
Sept.		W15277	20		20
Oct.		17322	20		20
Nov. 25		M21657	20		20
Dec.		M25147	20		20
Jan.	1917	M26877	20		20
Feb.		M30638	20		20
March		M33866	20	210	20
April		M676	20		20
May		M3486	20		20
June		7322	20		20
July		P10832	20		20
Aug.		T14108	20		7
Sept.		17007	20		7
Oct.		Y22572	20		7
Nov.		25803	20		7
Dec.		A17648	20	350	7
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 310—M. & D. 6574.

15-7-16.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Agnes C. Cross.

Address ~~Port Clements~~ ~~Graham Isl.~~ 1540 Amphion St Oak Bay Victoria B.C.

Relation to Soldier wife wife, child or mother

Name of Soldier Cross Walter W.

Regtl. No. 876826

Rank Pte.

Corps 143rd Batt.

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 ACCOUNT

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

Wife

To Whom Mrs Agnes C. Cross

Address 1540 Amphion St.
Victoria B.C.

By Whom Assigned Cross W W

Regtl. No. 826826

Rank Pte

Corps 143 Bn

Rate 1/5⁷⁰

MAR 1 1917

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 ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Agnes C. Cross wife (Assignee)

PAYMENTS. Name of Soldier Cross W. W 826826 143 Bn Pte

L. L. Job 5470—Req. 6888.

MAR 1 1917

Month.	Year.	Cheque No.	Amt.	15cts	Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March		U44494	15		
April		D696	15	15. M.	
May		B73255	15		
June		R14117	15	15 Bn	
July		F21270	15	C	
Aug.		L28352	15	6	
Sept.		K35018	15	03	
Oct.		A25954	15		
Nov.		A37218	15		
Dec.		K55834	15	150-J.	
Jan.	1918				
Feb.					
March					
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. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs A Cross.

Address 1540 Amphion St
Victoria
B.C.

Rate $10.00

SPECIAL REMITTANCE

By Whom Assigned Cross W W

Regtl. No. 826826.

Rank pte

Corps 2 C M R

Sched 4 7 8. 12. 17

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	48717	10 –	Mailed 2/1/18. S.a.
Feb. May		3424	10 –	P523. D123. 17.4.18. Mailed 7.5.18
March				

Fmw

Number 826826 Rank L/Cpl

Home

Surname CROSS

Christian Name Walter Wilson

P. Units 2nd C M R Theatre of War France

Date of Service 10-5-17

Remarks 420 Craigflower Rd

Latest Address ~~15-40 Amphion St~~

Victoria B. C

Roll No. B. Page 1920 7.

200m.-6-21.M.

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF ORI

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL .....

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

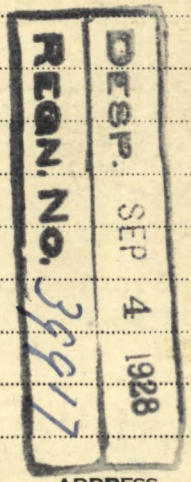
DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL .....

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....



* CROSS OU

M. F. W. 142.

1772—39—1171.
50m.—2-19.

SURNAME. Cross.

CARD NO. ✓

u II

CHRISTIAN NAMES Walter Wilson.

FOLL. SOS-Dis 2-4-19 Demob
DO 97 of 7-4-19 11DD.

REGL. NO. 826826. RANK Pte.

UNIT 143rd. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cross, Mrs. Agnes Coates.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS: 15-40 Amphion St.,
Victoria, B.C.

S.S.C.C.P. 17/11/16. [illegible]

COUNTRY OF BIRTH Scotland, Ruthaglen DATE June. 12th, 1879.

PLACE OF ATTESTATION Edmonton, Alta. DATE July. 15th, 1916.

R/6 24-3-19 290/239 Pte

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

From Halifax Per S.S. Southland 17/2/17

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Farmer. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 37. YEARS 1. MONTHS

HEIGHT 5. FEET 4 1/2. INCHES

CHEST MEASUREMENT 32. INCHES EXPANSION 4. INCHES

COMPLEXION Fair. EYES Blue. HAIR Dark Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Grand Prairie, Alta. DATE July. 14th. 1916.

Present Address. Port Clements. Graham-Island. B.C.

No. 826876 RANK Pte NAME Cross, W. W.

T.O.S. 15-7-16. UNIT 143rd Battalion, (B & F)
Do. 142 of 1-8-16 Railway Construction Battalion.

M. D.//

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
July 15	Aug. 31	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917.	1917.			
Jan 1.	Jan 31.	✓		
	Feb	m	To be L/Cpl.	Bo. 37

UNIT SAILED
FEB 17 1917

UNI
FEB

P. 559

MARRIED OR SINGLE: married

PLACE OF BIRTH: Rutherglen, Scotland

NAME AND ADDRESS OF NEXT OF KIN: ~~married~~ Agnes G. Cross
1540 Amphion Street, Victoria, B.C.

RELATIONSHIP OF NEXT OF KIN: wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE)

PAYABLE TO: wife as above

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reverts to ranks to go overseas	10/5/17.	B.O. 116. 6/5/17.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 826826 RANK ~~L/Cpl~~ Pte. NAME CROSS, Walter W.

IF IN PERMT. CORPS WHAT UNIT — UNIT 143rd — TRANSFERRED TO DEPOT-C R T. DATE — AUTHORITY 3.3.17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 24 Res En DATE ~~21.3.17~~ 21.3.17 AUTHORITY 23-3-17

PLACE OF ATTESTATION Edmonton Alta — TRANSFERRED TO 2nd C M Rs DATE 21.9.17 AUTHORITY A.R.

DATE OF ATTESTATION 15/7/16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/3/17

PAYABLE TO Agnes G. Cross, 1540 Amphion St Victoria, B.C. 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)

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.														10 80	10 80									Bal from Canada							10 80				
Dec 31	31	1.10	34	-											23 -			117	7/3					4 87 ✓			15 -			19 87	13 93			To 24 Res Bn. 21.3.17
"21-31	11	1.05/1.10	12	65											12 65			576	28/3					21 90 ✓						21 90	4 68		75 3 93	D.O. 64 23.3.17
April	30	1.05/1.10	34	50											34 50												15			15	24 18			
May	9	1.05/1.10	10	35											34 55	93	28/4							4 87 ✓			15			29 60	29 13			Reverts to ranks 10/5 B.O 116 6/5/17.
	24	1.10	24	20												10	16/4	198	7/5					7 30 ✓	2 43 ✓									
June	30	1.10	33												33												15			15	47 13			
July	31	1.10	34	10											34 10												15			15	66 23			
Aug	31	1.10	34	10											34 10												15			19 46	80 87			
Sept	30	.	33	.											33 .												15			15 .	87 87			Joined C.M.R. 7/9
"	10		11												11	393	8/8							7 14 ✓	2 68 ✓					15 77	83 70			
																427	"	503	28/8					5 35 ✓										
			238	90										10 80	249 70									24 66	31 88	4 46	105			166 00	83 70			

826826 Pte Cross Walter W

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	DEPT. REF.	SEP. ALLCE. PAY ENTL.															
Sep	Total Bal'd				~~83 70~~																														
Oct	P. Pay				34 10		Can AF									15																				
"							AR 177. 7.6.17. 3rd Ent Batt							2	67																						
"							AR 557. 11.9.17 2nd CMR							2	68			97	45																		
					34 10									5	35	1500																			
Nov	P Pay				33		Can AF									15																				
"							AR 646. 5.10.17. 2nd CMR							2	68																						
"							" 695. 17.10.17 " "							2	68																						
"							" 600. 21.9.17 " "							2	67																						
Dec	P Pay				34 10											15																				
"							R. 10762. 8.12.17 Cashier's							10	00																						
"							DN. AR 252. 13.6.17 2nd CMR							2	68																						
"							AR 750. 6.11.17 " "							5	35																						
"							DN AR 288. 27.7.17 " "							2	68			105	81																		
1918					67 10									28	74	30																				
Jan	P Pay				34 10											15																				
"							AR 1946. 30.12.17 2nd CMR								9	73																						
"							" " "								63	27																				
"							" 867. 12.12.17 "								3	57																						
"							" 804. 23.11.17 " "								14	28																						
"							CP. 76878. 15.1.18								9	73																						
"							AR 934. 29.12.17 2nd CMR								3	57			20	76																		
					34 10									104	15	15																				
Feb	PPay				30 80											13																				
"							AR 995. 19.1.18 2nd CMR								1	78																						
"							" 1018. 24.1.18 "								4	46			30	32																		
					30 80										6	24	15																				
March	PPay				34 10											15																				
							AR 1070. 8.2.18. 2nd CMR								4	46																						
							" 1137. 22/3/18 " "								11	46																						
					34 10										8	92	15		40	50																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1.3.17		EFFECTIVE DATE:-	
AMOUNT:- 15[00]		AMOUNT:-	

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

Agnes C. Cross. Wife
1540. Amphion Street Victoria B.C
Canada.
Notified 1/3/19

NAME:- CROSS. Walter W.

NUMBER:- 826826

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
B.O. 116. 6.5.17	10/5/17	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 143rd Batt

DATE ACCOUNT FIRST OPENED:- 1.3.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
AR	21.9.17		2 WOI MR
Z.P.C. 505.	1/4/19	3/4/19	Canada Section

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
16/4/19	185	B' Shott	~~74~~ 33	L.P.C.		C/Bal	25 52

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
B0116. 6.5.17	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Lieut to Canada 2/4/19 NRF3294 7/4/19 Bramshott to Bramshott. M.D. 11

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Balance								40 50		
Apl	P. Pay.	33 -		A.P.				15 -			
				A.R. 4. 4/4/18. 2nd Can.	4 46						
				" 69 19/4/18 "	3 57						
				G.R. 3. 3/4/18. 2nd Can. Victoria C.2727	10 -				40 47		
		33 -			18 03			15 -			
May	P. Pay	34 10		A.P.				15 -			
				A.R 140. 4/5/18. 2nd C.M.R.	4 46						
				" 175 12/5/18 " "	3 57						
				" 218. 27/5/18. " "	4 46				47 08		
					12 49			15 -			
June	P. Pay	34 10		A.P.				15 -	65 08		
		33 -									
				A.R.264 9/6/18 2nd C.M.R.	4 46				60 62		
				A.R. 9a 22/6/18 8th C.M.D.	3 57				57 05		
					8 03			15 -			
July	P. Pay.	33 -		A.P.				15 -			
		34 10									
				A.R.416 27/7/18 8th C.F.A.	3 57				72 58		
		34 10			3 57			15			
Aug	P Pay	34 10		A.P.				15	91 68		
				A.R. 595 15.8.18 8th C.M.De	4 46				87 22		
		34 10			4 46			15			
Sept	P. Pay	33 00		A.P.				15			
				A.R 129 15.9.18 8th C.M.De	4 46						
				A.R. 95 1.9.18 "	3 57				97 19		agreement of 9th signed
					8 03			15			
Oct	P.P.	33 -		A.P.				15			
		34 10									
				A.R. 1504 5.10.18 "	3 73						
				" 2067 19.10.18 2nd M.R.	3 73				108 93		
					7 46			15			
Nov	P.P.	34 10		A.P.				15			
		33 -									
				A.R. 373 28.11.18 "	3 73						
								15			
Dec	P.P.	34 10		A.P.							
				A.F.P. 4304 12-12-18 "	3 73						
				Le Bon. 148 3-12-18 "	15						

NUMBER 826826. RANK NAME Cross W.W.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd.	67 10			22 46			30	108 83		
Jan	"	34 10		bal				15	142 57		
Feb.		101 20		A.R. 515 2.C.M.R 21.12.18	22 46 97 33			45			
	P.P.	30 80		A.R. 4680 " " " 21.12.18	3 73						
				A.R. 5976 " " " 26-1-19	7 46						
				Q.A.P.				15	49 88		
				A.R. 185 B'shott 17-2-19	24 33				25 52		
		30 80			132 85			15			
	P.O.S. M.O.	5 41		17 3/19							

M.B.108.

CANADIAN CORPS CAMP, BRAMSHOTT.

Date . . . . . .1919.

To:-

Officer Commanding, ...

The following is a special EAR report on the undermentioned of your Unit. Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to the LONG Board as there IS a disability of the EAR.

Major, C.A.M.C.
Officer i/c. Eye & Ear Dept.,
Medical Board, C.C.C., Bramshott.

Name. Cross. W. W. . Number 126626 . Rank Pte. . Date 19/7/19

Unit. 2. C.M.R. . . . . Former Occupation. Farmer

Original Diseases or Injury . Deflected Septum Tonight . . .

Date of Origin . . . . . ✓ . . . . Place of Origin . ✓ . . . . . .

Cause . . . . . ✓ . . . . . .

Present Disability . . Deafness . . . . . .

Present Condition:-

Vision R.- Hearing R.- 15 feet

" L.- L.- 20 feet

Catagory Recommended . A . . . . .

History of present condition 18 months ago after getting cold noticed got deaf. Before this Hearing he states was good . . . . . .

Did the disabling condition have origin before Enlistment? . No . . . .

If so - has it been aggravated by service? . . . . . —

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? . . . . . No . . . . . .

What is the probable duration (in months) of the Disability? 3 months.

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

Major, C.A.M.C.

R.	15 feet	6"	=	—	18/15	normal	retracted
	Voice	Watch	Weber	Rinné	Schwabach	Weaters	Drumhead
L	20	4"	=	—	18/15	normal	scarred retracted

Eustachian Tubal Catarrh

Coachs Graham Capt

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE Feb 21st.1919

1. 1 (a) Unit 2nd. C.M.R. (b) Regimental No. 826826 (c) Rank Pte.

(d) Surname CROSS (e) Christian name WALTER WILSON

(f) Home address Victoria B.C.

(g) Next of Kin Agnes C. Cross (h) Relationship Wife

(i) Address of Next of Kin Port Clements, Graham Island, B.C.

2. Age last birthday 39 Yrs. Date of birth June 12th. 1879

3. Enlistment, or Appointment (if an Officer) (a) Place Grand Prairie (b) Date 15th July 1916

4. Personal description:

(a) Height 5Ft. 4½ In. (b) Weight 140 Stripped (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Smallscar across bridge of nose (2) Small tattoo mark, left hand.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	213

	Periods	
	From	To
Canada	15th July 1916	27th Feb.1917
England	27th Feb,1917	12th May 1917
France or other theatres of War	12th May 1917	13th Feb.1919

7. Original disease, or injury Cattarrhal Otitis Media

(a) Date of origin About 18 months ago (b) Place of origin France

(c) Cause Deflected Nasal Sentum

Certified a true copy
Wm Robb Capt

M. F. B. 227.

40UM.—11-18.
1772-39-117.

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

Deafness- Eustachean Tube Catarrh. Defective hearing

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.)

Specialists report:-

Hearing Right 15 Feet.

" Left 20 Feet.

Right,	15 Feet 6"	—	—	18/15	Normal	Retracted
	Voice	Watch	Webster	Rene Schwabach	Meatus	Drumhead
Left,	20	4"	—	— 18/15	Normal	Retracted

Sgd, Walter Graham, Capt.

(*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..Yes..

Disturbances of Mentality..No..Digestive System..No..Muscular System..No..

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

Slight Eczematous condition, left calf, very itchy at nights probably following old healed varicose condition. No disability

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

Eighteen months ago after getting ~~wet~~ cold, noticed he got deaf. Before this he states his hearing was good.

10.—(*b*) (Here give a com... to or since enlistm...

Measles

(*c*) (Here give a description...

Scar on bridg...

11.—(*a*) Did the disa...

(*b*) If so, has it ... condition at time of...

12. Was the disability...

refusal to accep...

The regimental doc...
(If the answer is in the af... this question, condu...

13. What is the proba...

than one?...

14. Treatment (Case re...

Specialists...

15. Is further treatme...
(If ...

16. Can the former tr...
(If ...

17. Recommendations...

(Sections 7, 8, 9 and 1...

I, the undersigned, ... present condition read, ...

I complain in addition ...

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*).)

Measles when a child- good recovery

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

Scar on bridge of nose following slight accident 1917. No disability

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

Not applicable

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

The regimental documents will be referred to.

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

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

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

Specialists report in triplicate attached.

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)

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

(If not, briefly state why)

17. Recommendations

N.A.

J.A.MacEwan, 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 Walter W. Cross. 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

C.P.R.

Pte. Walter W. Cross. 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.)	Yes A.
(*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.)	

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.)

Authority A.G. 9083 of 11-11-18

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

Sgd. L.Ryttonraunh, Capt. *President.*

PLACE Bramshott

DATE 21-2-19

G.P.Jonto, Capt. } 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

G.S.Mothersill, Lt.Col. C.A.M.C.
for *Assistant Director of Medical Services.*

DATE 21-2-19

APPROVED BY

Director-General of Medical Services.

DATE.....

War Service Badge
Class "A" No. 62681 A

Du. U
B. G 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 826826

2 Rank. Pte

3. Name. CROSS Walter Wilson

4. Unit. 2nd C. M. R.

5 Date of Discharge APR 2 1919 Place ~~Bramshott~~ Victoria B.C.

6 Reason for Discharge Demobilization

7. Authority.

8. Proposed Residence after Discharge ~~Victoria B. C.~~

1540 Amphion Street
Victoria B.C

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~~ B.? 39

Walter W Cross
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place VICTORIA B.C.

Date APR 2 - 1919

AS 22-4-53

Signature C B Shaw, Major
(O. C. Discharging Unit.)

O. C. "U" DISPERSAL STATION
MEDICAL DOCUMENTS
FORWARDED TO
~~S. C. R. OR~~ B. P. C.
ON
10/4/19

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 ([illegible] 218a)
8. Discharge Certificate ([illegible]) 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). Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 18
Date 12-3-19

SS Olympic 25-3-19

AUDITOR 2100 | PAYMASTER

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

M. OR S. | REGT. No. 826826 | RANK Pte | NAME (IN FULL) Cross. W.W.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1-4-19

TO WHOM PAID: Mrs Agnes C. Cross | RELATIONSHIP: wife

ADDRESS: 1540 Amphion St, Victoria. B.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng L.P.C.	28-2-19	
cedy to		

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-4-19

PAYABLE TO: Agnes C. Cross | RELATIONSHIP: wife | ANY CHANGE IN ASSIGNEE OR ADDRESS: As S/A

ADDRESS: 1540 Amphion St, Victoria B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M. D. 11 | DATE 2-4-19 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. No. of Days	Rate	Amount $	C.	Other Credits $	C.	$	C.	Total Credits $	C.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $	C.	Col. No. 2 $	C.	Col. No. 3 $	C.	Assigned Pay $	C.	Regimental Charges $	C.	Other Charges $	C.	$	C.	Total Debits $	C.	Balance Debit $	C.	Credit $	C.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT 28-2-19		1.10							25	52																									25	52	
31-3-19	31	1.10	34	10	35	-	25	52	94	62	Boat train						487		5	-	139	75	March 15	-							164	62	70				35.00 O.C. Clothing
2-4-19	2	1.10	2	20	2	-			4	20																					70	-	65	80	cwd		2.00 O.C. S.A.
153 days			350	-	150	-	500	-																			65	80			65	80	284	20	150	-	
											May	16	178386	87							74	20	60	-							134	20	210	-	90	-	
											June	2	188256	7							70	-	30	-	3d						100		140	-	60	-	
											July	2	814539	40							70		30		4						100		70	-	30		
											Aug	2	833776	7							70		30		7						100						
									$ 500																						$ 500						

War Service Gratuity
Service 2 years — months

Certified that all payments have been made on this account for which covering authority has been received to date.
Lieut., Paymaster, Demobilization Pay M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.
Capt., Officer i/c War Service Gratuity M.D. No. 11

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

٣٧٧٧

Date of Enlistment 15-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 12880

Date of Assignment Mar 1/17

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 1/12/17		30

P.C. 3257.

1-9-18 PC 2953 42054

RATE OF ASSIGNMENT

15			

5-7 C 29 Batt

PARTICULARS OF SEPARATION ALLOWANCE

No. 826826

Rank Pte Promoted Reverted Discharge

Soldier's Name W. W. Cross

Battalion 143rd Battn

Beneficiary Mrs Agnes C. Cross

Relationship Wife

Address

M 2 W 25-5-4

31-7-18 Ret Ok

PARTICULARS OF ASSIGNMENT

Name Mrs Agnes C. Cross. (Wife)

Address 1540 Amphion St. Victoria. B. C.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					3999-W-25
Dec 31		350	150	500	
1918					
Jan.	D 63509	30	15	45	Mc
Feby	E 90348	25	15	40	
Mar	A 119507	25	15	40	JL
Apl	B 2016	25	15	40	
May	M 18123	25	15	40	
June	I 21781	25	15	40	
July	S 33023	25	15	40	
Aug	I 38513	25	15	40	
Sept	L 44916	25	15	40	
Oct	M 52804	25	15	40	
Nov	D 60909	25	15	40	
Dec	D 66729	45	15	60	
Jan	M 73210	30	15	45	
Feb	P 78565	30	15	45	
Mar	H 90765	30	15	45	
		765	375		

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A/c Closed 31-3-19

Ret'd per Olympic

Date 26-3-19 M.F.W. 187 3-4-19

Clerk Wpohourie

MD. 11 MRO.

AUDITED.

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—1772-39-141
L. L. 22320—M. & D. 7493.