

ORIGINAL

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3080910

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

D

G.M.K.

(Class First)

- 1. Surname Edwards.
- 2. Christian name Robert William
- 3. Present address 720 Sherbrooke St. West, Montreal,
- 4. Military Service Act letter and number 56060 DR.
- 5. Date of birth 29th. December, 1890.
- 6. Place of birth Corwen, North Wales,
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Baptist
- 9. Trade or calling Groom
- 10. Name of next-of-kin Robert Edwards,
- 11. Relationship of next-of-kin Father
- 12. Address of next-of-kin Corwen, North Wales, SUFFICIENT ADDRESS
- 13. Whether at present a member of the Active Militia NO
- 14. Particulars of previous military or naval service, if any NO
- 15. Medical Examination under Military Service Act:—
(a) Place Montreal (b) Date 5th. Jan. 1918. (c) Category A-2

DECLARATION OF RECRUIT

I, Robert William E EDWARDS, do solemnly declare that the above particulars refer to me, and are true.

Robert William E Edwards (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. mths.
 Height 5 ft. 2 ins.
 Chest measurement } fully expanded 36 ins.
 } range of expansion 2 ins.
 Complexion medium
 Eyes grey
 Hair dark brown

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

RO 30
FO 40
Ears OK

M. Hoind Major for Lieut. Col.

O. C. First Depot Btl. First Quebec Regt.

Place Montreal Date 5th. January, 1918.

REGIMENTAL
 308001

Regiment Depot Battalion M. D.

PARTICULARS OF RECRUIT
 DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname
2. Christian name
3. Present address
4. Military service Act letter and number
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act

RECRUIT ADDRESS

MADEIRA

DECLARATION OF RECRUIT

I, _____ do solemnly declare that the above particulars refer to me, and are true.

DESCRIPTION ON CALLING UP

Appearance	ins.
Height	ins.
Chest measurement	ins. fully expanded
	ins. range of expansion
Complexion	
Eyes	
Hair	

Date _____

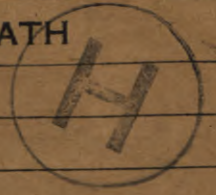
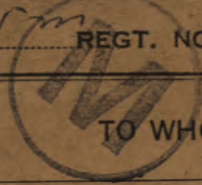
Place _____

M. F. W. 1917
 2001-4-17
 177-20-172

REGIMENTAL DOCUMENTS

NAME *Edwards, Robert Wm* REGT. NO. *3080910* UNIT *1 Que Regt* 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)					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category <i>H</i>
TRAINING HISTORY SHEET (M.F.W. 113)					
2 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)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Demob</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				<i>02796</i>	
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					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 <i>A. J. B. 252</i>					
1 <i>S. E. R. 132</i>					
1 <i>M. J. C. 762</i>					
1 <i>C. A. D. C. 3-09a</i>					
1 <i>A. E. D. 3</i>					
1 <i>Sh will</i>					
1 <i>R. 12</i>					





SURNAME. *Edwards*

74. CARD NO. Y

CHRISTIAN NAMES *Robert William*

FOIL
SOS Denot 2.6.19.
SO 170-19-6-19 HWA.

REGL. No. *3080910* RANK *Pte.*

UNIT *1st Que Regt. 1st Depo. Bn (5th R.D)*

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Edwards, Robert*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Carwen, N. Wales.*

COUNTRY OF BIRTH *N. Wales. Carwen*

DATE *Dec. 29th 1890*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *Jan. 5th 1918*

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

S.S. Saxonia fr. Halifax 18-2-18.

M. F. W. 22. 100M. -8-1%. H. Q. 1772-39-339. *1088*

PIC 29-5-19 337 Pte 5.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Groom

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

27

YEARS

MONTHS

HEIGHT

5

FEET

2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2

INCHES

COMPLEXION

medium

EYES

Grey

HAIR

dk. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Jan. 5th 1918

Present address

720 Sherbrooke St. W., Montreal,
P. Q.

✓
Number **3080910** Rank **Cte** ✓ **R**

Surname **EDWARDS** ✓

Christian Name **Robert William** ✓

5th C.M.R. Theatre of War **France** ✓

Date of Service **29-5-18** ✓

Remarks

Latest Address **720, Sherbrooke St. W.** ✓
Montreal, Que

Roll No. **Page 15859**

200m. - 221.M.
DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DESP
 AUG 15 1922
 REGN. NO. 61829.

HISTORY

DATE

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) EDWARDS, R.W.

REGIMENT 23rd RES BATT RANK PTE No. 3080910

Date of Examination in England 13-5-19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
 - (a) Full Upper —
 - (b) Part Upper repair
 - (c) Full Lower —
 - (d) Part Lower —

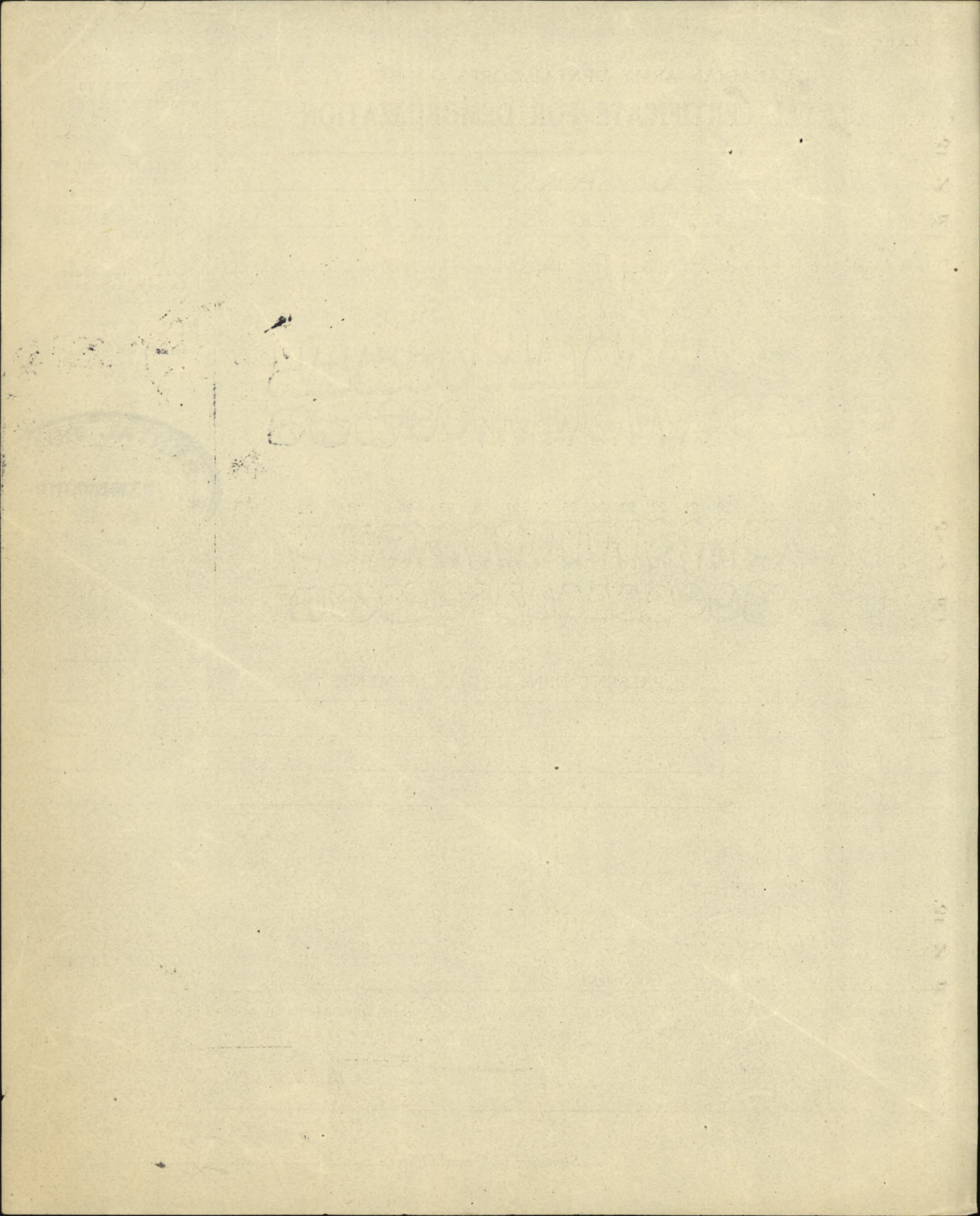
HAS HE EVER REFUSED DENTAL TREATMENT? no

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 —
- (c) In France —

[Signature]
 A. D. D. S. M. D. No. 4

Signature of Dental Officer *[Signature]*



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

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

No. 3080910 Rank P12 Surname EDWARDS
(Give name in full)
Robert William
 Unit or Corps Q.R.D. Birthplace Wales

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

1. GENERAL DESCRIPTION:

Physique Good Weight 110 lbs. Height 5 ft. 2 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 78
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

nil

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

EXAMINATIONS.
MEDICAL EXAMINATIONS.
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at Alipon (Overseas)
Date 25-4-19 Signed J. S. Peregath M.O.

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

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)
Date SignedM.O.

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

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

OCT 25 1917

SR 56060

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Edwards Christian name Robert William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 720 Sherbrooke St West Montreal

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the day of 1917, by the undersigned medical board sitting at

5. Age as stated 26 Years 8 Months. 6. Apparent age Years Months
7. Height 5 Feet 2 Inches. 8. Weight 118 Pounds.

9. Chest measurement { Minimum Ins. Maximum Ins. 10. Complexion Fair { Eyes Brown Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last

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

16. Slight defects but not sufficient to cause rejection Dental Caries

The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A

G. L. Gall Capt Member. L. M. Lindsay Capt President. J. A. Jaine Capt Member. J. A. Jaine Capt Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for J.A. Jaine Capt and dates like 12.1.18, 5.1.18, 24.1.18.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry: 1st DEPOT BN. 1st QUEBEC REG'T. 3080910

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries: Montreal Jan 5/18, Montreal FEB 6 1919, Disease nil, Result nil.

Signature of Man R. W. G. Edwards

No. 6 Old. to Schedule by

Eyesight R.D. = 30 L.D. = 40 FT

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname EDWARDS Christian name Robert William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 56060 DR.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 720 Sherbrooke St. West. Montreal.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5th day of Jan. 1918. 1917, by the undersigned medical board sitting at Montreal,

5. Age as stated 27 Years Months 6. Apparent age Years Months

7. Height 5 Feet 2 Inches 8. Weight 118 Pounds.

9. Chest measurement { Minimum Ins Maximum Ins 10. Complexion medium { Eyes grey Hair dark brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection Dental Corp

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A

President: J. L. G... Member: W. B. ... Member: W. H. ...

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show dates 17.1.18, 12.1.18, 5.1.18, 24.1.18 and results J.A. Janie Capt M.O.

Joined 5th day of January, 1918. at Montreal

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Contains text: 1st DEPOT BN. 1st QUEBEC REGT. 23RD RESERVE BATT. 5 CMR 3080910

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Rows show MONTREAL FEB 6 1918 nil A, and Branshott 14/1/19 nil A J.A. Janie Capt

N. B.—This sheet is 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.

Signature of Man

To be made out in duplicate.

H.Q. 54-21-23-53

G.M.K.

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 **1st DEPOT BN. 1st QUEBEC REG'T.**

(2) Regimental Number **3080910**

(3) Full Name of Soldier **Robert William EDWARDS**

(4) Place of Birth **Corwen, North Wales,**

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

(6) If married, state,
(a) Full name of your wife **No**

(b) Present Postal Address **Not applicable**

(7) Are you a widower? **No**

(8) Have you any children? **No**

If so, give number of boys and girls **not applicable**

Also their names and ages **not applicable**

(9) Is your Father alive?..... **Yes**

If so, state name and address..... **R. obert Edwards, Corwen, North Wales.**

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

If so, state name and address..... **Mrs. Ann Edwards, Corwen, North Wales.**

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

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

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

..... **not applicable**

(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.

..... **not applicable**

(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.

..... **not applicable**

(15) Are you insured?..... **Yes**

If so, in what Company?..... **Prudential Life Ins. Co.,**

Have you made arrangements for payment of your Insurance premium..... **Yes**

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

R. H. McKeown Major
..... for O.C. 1st Depot Bn 1st Quebec Regiment,
Officer Commanding.

Date..... **5th. Jan. 1918.**.....

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), 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 name *Robert-William* 2. Surname *Edwards*
3. Rank *Private* 4. Original Unit *1st - Que* 5. Reg. No. *3080910*
6. Address, in full, to which future payments of gratuity are to be forwarded
*720 Sherbrooke St - West
Montreal P. Q.*
7. Date of enlistment in the C.E.F. *Jun 5th - 1918*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *me*
9. Relationship of such dependent *me*
10. Address, in full, of such dependent *me*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *me*
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:—
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. *1st - Que Reg. 1 Month
6 Months in England
5th C.M.A. 6 Months in France*
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*

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? *No*

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? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge

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: *Robert W. Edwards*

Place of Residence: *730 Sherbrooke St-West Montreal P.Q.*

Declared before me at: *Ripon Yorks*

This *Eight* day of *May* 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.O. 2767, dated 11th Nov., 1918.

Macan...

QUESTIONS
12, 13, 14, 20, 24, 25, 26, 27
UNANSWERED.

LIEUT.-COL.
COMDG-23rd ODN. RES. BN.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

5th Inf. En, 1st Quebec

Rank Name EDWARDS, Robert William
Unit If in perm. Corps, }
What Unit? }

Reg'l No. 3080910

Married or Single Single.

Place and Date of Enlistment Montreal, 5th Jan: 1918

Place of Birth Corwen, Nth Wales

Name and Address, Next-of-Kin Robert Edwards,
Corwen, North Wales.

Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No 28066
File R.L.
Category
Character R. CANA

Discharge, Date and Place Reason

H. W. & V., Ltd.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England	1918 JUN 4	4-3-18	S/S SAXONIA
15-3-18	23 Res	Taken on Strength	Bobott Pte	5-2-18	RD 74. Dis. Co 24-5-18
30-5-18		S.O.S. to 5th CMR	"	29-5-18	RD 150 S. CMR
6-1-19	5th CMR	S.O.S. to Q.R.D.	"	5-12-18	- 2 do 1974/8-12-18. ORD.
15-1-19	ORD	aw. f 30-12-18-3-1-19 profits 15 days pay	"	4-1-19	Do 12.
17-2-19		So S to 23 Res.	Bobott	14-2-19	Do 87 Cancelled D.O. No. 24-2-19
30-4-19	23 Res	T.O. from ORD	Papen.	30-4-19	Do 104 Do 99 of 30-4-19 ORD.
14-5-19		So S to Ind. 4 Rlyl	"	14-5-19	Do 116. D.O. 114 of 15-5-19
		166 F 89 Canada		21-5-19	
30-5-19	M.A.L.	S.O.S. on pro. to Canada (Pte) Rlyl		21-5-19	Do 125.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 IM 5/18 G.W.P.Co (34/0)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) _____ (date) _____	Initials and Rank of an Officer.
---	---	----------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Signature of Posting Officer)
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended {	(23) Re-engaged {
(24) Miscellaneous entries:—	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoehing-smith, &c.

3080910 *Edwards, R.C.*

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

30/4/14

23rd CAN
RES. BN.

TAKEN ON STRENGTH

Ripon 30/4/14

D.P. H. O. No. 154

14-5-19 23rd Can
Res. Bn

Having proceeded to Rhyl
for return to Canada is
struck off strength on
transfer to CCC, MD 4
Rhyl.

Ripon

14-5-19 DP2.0.116

R. J. Mitchell

for Captain &
Adjutant,

23rd Canadian Reserve Battalion

14.5.19 T.O.S. C.O.C. Kinmel Park for return to Canada
Part II Order No.

21.5.19 S.O.S. C.O.C. Kinmel Park on
Embarking for Canada Part II Order No.

J. Head

Lieut.

Officer i/c Records

No. 4 M.D. Concentration Wing

Embkd LIVERPOOL 21-5-19

Nothing to be written in this margin.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-18
H. Q. 1772-39-920.

Casualty Form—Active Service.

W 20
5th Dpt

Unit, Regiment or Corps 1st REGT. BN. 1st CHIEF REGT.

Regimental No. 3080910 Rank Private Name Robert William Edwards

Enlisted (a) 5-1-18 Terms of Service (a) 5 years Service reckons from (a) 5-1-18

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) From

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 for each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
--------	--	-------	------	---

CERTIFIED CORRECT.
 5 JUN 1918
 CAN. RECORDS, LONDON.

Embarked Canada 18/2/18 Saxonica

DISEMBARKED ✓ *England 4-3-18*

15.3.18 23rd. Res. Taken on strength from Bramshott. 5.3.18. D.P.11 I.74
 Batt'n. Canada

Do *Posted to 5th Cmbn* *Do* *29/5/18* *SP. 11* *13*
23rd. Res. Batta

<i>30.5.18</i>	<i>b. I.B.D.</i>	<i>Landed v. 205. 5 bnd</i>	<i>b. I.B.D.</i>	<i>30.5.18</i>	<i>NR. 50. 60.</i>
<i>6.6.18.</i>	<i>C.I.B.D.</i>	<i>Left for</i>	<i>C.C.R.C.</i>	<i>6.6.18.</i>	<i>N.R. 1260.</i>
<i>7.6.18</i>	<i>CCRC.</i>	<i>Arrived</i>	<i>CCRC</i>	<i>7.6.18.</i>	<i>NR. 9834</i>
<i>14-7-18.</i>	<i>C.C.R.C.</i>	<i>Left for Unit.</i>		<i>14-7-18.</i>	<i>N.R.D.1208.</i>
<i>20.7.18</i>	<i>Unit.</i>	<i>Joined Unit</i>		<i>14.7.18.</i>	<i>B. 218</i>
<i>18.11.18</i>	<i>CCRD</i>	<i>205. from Unit. Board</i>	<i>CCRD</i>	<i>18.11.18</i>	<i>NR 512</i>
<i>19.11.18</i>	<i>a.SB.</i>	<i>Class. "B.I." Old Ser.</i>		<i>19.11.18</i>	<i>W 3339 835</i>

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

3080910 Edwards H. H.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
21.11.18	CSBA	To Labor Post.	Co. 4. B.D.	21.11.18	70K-574
5.12.18	AA9.	Trans. to Eng. Posed to Q.R.D. Bramshot	Eng.	5.12.18	KR 36279 M II 2 6/19
					W. Deane Lieut. for Lt. Col., AAG Canadian Section
1/3 6.12.18	CRD	Taken on strength	Bishott	5.12.18	D0297 A. A. A. A. A. LIEUT. FOR LTI, COL. I. C. RECORDS. C. O. M. F.
6.1.19	2RD.	Posted to 2nd Coy	Bishott	3.1.19	D04
17.2.19	2RD	S.O.S to 23rd Res Bn	Ripon	14.2.19	D037
24.2.19	2RD.	Above entry cancelled (D037/17.2.19)	Ripon	14.2.19	D043
27.3.19	do	Leave 27.3.19 to 3.4.19	Ripon		
2.4.19	do	M. War 971647/B			
30.4.19	do	Extension to 8.4.19 505 to 23rd Res Bn	do	3.4.19 29.4.19	D0705 D075 D099
					Lieut. QUEBEC REG'T. DEPOT. W. E. Apperley Lieut. QUEBEC REG'T. DEPOT.

**CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. 3080910 (Rank) Pte.
Name (in full) Edwards, Robert William enlisted in
the 1st L.R.
CANADIAN EXPEDITIONARY FORCE at Montreal on the 5th
day of January 1918
HE served in France - 5th C.M.R.
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:

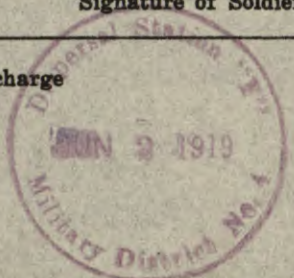
Age <u>28 yrs, 6 mos.</u>	Marks or Scars <u>Nil</u>
Height <u>5'2"</u>	
Complexion <u>Medium</u>	
Eyes <u>Grey</u>	
Hair <u>Dark Brown</u>	

Robert William Edwards
Signature of Soldier

Date of Discharge

Issuing Officer [Signature] Lieutenant
Lieutenant, No Discharge Section, Dispersal Station
Rank

Date June 2nd 1919



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.

W.W.

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA.
EFFECTIVE DATE: 1st July 1918 *Stopped*
AMOUNT: 1500 *Ed 1-6-19*
NAME, ADDRESS, RELATIONSHIP & AUTHORITY
Mr. W.W. Skinner - K.C. 720 Sherbrooke St West Montreal P.Q. Friend

SEPARATION ALLOWANCE. ENGLAND OR CANADA.
EFFECTIVE DATE: -
AMOUNT: -
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

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
15/7	366	23rd Res	3895				
						L.P.C. a Bal.	29 72

PARTICULARS OF RENDERING NON-EFFECTIVE:

Dis to Canada 1/6/19. NR

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS
Mar 31	Bal Forward			
Apl.	P.P.	33		AR. 62. 23rd Res 150
May	P.P.	33 3410		AR. 166 " 30 AR. 343 " 15 " 546 " 3
June	P.P.	33 33		
July	P.P.	3410		AP AR. 8511 3rd Decnc " 958 " 476
Aug	P.P.	3410 3410		AP AR. 683 17-8-18
Sept	P.P.	33		a.p. AR. 1019 2-9-18 AR. 1170 21-9-18
Oct	P.P.	3410		Bal. AR. 2379 29/10/18 500
Nov	P.P.	3410 33		a.p. AR. 4899 22/11/18 CIP AR. 3001 14/11/18 8 CIP AR. 3340 9/12/18 Ba
		33		Can Form

D

ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: EDWARDS Robert William

Stopped 1/6/19 EFFECTIVE DATE: NUMBER: 3080910

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT: 1st Dep Riv 1st Que Regt

DATE ACCOUNT FIRST OPENED: 1.3.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO
60 Eff	30.5.18	1.6.18	1 st Q.R.R. 5 th C.M.R.

ICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A.P.	UNIT PAID BY	AMOUNT
3893				
L.P.C. Ca Bal	29 ⁷²	13	5119	

DAILY RATES OF PAY AND ALLOWANCES

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

NON-EFFECTIVE: Dis to Canada 1/6/19. NR D 8816, Ripon to Ripon 1/6/19 MDH.

C.R. 1	C.R. 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
							2573	15-	
33		AR. 62. 23 rates 15 apr 18	973				1610		
							4910		
33		AR 166 " 30 "	730				4180	30	
3410		AR. 343 " 15.5.18	973				6617	45	
		" 546 " 31.5.	730				5887		
3410			1703						
33							9187		
33								60	
3410		AP				15	11097		
		AR 8511 3 rd Dec 19/11	357				10740		
		" 958 " 9/7/18	357				10383		
		" 476 " 27/7/18	357				10026	60	
3410			1071			15			
3410		AP				15	11936		
3410		AR 683 17-8-18 8 th B.R.	446			15	11490	60	
			446						
33		Ca P.				15	13290		
		AR 1019 2-9-18 8 B.R.	357						
		AR 1170 21-9-18	446				12487	60	
33			803			15			
3410		Ca P.				15	14397		
		AR 2379 29/10/18 5 th CMR	373				14024	60	
3410			373			15			
33		Ca P.				15	15824		
		AR 4899 22/11/18 CIB	1399				14425		
		AR 3001 14/11/18 8 CMR	746				13679		
		AR 3340 9/12/18 Branch	5840				7530		
33		Can Form	7985			15			

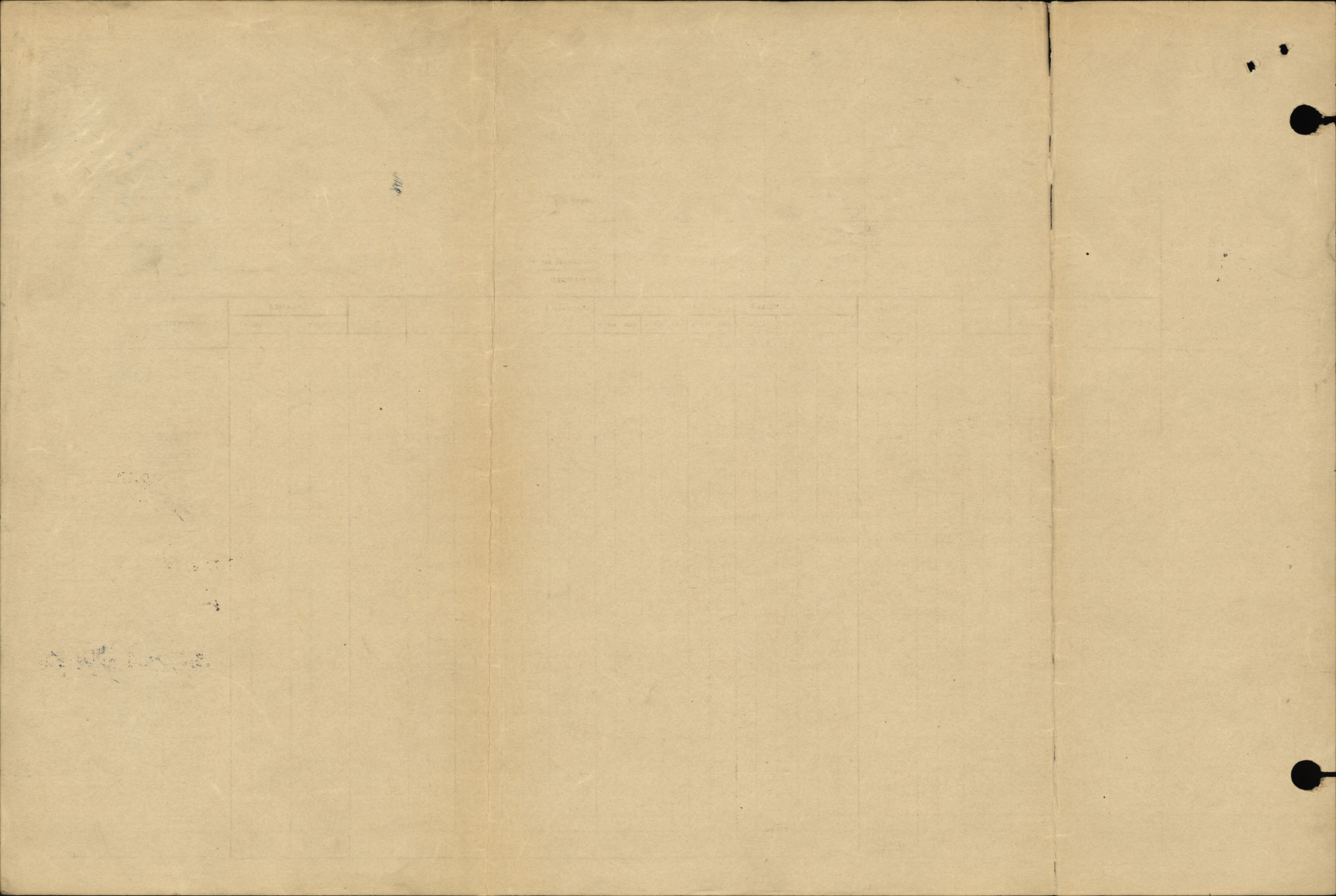
NAME

EDWARDS - R. W.

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
From Forward	79 85			15	78 39		
car				15	97 49		
car				15	116 59		
7/10/10 to 15/11/19 am	79 85			15			
AR 2 4/19 car	-	33	-		83 59		
AR 4 13/19 RRDS	4 87				78 72		
AR 5 6/18 RRDS	4 66				74 06		
AR 6 4/19 RRDS	4 87				69 19		
AR 7 3901 11/2/19	9 79				59 46		
AR 8 7/19 RRDS	7 30				52 16		
car				15	67 96		
car				15	87 06		
AR 8 767-18-3-19 RRDS	31 43 17 27 48 70			30	69 79		
Car.				15	84 79		
AR 9 480-26-3-19 RRDS	24 33				63 46		
" 880-14-4-19 RRDS	9 73				53 73		
Car				15	72 83		
" 1788, 29 4/19 RRDS	7 30				65 53		
AR 3348-17 5/19 - RRDS	9 73				68 65		
AR 366 RRDS 5 5/19	51 09 38 93 38 93			30	58 92		

65.53
38.93
26.60
312
297.2

to b. loan 21/5/19



Date of Enlistment 5.1.18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **E**

3130

1 July 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15. ⁰⁰			
-------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion 1 Depot Bn. Quebec.

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 W.W.SKINNER K.C. E3130

2 720 SHERBROOK ST.WEST.

3 MONTREAL QUE. 15 15.00

4 A-C 3080910 PTE ROBERT W. EDWARDS

5 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
July	a 25308		15	15
Aug	11 39028		15	15
Sept	R 42936		15	15
Oct	2 53194		15	15
Nov	K 61344		15	15
Dec.	P 68945		15	15
1919				
Jan	2 69386		15	15
Feb	u 26286		15	15
Mar	g 89894		15	15
APR	o 831		15	15
MAY	L 6457		15	15
			<u>15</u>	<u>15</u>
			165	

7-5318-R-22 REMARKS 71 Roll 703A.

A/c Closed 31-5-19

Ret'd per... Carmichael

Date 29/6/19 M.F.W. 187 MR 4

Clerk... W.H.A. 6-6-19

Desby 118 379/19/6/19

AUDITED W.H.A. 7/6/19

ENTERED IN
AUDIT LEDGER
JUL 17 1918
VOUCHER SECTION

M. F. W. 128.
40m. 6-17-1772-38-1144
L. L. 23220-M. & D. 7893

AUTHORITY FOR NEW ACC'T. } Lim. 29 May 1918
M. Hollerand
17.7.18

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 400M-6-17-1772-33-1141
 L. L. 22320-M. & D. 1993.

14-5-19

4-31
F

Cat. A.
S.G. 31
O.G. 13

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 3080910

2. Rank. Private

3. Name. Edwards Robert William

4. Unit. 28RD RESERVE BATT^N C.E.F. 1ST Q. R. D.

5. Date of Discharge 2-6-19 Place Montreal.

6. Reason for Discharge Demobilization

7. Authority. R.O 1420 D.D. #4 D.O Pt II-170

8. Proposed Residence after Discharge Montreal.
720 Sherbrooke Street West.

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 Montreal

June 2nd 1919

Robert William Edwards

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date June 2nd 1919

Signature [Signature] (O. C. Discharging Unit.)

Office of Discharge Section, Dispersal Station

660

LIST OF DISCHARGE DOCUMENTS

Assistant Paper, Tablets	.....	11
or Particulars of Record	.....	12
Field Cardiac Sheet	.....	13
General Form	.....	14
General Certificate	.....	15
Certificate that existing documents are under control	.....	16
Medical History Sheet	.....	17
Proceedings of Medical Board	.....	18
Medical History Sheet	.....	19
Medical Report	.....	20
Regimental Cardiac Sheet	.....	21
Company Cardiac Sheet	.....	22

1. The following documents are under control of the Medical Department of the Army, and are available for reference at the Medical Department Library, Washington, D. C.

1. Assistant Paper, Tablets
 2. Field Cardiac Sheet
 3. General Form
 4. General Certificate
 5. Certificate that existing documents are under control
 6. Medical History Sheet
 7. Proceedings of Medical Board
 8. Medical History Sheet
 9. Medical Report
 10. Regimental Cardiac Sheet
 11. Company Cardiac Sheet

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 (O.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.B).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 551).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2335).
15. Sundry Documents.

Pm.

Group..... A
 Checked by No. 27
Ray lieut
 Date..... 20-5-19