3

#2 M. D. First Depot Battalion 1st/ C.O.R. Regiment

Regtl. No. 3033125

TRIPLICATE

15

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: SHARP
2. Christian name: George Wallace,
3. Present address: Timmins, Ont/
4. Military Service Act letter and number: 794429
5. Date of birth: May 7th, 1886
6. Place of birth: Scugog Island, Ont/
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Meth.
9. Trade or calling: Miner
10. Name of next-of-kin: Mrs. Minna Sharp
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 39 Crown St. Port Arthur, Ont.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil/
15. Medical Examination under Military Service Act:—
    (a) Place: Timmins, Ont. (b) Date: 25th. October (c) Category: A2

DECLARATION OF RECRUIT

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

Geo Wallace Sharp (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 8 mths.

Height: 5 ft. 4 ins.

Chest measurement: fully expanded 37 ins.; range of expansion 40 ins.

Complexion: Fair

Eyes: Blue

Hair: Fair

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

John Southworth Lieut.

O. C. First Depot Btln.

1st/ C.O. Regt.

Place: Toronto, Ont/ Date: January 21st/

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

REGIMENTAL DOCUMENTS

NAME SHARP GEORGE WALLACE REGT. NO. 3033125 UNIT 20th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	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)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	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)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				13596
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	Mis				
1	M.F.W. 67				
1	O.A.B.C. 50997				
1	Casualty				
1	R-122				
1	Record				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DEMOB.

DESERTION

15-29
15-29
6 29

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

Number 3033125 Rank Pte

Surname SHARP

Christian Name George Wallace

Units 20th Bn Can Inf Theatre of War France

Date of Service 10 5--18

Remarks

Latest Address Timmins Ont

Roll No B. Page 8683

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No * Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks

DESP. DEC 5 1927
REGN. NO. 1943

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

(copied)

REGT'L. No. 3033125

NAME Sharp George Wallace

H. Q. FILE No 649

RANK AND CORPS Pte 20th Bn form 1st

C. B. FOLLOWS No. 1st 20ps Bn FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
No of K.		Mrs. Minna Sharp (mother) 39 Crown St Port Arthur, Ont
39-11		
Q646	19-10-18	Adm 6 Field Amb Oct 12th 1918
E-3		GSW upper lip
Q689	1-11-18	Adm 7 Cmo Dep Boulogne Oct 22nd 1918 GSW lip

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

1st C.O.R

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 347 2/4	6. Can. Fld. Amb.	12/10/18.	SW. Upper Lip.
A 356 4	No 6 Convl. Dep Staples	21-10/18.	" "
A 354-3	22. Gen Camieis	18/10/18.	SW. upper lip
A 358 4	No 7. Convl Dep Boulogne	22-10 18	SW. upper Lip
A 358 4	10 Convl. Dep Beault	24-10 18	SW upper Lip
A 363 2	Leuch	27-10 18	" " "

Form R. 149.

George Wallace

Name SHARP Rank Pte. Reg. No. 3033/25

Unit 20 Bn

Next of Kin Bro

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-10-18.	6. Le. F. A. S. W. Hospl.		Slp.	A 34	Pbk	38221
18-10.	22. Q. F. Casualty.			A 33		5031/11
21 10	6 Bound Staples	do		A 33		5094/11
24. 10	No. 10. C.D. Coull.	do		A 33		51544/13
27 10	Pro to Rest Camp	do		A 36		53944/5

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

C. U.S.A.

SURNAME. Sharp Sig Geo. W

CHRISTIAN NAMES George Wallace.

REGL. NO. 3033125 RANK Pte.

UNIT 1st Can. Ont. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

Duty Area 1. 2.

CARD NO.

M.D.No.

S.D.S. 24/5/19 Demob

FOLL. 2 DD.

S.D. 1516 31/5/19

NEXT OF KIN.

NAMES IN FULL Sharp, Mrs. Minna.

RELATIONSHIP TO SOLDIER Mother.

ADDI 1774 Pandora St,

S.A.A.P. 12-11-18. Vancouver, B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Scugog Island, Ont. DATE May 7th 1886

PLACE OF ATTESTATION Toronto, Ont. DATE Jan. 21st, 1918

C/S. 5/2/18. 1060/11

R6 22-5-19 329/111 Pte.

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Surname	Christian Name or Names	Reg. No.
Sharp	G.W.	3033175

Rank	Unit
Pte	1st C.O. 20

Cas. List.	
17.10.18 a347 1	b 67 amb 17.10.18
	fw Upper Lip M/
25.10.18. A354 3.	2/Lt G Cannies. 18.10.18.
28.10.18 a356 4	b. L.D. Etaples. 21.10.18
30.10.18 a358-4	7 " " Boyne. 22.10.18.
Leo.	10 " " Egmont. 24.10.18
5-11-18 a363 2	Dis 27-10-18

A.M.D. 2 DEPT.
Bch. of B.G.M.S. D.M.F.S. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

EYE, EAR, NOSE, AND THROAT CLINIC

Witley Camp Surrey

Date 12-4 1919

Reg.No 303425 Rank Pte Name Sharp G.W.

Unit 15

WITHOUT GLASSES.		WITH GLASSES. (as per prescription below)		
		SPH.	CYL.	AXIS.
Visual acuity.Rt 6/24	with			6/12
Visual acuity.Lt. 6/18	with			6/9

Category recommended is;) A

Glasses not ordered.

REMARKS. Defective vision due to Myopic astigmatism

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT AND HAS not

BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

W. A. Macdonald

Captain C.A.M.C.
Eye and Ear Specialist. Witley Camp
Surrey

M. F. W. 54. (A. F. B. 103.
—9-16
272-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 3033125 Rank Pte C. E. F. Name Sharp G. W.

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

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

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

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

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

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualtics, 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 cach case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Form R 122.
10287—65M—28-7-17.

LTR

Rank | Name SHARP, George Wallace | Reg'l No. 3033125

Unit No 7 Dft Ist C O Reg | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Toronto, Jan, 21st, 1918. | Place of Birth Scugog Island Ont.

Name and Address, Next-of-Kin Mrs Minna Sharp
39 Crown St, Port Arthur Ontario | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 29740
File R.L.
Category CAN.OR

HQ R. 113 CHECKED 6 MAY 1918

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
C.		**Arrived in England**		16-2-18	S/S CANADA
18.2.18.	12th Res	T.O.S from Canada	Pte	Sdlg 5.2.18	Pte I 042
11.5.18	✓	S.O.S. to 20th Bn.	~	Witley 11.5.18	— 113 (20th Bn. 0.0.43d 18.5.18)
14.10.18	1 COR. (20)	wounded		field 12.10.18	C2a 344
30.10.18.	1 COR. (20)	Wounded		" 22.10.18.	— 358.
2.4.19	20 Bn	Proc to Eng	Pte	Witley 6.4.19	— 32
11/4/19	O. Wing C.C.C.	T.O.S Rev'd	R.T.E	" " 7/4/19	" 5
24 6 19	owing	SOS TO CAN		13 5 19	Pt 61

60-1-40
15/5/19

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.					

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.....

THIS IS TO CERTIFY that No. 303135 (Rank) Pte

Name (in full) Sharp. George Wallace enlisted in

the 1st C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 21

day of Jan. 1918

HE served in W.A.B.m. 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 32

Height 5' 4"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars 2nd toe Left foot removed

G W Sharp
Signature of Soldier.

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 24 1919
TORONTO

Issuing Officer.
For
O.C. No. 2 District Depot.

Rank

MAY 24 1919

Date ..... 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.

To be made out in duplicate. DUPLICATE H.Q. 54-21-23-53 15

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins ... DEPOT BATTALION 1st C.O.R.

(2) Regimental Number 3033125.

(3) Full Name of Soldier ... ~~Young~~ Sharp George Wallace

(4) Place of Birth ... Seugog Island Ont

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife ...

(b) Present Postal Address ...

(7) Are you a widower ? No

(8) Have you any children ?

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

Also their names and ages ...

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address .....

(10) Is your Mother alive? Yes. Mrs. Mina Mary Sharp.

If so, state name and address 39 Crown St.
Port Arthur.

(11) If your Mother is a widow ?

Are you her sole support, or not? Yes.

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

Twenty Dollars per Month.

Two Brothers unmarried not contributing to her help.
one married Brother & 1 married sister

(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.

15) Are you insured? Yes

If so, in what Company? Mutual Life Insurance Co of Canada

Have you made arrangements for payment of your Insurance premium No.

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

Wishes to make arrangements to have it paid out of assigned pay.

JAN 24 1918

Date .....

John McLaren
Officer Commanding.
Lt.-Col.
O. C. 1st Depot Bn., 1st C. O. R.

6

15

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) SHARP, G. W.

REGIMENT 20th Bn. RANK Pte. No. 3033125

Date of Examination in England 9 APR 1919 | 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
   - (*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
- (*c*) In France

Signature of Dental Officer E Mulloch Capt

25M.—12-18.
H.Q. 1772-39-950

M.S.A. 15.

Examining Board # 18. 303325

MILITARY SERVICE ACT, 1917.

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 SHARP Christian name George Wallace

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 494429

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Timmins, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th. day of October 1917, by the undersigned medical board sitting at Timmins, Ont.

5. Age as stated 31 Years 5 Months. 6. Apparent age 31 Years Months

7. Height 5 Feet 4 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 37 Ins. / Maximum 40 Ins. } 10. Complexion Fair { Eyes Blue / Hair Fair }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks No

13. Number of vaccination marks { Right arm No / Left arm No } 14. When vaccinated last No

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

16. Slight defects but not sufficient to cause rejection 2nd. toe left foot removed.

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 **A2.**

R. J. Gibson Capt. President.

Wm. Martyn Capt. Member. J. D. Moore Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
31/5/18	Good	[illegible]	M.O.	23/7/18		[illegible]	M.O.
		Sept 18	M.O.	31/7/18		[illegible] Sept	M.O.
			M.O.	3-5-18		[illegible]	M.O.

Joined 21st day of January 1918 at Toronto, Ont

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st/ Bn.	3033125		
Transferred to	1st/ C.O.R. 12 Etc 20 To 11/5/18			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Witley	14-4-19	Def Vision	A - A.H. Naylor Capt RAMC

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 George Wallace Sharp

Surname Sharp Christian Name George Wallace

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

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Sougâg Island, Ont.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Minna Sharp.
39 Crown St. Port Arthur, Ont.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 3033125 RANK Pte. NAME Sharp, George Wallace

IF IN PERMT. CORPS WHAT UNIT 1st Depot Bn. 1st Bde UNIT — TRANSFERRED TO 12 Res. Bn. DATE 5.2.18 AUTHORITY B.T.O. 48 d/25.2.18

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Toronto — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 21-1-18. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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
MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.																							
Feb. 21st	Balance from Canada								6.85																									
Feb.	P.P.	20.80		AR 1601 29/29 12 Rec.	21.90																													
Mar	P.P.	24.10		AR 2040 7/8 "	4.87																												20.00	
				AR 1701 1/3 "	14.60				30.38																									
		64.90			41.37																													

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit		

P 820
12474[1]—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/6/18.	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

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

Sharp. Mrs Mary M. (Mother)
39 Crown St., Port Arthur, Ont.
Stopped Eff. 1-5-19

NAME:- SHARP, Geo. Wallace
NUMBER:- 2032125

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
	1-4-18	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Ld Pnr Bn 1st CMR.
DATE ACCOUNT FIRST OPENED:- 1-2-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.4.18		1st CMRD
H3 eff. 11/5/18.	1/6/18.		20th Bn.

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
23/3	5638	4 C.D.B	~~2 65~~				
15/4	650	Nil	~~93~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dmo. to Can. 1-5-19 nR A7043. Wit. 16 7/9 Kram Mtl 2. Cr 102.01

1918 NOTE	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Forward								20 38	20 -	
Apr.	P. Pay.	33 -		aR. 157. 12/4/18. 12th Res.	9 73					45	
				" 286. 26/4/18. "	7 30				46 35		
		33 -			14 03						
May	P. Pay.	34 10		" 404. 8/5/18. "	9 73					60	
				" 620. 21/5/18. 6 BDE	11 46				66 26		
		34 10			11 19						
June	do	33		loan. aP.				15			
				aR 613 6/6 20 Bn. CCRC.	3 57						
				" 785. 15/6. "	4 46						
				" 305 30/6 20 Bn	3 57				72 66	60	
					11 60			15			
July	do	33		C.A.P.				15			
		34 10		aR 460 12/7 20 Bn	4 46						
				" 564 25/7 4 C.I.B.	3 57				83 73	60	
					8 03			15			
Aug	do	34 10		C.A.P.				15	102 83		
		34 10		aR 689 2/8 4 C.I.B.	3 57				99 26	60	
					3 57			15			
Sept	do	34		C.A.P.				15	117 26		
		33		" 786. 8/9. 20 Bn.	7 14				110 12		
				" 842 27/9 20 Bn.	3 57				106 55	60	
		33			10 71			15			
Oct.		34 10		loan. aP				15			
				" 1629. 31/10. CD. Boulogne	3 73						
				BR. 2314.							
				aR. 2623. 18/10/18. 6 BDE.	7 46				114 46		
		34 10			11 19			15			
Nov Dec + Jan		101 20		" 4253. 7/11/18. 6 BDE.	13 99						
				" 2520. 10/11 - 20th Bn.	3 73						
				" 103 " "	3 73						
				CAP				45	114 21		
		101 20			21 45			45			

NUMBER 30 33 125 RANK Pte NAME Sharp EW.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919									149 21	60.	
Feb.	PP Nat Trust	30 80		ar 1432. 18/12. 20 Bx.	6 49						
	Mar	31 10		✓ 1876 28/12 ✓	1 30						
				✓ 2383. 10/1 ✓	3 77						
				✓ 3117 9/1/19 ✓	3 73						
				✓ 3614. 9/2/19 ✓	3 73						
				✓ H192 26/2 ✓	3 73						
				C.A.P. Feb Mar.				30			
				✓ 5290 13/3/19. 20 Bx.	3 65				154 71	60	
		64 90			21 40			30			
Apr	C P	33		C A P				15			
	Int on Def Pay	2 95		ar 5628. 23/3 20 Bx.	3 65						
				. 650. 15/3 .	73 .						
				✓ 1131. 25/4. 2 Pl endorsed	9 73						
				✓ 3931. 9/5 2 Pl endorsed	9 73						
		35 95			96 11			15			

Lt S Canada
L260 13/5/19 MD 2.

154 71
35. 95
190 66
11 65
102.01

Comp DRA

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge Class "A" No. 201484 (Demobilization.)

Dd I.
Oct. 18.

1. No. 300.33.125

2. Rank. Pte.

3. Name. Sharp George Wallace

4. Unit. 20th Bn

5 Date of Discharge MAY 24 1919 Place Toronto.

6 Reason for Discharge DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 151

8. Proposed Residence after Discharge Tennins P O Ont. Can.

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.?

G. W. Sharp

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date MAY 24 1919 TORONTO

Signature

(O. C. Discharging Unit.)

For O.C. No. 2 District Depot

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 (A.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.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), & Clothing.
12. Last Pay Certificate (P. 351). 4 Clips.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2000).
15. Sundry Documents.

Group 13

Checked by No. 17

Date MAY 7 1919

C [redacted] 15

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECORD OFFICE 4 APR 1919 WITLEY

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

STATION Witley DATE 11/4/19

1. 1 (a) Unit 20th Batt. (b) Regimental No. 3033126 (c) Rank Pte

(d) Surname SHARP (e) Christian name GEORGE WALLACE

(f) Home address Timmins Ontario

(g) Next of Kin Mrs. E. M. Sharp. (h) Relationship Mother

(i) Address of Next of Kin 39 Crown St. Port Arthur Ont.

2. Age last birthday 32 Date of birth May 7th 1886

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto. (b) Date Jan 21st 1918

4. Personal description: Estimated

(a) Height 5' 4" (b) Weight 130 (stripped) (c) Complexion dark.

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. 2nd toe left foot removed.

5. Former trade or occupation Miner

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
	1	80

	Periods	
	From	To
Canada	Jan 21st 1918	Feb 4th 1918
England	Feb 4th 1918	May 11th 1918
France or other theatres of War	May 11th 1918	April 6th 1919

7. Original disease, or injury MYOPIC ASTIGMATISM.

(a) Date of origin PRE ENLISTMENT (b) Place of origin CANADA.

(c) Cause CONGENITAL

M. F. B. 227.

400M.—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.)

Defective vision due to Myopic Astig: Variation -

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.

	Without Glasses.	With Glasses.
Visual acuity R.	6/24	6/12
Visual acuity L.	6/18	6/9.

Catalepsy A

Defective vision due to Myopic astigmatism - Condition was present previous to Enlistment & has not been caused by Service - Has not been aggravated by Service.

Wm A Reardon M.D.
Officer Examiner Specialist.

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

Nervous System No	Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.)	Genito-Urinary System No (Albumen and Sugar will be excluded.)
Special Senses No	Respiratory System No	Integumentary System No
Disturbances of Mentality No	Digestive System No	Muscular System No
Osseous and Joint Systems No	Any other general condition No	

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

States he had a fall in 1908 & that he had a right facial paralysis & the eye trouble has troubled him since then - Nature Service has not aggravated Condition - Has always worn glasses.

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*).)

Nil

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

Nil

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

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

(a) Yes (b) No.

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? Permanent.

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

No.

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

(If not, briefly state why)

17. Recommendations

G. Nelson Sharp.

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 P.E. Sharp G.W. 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 Nil.

G. W. Sharp. 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

except question 10(d) Slt Upper lip - no - desirable

non -

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) yes
(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.)

boarded for R T C Auth A F. Tel 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.

PLACE Witley

DATE 14-4-19

President

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

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

HEADQUARTERS A.E.M.S. 15 APR 1919 File CANADIAN TROOPS, WITLEY.

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

W.O.B. CLASS. A

M. F. W. 54. (A. F. B. 103:
500M.—
H. Q. 1772-33-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Bn. 1st. C.O.R.

Regimental No. 3033125 Rank Pte/ Name SHARP, George Wallace

C. E. F.

Enlisted (a) 21-1-18 Terms of Service (a) D of W 6 Mos/ Service reckons from (a) 21-1-18

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) Minner

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.		4-2-18	Troopship.
		Disembarked, England.		15-2-18	"Canada".
2-3-18	12th. Bn.	T.O.S. 12th. Res. Bn.	West Sandling,	5-2-18	PartII 48.
11-5-18	12th. Bn.	S.O.S. to 20th. Bn.	Witley.	11-5-18	PartII 113.
					Lieut. i/c Records, 12th. Res. Bn.
11 MAI 18	C.I.B.D.	Arrived & T.O.S. 20th Bn.		11 MAI 18	NR. Part II Ord. 43. d/
22 MAI 18	2 C.I.B.D.	Left for C.C. Rein. C.		22 MAI 18	"
22 MAI 18	C.C. Rein. C.	Arrived.		22 MAI 18	"
17.6.18	—" —	Left for Unit	Field	17.6.18.	"
22.6.18.	20th Bn.	Arrived	Field	19.6.18.	B213.
13.10.18.	6 C.F.A.	Adm. Upper lip	adm 6 C.F.A.	12.10.18	A36. A498.
17.10.18	—" —	—" —	To C.C.S. No 4	16.10.18	A36. A105.
16.10.18.	I.C.C.S.	—" —	adm 10 A.T.	17.10.18	A36 A105.
11.10.18	9 C.F.A.	—" —	—" — C.C.S.	11.10.18	A36.
12.10.18	I.C.C.S.	—" —	—" — 14 C.F.A.	12.10.18	A36

CERTIFIED CORRECT. 17 MAY 1918 CANADIAN O.S. LONDON.

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

[P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18.10.18	22 Gen	Gen. Hosp. adm.	22 Gen	18.10.18	L 7002.
21.10.18	— " —	Gen. Hosp. To	6 Con Dep	21.10.18	L. 9184
— " —	6 C Dep	— " — adm	— " —	— " —	L. 9441.
22.10.18	— " —	— " — To	7 C Dep.	22.10.18	L. 9299.
— " —	7 C Dep	— " — adm	— " —	— " —	L 9407.
25.10.18	— " —	— " — To.	10 C Dep.	25.10.18	M 333.
— " —	10 C Dep	— " — adm	— " —	— " —	M. 441.
27.10.18	— " —	— " — To.	1 Res Camp	27.10.18	M 441.
29.10.18	C Dep	A from 10 Con Dep.	C Dep	29.10.18	NR. 492.
		C. I. B. D. Left for C.C. Rein. C.		8.11.18	" D1156
		C. C. Rein. C. Arrived.		11.11.18	" A1787
16/11/18	20th	Soldiers Mail	Field	14/11/18	B213.
	C. E. C	Proceeded To England		6 AVR 1919	
4-19	"O" Wing	T. D. S.	Witley	11.4.19	D.O.5
	"O" WING	S. O. S. 4 Sailion. PROCEEDING TO CANADA S.S. CARONIA Sailed L'pool 14-5-19	WITLEY	10/5/19	D. O. Pt 2 No. 29.

W.R. Lieut. for Lt. Col., A.A.G., Canadian Section

Lieut. OFFICER I/c RECORDS, "O" Wing C.C.C.

Date of Enlistment 21-1-18

1/6/18.

8 C 13 S9 15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S

Date of Assignment

03417 1 June 18

RATE OF SEPARATION ALLOWANCE

25	30 1-7-18 P 22753		

RATE OF ASSIGNMENT

# 15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3033125

Rank Pte. Promoted Reverted Discharge

Soldier's Name Sharp. George Wallace.

Battalion 1st Depot Bn 1st C. O. R.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. E. M. SHARP,

2 ~~89 CROWN ST.. PORT ARTHUR, ONT.~~ 15 15.00
A-C 3033125 PTE GEORGE WALLACE SHARP

3 FIFTEEN DOLLARS

4 1774 Pandora St Vancouver BC

	Date	Cheque No.	Amount S/A	Amount A/P	Total	
June		Y. 23291		15	15	✓
July		~~E. 26044~~		~~15~~	~~15~~	
July		J. 6571		15	15	✓
Aug		U. 38671		15	15	✓
Sept		X. 418644		15	15	✓
Oct.		L 53145		15	15	—
Nov.		Y 52162		15	15	/
Dec		Q 62547		15	15	/
~~Jan~~				~~15~~	~~15~~	
DEC.		Q 3036	195		195	/
Jan.		Y 73848	30	15	45	/
Fet		L 76756	30	15	45	/
Mar		C 84449	30	15	45	/
Apr		U 753	30	15	45	/
May		D 6913	30	15	45	/
			345	180	525	

REMARKS

File 016554 - G-19 N.R. 700 LP RW D 87262. 31-5-19 TAB

M.R.O. 1929 "Chg. initial ass." rend 13-7-18. GBE.

660 L.P. 44405. 18-7-18

E 26044 Cancelled July 20/18. alteration L.P. 1929 13/7/18
a 660 L.P. 9599 22-7-18 J. 6571 mailed July 23/18

L.P. 14248. (alter) rend 5/11/18. Hal.

SH to mother from 1/6/18. auth Pet 3.
21/12/18. on abook fyls. HW. 27/12/18.

HQ 8957 mailed. 4/1/19.

L.P. 4548 alter rend. 27/1/. Hal

A/c Closed 31-5-19

Ret'd per Carona

Date 2.2.5.-19.

Clerk J. Abandwell

AUTHORITY FOR NEW ACC'T. 2 M 8 May 18 / Wagne 17-6-18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

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.—'17—1772 39-1141
L. L. 22330—M. & D. 7993.

DISPERSAL

AUDITOR | PAYMASTER

S. 5021.

"CORONIA" 21.5.19

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

M. OR S. | REGT. No. 3033125 | RANK Pte | NAME (IN FULL) SHARP, G.W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes closed by Ottawa | DATE EFFECTIVE 31.5.19

TO WHOM PAID Mrs E M Sharp | RELATIONSHIP Mother

ADDRESS 1774 Pandora St. Vancouver BC

PARTICULARS	EFFECTIVE DATE	AUTHORITY
see adjustment	✓	D

ORIGINAL UNIT C.E.F. 1 COR | IF IN P.F. WHAT UNIT? P.O. Timmins ONT.

PLACE OF ATTESTATION ✓ | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 2/1/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 31.5.19 ✓ closed by Ottawa

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

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

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

T. O. & A. 14.5.19 D.O.151

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 1 DATE	COL. NO. 2	COL. NO. 2 DATE	COL. NO. 3	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS SUBS.....TO.....D.O.....
BALANCE FROM PREVIOUS ACCOUNT																																				
30.4.19							102	01	102	01																									102	01	Cr Bal brot fwd from P.O.
29.5.19	29	1/10	31	90																																Pro. 1/5/19 to 29/5/19
					35	00																														Clothing allce.
					70	00																														1st Pay W.S.G.
																	194	58			1946	15	00												1 Pay Pte C.E.F. May 19 6/0
																	487	50																		Bal to Examinary
							136	90			ck																						238	91			
																												70	00								
																												5	50								
																														7	00						
			W.S.G.	S.A.																								W.S.G.	S.A.								AMOUNT DUE SOLDIER DEPENDENT
122	00	✓	28	00	12	00	40	00	✓								May	24														82	50	204	50	113	00
																	93	July	23	102318		102319						64	50	53		200		140		60	
																	94	July	23	162484		—	185					140		60		400		340			
			28	00	12	00	40	00	✓																			280		120		400					

W.S.G. PAID IN FULL

LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY

$350 a/cr. 5 days Bal
$7.00 a/cr 1 day Sta

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

E