

ORIGINAL

#9 OVERSEAS SIEGE BATTERY, C. E. F.

M. B. Depot Battalion No. 9.0/s Siege Battery Regiment
Regtl. No. 2100386.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class A)

1. Surname Wade
2. Christian name Edgar Cecil
3. Present address Peniac, York Co, N.B. Canada.
4. Military Service Act letter and number 377050 J.R.
5. Date of birth June 20th, 1897.
6. Place of birth Penniac, York Co N.B. Canada.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Student
10. Name of next-of-kin Mrs Minnie Ward
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Peniac, York Co N.B. Canada.
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 Fredericton, N.B. (b) Date Oct. 17th, 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Edgar Cecil Wade, do solemnly declare that the above particulars refer to me, and are true.
Edgar Cecil Wade (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs 4 mths.
Height 5 ft 7 ins.
Chest measurement } fully expanded 36 1/2 ins.
range of expansion 3 ins.
Complexion Fair
Eyes Blue
Hair Light
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Nil.

Major
O. C. No. 9.0/s Siege Battery, C.E.F.
Regt.

Place St. John, N.B. Date October 19th, 1917.

REGIMENTAL DOCUMENTS

NAME

Trade Edgar Cecil

REGT. NO.

2100386

UNIT

5 C. S. A. C.

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

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Misc

100-11-15

M

15/4/100-13
Ret 21-15

DEATH

Category

DISCHARGE

Category

Demol.

DESERTION

21-155

00256

Discharged
H

42-27
4-27
6 27
1

2. 7

Rank Gunner

Unit Rec Bde C.F.A.

Next of Kin Canada

[illegible]

[illegible]

No. 2100386 RANK *Pte.*

NAME

Shade E. C.

T. O. S. 17/10/17

UNIT

*9th Overseas Siege Battery**(D.O. 291) of 19/10/17*

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Oct. 17</i>	<i>Oct 31</i>	<i>n.</i>		
<i>Nov.</i>		<i>✓</i>	<i>A. H. L. Dorflinger 7dip pay</i>	<i>(00365) of 31/12/17</i>
<i>Dec.</i>		<i>✓</i>	<i>" " " "</i>	<i>(00350) of 21/12/17</i>
<i>1918</i>	<i>1918</i>		<i>" " 4 "</i>	<i>(00363) of</i>
<i>Jan.</i>		<i>✓</i>		



NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L. No. 2100386

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6311.	Can. Spec. Willey	31-7-18	N. D. S. as per N 2 C 326-2 N. D.
6328.	Discharged	21-8-18	N. D. S.

SURNAME. *Wade*

CHRISTIAN NAMES

Edgar Cecil

REGL. No. *2100386*

RANK

Gr.

UNIT

#9 Siege Bty. (4th R.H.)

FORMER CORPS

nil.

CARD NO.

"B"

S.H. 8-7-19 / Permit

N.A. 1888 / 4-7-19

G.H. 10

NEXT OF KIN.

NAMES IN FULL

Wade, Mrs. Minnie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Penniac, York Co. N. B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Penniac N. B.

DATE

June 20th. 1897

PLACE OF ATTESTATION

Fredericton N. B.

DATE

Oct. 17th. 1917

from Halifax Club. Miss Annie 5-2-18.

RIC 2-7-19 360 / 18 Avr.

L. L. 10437. M. & D. 7253.

*105-9
5.*

M. F. W. 22. 100M. -11-16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Student

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

20

YEARS

4

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Fredericton N. B.

DATE

Oct. 17th. 1917

Present address, Penniac, York Co. N. B.

Deceased 21 Jan 55

(WWII) → also RCAF = R-84519

Number

2100386

Rank

Lt

Surname

WADE

Christian Name

Edgar Cecil

Units

C.F.A.

Theatre of War

France

Date of Service

29-10-18

Remarks

Latest Address

Peniac

York Co.
N.B.

Roll No.

BoPax 11697

200m.-2-21.M.

DESP MAR 10 1922
REGN. NO. 9. 18454

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WADE

E.C.

2100386

RANK

UNIT

Co.

TROOP

BATTY.

Gnr.

CARB

HOSPITAL

DATE OF ADMISSION

C. S. Witley

31-7-18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

~~NYD~~ *W.S. 46/*

1.

2.

3.

DISPOSITION

C.L. 5-8-18 C311

Dis. 21-8-18 DATE

REMARKS

*21.8.18 C311 = Diag. changed.**23-8-18 C328*

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

LTR

Rank

Name

WADE, Edgar Cecil

Reg'l No.

2100386

Unit

4th Div. No 9 Sge BATTY TO. C.F.A

If in perm. Corps, }
What unit? }

Married or Single

Single.

Place and Date of Enlistment

St John. N.B. Oct. 19th, 1917.

Place of Birth Penniac. York Co.
N.B. Canada.

Name and Address, Next-of-Kin

Mrs Minnie Ward.

Peniac York Co. N.B. Canada.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

WJE. R.B. 2878
File R.L. Canbr.
Category

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.				
C		Arrived in England		16-2-18	S/S MISSANABIE
21-2-18	Reo C.F.A	Taken on strength	gmr Witley	17-2-18	PT-52
30-10-18	" "	S.O.S of's	-	29-10-18	" 303.4 at Pool 167-4-11-18.
15-2-19	5th AAC	To S from Art Pool	" Fied	30-12-18	" 14 Art Pool-15-7-19
16-5-19	5th do	Proc to Eng	" "	11-5-19	-H U
23-5-19	Jivingee	To S per. r. v. C.	" Witley	12-5-19	" 19
		To Canada	84-B-20	25-6-19	

BAER, CANADA
OJER L.D.O. 1 d 25 7 19

2100386

Wade E.C.

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.

C

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class A, No.

381258

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2100386 (Rank) PrivateName (in full) Edgar Cecil Wade enlisted in
the 9th Siege BatteryCANADIAN EXPEDITIONARY FORCE at Partridge Island on the 19th
day of October 1917HE served in 5th C.D.A.C. C.A. in England and France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

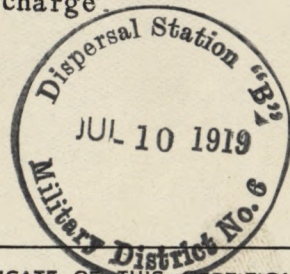
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 21Height 5'17"Complexion FairEyes BlueHair LightE.C. Wade
Signature of Soldier.

Marks or Scars

NilH.S. Bellman
O.C. Dispersal Station "B"
Issuing Officer.

Date of Discharge



Rank

Date JUL 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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a ~~unit~~.

221522

DISCHARGE CERTIFICATE
CIVILIAN EXERCISES FORCE

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Black Letters) W A D E E.C.

REGIMENT 5th.C.D.A.C. RANK DVR. No. 2100386

Date of Examination in England 14.5.19 Date of Examination in France _____

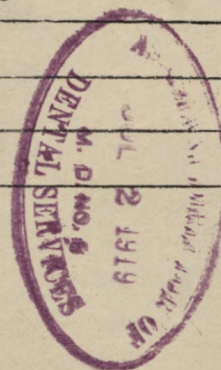
DIRECTIONS TO DENTAL OFFICERS

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 18. 30.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada _____
- (b) In England yes
- (c) In France _____

Signature of Dental Officer _____

[Handwritten signature: J. Ross] *[Handwritten initials: bapt]*

1. CANADIAN ARMY DENTAL CORPS OFFICE
DENTAL CERTIFICATE FOR EXAMINATION

000000

05.04.50

1. NAME
2. GRADE
3. BRANCH

05.04.50

4. DENTAL EXAMINER
5. DENTAL OFFICER

6. DENTAL SURGEON
7. DENTAL CLERK

8. DENTAL ASSISTANT
9. DENTAL TENDER

BJ

MEDICAL HISTORY SHEET.

Surname Wade Christian Name Edgar Cecil

Examined { on 17 day of Oct 1917
at Parthady Island
Birthplace { City or Town Penmae
County Yn 16
Apparent age 19
Trade or occupation Student
Height 5 Feet 7 Inches.
Weight 155 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 1/2 inches.
Physical development 9 in
Small-Pox Marks nil
Vaccination Marks { Arm Right Left
Number nil
When Vaccinated last never
(a) Marks indicating congenital peculiarities or previous disease nil
(b) Slight defects but not sufficient to cause rejection nil

Approved by J. B. Osborn
Rank Capt. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>12.11.17</u>		<u>Ed Osborn</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24.11.17</u>		<u>Ed Osborn</u> M.O.
<u>4.1.18</u>		<u>J. B. Osborn</u> M.O.
<u>18.1.18</u>		<u>J. B. Osborn</u> M.O.

Enlisted on 17 day of October 1917 at Fredrickton NB

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>2100286</u>		<u>17th-10-1917.</u>
Transferred to.. ..	<u>67 a.s.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wardsworth</u>	<u>24.4.17</u>	<u>Category a</u>	<u>fit</u>
<u>Wiley</u>	<u>22-6-17</u>	<u>V.L.S</u>	<u>A. W. Mayhew Esq</u>

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.

Wade

Christian Name

Cagar Ecuel

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		30	7	18	21	8	18	V.D.S.	23	Healed 2 Aug '66 + Hg. DOUB AS OUT PATIENT Stoppages as per dules	J.R. Thurman Capt H.C. Mischel Capt

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

4th Bde #9 OVERSEAS SIEGE BATTERY, C. E. F.

Regimental No.

2100386

Rank

Private

Name

Edgar Cecil Wade

C. E. F.

Enlisted (a)

19-10-17

Terms of Service (a)

Duration of war

Service reckons from (a)

Age of enlistment

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)

Student

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				
		Embarked at <i>Witley</i> Date <i>8.1.18</i>			
		Disembarked at <i>Witley</i> Date <i>16.1.18</i>			
<i>21.2.18. I.S.S. C.E. Res. Bde. F.A.</i>		<i>W.O.S. from Canada</i>	<i>Witley</i>	<i>12.2.18. No. Pt. 11-52.</i>	
<i>30-10-18</i>	<i>Res Bde. C.F.A.</i>	<i>Heard stoppages from 30.7.18 to 21.5.18</i>	<i>WITLEY.</i>		<i>30 P231</i>
<i>30-10-18</i>	<i>Res Bde CFA</i>	<i>Proceeded O/Seas to CFA</i>	<i>Witley</i>	<i>29-10-18</i>	<i>B.O.Pt.11 303</i>
			<i>Lieut. & Asst Adjutant, Reserve Brigade, C.F.A.</i>		
<i>31.10.18</i>	<i>6280</i>	<i>Kept - 20 start Prob from Eng</i>	<i>31.10.18</i>	<i>NR 806</i>	<i>A.I.O. 167</i>
<i>8.11.18</i>	<i>6280</i>	<i>Kept Base for 6280</i>	<i>8.11.18</i>	<i>NR 1458</i>	
<i>15.11.18</i>	<i>6280</i>	<i>Arrived at 6280</i>	<i>10.11.18</i>	<i>NR 1804</i>	
<i>6.1.19</i>	<i>6280</i>	<i>To 5th B.A.G.B.</i>	<i>6.1.19</i>	<i>NR 2229</i>	

(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				
30/12/18	CCKE	Posted to 5th Coac	Field	30/12/18	Brno 15 d/1919
30/12/18	do	LOS of 5th Coac	do	31/12/18	Brno no 14 d/1919
14/2/19	cc 5th Div Train	attached for duty	do	8/2/19	B213
28/3/19	do	Rejoined Unit from Command		24/3/19	B213

PROCEEDED TO ENGLAND

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Camp 18.6.19 1919, I.O. No.

for Boswell Lt.
for Officer Commanding.

11 May 1919
Capt

L. G. Purson
for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

29

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

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

500M.—9-16

H. Q. 1772-39-9

Casualty Form—Active Service.

Unit, Regiment or Corps. *H & Co. 1st Regt. B. 27.*
 Regimental No. *2100-386* Rank *Private* Name *Edgar Cecil Wade*
 C. E. F.
 Enlisted (a) *19-10-17* Terms of Service (a) *Duration of war* Service reckons from (a) *19-10-17*
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) *Student*

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				
<i>25-6-19</i>		<i>T. O. S. No. 6 D. D. from.....and posted.....</i>			<i>Do 185-</i>
<i>16-7-19</i>		<i>Discharge</i>			<i>Do 185-</i>
					<i>CAPTAIN</i>
					<i>ADJUTANT NO. 6 DISTRICT DEPOT</i>

- (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				

BT

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CANADIAN GENERAL LABORATORY

)))-----(((

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED

The particulars below are required for statistical purposes and future reference.

Unless these are furnished the test will not be carried out.

Name WADE E. C. Regt. No. 2100386 Rank Dvr.

Unit 5 DMC Date of first sore 28 July 1918 If T. Pallidum found Nil

Secundaries if any Nil Other symptoms Nil

Treatment if any Yes arsenical 7 Mercury 8

Previous Wasserman, date 8. Sept., 1918 ... Result Negative

Station and date Witley Camp, Surrey, May 19th, 1919

NO Thrombocytopenia. Capt. M.C.

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

Date Serial No. Result WASSERMANN NEGATIVE

Specimens
seen

Major.

Officer Commanding

Canadian

General

Laboratory



Witley Surrey.

.....1919

To be made out in duplicate.

H.Q. 54-21-23-51

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.....

9th Overseas Siege Battery C.E.F.

(2) Regimental Number.....

2100386

(3) Full Name of Soldier.....

Edgar Cecil Wade

(4) Place of Birth.....

Penmau, York Co., N.B.

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

no

(6) If married, state,

(a) Full name of your wife.....

nil

(b) Present Postal Address.....

nil

(7) Are you a widower?.....

no

(8) Have you any children?.....

nil

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

nil

Also their names and ages.....

nil

(9) Is your Father alive?

no

If so, state name and address

nil

(10) Is your Mother alive?

Yes

If so, state name and address

Miss Minnie Wade
Peniack York Co, NB

(11) If your Mother is a widow

Yes
No

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.

nil

(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.

nil

(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.

no

15) Are you insured?

nil

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

nil

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

Date

Oct 17 17

Chas. Detmold

O. C. #9 Overseas Siege Battery, C. E. F.

Major
Officer Commanding.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: WADE, <i>Edgar Cecil</i>																																								
EFFECTIVE DATE: <i>1-2-18</i>		EFFECTIVE DATE: <i>1-2-18</i>		NUMBER: <i>2100386</i>																																								
AMOUNT: <i>15.00</i>		AMOUNT: <i>15.00</i>		PARTICULARS OF RANK OR APPOINTMENT																																								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td></td> <td></td> <td><i>Gunner</i></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			<i>Gunner</i>																																		
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		<i>Gunner</i>																																										
<i>Minnie Wade (Mother)</i> <i>Pemiac York Co. N.B.</i> <i>Stopped 1/1/19</i>																																												
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS ORIGINAL UNIT: <i>#4 Artillery S. Bty.</i> DATE ACCOUNT FIRST OPENED:																																								
<table border="1"> <tr> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> </tr> <tr> <td><i>18.4</i></td> <td><i>431</i></td> <td><i>Je.ing.</i></td> <td><i>34.9</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>15.5</i></td> <td><i>4648</i></td> <td></td> <td><i>73</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>76.19</i></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	<i>18.4</i>	<i>431</i>	<i>Je.ing.</i>	<i>34.9</i>					<i>15.5</i>	<i>4648</i>		<i>73</i>								<i>76.19</i>					<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>DATE LEDGER SHEET T'S'D</th> <th>UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td></td> <td><i>CRA</i></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				<i>CRA</i>
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PARTICULARS OF RENDERING NON-EFFECTIVE: *3/19 Trans for US 9252 Bohott - Bohott MDY.*

DATE	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar</i>	<i>Balance fwd</i>								<i>4003</i>	<i>7.11</i>	
<i>Apr.</i>	<i>Gross pay</i>	<i>33</i>		<i>AR</i>				<i>15</i>	<i>58.03</i>		
		<i>33</i>		<i>AR#9 1/4/18 CRA</i>	<i>2.43</i>						
				<i>147 9-4-18 "</i>	<i>29.20</i>						
				<i>170 9-4-18 "</i>	<i>4.87</i>						
				<i>26 days Detention 18/4/18, 120.109 19/4/18</i>		<i>30.80</i>					
				<i>Q4005-3403 18/4/18</i>	<i>9.23</i>				<i>18.50</i>		
		<i>33</i>			<i>45.73</i>	<i>30.80</i>		<i>15</i>			
<i>May</i>	<i>Gross pay</i>	<i>34.10</i>		<i>A.P.</i>				<i>15</i>	<i>60</i>		
		<i>34.10</i>		<i>AR 1354 23/5/18 CRA</i>	<i>2.43</i>			<i>15</i>	<i>1.83</i>		
<i>June</i>	<i>Gross pay</i>	<i>33</i>		<i>AR</i>				<i>15</i>	<i>16.17</i>		
				<i>AR 1702 CRA 11.6.18</i>	<i>2.43</i>						
				<i>2032 20.6.18</i>	<i>9.73</i>				<i>4.01</i>		
		<i>33</i>			<i>12.16</i>			<i>15</i>			
<i>July</i>	<i>G.P.</i>	<i>34.10</i>		<i>Car.</i>				<i>15</i>	<i>23.11</i>		
				<i>AR 2469 CRA 7.7.18</i>	<i>2.43</i>						
				<i>3081 25.7.18</i>	<i>2.43</i>				<i>18.25</i>		
		<i>34.10</i>			<i>4.86</i>			<i>15</i>			
<i>Aug</i>	<i>G.P.</i>	<i>34.10</i>		<i>Car.</i>				<i>15</i>			
				<i>AR 1929 Sp. Hap. Whty. 19/8</i>	<i>2.68</i>						
				<i>" 3800 CRA 26/8</i>	<i>4.87</i>						
				<i>Hosp. S. C. 307/18 21/8 23 days 20.235 23/8 18</i>		<i>13.80</i>			<i>16.00</i>		
		<i>34.10</i>			<i>7.55</i>	<i>13.80</i>		<i>15</i>			
<i>Sept</i>	<i>G.P.</i>	<i>33</i>		<i>Car.</i>				<i>15</i>	<i>34.00</i>		
				<i>AR 4548 CRA 12/9/18</i>	<i>4.87</i>						
				<i>4866 26/9</i>	<i>4.87</i>				<i>24.26</i>		
		<i>33</i>		<i>Forward</i>	<i>9.74</i>			<i>15</i>			

COMPILED BY *[Signature]*

CHECKED BY *[Signature]*

NUMBER 2100386 RANK *Gnr.* NAME *WADE. E. C.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									24 26		
Oct.	<i>G.P.</i>	34 10		<i>C.A.P.</i>				15.			
				5142 7.10 <i>C.A.A.</i>	4 87						
				5796 22/10 "	9 73						
				6150 <i>Alvon</i> <i>Field</i> <i>Dussard</i> } 21/10	12				28 64		
		34 10			14 72						
Nov.	✓	33 -		<i>C.A.P.</i>				15 -			
Dec.	✓	34 10		<i>C.A.P.</i>				15 -			
				1452 5.5.19	25/11 13 06						
				2430 <i>C.C.B.D.</i>	10/11 4 66						
Jan.	✓	34 10		<i>C.A.P.</i>				15.	67 12		
		101 20			17 72			45	64 90		
Feb.	"	30 80		<i>C.A.P.</i>				15	132 02		
				AR 1669 8/1/19.	3 77				60 08		
				" 1810 30/12/18.	3 89						
				" 1535 16/12/18.	3 89						
				" 1754 22/1/19.	3 77						
				" 1923 4/2/19.	3 43						
				" 3316 19/2/19.	3 73						
				" 4312 5/3/19.	3 65						
				" 4670 19/3/19.	3 65						
Mar.	✓	34 10		<i>C.A.P.</i>				15	41 94		
		64 90			30 08			30	37 10		
Apr.		33		" 10185 22				15	109 04		
May		34 10		" 10185 22/3/19 <i>Dussard</i>	18 25						
				1944 7/4 <i>C.C.M.F.C.D.</i>	3 49						
				"				15			
				1031 17/4 "	3 49 25 23						
				4848 15/6 <i>C.C.C.</i>	73				10 81		
		67 10			98 23			30			
				AR 8006 <i>Jebbend</i> 3/6.	9 73						
				4492 " " 14/6.	9 73				8 65		
					19 46						

2025 Jan 25/19 C. L. 84 C.A.A.

Service Badge

Class A, No.

381258

SHORT FORM.

PROCEEDINGS ON DISCHARGE

(Demobilization.)



7-3-40

Group

13

Area

B



1. No. 2100386

2 Rank. Dr.

3. Name. Wade E. L.

4. Unit. 5th. C. D. A. C.

5 Date of Discharge

10/7/19

Place

6 Reason for Discharge

DEMOBILIZATION

7. Authority.

8. Proposed Residence after Discharge

Pennac York County N.B.

R.O. 1420

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.?

E. L. Wade

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

HALIFAX, N.S. JUL 2 1919

Date

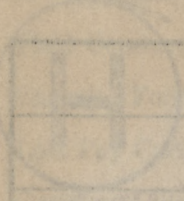
Signature

R. S. Bellman
Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	00385		
2. Rank	Pvt		
3. Name	WILLIAM E. BROWN		
4. Unit	1st Infantry Division		
5. Date of Discharge	17/11	Place	
6. Reason for Discharge	Discharged		
7. Authority	R. G. H. 20		
8. Proposed Residence after Discharge	[Signature]		
9. CERTIFICATE TO BE SIGNED BY SOLDIER	I hereby acknowledge that at the undersigned place and date I received my discharge Certificate At S. W. 3 [Signature] Signature of Soldier		
10. CONFIRMATION	The discharge of the above named man is hereby confirmed. At S. W. 3 JUL 2 1919 [Signature] Signature (to be countersigned only)		



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, T-1000	Medical Form W-33
or Particulars of Remarks	Medical Form W-103
Field Commission Report	Medical Form W-108 or A.R.H. 103
Courtship Form	Medical Form W-54 or A.R.H. 104
Last Pay Certificate	Medical Form W-11
Certificate that missing documents are in possession	
Medical History Sheet	Medical Form H-103 or A.R.H. 108
Proceedings of Medical Board	Medical Form H-103 or A.R.H. 108
Medical History Sheet	Medical Form H-103
Medical Report	Medical Form H-103 or A.R.H. 108
Examination Conduct Sheet	Medical Form H-103
Company Conduct Sheet	Medical Form H-103

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

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

Group..... *B*

Checked by No. *30*

Date *12-6-19*

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 Witley Camp DATE May 14, 1919

1. 1 (a) Unit 5th C. N. C. C. (b) Regimental No. 2100386 (c) Rank Private
 (d) Surname WADE (e) Christian name Edgar Cecil
 (f) Home address Periac, York City, N. B. Can.
 (g) Next of Kin Mrs Minnie Wade (h) Relationship Mother
 (i) Address of Next of Kin Periac, York City, N. B. Can.
2. Age last birthday 20 Date of birth 20-6-98
3. Enlistment, or Appointment (if an Officer) (a) Place St John, N. B. (b) Date 19-10-17
4. Personal description: Est.
 (a) Height 5--7 (b) Weight 160 (c) Complexion Fair
(stripped)
 (d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small
scar base little finger R. hand
5. Former trade or occupation Farmer

	PERIODS	
	From	To
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
	<u>1</u>	<u>176</u>
Canada	<u>19-10-17</u>	<u>3-2-18</u>
England	<u>3-2-18</u>	<u>29-10-18</u>
France or other theatres of War	<u>29-10-18</u>	<u>11-5-19</u>

7. Original disease, or injury VDS
 (a) Date of origin 28-7-18 (b) Place of origin England
 (c) Cause Exposure to infection

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.)

N11

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.)

General condition good.

No open or infectious lesions at present. No lymphatic involvements

Wasserman negative, C.G. Laboratory 2I-5-19

P.A. Williams Capt. CAMC.

(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.....Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (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).)

Primary sore noticed 1st. on 28-7-18. Has never had a positive wasserman

Has had three negative wassermans.

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.)

See. F4

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.)

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (A) Yes (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? 3 months.

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

606---7

Hqpppp-8

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No, but
(If the answer is "yes" state nature of treatment required and probable duration)

suggested that he be dealt with on arrival in Canada in acc. with P.C.O.

47 of 20-I-19

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations.

N.W. Rogers Capt. C.M.C.

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, C.E. Wade 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.E. Wade Dvr.

Rank.

Signature of invalid examined.

WEJ

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.)

Suggested that he be dealt with on arrival in Canada in acclwith P.C.O.

- (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.)

47 of 20-I-19

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

RTC. Auth. A.G. Tel I/9083 of II/II/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

A.H.Naylor Capt. CAMC.

President.

W.E.Jones Capt. CAMC.

DATE

22-5-19

Members

DH

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.

A.E.M.C. HEADQUARTERS
 CANADIAN CORPS CAMP.
 23 MAY 1919
 WITLEY SECTION.

PLACE

President

DATE

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services

Director-General of Medical Services.

DATE

DATE

Date of Enlistment

Autho *W. B.*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Feb 1-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2100386*Rank *Gm*

Promoted

Reverted

Discharge

Soldier's Name

Edgar C. Wade

Battalion

9" Siege Bty. 4 Spt

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Mrs Minnie Wade

Address

Peniac, York Co. N.B.
Peniac

Change of Address

1

MRS. MINNIE WADE,

2

N ~~PENIAC,~~

YORK CO., N.B.

15

15.00

3

% 2100386 GNR EDGAR C. WADE

FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Feb 1918</i>	<i>C 76694</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>March</i>	<i>Z 93247</i>		<i>15</i>	<i>15</i>	<i>54</i>
<i>April</i>	<i>W 10113</i>		<i>15</i>	<i>15</i>	<i>54</i>
<i>May</i>	<i>T 21738</i>		<i>15</i>	<i>15</i>	<i>5</i>
<i>June</i>	<i>R 23729</i>		<i>15</i>	<i>15</i>	<i>5</i>
<i>July</i>	<i>D 25592</i>		<i>15</i>	<i>15</i>	<i>5</i>
<i>Aug</i>	<i>T 40483</i>		<i>15</i>	<i>15</i>	<i>5</i>
<i>Sept</i>	<i>V 43259</i>		<i>15</i>	<i>15</i>	<i>5</i>
<i>Oct.</i>	<i>G 55163</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>O 58695</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>Dec</i>	<i>U 69052</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>Jan 19</i>	<i>N 70178</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>Feby</i>	<i>R 81409</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>Mar</i>	<i>N 85876</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>Apr</i>	<i>T 3767</i>		<i>15</i>	<i>15</i>	<i>a</i>
<i>May</i>	<i>T 5228</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>U 10645</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>V 12417</i>		<i>15</i>	<i>15</i>	<i>✓</i>

18633-E-18
M. R. O. 1^B sent 20³ 18.
R.W. MRO. C.P. 102793. Destroy 11-7-19.

A/c Closed

31-7-19

Ret'd per.

Caronia

Date

2/7/19

M.F.W 187

11/7/19

Closed

*C. Bradley**M.D. 16.*

M. F. W. 128.
 400M. 17-1772 39-1141
 L. L. 22520-M. & D. 7883.

20218
Phy. Standard

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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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
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