TRIPLICATE

ATTESTATION PAPER.

No. 506219

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Wade
1a.	What are your Christian names?	James Anthony
1b.	What is your present address?	Bartibogue Bridge N.B
2.	In what Town, Township or Parish, and in what Country were you born?	Pokemouche N.B
3.	What is the name of your next-of kin?	Mrs Mary Hayes
4.	What is the address of your next-of-kin?	Bartibogue Bridge PO N.B. OK
4a.	What is the relationship of your next-of-kin?	Mother
5.	What is the date of your birth?	22nd January 1894
6	What is your Trade or Calling?	Labourer
7	Are you married?	No
8	Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes War Service Badge
9.	Do you now belong to the Active Militia?	No Class "A" No.
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Anthony Wade, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

James Anthony Wade (Signature of Recruit)

Date 16th Sept 1916. R.A. Beattie Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Anthony Wade, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

James Anthony Wade (Signature of Recruit)

Date 16th Sept 1916. R.A. Lemieux (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Chatham this 16th day of Sept 1916

R.A. Lemieux J.P. (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-841

Description of James Anthony Wade on Enlistment.

Apparent Age 22 years ... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	5 ft 8 ins.
Chest measurement. Girth when fully expanded	38 ins.
Chest measurement. Range of expansion	5 ins.
Complexion	Fair
Eyes	Blue
Hair	Lt Brown
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	Yes
Jewish	
Other denominations (Denomination to be stated.)	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date 16th Sept 1916 — B. Cameron M.D.

Place Chatham N.B. — Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

W. W. Mitchell Lt. Colonel C. E. (Signature of Officer)

OCT 30 1916 — O.C. Engineer Training Depot

Date ... 191 .

REGIMENTAL DOCUMENTS

NAME Wade James Anthony REGT. NO. 506219 UNIT 2nd Bn. C.E. 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)				
2	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)				
	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)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	Misc.				
1	Cas C. 509 a				
1	Form C 03				
	A122				

00308

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Demob

DESERTION

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

242c

B

Number 2-06219 Rank Spr

Surname WADE

Christian Name James Anthony

Units C. E. Theatre of War Belgium

Date of Service 16-3-18

Remarks

Latest Address Bartibogue Bridge
Northumberland Co.,
N. B.

Roll No. B Page 11698

200m—2—21.M.

Area C. CARD NO. 47

S.O.S. 22/4/19 Demob.

FOLL. 7 D. D.

D.O. 114 of 24/4/19

SURNAME. Wade

CHRISTIAN NAMES James Anthony

REGL. NO. 506219 RANK Sapper

UNIT Engineer's Training Depot. (22nd R.D.)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Hayes. Mrs. Mary

RELATIONSHIP TO SOLDIER Mother

ADDRESS Bartiboque Bridge. Northumberland Co. N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Pokemouche, N.B. DATE Jan. 22nd 1894

PLACE OF ATTESTATION Chatham, N.B. DATE Sept. 16th 1916

R/C 21-4-19 309/64 Spr

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Laborer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5- FEET 8 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 5- INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Chatham, N.B. DATE Sept. 16th, 1916

Present address Bartibog Bridge, Northumberland Co. N.B.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Plan Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 506219 (Rank) Sapper

Name (in full) James Anthony Wade enlisted in

the 22 draft C.E.

CANADIAN EXPEDITIONARY FORCE at Chatham N.B. on the 16th

day of September 1916

HE served in 2nd Btn. C.E. 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 25 years

Height 5' 9"

Complexion Ruddy

Eyes Gray

Hair Brown

Marks or Scars Scars arm st

Post surface of arm

Show Ictothyotic Tendency

James A Wade
Signature of Soldier

Date of Discharge

Dispersal Station "C" APR 22 1919 Military District No. 7

R.A. Major Capt
Issuing Officer

O. C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Rank

Date APR 22 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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.

CLASS A
WAR SERVICE BADGE
NO 264846 Issued

Form R 122.
2353—100M—9-12-16.

JM.

Rank Name WADE, James Anthony. Reg'l No. 506219

Unit 22nd. Dft. C.E.T.D. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Chatham. 16th Sept 1916. Place of Birth Pokemouche, N.B.

Name and Address, Next-of-Kin Mrs Mary Hayes.

Bartibogue, Bridge, P.O., N.B. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 11693
CAN.OR
File R.L.
Category

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England.	S S GRAMPIAN	6 2 17	
7 2 17	C E T D T	on S CROWBORO	7-2-17	P 2 33	
24-4-17	C.E.T.D.	S.O.S. to 5th Divl Engrs	Crowb-	24-4-17	PN II #97.
1-5-17	5th D.E.	T.O.S. & posted to 14th Fld Coy	Witley	24-4-17	" 60.
8.3.18	—"—	S.O.S to C.E.T.D.	Sp Seaford	8.3.18	-6 C.E.T.D. Pt II 57d 8 3/18
16-3-18	C.E.T.D.	" Proc 9 seas to C.E. Pool	" "	16-3-18	-64 C.E.R.P. Pt II 27d 3/4/18
2-7-18	2 Bn. C.E.	T.O.S. for C.E.R. Pool	" Fwd	1.6.18	-1 & Pool So 69d 2 7/18
			49. C.	14.4.19.	
30-3-19.	H. Wing C.C.C.	T.O.S. from 2nd Bn C.E.	" Witley	19-3-19.	A.O. 16.
14-4-19	"	S.O.S. to Canada	" "	14-4-19	Pt II O 27

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.					

913 War Service Badge
Class "A" No. [redacted]

EYE. EAR. NOSE. AND THROAT CLINIC

Witley Camp Surrey

Date 22-3 1919

Reg.No. 5-06219 Rank Spr Name Wade J a

Unit ≠ 3

	WITHOUT GLASSES.	WITH GLASSES. (as per prescription below)		
		SPH.	CYL.	AXIS.
Visual acuity.Rt	6/24 with			
Visual acuity.Lt.	6/12 with			
Category recommended is;)	B1			
Glasses not ordered.	Defective vision due to			

REMARKS.

Hyperopia and Hyperopic astigmatism
R1- + [redacted]

War Service Badge
Class "A" No. [redacted]

CONDITION WAS not PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

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

ORIGINAL

MEDICAL HISTORY SHEET.

506219

Surname Wade Christian Name James Anthony

Examined on 16th day of Sept 1916 at Chatham N.B.

Approved by B. A. Marven M.D.

Birthplace City or Town Tokemouche County N.B.

Rank M.O.

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

War Service Badge Class "A" No.

Apparent age 22

Trade or occupation Labourer

Height 5 Feet 8 Inches.

Weight 160 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 5 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number

When Vaccinated last

Date.	Result.	Vaccinations.
4-1-17		J. Campbell Capt. M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection — Defective Teeth

Date.	Result.	Anti-Typhoid Inoculations, Etc.
11-2-16	1cc	with
6-1-17	Simple 1cc	J. Campbell Capt. M.O.
13-1-17	Simple 1cc	J.C. M.O.
20-1-17	Double 1cc	J.C. G.E.B. M.O.

Enlisted on 16th day of Sept 1916 at Chatham N.B.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Canadian Engineers.	506219		16-9-16
Transferred to	15 Field Coy. 5th Div. C.E. CETD			24/6/17
	C E POOL			8/3/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
ST. JOHNS, P.Q.	DEC 20 1916		Pte Mahoney Capt
Unemployed	3/4/19	Defects	B T Blackadder

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Category A.1.

Surname, Wade Christian Name James Anthony

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Eastern General Hospital Ophthalmic Centre 19.2.1917.			Brighton		B.E.		V = 6/18.	Fundi normae		Under Ha Rv = 6/24 c̄ + 3·5D Cyl. | = 6/12 Lv = 6/24. c̄ + 4D Cyl | = 6/12 A1. ordered. (Signed) H H Taylor Capt Certified true copy. Wraham Capt Cam E	

C.A.D.C. 5009A

G 3

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) WADE. JAMES. ANTHONY.

REGIMENT 2 Bn. C.E. RANK Spr. No. 506219

Date of Examination in England 22/3/19 | Date of Examination in France

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 16.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Assistant Director of M. D. No. 7 APR 22 1919 Dental Service.

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 N. S. Rutherford Capt.

To be made out in duplicate.

War Service Badge Class "A" No. 113

HQ. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins..... Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 506219

(3) Full Name of Soldier..... Wade James Anthony

(4) Place of Birth..... Pokemouche N B

(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 ? .....

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

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

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? Yes

If so, state name and address Mary Hayes

Bartibougue Bridge N B

(11) If your Mother is a widow — 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.

—

(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? Equitable of Canada

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.

W. George Boult Capt CCE
Officer Commanding.
for O. C. Engineer Training Depot

Date 31/10/16

3

W.A.B. Class A

93

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

W. S. B. CLASS A

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 22nd D/F ENGINEER TRAINING DEPOT

Regimental No. 506219 Rank Sapper Name Wade James Anthony

C. E. F.

Enlisted (a) 16/9/16 Terms of Service (a) Dep. War Service reckons from (a) September 16th 1916

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) Plumber

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		1-17.	
		Disembarked England		6-17.	
7-2-17.	C.E.T.D.	Taken on Strength from Canada.	Crowboro.	7-2-17.	Part II Order 33.
24 APR. 1917	do	Struck off Strength of C.E.T.D. transferred to 5th Div Witley	CROWBOROUGH	24.4.17	Part II Order No. [illegible]
1.5.17. ~~24/4/17~~	C.R.E. 5th Can. Eqrs	TOS. 5th Can. Div. Eng. posted to 15th Coy.	Witley Camp	24/4/17	Pt. II D.O. No ~~57~~ 60
8/3/18	15 F.C.C.E.	S.O.S. on transfer to C.E.T.D.	Seaford	8/3/18	D.O. 6.

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

Fred M. [illegible] for Lieut. C.E. Adjutant, C.E.T.D.

Bruce Ross Capt. MAJOR O.C. 15TH FIELD COY. C.E.

(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.

506219 Wade J.A.

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.
8-3-18	C.E.T.D.	T.O.S. of CETD from 5th Divisional Engineers.	Seaford.	8-3-18	Pt.2 Ord. 57
16-3-18	C.E.T.D.	S.O.S. of CETD on proceeding O/S to CE Pool. France.	Seaford.	16-3-18	Pt, 2 Ord. No. 64. [signature] Lieut. CE. for Adjutant, CETD.
MAR 17 1918	M.L.O	Arrived France & TOS CER Pool	MAR 17 1918		LR P/27
31.5.18	CCRC	Transferred from CERPool to 2nd Can, Engineer Bn.		31/5/18	P/66
1-6-18	O.C. 2nd C.E. Bn	T O S 2ND.C.E.BATTN	Field	1/6/18	Pt II O.1. d/2-7-18
18/3/19	Emb. Camp.	Proceeded to England.		18/3/19	N.R. Pt.2 O.No. d/.....
		8-4-19 S.O.S. on proceeding to Canada Part II orders #27 H Wing CCC Willey		14/4/19	D. W. Pratt Lt

CERTIFIED CORRECT. 28 MAR 1918 CAN. RECORD LONDON

G. F. Skelton LIEUT. FOR LT-COL. A.A.G.

OLYMPIC SOUTHAMPTON 15 4 19

[signature] CAPT. ADJUTANT H.M.T.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 22nd Draft 6 C Fd

Regimental No. 506219 Rank Spr. Name W Edw James Cullum

C. E. F.

Enlisted (a) 16-9-16 Terms of Service (a) 2 Yrs. Service reckons from (a) 16-9-16

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

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

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				
15-4-19	Emg.	TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 114.	ST. JOHN, N. B.		
22-4-19	D.S.H.M.S.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 114			Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

(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				

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Mary Hayes

Address Barbibogue Bridge
Northumberland Co.
N. B.

Rate ~~20.00~~ ~~FEB 1 1917~~

0 $ 15.00

By Whom Assigned Wade. Jas Anthony

Regtl. No. ~~#~~ 506219.

Rank Spr.

Corps Canadian Engineers 22 Dft.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			0 $ 15.00 1st Oct 1917
Sept.				2 M 17 10/7 SHB 18 Oct 7
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Mary Hayes.

PAYMENTS.

Name of Soldier Wade. Jas Anthony
Spr. S-06219. Can Eng. 22 Dft.

L. L. Job 4503. -Req. 6832.

FEB 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
				~~20.00~~
April	1916			15.00 1st Oct 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		Y 43656	20	
March		B 54083	20	
April		Y 5261	20	20
May	12476	~~Y 12475~~	~~20~~ 20	12475 - cam
June		X 18506	20	
July		N 26122	20	
Aug.		D 33435	20	
Sept.		P 40002	20	
Oct.		C 48642	20	
Nov.		Z 51720	10	10.00 to adj Oct
Dec.		K 61072	15	15 in future
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Pokemouche N. B

NAME AND ADDRESS OF NEXT OF KIN Mrs Mary Hayes
Barbibogue Bridge P.O. N.B

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

5 Div Engs

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 506219 RANK Spr NAME Wade J A

IF IN PERMT. CORPS WHAT UNIT UNIT A.T.D. TRANSFERRED TO 5th Div. Engs DATE 11/8/17. AUTHORITY A/R.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Chatham TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 16 Sept. 1916 TRANSFERRED TO DATE AUTHORITY

Mrs ?

ASSIGNED PAY MONTHLY $ ~~20~~ 15.00 DATE EFFECTIVE ~~1/2/16~~ Oct. 1, 1917

PAYABLE TO Mrs Mary Hayes Barbibogue Bridge Northumberland Co N.B. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917														10 05	10 05																10 05				Bal from Canada
Feb.	28	1.10	30	80											30 80													20 00		30	30 80				
Mar.	31	"	34	10											34 10									2 43	4 84			20		46 76	16 99				
																								9 73	9 73									
Apr.	30		33	00											33 00													20		20 00	29 99				
May	31		34	10										63 15	34 10									4 87				20		24 87	39 22				
June	30		33												33													20		24 87	47 35				
July	31		34	10											34 10													20		20	61 45				
Aug	10		11												11													20		34 60	37 85				
																								H 87										
1/31	21		23	10											23 10									7 30						12 17	48 78				
Sept.	30		33	—											33 —									7 30	7 30			20		49 20	32 58				
																												15							

1 Spr 5th Div Engs auth AK

506219 Spr. Wade, Ja.

AP 15.00

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH 1917	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.			PARTICULARS		CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
30 Sept.					~~32 58~~													32 58																		
Oct.		P.P.			34 10				5 D.E.				ap 547. 12/9/17	4 87																						
																	15																			
									5 D.E.				ap 609. 25/9/17.	7 30																						
					34 10									12 17			15	39 51																		
Nov	P.P.				33 00				"				ap 668 15/10/17	7 30																						
									"				" 733 29/10/17	9 73																						
													Can. AP				15																			
									"				" ap 755. 15/11/17	21 90																						
									"				" 886. 27/11/17	2 43																						
Dec 1918					34 10								Can. AP				15	35 25																		
					67 10									41 36			30																			
Jan	P.P.				34 10				O67. 7-12-17. 5 D.E.					38																						
																	15																			
									ap 1025. 20.12.17 5 D.E.					17 03																						
									" 921. 15.12.17				"	2 43				34 51																		
					34 10									19 84			15																			
Feb.					30 80				" 1054. 11.1.18				"	7 30																						
																	15	43 01																		
					30 80									7 30			15																			
Mar.					34 10				" 1089. 26.1.18				"	9 73																						
									" 1153. 11.2.18				"	7 30																						
									" 1196. 23.2.18				"	9 73																						
														26 76																						
																	15																			
									" 2811. 15.3.18				"	19 47				15 88																			
					34 10									46 23			15																			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.10.17	EFFECTIVE DATE:-
AMOUNT:- 15.00	AMOUNT:-

NAME:- WADE, Ja.

NUMBER:- 506219

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.

Mrs. Mary Hayes (Mother)
Barbibogue Bridge, Northumberland Co.
N.B.

Disposal Cb. - 4 - 17

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6.E.I.D.

DATE ACCOUNT FIRST OPENED:- 24.1.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Pells	11.8.17		5th D.E.

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
13/3/19	13/4	Liege	4 66	5		Das Pay Branch	5 50
~~22/3/19~~	~~1918~~	~~Hdqrs~~	~~73 00~~			Ledger Bal.	129 84
							68
			11 66			L.D.C. Bal.	46 83 16

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00—10			

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Can 31/3/19 N/E 5254 Bruns 25/3/19 M.D. 7.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31	Bal. Forward								15 88		
Apl.	PP	33		928. 18.4.18 16 Mis. Det.	4 46						
				"54 6.4.18 3 D.E.	3 57						
				675 5.3.18 5 D.E.	3 57						
				Cap.				15	35 53		
May	"	33 34 10			8 35			15 15			
				937 2.5.18 6 E.R.D.	3 57						
				"544 11.5.18 C.C.Ackl.	4 46				36 60		
		34 10			8 03			15			
June		33		Cap				15			
				5 2nd L.E. 2/6/18	3 57						
				111 2nd L.E. 17/6/18	4 46				46 57		
		33			8 03			15			
July	P.P.	34 10		Cap.				15			
				159 2 L.E. 1-7-18	4 46						
				280 " 17-7-18	3 57						
		34 10			8 03			15	57 64		
Aug		34 10		Cap.				15			
				360 2nd L.E. 3/8/18	3 57				73 17		
		34 10			3 57			15			
Sept	✓	33		Cap.				15			
				530. 1st C.E. 1.9.18	7 14						
				603. 2nd 20/9/18	3 57				80 46		
		33			10 71			15			
Oct	✓	34 10		Cap.				15			
				816 2 L.E. 4/10/18.	3 73						
				993 ✓ 20/10/18.	3 73				92 10		
		34 10			7 46			15			
				Forward					92 10		

COMPILED BY Tweedie

CHECKED BY

NUMBER 506219. RANK Spr. NAME WADE. J.A.

MONTH 1918	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Forwarded					92 10		
Nov	Pay.	33 -		C.A.S.				15 -			
				1234. 26b. 24/11/18	3 73						
				1333 ✓ 15/11/18	13 06						
				1474 ✓ 6/12/18	3 73						
Dec	Spr Pay.	34 10		C.A.P.	20 52			15 -			
Jan	✓	34 10		C.A.P.				15 -	127 78		
		101 20			20 52			45 -			
Feb	✓	30 80		1678 2 b.e. 20/12/18	3 89			[illegible]			
				C.A.S.				15			
				1839 2 C.E. 2/1/19	3 77						
				1948 ✓ 19/1/19	3 73						
				2201 ✓ 2/2/19	3 73						
				2375 ✓ 14/2/19	3 73				[illegible]		
Mar	✓	34 10		C.A.P.	18 85			15			
				2468 2 C.E. 22.2.19	13 99				129 64		
				4344 Havre 13.3.19	4 66						
				1933 H.C.C.C. 23.3.19	43 -				52 18		
		64 90			110 50			30 -			
				658 H.C.C.C. (L.P. endorsed) 11.4.19	14 60				34 58		
					14 60						

S.S. Canada 14.4.19 8/8. 49.

G3

War Service Badge
Class "A" No. 264846 Occupational Group No. 7

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

H

Pascal

1. No.	506219
2 Rank.	Spr.
3. Name.	Wade James Anthony
4. Unit.	2nd Bn C. E. D. D. NO. 7
5 Date of Discharge	APR 22 1919 Place St. John N.B.
6 Reason for Discharge	Demobilization
7. Authority.	R. O. 1420
8. Proposed Residence after Discharge	Bartibogue Bridge North Co. N.B.

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.? 39

Dispersal Station "C" APR 22 1919 Military District No. 7

James A Wade
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "C" APR 22 1919 Military District No. 7

Medical Documents Forwarded to S. C. R. or B. P. C. ON 6.5.19

Signature Rawa Jr Capt O. C. DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

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

B

Group.....

Checked by No.....

.....

Date.....

Certified True Copy R Stockdale Capt

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION H Wing C.C.C. Witley DATE 3-4-19.

1. 1 (a) Unit 2nd Bon. C.E. (b) Regimental No. 506219 (c) Rank Spr.

(d) Surname Wade (e) Christian name James Anthony

(f) Home address Bartibogo Bridge N B.

(g) Next of Kin Mary Ann Hayes (h) Relationship Mother

(i) Address of Next of Kin as above

2. Age last birthday 25 Date of birth 22-1-94

3. Enlistment, or Appointment (if an Officer) (a) Place Chatham N B. (b) Date 16-9-16.

4. Personal description: Estimated.

(a) Height 5' 9" (b) Weight 158 (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc. 2 Vacc. Scars arm left post surface of arm show Ictothyotic tendency

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	197

War Service Badge Class "A" No.

	Periods	
	From	To
Canada	16-9-16	26-1-17
England	26-1-17	16-3-18.
France or other theatres of War	16-3-18	18-3-19.

7. Original disease, or injury HYPEROPIA AND HYPEROPIC ASTIGMATISM BOTH EYES.

Infancy

(a) Date of origin Infancy (b) Place of origin Canada

(c) Cause Congenital.

M. F. B. 227.

300M.—8-18.
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 Both Eyes

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.)

Speciliast Report 22-3-19

Visual Acuity Right 6/24

" " Left 6/12

Hyperopia & Hyperopic Astigmatism Both Eyes.

Condition present before enlsitment and has notbeen aggravated by service.

Sgd Wm A MacDonald Capt.

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

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

Special Senses NO — Respiratory System NO — Integumentary System 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*).)

Documentry Evidence East General Hospital Brighton

B.E.F. 6/18 Fundi Normal

R V 6/24 c plus 3.5. D. cyl 1 ; 6/12

L.V. 6/24 c plus 4 D cyl 1 ; 6/12 SGD H H TAYLOR Capt C.A.M.C.

Soldiers Statement Defective Vision both eyes.present ever since he can remember Wore glasses for a few weeks in 1915.

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, scar. and deformities.

Sec 4 (F)

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.)

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 except glasses.

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

N A.

H. P. Swancesky Capt C.A.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).

Sapper Wade J A.

I, the undersigned.....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 W nil E.

Sapper J A Wade. Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or No.~~)	
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No.~~)	B 1
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)	N.A.
(*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.)

R.T.C AUTH A G 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.

F B Wilson Capt C.A.M.C. *President.*

PLACE H Wing C.C.C. Witley Camp — W M Ecclestone Capt C.A.M.C. } Members

DATE 3-4-19.

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..... } Members

DATE.....

CERTIFIED TRUE COPY

APPROVED BY

Assistant Director of Medical Services.

For

DATE 3-4-19.

APPROVED BY

Director-General of Medical Services.

DATE.....

M. & R S. **M. D. No. 7**

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

Bartibogue Bridge, North Co. N.B.

AUDITOR	PAYMASTER
PHL	

REGT. No. 506219 RANK Spr. NAME (IN FULL) Wade. James Anthony (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP
ADDRESS	
IS SEPARATION ALLOWANCE PAID? Yes	DATE EFFECTIVE
TO WHOM PAID See A.P.	RELATIONSHIP
ADDRESS	

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: C. Eng Depot — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 16-9-16 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO: Mrs. Mary A. Hayes — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: Bartibogue Bridge, North Co. N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED: PLACE St John — DATE 22-4-19 — REASON Demob — AUTHORITY DO 114 — IF ENTITLED TO POST DISCHARGE PAY

Month	Pay and F.A. No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls Col. No. 1	Col. No. 2	Col. No. 3	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
Balance from previous account: Mar					46 68	46 68														Olympic 21-4-19
Apr	29	1.10	31 90	35 00 70 00		136 90	Londons E.S.	E.S.	ck 120246	14 60 4 87	5 00	14 41			15 00		183 58			c. Bal. pay 1. P.C. 31-3-19 Cls. allce + 1st P.W.S.G. A.P. apr pd by Ottawa
WAR SERVICE GRATUITY.																				
				W.S.G.	S.A.								W.S.G.	S.A.				Soldier	Depend.	
153 dys at * Min				350 00	150 00	500 00							70 00				70 00	280 00	150 00	1st P.W.S.G. as above
															7 70		7 70	272 30	150 00	Over Cr Pe a on disc
															30 00		30 00	272 30	120 00	S.A. apr pd by Ottawa
					22 00	22 00												272 30	142 00	S.A. 1-4-19 to 22-4-19
														22			22 00	272 30	120 00	Ck 314789 AR 35 4/4/19
													62 30	30 -			92 80	210 -	90 -	Ck 8416523 AR 50 23/5/19
													70 -	30 -			100 -	140 -	60 -	Ck 1050538-39 AR 77 24/6/19
													70	30 -			100 -	70 -	30 -	Ck 1250578-79 AR 99 23/7/19
														100 00			100 00	—	—	Ck issued to dep AR 110 Ck # G 1264559 dated 5/8/19
				70 00		70												70		Ck G. 125-0578 Redeposited 6/9/19
Non Effective																				Ck 1351195 AR 170 - 5/10/19
														70			70			
NON-EFFECTIVE																				
R.				420	172	592							272 30	282	37 70		592			

Re issue 70 - cheque to Dependent & return with file please S.

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

Date of Enlistment 16-9-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Feb 1/17.

W 107 0107

1 8 6

RATE OF SEPARATION ALLOWANCE

~~25~~	30 1 Sept 18		

37744

RATE OF ASSIGNMENT

~~20~~	15		

1-10-17

PARTICULARS OF SEPARATION ALLOWANCE

No. 506219.

Rank Spr. Promoted Reverted Discharge

Soldier's Name Jas Anthony Wade

Battalion Can Eng 22" Dft

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Hayes Mother

Address Barbibogus Bridge, N B

Change of Address ~~Northumberland~~

1 ~~Tower New Castle, Miramichi Co.~~ N. B.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31			205	205
Jan 18	J 70374		15	15
Feb	B 73425		15	15
March	~~W 94019~~		~~15~~	~~15~~
March	~~Z 93248~~		~~15~~	~~15~~
April	W 10128		15	15
May	H 2943		15	15
June	T 21755		15	15
July	R 2747		15	15
aug	D 25610		15	15
Sept	T 40502		15	15
Oct.	V 43279		15	15
Oct	G 55184		15	15
Nov	M 2370	120		120
Dec	O 58712	25	15	40
1918 Jan	J 68413 ✓	45	15	60
Feb	H 70195	30	15	45
Mar	R 81426	30	15	45
apr	H 85892	30	15	45
	V 3781	30	15	45
		315	445	760

M D 7

REMARKS 18636-J-23 18636-9-23

Orig assignment 20ᵈᵉ Feb 1/17 reduced to 15ᵈᵉ Oct 1917 rm 17/10/17.

W-94019 Canc. by A.G.R. Jc Savings 3-5-18.

Canc by CCO. Z-93248. Cancelled. WHS. 27/7/18.

A.C.O. 5317 Pcard 3-5-18 mailed 4-5-18 Jas 8-5-18.

Ruling Sp'a musters from date of Appln 1 June 18. ACO 4791 Adj S/a from 1/6/18 to 31 Oct 18 - $1.25. MRO 15820 rend Alteration Sa 25 dft 15 eff 1 Nov 18. M 2370 M 24/10/18 AZ 18/10/18

M. R. O. Destroy H 88914

A/c Closed 30-H-19

Ret'd per Olympic

Date 21-4-19 M.F.W.187 29-4-19

Closed M. Brennan

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M.—6-17—1772 39-1141
L. L. 22920—M. & D. 7993.

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. 126.
400m.—-17—1772 39-1141
L. L. 22320—M. & D. 7993.