

ATTESTATION PAPER.

No. **323968**

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? **Williamson**
- 1a. What are your Christian names? **Calvin Dale**
- 1b. What is your present address? **St. Marys, Ontario.**
- 2. In what Town, Township or Parish, and in what Country were you born? **St. Marys, Perth County, Ontario.**
- 3. What is the name of your next-of kin? **Thomas E. Williamson.**
- 4. What is the address of your next-of-kin? **St. Marys, Ontario.**
- 4a. What is the relationship of your next-of-kin? **Father.**
- 5. What is the date of your birth? **January 13th, 1896.**
- 6. What is your Trade or Calling? **Book-keeper.**
- 7. Are you married? **No.**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes.**
- 9. Do you now belong to the Active Militia? **No.**
- 10. Have you ever served in any Military Force? **No.**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? **Yes.**
- 12. Are you willing to be attested to serve in the } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Calvin Dale Williamson**, 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.

Calvin Dale Williamson (Signature of Recruit)

Date **April 3rd**, 1916. *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Calvin Dale Williamson**, 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.

Calvin Dale Williamson (Signature of Recruit)

Date **April 3rd**, 1916. *[Signature]* (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 **Guelph, Ontario.** this **3rd** day of **April**, 1916.

[Signature] (Signature of Justice)



Description of Calvin Dale Williamson on Enlistment.

Calvin

Apparent Age..... 19 years 9 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. 6½ ins.

Chest measurement { Girth when fully expanded..... 34½ ins.
Range of expansion..... 3½ ins.

Mole on right breast 1" external to nipple.
Mole on lumbar region 1" to right of spine.

Complexion..... Med. Fair

Eyes..... Brown

Hair..... Black

Religious denominations. { Church of England.....
Presbyterian..... X
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
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..... April 3rd, 1916.

F. Walsh

Place..... Guelph, Ont.

C. Phaneuf
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.

Calvin Dale Williamson 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.

Kubewis Major (Signature of Officer)
O.C. 55th O.S. Battery C.F.A.

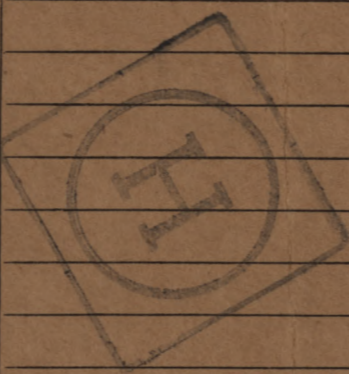
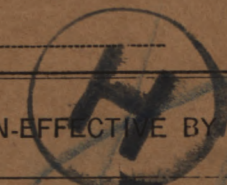
Date..... April 3rd, 1916.

REGIMENTAL DOCUMENTS

NAME WILLIAMSON Calvin Dale

REGT. NO. 323968

UNIT 55th Bty. 670 H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 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)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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)

Misc.

1 M.F.W. 67.

1 6D-3.

1 [Handwritten scribble]

1 P 12/10

DEATH

Category

DISCHARGE

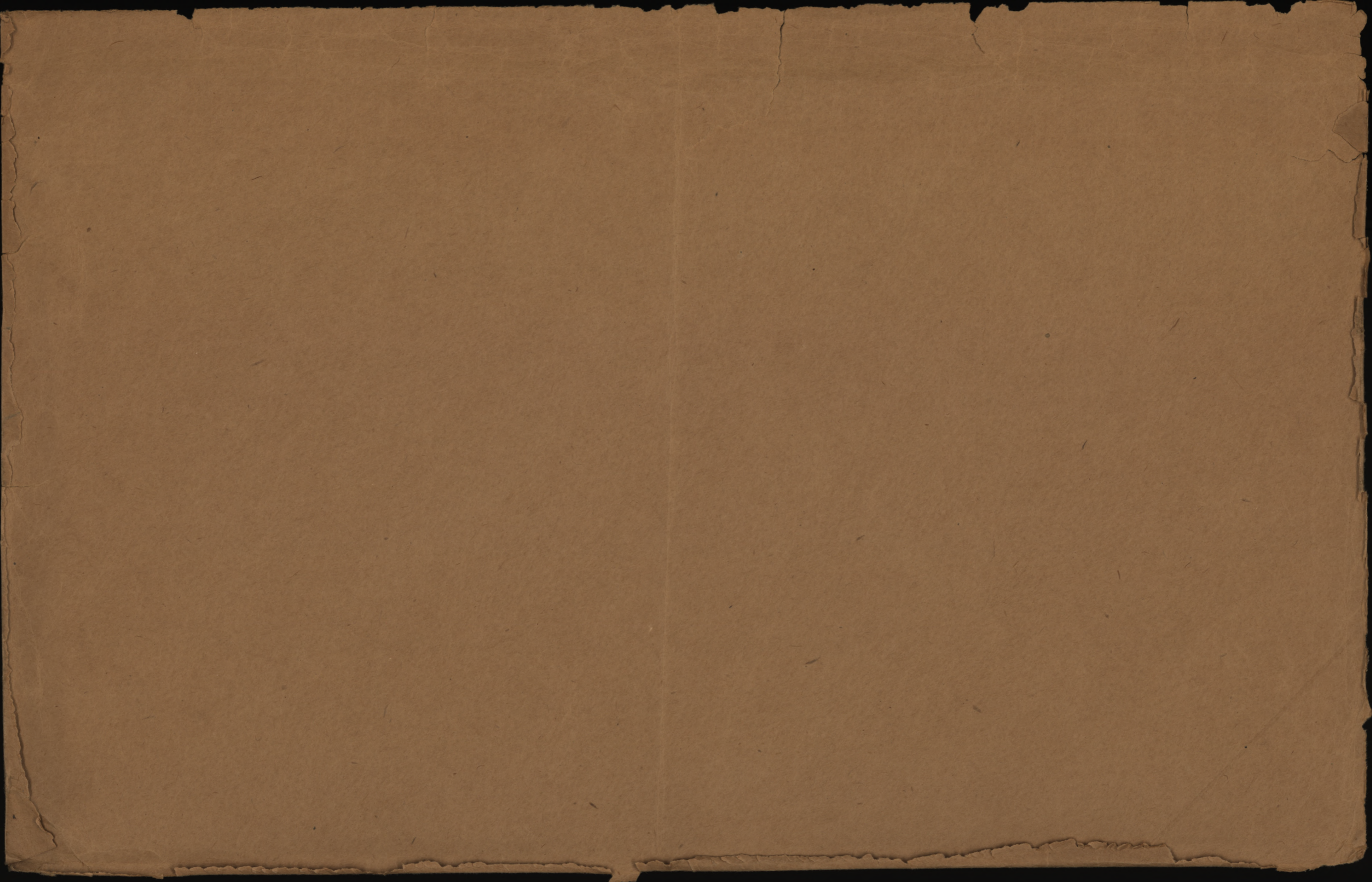
Category

Demob.

DESERTION

24665

21-22
16-22
3-4



323 968

WILLIAMSON

CALVIN DALE

I.D. number
No. d'identification
OPEN ATIP

Surname
Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu 10411



SURNAME.

Williamson

CARD NO.

"D" m. 82.

CHRISTIAN NAMES

Calvin Dale

SOS. 11-7-19

Deatb.

FOLD

20 196-15-7-19

DAZ

REGL. No. *323968.*

RANK *Amr. Dr.*

UNIT *55th Bty. (14th Bde.)*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Williamson, Thomas, G.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

St Mary's Ont.

COUNTRY OF BIRTH

Canada. St Mary's, Perth Ont.

DATE

Jan 13th 1896.

PLACE OF ATTESTATION

Guelfh Ont.

DATE

Apr 3rd. 1916.

R/c 9.7.19 ³⁶⁴/₁₂₀ Bk

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Book-keeper.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

19.

YEARS

9.

MONTHS

HEIGHT

5.

FEET

6 $\frac{1}{2}$.

INCHES

CHEST MEASUREMENT

34 $\frac{1}{2}$.

INCHES

EXPANSION

3 $\frac{1}{2}$.

INCHES

COMPLEXION

Med. fair.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Mole on right breast 1" External to nipple. Mole on lumbar region 1" to right of spine.

MEDICAL EXAMINATION.

PLACE

Guelfh ont.

DATE

Apr 3rd. 1916.

No. 322968 RANK Pte.

NAME Williamson, C. D.

T. O. S. 3-4-16

UNIT

58th of Battery, C. Co. F. 14th. Howitzer Bde.

D.B. 31 of 2-4-16.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 3	Apr. 31	✓		
	May :	✓		
	June :	✓		
	July :	✓		
	Aug :	✓		
	Sept.	N		



1213
RD

1213
4

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
Number..	323968	Rank	Gnr.
Surname.....	WILLIAMSON		
Christian Name.....	Calvin Dale		
Unit.....	C.F.A.	Theatre of War	France
Date of Service	21/8/17		
Remarks.....			
Latest Address.....	J.P.O. St Marys		
	Ontario		
Roll No.	B Page 3737		

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

992 16448. Please

Past
Rep 3/6/16
K. 2. 18/11/861
W. S. B. CLASS. A

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

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

Casualty Form Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 55th U.S. BATTERY
 Regimental No. 323968 Rank Private Name Williamson, Calvin Dale
 Enlisted (a) 3-4-16 Terms of Service (a) Duration of war Service reckons from (a) 3.4.16
 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) First Lance (Book keeper)

Report Date	From whom received	Record of promotion, 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	Halifax	11/9/16	
		Disembarked England	Liverpool	24/9/16	
4.11.17	C.O. 13th Bde. C.F.A. 4 roads.	Transferred to 13 Bde C.F.A. upon reorganization	Milford	23/1/17	D.O. II # 32 C. J. ... & Adjutant, for O.C. 14th F.A. Brigade. C.E.F.
28.1.17	C.O. 13th Bde. C.F.A.	T.O.S. on transfer from 14th Bde. C.F.A., posted to 55th Battery.	Milford	22.1.17	D.O. Pt. II #7. 1/28.1.17. Lieut. Adjnt. 13th Brigade C.F.A.
20.8.17	C.O. 15th Bde. C.F.A.	Proceeded Overseas on Service.	Milford Cpt.	20.8.17	D.O. Part ... 210 Capt. 13th Brigade, C.F.A.
28.8.17	L. Q.	LANDED IN FRANCE	HAVRE	31.8.17	L. Q. 8845/6.
4.10.18	13 Bde C.F.A.	14 Days Leave.	U. K.	3.10.18	2.213 24.10.18/1918
1.11.18	Do.	Rejoined from Leave.	Field	25.10.18	Do.

(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.]

Form B. 213 - Active Service

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				

4.4.19	13 Bdy 6th	14 Days leave	U.K.	28.3.19	B213 P. 27/1919.
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10.5.19	A.A.G.	S.O.S. & posted C.A.R.D.	South Ripon	11.4.19	Pk. II @ 36/1919.
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~~PROCEEDED TO ENGLAND~~
on expiration of leave in U.K.

EMBKD SOUTHAMPTON 27 1919
 ARR. HALIFAX JULY 8 1919

A. G. Pearson
Capt
 for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

PROCEEDED TO CANADA 8 JUL 1919

H. L. Jones Lt.
L. Wing

JUL 2 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 196
 JUL 11 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 196

[Signature]
 Lt.
 For O. C. No. 2 District Depot.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class A, No. _____

THIS IS TO CERTIFY that No. 223968 (Rank) Pvt
 Name (in full) Williamson Calvin Dale enlisted in
 the 55th Bty C.F.C.
 CANADIAN EXPEDITIONARY FORCE at Freeport on the 3rd
 day of April 1916
 HE served in 13th Bty C.F.C. France
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

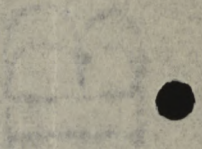
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age <u>23 years</u>	Marks or Scars _____
Height <u>5 ft 6 1/2"</u>	<u>Nil</u>
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
<u>G. D. Williamson</u> Signature of Soldier	

Date of Discharge <div style="border: 1px solid black; padding: 5px; text-align: center;"> No. 2 DISTRICT DEPOT JUL 11 1919 TORONTO </div>	Issuing Officer <u>H. Sergeant</u> Capt. No. 2 D. D. Rank _____ Date <u>JUL 11 1919</u> 19 <u>19</u>
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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.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 3237 (Rank) Private

Name (in full) William John Ross enlisted in the

1st day of April 1918 on the 1st CANADIAN EXPEDITIONARY FORCE at London

He served in 1st Bn. C.E.F.

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 24 Height 5' 8" Complexion Light Eyes Blue Hair Dark

Marks or Scars None

Signature of Soldier W. J. Ross

Issuing Officer [Signature] Rank Private Date 1918

Date of Discharge 1st April 1918
DISTRICT DEPT
TORONTO

N.B.—A duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

M.C. 1704-2-22
1000-2-200-1012
M.C. 1704-2-22

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 55th Overseas Battery, C.E.F.

(2) Regimental Number 323968

(3) Full Name of Soldier Calvin Dale Williamson

(4) Place of Birth St. Marys, Ont.

(5) Are you married, or not? No

(6) If married, state,

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

(b) Present Postal Address St. Marys, Ont.

(7) Are you a widower? No

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

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

Also their names and ages ----

Duplicate

(9) Is your Father alive? Yes

If so, state name and address Thomas E Williamson. St. Marys, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Cordelia Williamson. St. Marys, Ont.

(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? Canada Life Assurance Co.

Have you made arrangements for payment of your Insurance premium yes

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

Huberis

Major
O.C. 55th O.S. Officer Commanding.

Date April 8th 1916

ORIGINAL MEDICAL HISTORY SHEET.

1

Surname Williamson Christian Name Calvin Dale

Examined on 3rd day of April 1916
 at Guelph, Ont.
 Birthplace { City or Town St. Marys,
 County Perth County, Ont.

Approved by F. Walsh
 Rank Captain M.O.

Apparent age 19 years 9 months
 Trade or occupation Bookkeeper
 Height 5 Feet 6 1/2 Inches.
 Weight 125 Lbs.
 Chest measurement { Minimum 31 1/2 inches.
 Maximum expansion 34 1/2 inches.
 Physical development
 Small-Pox Marks

Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.
<u>9/8/16</u>	<u>fit</u>	<u>C.B. Trice</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 { Number

Date.	Result.	VACCINATIONS.
<u>17/8/16</u>		<u>C. B. Trice</u> M.O.
		M.O.
		M.O.

When Vaccinated last Never
 (a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/4/16</u>	<u>O.K.</u>	<u>F. Walsh</u> M.O.
<u>14/4/16</u>	<u>O.K.</u>	<u>F. Walsh</u> M.O.
<u>28/9/16</u>	<u>OK</u>	<u>C.B. Trice</u> M.O.

Enlisted on 3rd day of April 1916 at Guelph, Ont.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>55th Battery C.S.A.</u>	<u>323961</u>		<u>Apr. 3rd, 1916.</u>
Transferred to	<u>55 Batt 13 Bde</u>			<u>22 1 17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

S. Mcg

3009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) WILLIAMSON Calvin. Dale

REGIMENT CFA RANK Gnr No. 323968

Date of Examination in England 12-6-19 Date of Examination in France _____

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 17-18
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 _____
- (c) In France yes

Signature of Dental Officer W. H. Shepherd



SECRET

TOP SECRET

81-91

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

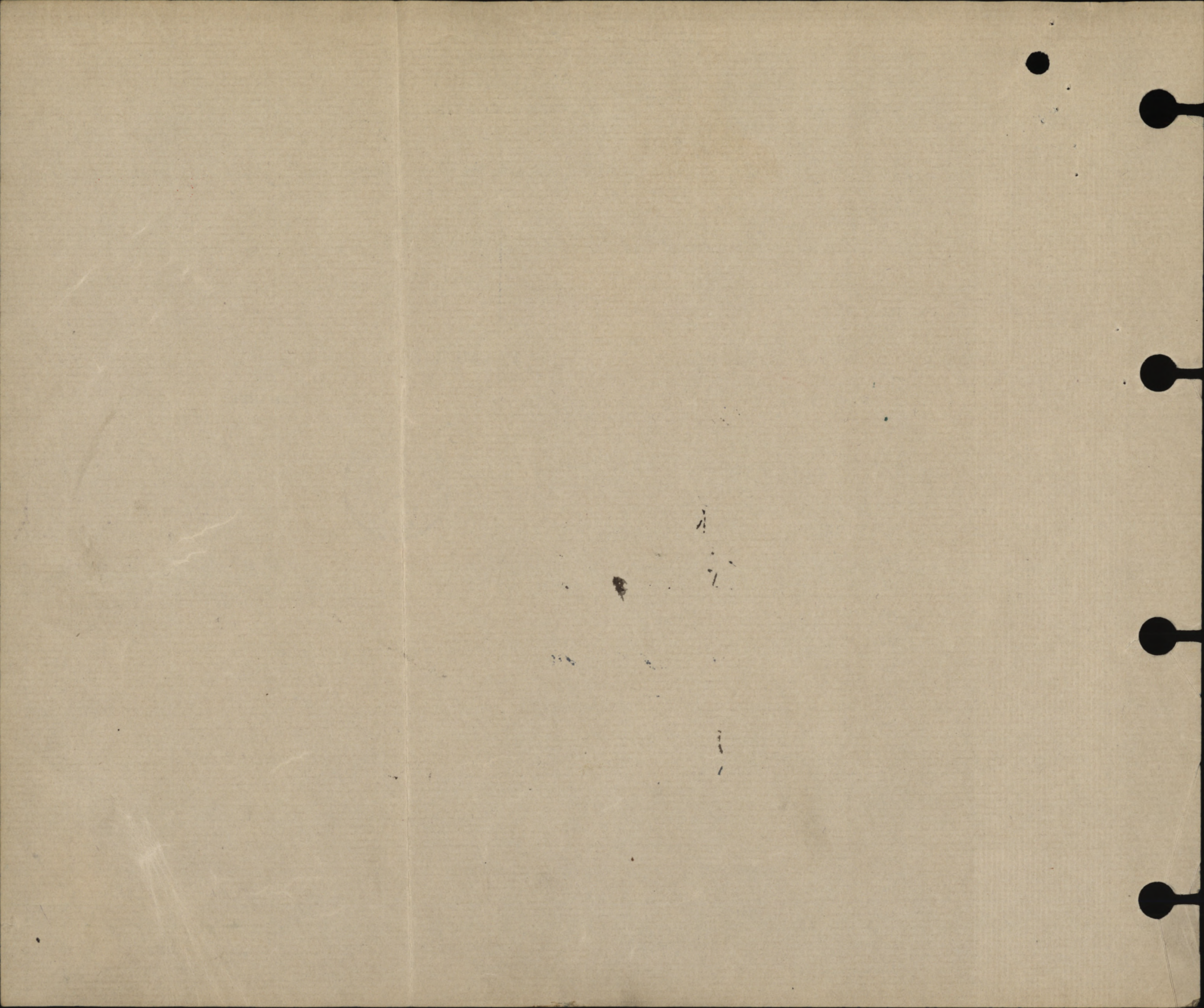
M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To, Whom *Mrs. Thos. Williamson* By Whom Assigned *Williamson, C. D.*
168 18/12/17 *Box 488*
 Address *Jessie St.* Regtl. No. *323968*
St. Marys Out. Rank *Gwr.*
 Corps *55th Bty.*
 Rate *\$20.00* SEP 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. *Mrs Thos. Williamson*
 (Assignee)

Name of Soldier *Williamson C.D.*
55th. Bty

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amnt.	Remarks.
				<i>\$ 20.00</i>
				<i>SEP 1-1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>Q 21367</i>	<i>20</i>	
Oct.		<i>A 24376</i>	<i>20</i>	
Nov.		<i>M 28844</i>	<i>20</i>	
Dec.		<i>P 33956</i>	<i>20</i>	
Jan.	1917	<i>G 41057</i>	<i>20</i>	
Feb.		<i>Q 47357</i>	<i>20</i>	
March		<i>R 52100</i>	<i>20</i>	
April		<i>S 55555</i>	<i>20</i>	<i>20 JW</i>
May		<i>S 12229</i>	<i>20</i>	
June		<i>R 18949</i>	<i>20</i>	<i>S</i>
July		<i>O 26512</i>	<i>20</i>	
Aug.		<i>F 37786</i>	<i>20</i>	
Sept.		<i>T 40644</i>	<i>20</i>	
Oct.		<i>A 22705</i>	<i>20</i>	
Nov.		<i>J 54081</i>	<i>20</i>	
Dec.		<i>X 61261</i>	<i>20</i>	
Jan.	1918			<i>320⁰⁰ grc</i>
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.				

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	WILLIAMSON, Calvin Dale.
EFFECTIVE DATE:-	1/9/16	EFFECTIVE DATE:-		NUMBER:-	323968.
AMOUNT:-	20 ⁰⁰	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT	

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs. T. Williamson Junco St. St Marys Ont. <i>Stopped - Eff. 1-7-19.</i>				gunner.
UNIT AND TRANSFERS				
ORIGINAL UNIT:-		14 th How Bde CFA.		
DATE ACCOUNT FIRST OPENED:-		1/9/16.		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO	
Pto 32.	22/1/17	22/1/17	13 Bde CFA.	

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
24/5/19		London Lg	3407				
29/5/19	467	Lg	973				
			4380				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disch. to Can. 30/6/19. NR. 10132 J. Bilt 4/6/19 Witley wing L.P.C. - 16.40*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal fwd.								59 03		
Apr 1	Inv Pay	33		cap				20			
				AR 48 20/4/18 13 CFA	8 03				64 00		
		33			8 03		20				
May	Gen. p	34 10		cap				20			
				AR 130 5/5/18 13 CFA	4 46				70 07		
				" 144 15/5/18 "	3 57						
		34 10			8 03		20				
June	Gen. p	33		cap				20			
				AR 223 5/6/18 13 CFA	4 46				75 04		
				" 270 20/6/18 "	3 57						
		33			8 03		20				
July	Gen. p	34 10		cap				20			
				AR 316 5/7/18 13 CFA	4 46				81 11		
				" 361 5/7/18 "	3 57						
		34 10			8 03		20				
Aug	Gen. p	34 10		cap				20			
				AR 413 6/8/18 13 CFA	3 57				88 07		
				" 455 20/8/18 "	3 57				88 07		
		34 10			7 14		20				
Sept	Gen. p	33		cap				20			
				AR 504 15/9/18 13 CFA	7 14				93 93		
					7 14		20				
		33 00									
Oct		34 10		AR 577 13 Bde 5/10	3 73						
				Cl 42902 5/10	73						
				Cap.	74 73			20	31 30		
		34 10			76 73		20				

NUMBER 323968 RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									31 30		
Nov	Gr	33		Cal				20			
Dec		34 10		"				20			
1919											
Jan		34 10		"				20	72 50		
Feb	Gu's Pay	10/20						60			
Mar		30 60		at				20			
		34 10		1233 8/1 1362e	503						
				1484 20/2	2239				97 40		
				1659 10/3	2585						
				at				20	44 13		
		64 90			52 97			40	100 10		
Apl	Gr	33		CP 57839 Law 1/2	24 33				114 53		
May		34 10		Apl. May + June Ap.				60	118 40		
June		33		CP 70400 London 2 1/2	34 07				26 13		
		100 10			58 40			60			
				AR. 464. S. C. C. C. 29/5	9 73						
				" 2394 " ELPC. 13/6	9 73						
				" 2464 " " 17/6	38 93				32 26		
					58 39						

Asst to Com. Lt. 97 2/7/19.

L.P.C.
D.O.S.
Det
954



SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge
Class A, No. 228361 (Demobilization.)

WAR SERVICE BADGE
CLASS-A-NO

1. No. 323968

2. Rank. Pte.

3. Name. WILLIAMSON, Calvin Dale

4. Unit. CFA CFA 55th Battery

5. Date of Discharge JUL 11 1919 Place TORONTO, ONT.

6. Reason for Discharge Demobilization Category A1

Next of Kin Mother

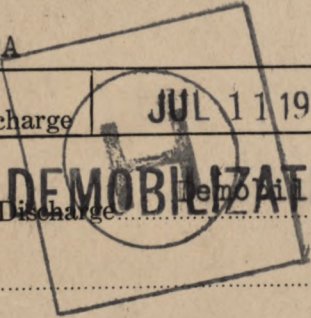
Intended Town of Residence St Marys (Toronto) Ont

Occupation Bookkeeper Group 3

Service in France 1 1/2 years

7. Authority. No. 2 D.D., Part II, D.O. No. 1916 Presby

8. Proposed Residence after Discharge. G.P.O St Marys Ont.



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.?

Calvin Dale Williamson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place. No. 2 DISTRICT DEPOT
Date. JUL 11 1919
TORONTO

Signature H. J. [unclear] Capt.
(C. C. Discharging Unit.)

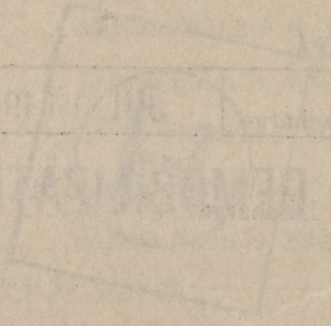


PROCEEDINGS ON DISCHARGE

Demobilization

WAR SERVICE BY

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby authorize that at the undersigned place and date I received my discharge Certificate

M. E. W. J. _____

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place _____

Date _____

Signature _____

O. C. Discharge Unit

LIST OF DISCHARGE DOCUMENTS

Medical Form W 23	Association Paper, Toronto
Medical Form W 133	or Publications of Toronto
Medical Form W 133 or A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z	Form-Contract Sheet
Medical Form W 133	Contract Form
Medical Form W 44	Last Pay Certificate
	Certificates (other military documents are included)
Medical Form B 133 or A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z	Medical History Sheet
Medical Form B 133 or A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z	Proceedings of Medical Board
Medical Form B 133	Dental History Sheet
Medical Form B 133 or A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z	Medical Report
Medical Form B 133	Regimental Contract Sheet
Medical Form B 133	Company (Contract Sheet)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 59)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 59a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851). *W. J. Duff*
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..... *1-29-19*

J.P. Rank Name WILLIAMSON, Calvin Dale Reg'l No. 323968.
 Unit 55th Batt. C.F.A. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Guelph. Ontario. 3rd April 1916. Place of Birth St. Marys Perth County Ontario.
 Name and Address, Next-of-Kin Thomas E. Williamson.
 St. Marys. Ontario. *Canada* Relationship Father.
 Assigned Pay Monthly \$ Payable to
 Separation Allowance \$ Payable to
 Relationship
 Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. *2962*
 F/le R.L. *Can. B.*
 Category

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		ARRIVED IN ENGLAND S.S. METAGAMA		22-9-16	
1 Feb. 17	I4 Ede:	S.O.S. transfer, New I3 Ede:	Witley, nr	Feb 17	Pt. DO 32.
28-1-17.	I3 Ede:	TOS. tfr. from I4th Ede:	Witley	22-1-17	Pt. IIDO, 7
20.8.17	" "	Proceeds 7p	" "	20.8.17	Pt 210
31-5-19	<i>S. Wing</i> ccc	T.O.S. pend. B.T.B.	" "	28-5-19	- 6 & CARD 156/5.6.19
28.5.19	CARD	T.O.S. from 55 Bty.	" "	27.5.19	"148
23.6.19.	S wing.	S.O.S. to <i>L. wing.</i>	" "	23.6.19.	- 25.
		<i>Go Canada 94-T.108</i>		2-4-19	
3.7.19	<i>Swing</i> ccc	S.O.S. to Canada via Witley		3-7-19	5043
		<i>S.O.S. TO CANADA</i>			
		<i>Over P.R.D.O. d 1-7-19</i>			

A.F.B. 103 CHECKED
27 AUG 1917

S Wing

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

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

323969

No. Rank Corn Surname WILLIAMSON
(Given name in full)

Unit or Corps 55th Batt. C.F.A. Birthplace Calvin Dale
St Mary's on

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5'8 ft. Colour of Eyes blue
Nutrition good
Pulse 74 regular
Condition of arteries good
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
none

Opinion as to general health and physical condition good

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

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

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

26-6-16. Influenza -
no AFB. 103 available

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS

Examined at Witkey.....(Overseas)

Date 18-6-19..... Signed S. P. Williams.....M.O.

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

Signature S. P. Williams.....

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

THIS SECTION FOR USE IN CANADA

Examined at(Canada)

Date Signed M.O.

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

Signature

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

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Sept 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

W 6856

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *323968*

Rank *Gnr.* Promoted Reverted Discharge

Soldier's Name *C. D. Williamson*

Battalion *5-5-Batty*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Thos. E. Williamson*

Address *Jones St. St. Marys*

Box 488. Change of Address *Out*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec. 31			320	320	
1918 Jan	I 67227		20	20	X
Feb	F 67323		20	20	
Mar	Z 93715		20	20	✓
Apr	X 7149		20	20	✓
May	X 17161		20	20	✓
June	T 25931		20	20	
July	B 26082		20	20	
Aug	V 40281		20	20	
Sept.	V 50645		20	20	✓
Oct.	16 54461		20	20	✓
Nov	L 60402		20	20	
Dec	W 66773		20	20	
Jan 19	R 69567		20	20	
Feb.	V 81704		20	20	✓
Mar.	n 91546		20	20	
Apr.	V 3178		20	20	✓
May	T 8938		20	20	A.
June	W 11081		20	20	
July	W 12281		20	20	
			700	700	

19442-B-36

REMARKS

Oct 1917 cheque # A22705 was sent in error to Mrs. Thos. Williams, Jones St., St. Marys and cashed by her. Adjustment cheque ordered by L.P. 1278 rendered 22-3-18 *Demanded 22-3-18*

A/c Closed 30-7-19

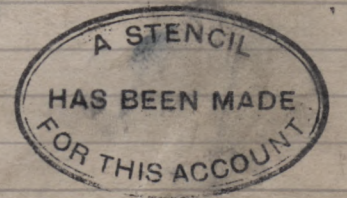
Ret'd per. *Glymer*

Date 7-7-19 M.F. 4187 read 23-7-19

Clark *Eladue* M.D. 2

M.R.O. Lt. 115412 decl. read

PA



M. F. W. 126.
400m-17-1772-39-1141
L. L. 22220-M. & D. 7493.

10 L 5 219

4945

DISPERSAL

AUDITOR PAYMASTER

"OLYMPIC" 7.7.19

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

M. OR S. REGT. No. 323968 RANK Pte NAME (IN FULL) WILLIAMSON, C.D. (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. Cra IF IN P.F. WHAT UNIT? Same.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 3/4/16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY 2000 DATE EFFECTIVE 31.7.19 Closed by Ottawa

PAYABLE TO Mrs Mrs. E Williamson RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box 488 St Marys Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAGES

Toronto 11.7.19 Demob D.O.196

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT		
30.6.19					1640		1640																1640	for balance of 1919		
16.7.19	16	110	1760	3500	7000		12260	394			973	487	500	2000							4853			of which 1st 1/3 of 1919		
							140239				7000										7000			of 1st 1/3 of 1919		
							13900														114853	953		for balance on dis 1916		
				W.S.G.																				W.S.G. AMOUNT DUE SOLDIER DEPENDENT		
																								7000	W.S.G. pd as above	
																									550	5 dis. Pra after
18 3 days					420		420														953				balance from above	
																					8503	33497			Aug 8 7462443 54 94	
																					1140	1280			Apr 14 1036816 70 -	
																					210	210			Oct 2 1042418 70 -	
																					280	140			Oct 31 1462019 70 -	
																					350	170			Dec 8 1771373 70 -	
																					420					
							420														33497					
																					8503					
																					420					

