

REGIMENTAL DOCUMENTS

NAME *CHIPMAN* WILLIAM WALLACE

REGT. NO. *104th*

UNIT *I a.m.c. I.D.*

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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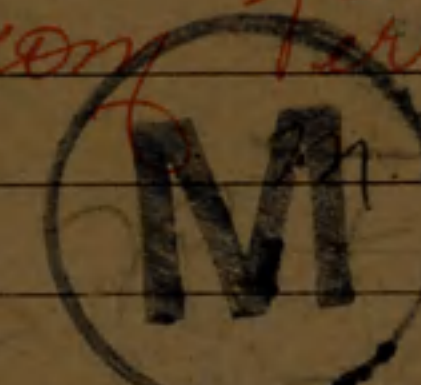
1 [unclear]

Personal Services Militia HQ Ottawa

9-4-19

Pero - 313 9.8

Ret'd from [unclear]

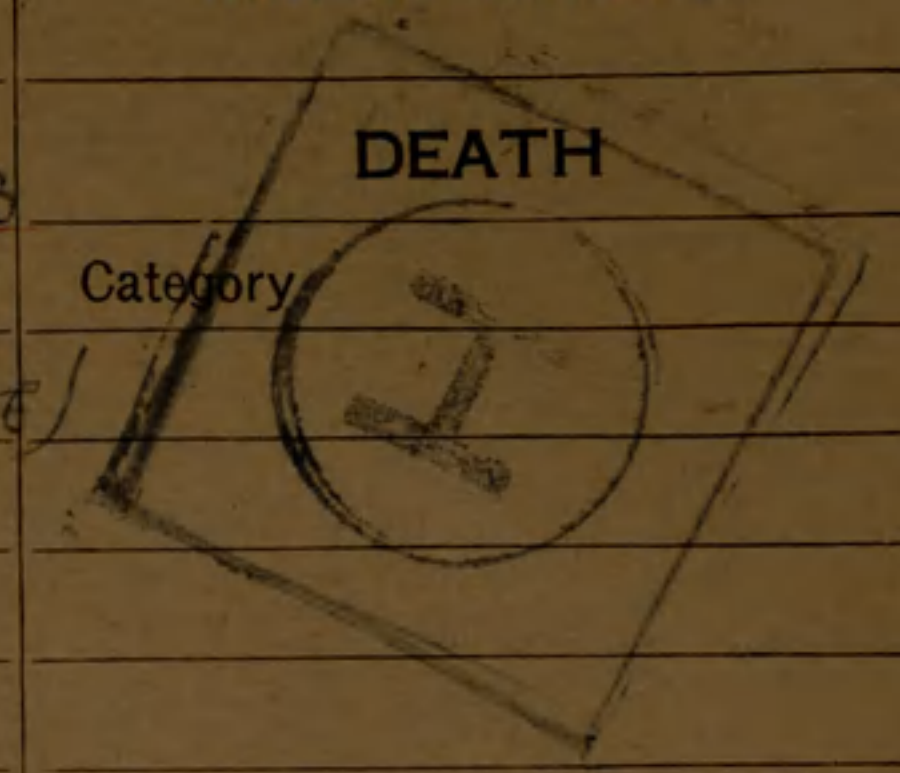


13-5-1915

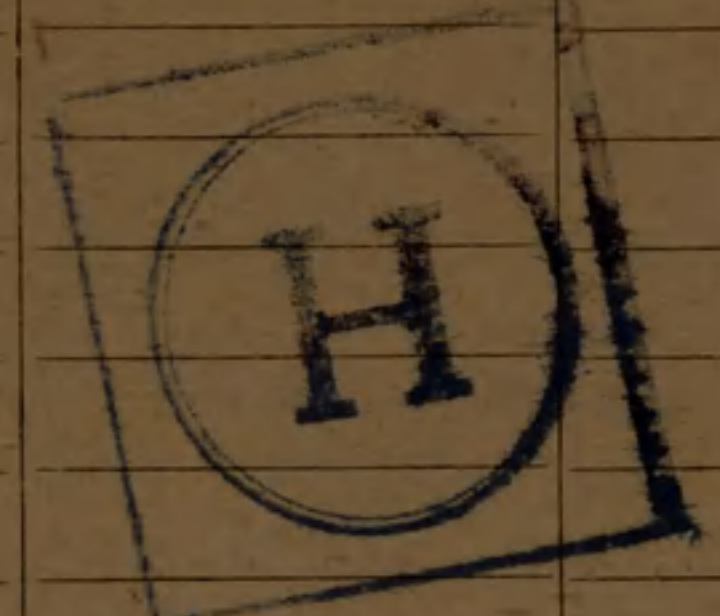
13/5/19

2-636 (m. 15)

18625



Category
Demobilization



S.A. & A.P.

3-5-19

Misc - 9828

403603

Ref SS. Cedric d/19-3-19

14. 11. 16

No.

RANK

Capt.

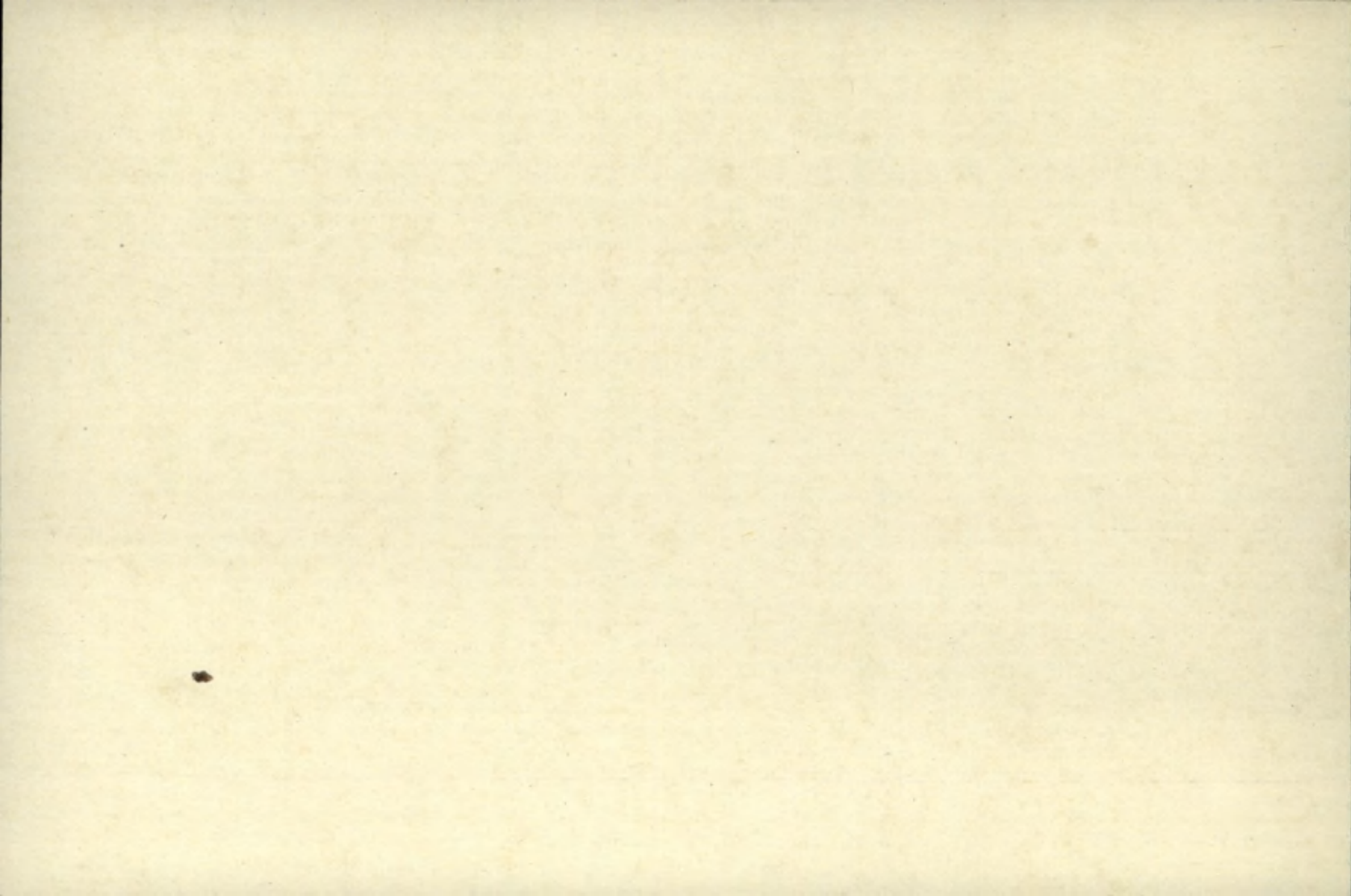
NAME

*Chipman, William.*T. O. S. *1-8-17.*

UNIT

*No 3 Army Medical Corps Train Depot**DO 216 of 8-17*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Aug 1</i>	<i>1917 Aug 7</i>	<i>n.</i>	<i>Proceeded 015 7-8-17</i>	<i>DO 216 of 18-8-17</i>



Number _____ Rank *Capt*
Surname *CHIPMAN*
Christian name *William, Wallace*
Units _____ Theatre of War *France*
Date of Service *2-6-18*
Remarks _____
Latest Address ~~*Danvers City*~~
Mays, N.Y.
Roll No. *C.A.M.C.*

DESP. JUN 27 1923
 REGN. NO. 3032

Remarks

Pt. 2 Order No.

Date of Medical Boards

Date and place of enlistment

Character on discharge

ate

CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &C.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &C.</small>
	No.	DATE	
<p><i>S.S. 23-6-19</i> <i>Demobilization</i> <i>Returns to active</i> <i>militia</i></p>	<p><i>183</i></p>	<p><i>2-4-19</i></p>	<p><i>14 372-3-273</i> <i>Co. 2049 B.</i> <i>ADNS. # 155</i></p>

NAME

Chipman, Wm Wallace,

REGIMENTAL NO.

RANK

Capt

ENLISTED AT

Barnfield.

PROMOTIONS, &c.
AND DATE

DATE

August 1-1917.

IF SERVED PREVIOUSLY, STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Mrs Wm. Chipman

RELATIONSHIP

Mother

ADDRESS OF

346 Frank St Ottawa Ont

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

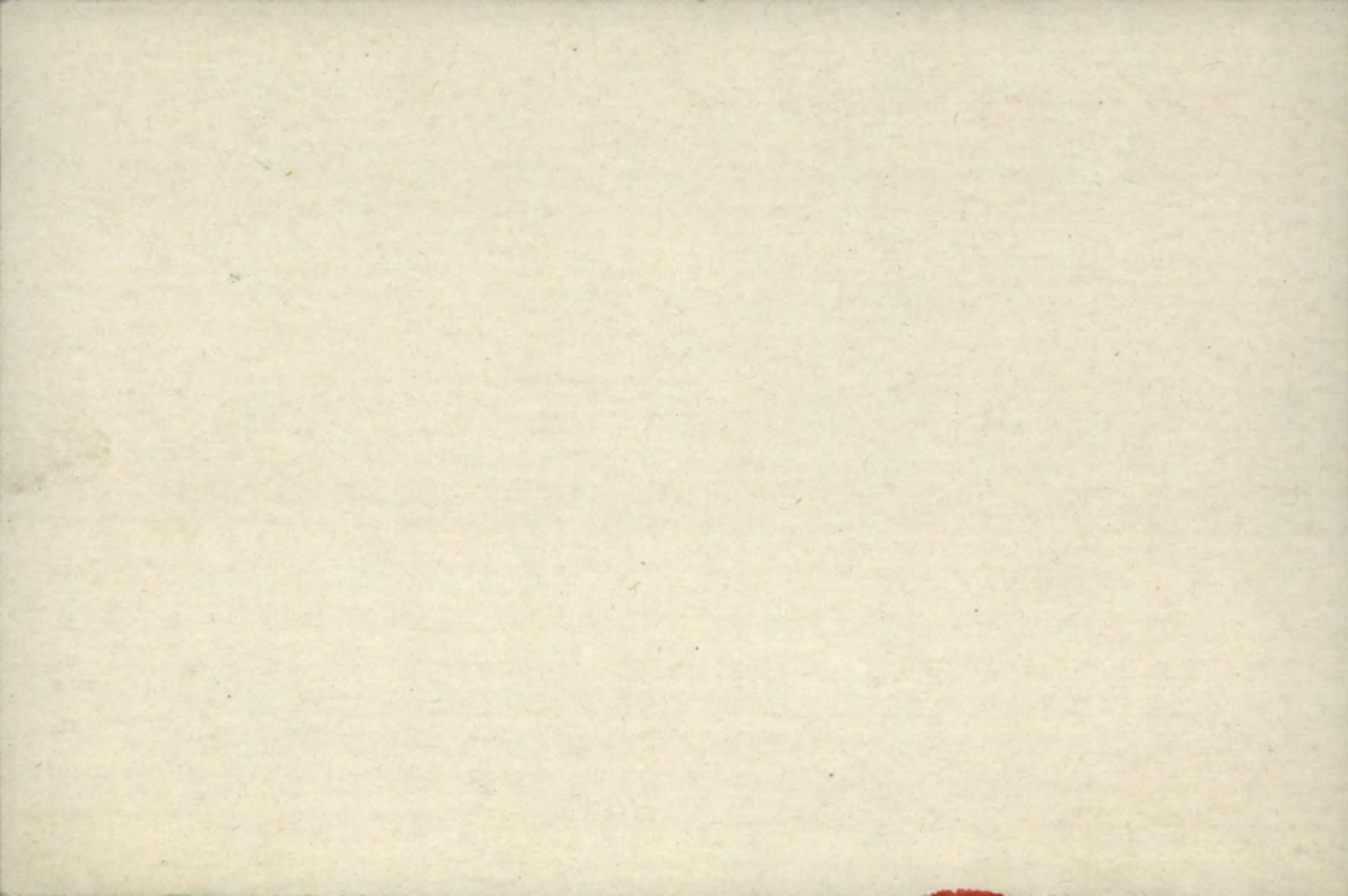
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname Chipman H. Q. 39
Christian names William Wallace M. D. No. 2
Regtl. No. Rank Capt T. O. S. 28.4.19.19
Unit Came In Regt 2 D. O. Pt. II 129 of 9.5.19
S. O. S. 23/6/19 1919
Reason Wound
Auth. P.O. 2049 of 27.6.19.19
Ans to act militis unit

Next of kin Chipman Mrs William Relationship Mother
Address 346 Frank St Ottawa Also notify:
Ont P.O. 23/6/19
P.O. 2049 27/6/19

BORN—Place Canada Elgin Ont Date June 10th 1883
ATTESTED—Place Barrie Ont Date Aug 3rd 1917
O/S. R/C. 27-3-19 292 4 Capt
W. 22-100M-7-18. 1772-39-839.



Unit No. 3, A.M.C. Training Depot (Queen's) Rank Captain Name Chipman (William Wallace)

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? Chipman
(b) What are your Christian Names? William Wallace
2. (a) Where were you born? (State place and country) Elgin, Ontario.
(b) What is your present address? 346 Frank Street, Ottawa, Ont.
3. What is the date of your birth? 10th. June 1883.
4. What is (a) the name of your next-of-kin? Mother-Mrs. William Chipman
(b) the address of your next-of-kin? 346 Frank Street, Ottawa
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Physician
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? C.A.M.C.
9. State particulars of any former Military Service. 9 months with Military Hospitals C.C.
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

W. Wallace Chipman (Signature of Officer)

Taken on strength (place) Barriefield Camp, Ontario.
(date) 1 August 1917

D.K. Mundell Major (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date August 3rd 1917

Place Barriefield Camp

D.K. Mundell Major Medical Officer.

*Insert here "fit" or "unfit"

QUESTIONS TO BE ANSWERED BY OFFICER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) Name of your unit and its parent unit.

(b) The date of your arrival in the theatre of operations.

(c) The date of your departure from the theatre of operations.

2. (a) The name of your commanding officer.

(b) The name of your superior officer.

(c) The name of your immediate superior officer.

3. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

4. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

5. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

6. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

7. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

8. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

9. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

10. (a) The name of your unit.

(b) The name of your parent unit.

(c) The name of your superior unit.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named officer and find him to be fit for service in the Canadian Overseas Expeditionary Force.

I certify that the above named officer is fit for service in the Canadian Overseas Expeditionary Force.

Signature: _____

Rank: _____

Branch: _____

Date: _____

MEDICAL HISTORY SHEET

Surname Chipman Christian Name William Wallace

Examined { on 3rd. day of August 1917
 at Barriefield Camp, Ont.

Approved by D. K. Munnell
 Rank Major M.O.

Birthplace { City or Town Elgin,
 County Leeds Co., Ontario

Apparent age 34
 Trade or occupation Physician

Height 6 feet Inches

Weight 228 lbs.

Chest measurement { Minimum 42 inches
 Maximum expansion 46 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left Yes
 Number One

When Vaccinated last 1904

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

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

Date	Result	VACCINATIONS
<u>1 Aug 17</u>		<u>A. Ronalquin</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1 Aug 17</u>		<u>A. Ronalquin</u> M.O.
<u>6 Aug 17</u>		<u>A. Ronalquin</u> M.O.
		M.O.

Enlisted on 1st. day of August 1917 at Barriefield Camp, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>No. 3. A.M.C. Training Depot (Queen's)</u>			<u>1st. August 1917.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Barriefield</u>	<u>Aug. 6, 1917</u>	<u>nil.</u>	<u>R. J.</u>

MEDICAL BOARD, M. D. No. 3

Passed as Medically Fit. Date Aug. 6, 1917

R. J. Thomas, Capt. AMC. for Lt. Col. AMC.

Blumenthal W.

8. 3. 19

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.

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

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

No. Rank CAPT. Surname CHITMAN
 (Given name in full) WILLIAM WALLACE
 Unit or Corps Caval. Birthplace ELGIN Ontario

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

I. GENERAL DESCRIPTION:

Physique Good Weight 210 lbs. Height 6 ft. 6 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 80
 Condition of arteries good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 25 ft.
 Left 25 ft.

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

Opinion as to general health and physical condition Nil

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 Nil Genito Urinary System Nil Cardio-Vascular System Nil
 Special Senses Nil Integumentary System Nil Respiratory System Nil
 Disturbance of Mentality Nil Muscular System Nil Digestive System Nil
 Osseous and Joint System Nil Any other general condition Nil

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at B. B. Board, London (Overseas)
Date 8. 3. 19. Signed Thomas Campbell 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 W. W. Chipman
(If not satisfied, M.F.B. 227 will be completed by Medical Board.) W. W. Chipman

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.)

I.D.

Surname **CHIPMAN**

Christian Names **William Wallace.**

Rank **Captain.**

Name and Address of Next-of-Kin **Mother**

Promotion

Mrs William Chipman

346, Frank Street, Ottawa, Canada.

Unit **No.2.Dft. No.3.C.A.M.C. to C.A.M.C.T.D.**

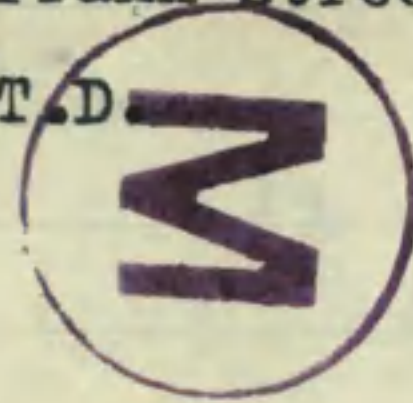
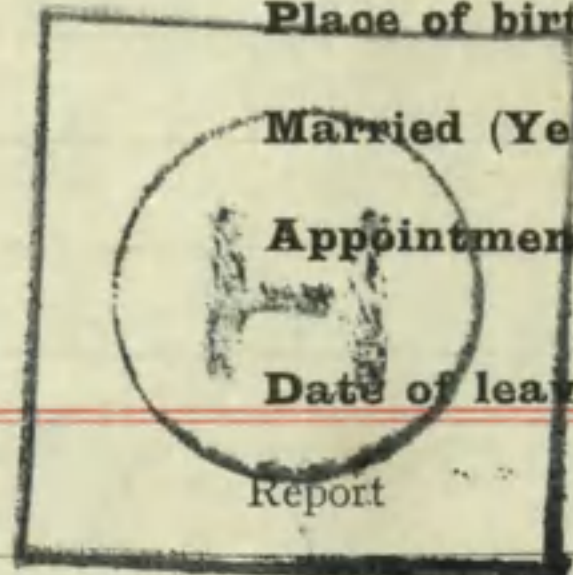
Place of birth **Elgin, Ontario.**

Married (Yes or No)

Appointments

Date of leaving Canada **13-8-17 NR**

Date and Cause of Resignation



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				
31. 8. 17.	AMS.	S.O.S. arr from Canada. & posted. CAMC Depot.		13. 8. 17.	Bo. 1139.
22-10-17	Do	Posted to No 10 Gen. Hp. Brighton from 6a to 6D		19-10-17	Bo. 1378
19-5-18					
25-5-18	10 Gen. Hp.	S.O.S. to CAMC Depot.		16-5-18	P th II Ord. 21.
2-6-18.	CAMC Depot	S.O.S. on posting from No.10. Can. Gen. Hp.		17-5-18.	P th II Ord. 153.
3-6-18.	Do	S.O.S. on Proceeding of Seas for duty with No.3.C.C.C. Stn.		2-6-18.	P th II Ord. 154.
22-6-18.	3.C.C.C. Stn.	T.O.S. on arr from Eng. as Rein.		2-6-18.	P th II Ord. 28.
8-1-19	Do	Granted 14 days leave		26-11-18	P ^x II Ord. 1
6-3-19	Do	Granted 7 days leave to his		16-2-19	P ^x II Ord 7
12-3-19.	3 C.C.C. Stn	SOS & ltr. of 3 C.C.C.S. on despatch to England for return to Canada on compassionate grounds, & posted to 6a m & 6a b Coy Thorncliffe.		28-2-19	PH Ord 8.
17-3-19.	CAMC Cas Coy	T.O.S. on posting from CAMC France.		1-3-19.	P th II Ord. 64.
31-3-19.	AGMS.	S.O.S. Trans to 6b's in Canada. { Cessation of hostilities }		19-3-19.	Bo. 49.
		Sailed to Canada per SS "Cedric"		19-3-19	Sailing List 29

came.

A.F. 11 JUN 1918

14900

P.T.O.

Date	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
17-3-19.	CAME Casby	SCS on posting to BR.60th London.		3-3-19	P ^x Ord. 64.
6-3-19	CAME Casby Andby	TOS on posting from CAME Casby		3-3-19	P ^x Ord 48

CANADIAN EXPEDITIONARY FORCE

P.R.F. 2-34.
R.I.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Captain.....

(Name in full).....William Wallace CHISHAM,.....

Enlisted in.....Canadian Army Medical Corps,.....

CANADIAN EXPEDITIONARY FORCE, on the.....~~.....~~.....

day of.....~~.....~~.....191..... AND WAS APPOINTED to COMMISSIONED RANK

in.....Canadian Army Medical Corps,.....

CANADIAN EXPEDITIONARY FORCE on the.....First..... day

of.....~~August~~.....191.....7.....

He SERVED in CANADA,.....~~England and France with the Canadian Army~~.....

.....Medical Corps,.....

and was STRUCK OFF THE STRENGTH on the.....Twenty Third..... day

of.....June.....191.....9..... by reason of.....General Demobilization.....

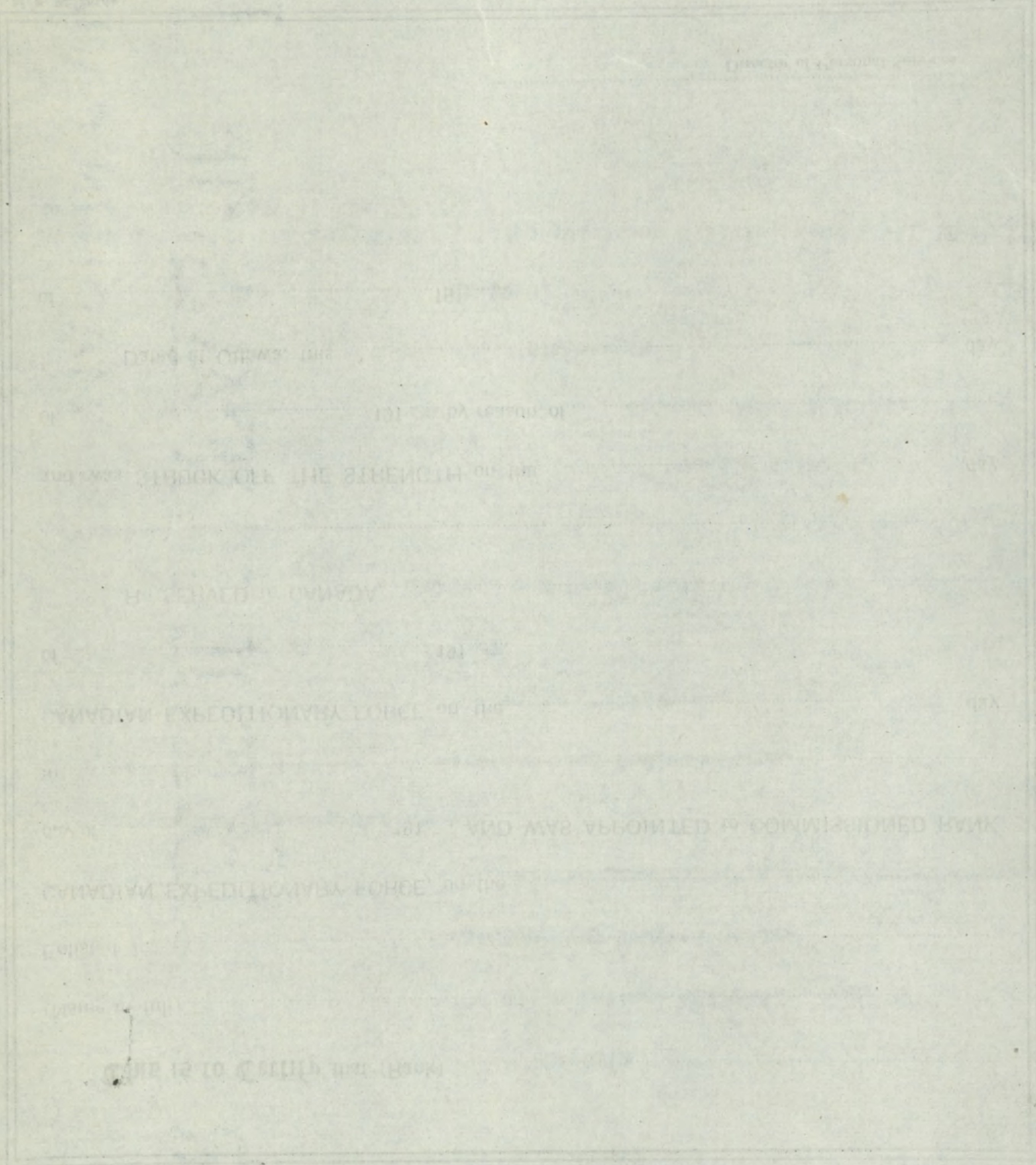
Dated at Ottawa, this.....Nineteenth..... day

of.....May.....191.....1920.....

Active duty with the Army Medical Corps (Canadian Militia) from 29-11-16 to date of appointment to the C.E.F.

.....W.S......Capt.
for Director of Personal Services.

See



ISSUED TO OFFICERS AND MISSING SISTERS

Committee of Service

CANADIAN EXPEDITIONARY FORCE

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

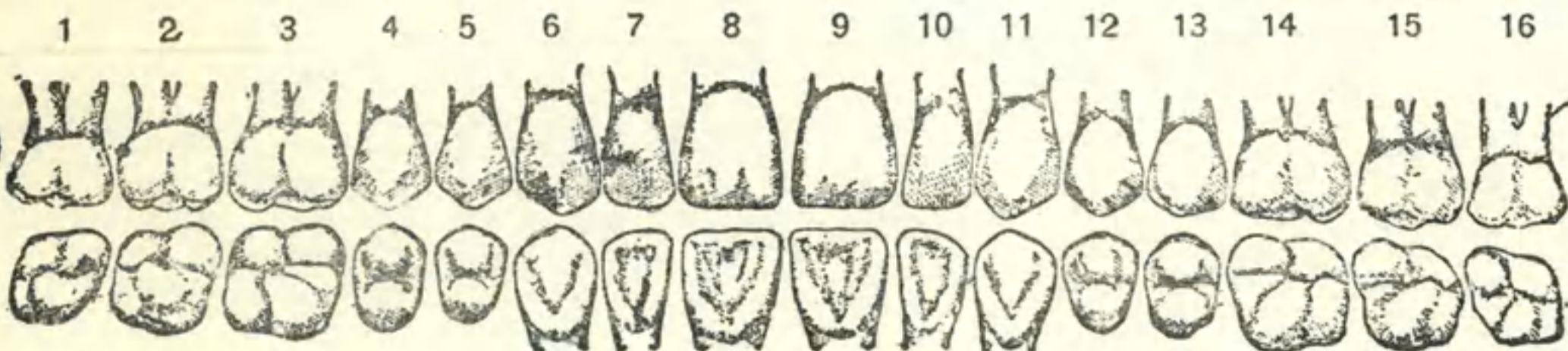
NAME OF SOLDIER (Block Letters) CHIPMAN, W W.

REGIMENT 6 A.M.C. RANK capt No. —

Date of Examination in England 11-3-19 Date of Examination in France —

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS —

2. EXTRACTIONS —

3. CROWNS —

4. DENTURES

(a) Full Upper —

(b) Part Upper —

(c) Full Lower —

(d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

(a) In Canada —

(b) In England —

(c) In France —

Signature of Dental Officer E. J. Kelly
capt

21/11/1952

- () P. 1/1/52
- () P. 1/1/52
- () P. 1/1/52

THE HON. THE SECRETARY OF DEFENCE
 THE SECRETARY OF DEFENCE

- () P. 1/1/52
- () P. 1/1/52
- () P. 1/1/52

THE SECRETARY OF DEFENCE



Casualty Form—Active Service.

CERTIFIED CORRECT
11 JUN 1918
CANADIAN RECORD OFFICE

Regiment or Corps 6 a.m.b. Depot Regimental Number 100

Rank Captain Surname Shipman Christian Name W. Wallis

Religion Methodist Age on Enlistment 33 years 0 months.

Enlisted (a) 1-8-17 Terms of Service (a) 9 yrs Service reckons from (a) 18-7-15.8.17

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) Physician
or Corps Trade and Rate _____

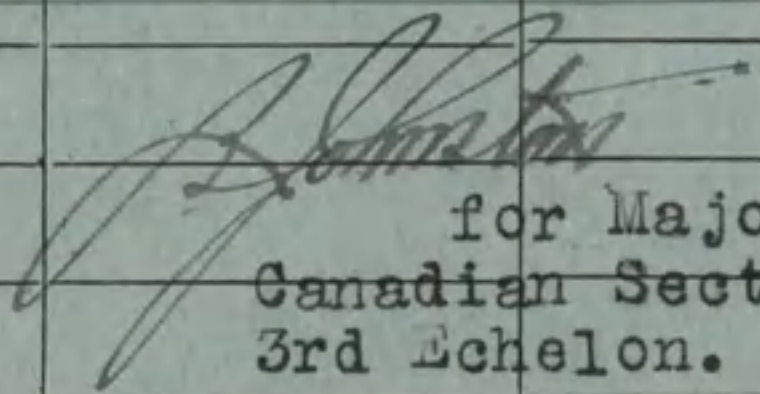
Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	<u>Canada</u>	<u>13.8.17</u>	
		Disembarked...	<u>England</u>	<u>23.8.17</u>	
<u>25.8.17</u>	<u>Came Depot taken on strength</u>		<u>Waskesbury</u>	<u>3.8.17</u>	<u>Co. 1109 of 31-27</u>
<u>20.10.17</u>	<u>do</u>	<u>S.O.S to No. 10. C.G. H Brighton</u>	<u>Stornaliffe</u>	<u>19.10.17</u>	<u>PT 20.293</u>
			<u>DR Heberhut</u>		<u>Capt Adjutant, for O.C., C.A.M.C. Depot</u>
<u>22¹⁰/1917</u>	<u>No. 6. G. of</u>	<u>taken on strength</u>	<u>Brighton</u>	<u>19¹⁰/17</u>	<u>#11 Do 186</u>
<u>25³/1918</u>	<u>"</u>	<u>S.O.S to C.F.M. Depot</u>	<u>"</u>	<u>16³/18</u>	<u>#1 Do 21</u>
					<u>CAPT & ADJT.</u>
<u>2.6.18</u>	<u>Embarked</u>	<u>Got from No 10 C.G. H Brighton</u>	<u>Stifford</u>	<u>17.5.18</u>	<u>PT 154 (2722/5978)</u>
<u>3.6.18</u>	<u>do</u>	<u>S.O.S to No 3 C.G. H</u>	<u>do</u>	<u>2.6.18</u>	<u>PT 154 (2722/5978)</u>
					<u>W. Wallis</u>
					<u>Capt Adjutant</u>

(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) Signaller, Shoemaking, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8/6/18	3 CCCS HQ.	TOS on arrival in France 1st Reinforcement.		2/6/18.	B213 K.II 29026. Pt II 28 of 29/6/18.
		(No. 100/48-18 (AMT) of 29/5/18)			
30/11/18	- " -	Granted 14 days leave	LK	26.11.18	B213 Pt IV of 1918
14.12.18	- " -	Rejoined from leave	TCS	17.12.18	B213
22.2.19	- " -	Granted 7 days leave to Nice		16.2.19	" P. II, O. 7 of 1919
1.3.19	- " -	Rejoined fr. leave		26.2.19	B213
28.2.19	3 CCCS	S.O.S. & Estab. of 3 Cdn CCS on despatch to England for return to Canada on compassionate grounds reported to C.A.M.C. Casualty Co. Shorncliffe - 28/19			Letter No. 707 Auth. A.G. Cdn.:- A.G. 1 a. 1370 of 22/19 File KE 39626/Z P. II O 8 of 1919


 Captain.
 for Major, A/A.A.G.
 Canadian Section, G.H.Q.
 3rd Echelon.

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

(A. F. D. 203.)
500M.—9-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 69MC

Regimental No. Rank Capt Name Chipman Wm Wallace
C. E. F.

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

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>4/4/19</u>	<u>M.H.Q. Ottawa</u>	<u>T.O.S. C.E.F. in Canada on General Demobilization</u>	<u>M.D. No. 3</u>	<u>19/3/19</u>	<u>C.E.F. R.O. No. 1860-19</u>
<u>6/5/19</u>	<u>HQ Ottawa</u>	<u>Postid for Duty under a DMS</u>	<u>M D 2</u>	<u>28/7/19</u>	<u>CEF RO 1943-19</u>
<u>23.6-19</u>	<u>Sd Demobilization Returns to active military ADMS Co. 157</u>	<u>Chipman Capt</u>			

Chipman
Lieut.
for Director Personal Services

ARMY MEDICAL CORPS

(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.]

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

M. OR S.

REGT. NO.

RANK

Capt. **CHIPMAN** Wm. WALLACE

ORIGINAL UNIT C.E.F.	C.A.M.C.	IF IN P.F. WHAT UNIT?	Bank of Montreal, Bank of British America
PLACE OF ATTESTATION	Toronto	TRANSFERRED TO	Bank of Montreal, Bank of British America
DATE OF ATTESTATION	14/11/16	DATE	29/11/16
ASSIGNED PAY \$	Nil	DATE EFFECTIVE	29/11/16
PAYABLE TO		RELATIONSHIP	Capt. Chipman - Wm. Wallace
ADDRESS		ANY CHANGE IN ASSIGNEE OR ADDRESS	Bank of Montreal (Bank of British America) Ottawa
STOP PAYMENT FORM RENDERED, DATE		EFFECTIVE	23-6-19
DISCHARGED	Toronto	REASON	Gen Demot.
		AUTHORITY	D.O. 183
		IF ENTITLED TO POST DISCHARGE PAY	Out

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
Mar 31																135 70	Sub from 30-4-19	
Apr 1-May 31	61	5 30.5	35 70	340 70					2.05			135 70		340 70			Sub from 30-4-19 to 20-5-19 (64)	
June	23	115	69 70	284 70										284 70			Sub from 21-5-19 to 17-6-19	
July			100	319 70	2	A53			100	192 80		11 90		319 70			Sub from 17-6-19 to 23-5-19	
153 day	5		765	765													AR 6 July 9 750 743	
			158 20	923 20													AR 8 Aug 13 753 929	
																	AR 112 Sep 10 104 7394	
																	AR 121 Oct 2 104 9924	
																	187 Dec 8 175 2127	
																	193 Dec 15 175 2777	
			923 20	923 20														

AMOUNT DUE SOLDIER DEPENDENT

ASST. PAYMASTER, C.A.M.C., M.A.

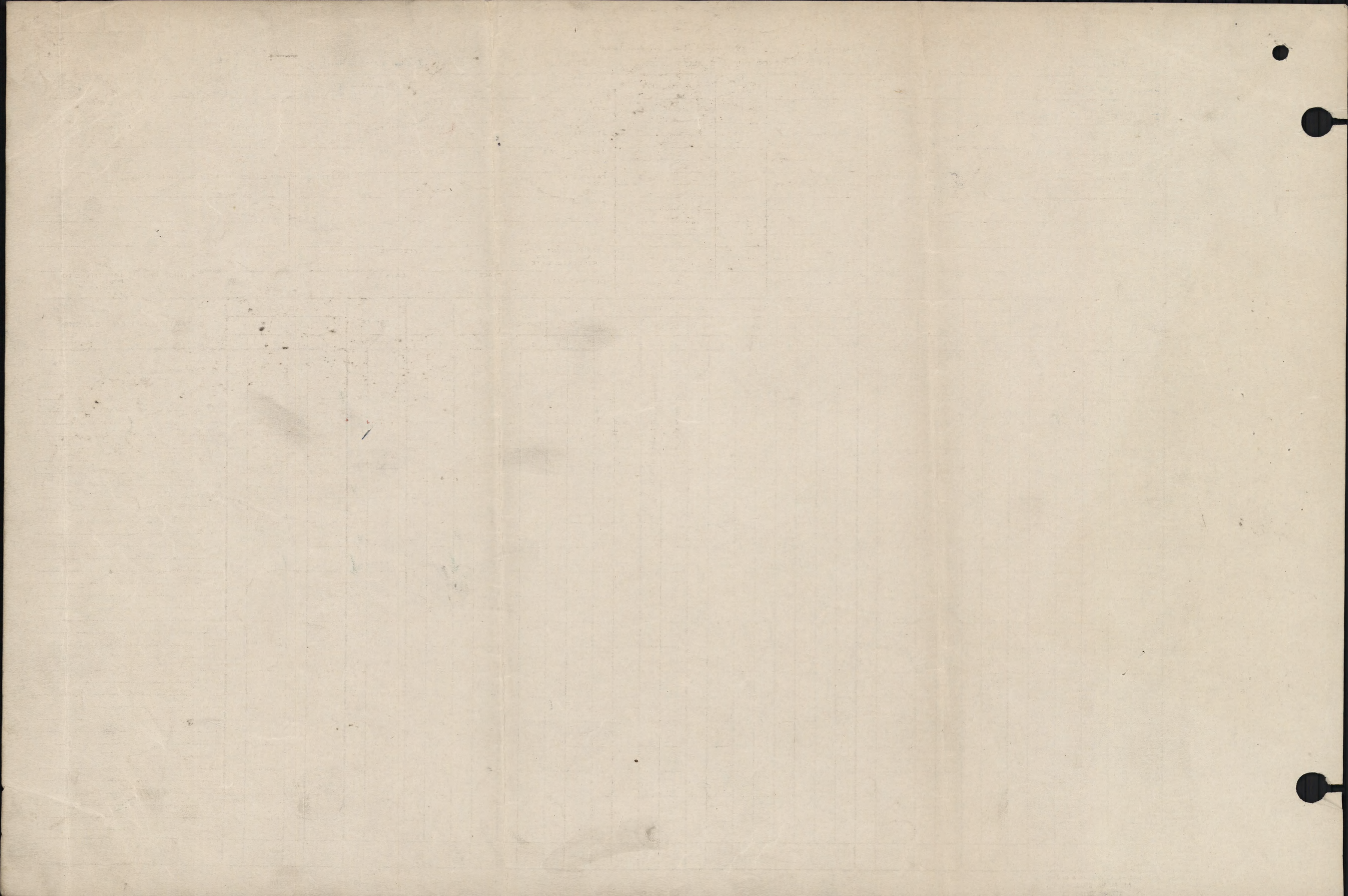
Adjustment of increased pay and allowances paid subsistence for period 28/4/19 to 23/6/19

(See byls)

W.S.G. PAID IN FULL

Duality

LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

CAMC.D.
10 E. G. H.

NAME OF RATE OF P. AND A.

Pay \$ ⁴/₈ Pd.
F.A. 75.
Messing 1 - "

DATE AUTHORITY

23/17. ^{c.P.M. Seliffe}
~~D.M.S. Co.~~
~~1885. 28/6~~

Name Chipman
Initials Wm. Wallace
Bank of Montreal

Addit. outfit allow. 1-8-18. 100

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 17	Sub 1-31 ³ / ₁₈ less rations	655						
19	Pay Apr R.		142 50					
21	Bank	1173		142 50				
May 10	Sub 1-30 ⁴ / ₁₈ less rations	1890					<i>4</i>	
13	Pay May R.		147 25				<i>3-3. \$ 3.00</i>	
21	Bank	2645		147 25				
June 10	Pay June R.		142 50					
27	Bank	4144		142 50				
July 9	Pay July R.		147 25					
19	Sub 1-31 ¹⁶ / ₁₈ less rations	4870						
25	Bank	5625		147 25			<i>£ 355 £ 1-15-10</i>	
Aug 8	Adj. Pay fr. 1/18 - 31/18.	7652	61					
	Bank	6180		61				
22	Pay Aug R.		178 25					
26	Bank	7235		178 25				
Sept 10	Pay Sept. R.		172 50					
24	Bank	9162		172 50				
Oct 9	Pay Oct. R.		178 25					
21	Bank	10403		178 25				
31	Add outfit allow 1/18		100					
	Bank	10853		100				
Nov 21	Nov. Pay		192 50					
	Bank		192 50					
	Carried forward							

Forward

ASSIGNED PAY.

Beneficiary	UNIT.	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
	NAME OF					
Beneficiary	10 th G. H.	Pay 4^00	Capt.			Name Chipman
Address		F.A. 1^00				Initials W. W.
Amount. \$		Messing 1^00				Bank Montreal
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918						0		
Dec 7	Dec Pay		186			0		
	Bank.	13786		186		0		
Jan 22	Jan pay		186			0		
24	Bank	15828		186		0		
Feb 11	Feb. Pay.		168			0		
	Bank	17136		168		0		
March 12	March Pay		186			0		
17	Adv. March P.A.			186		0		
	Cash.	18050						
Apr 11	Draw allee 28 ² -19 ³ / ₄							
	P. in Cam. 18 ⁴ / ₉	400						

Rtd to loan
 L.P. to 31³/₄ (H.A.)
 312.00 1752
 P. to W. Hedger
 Trans: H. Led 3 to Feb 12 March 1919.

ASSIGNED PAY.

1917-18

UNIT.

NAME OF DATE AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

C.A.M.C. 42

Pay #3 pd.
Hrs 75 "
mess 1 "

Capt.

23⁸/₁₇

C.P.M. Sciffe
d/27-8-14

Name Chipman

Initials Wm. Wallace

Bank of Montreal

DATE

PARTICULARS

1917-18

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES	INITIALS
1917								
Sep 3	Messing 23 ⁸ / ₁₇ - 31 ⁸ / ₁₇ Pra 8 ⁸ / ₁₇ - 31 ⁸ / ₁₇	15282	99					
	do C. Bal Canada, 36 ⁷⁵ / ₁₀₀ , Cash,	17884		125 75		36 75		
"	Outfit Alice	4503					£20.10.11	8/100
11	Prev paid mess for 23 ⁸ / ₁₇ sh be for 24 ⁸ / ₁₇ (P.M.)	673		1				
	C. Bal Canada 8 ⁸ / ₁₇	59	36 75			1 00		
18	Sep Pay R.		142 50					
20	Bank 21905			141 50				
Oct 15	Oct Pay R.		147 25					
19	Bank 26282			147 25				
Nov 19	Nov Pay R.		142 50					
21	Bank 30733			142 50				
"	Billing 19-31 ¹² / ₁₇ (less rations)	9810					£1-16-1	✓
Dec 14	Dec Pay R.		147 25					
	Bank 35096			147 25				
20	Subs 1-30 ¹¹ / ₁₇ (less rations)	10622					£4-3-3	✓
Jan 15	do 1-31 ¹² / ₁₇	12092					£4-6-1	
19	Jan Pay R.		147 25					
	Bank 39459			147 25				
Feb 16	Pay Feb R.		133 -					
	Sub 1-31 ¹⁸ / ₁₈ less rations	14439					4-6-1	
	Bank 41013			133 -				
Mar 18	Pay Mar R.		147 25					
"	Subs 1-28 ¹⁸ / ₁₈ less rations	16350					3-17-9	
	Bank 42637			147 25				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

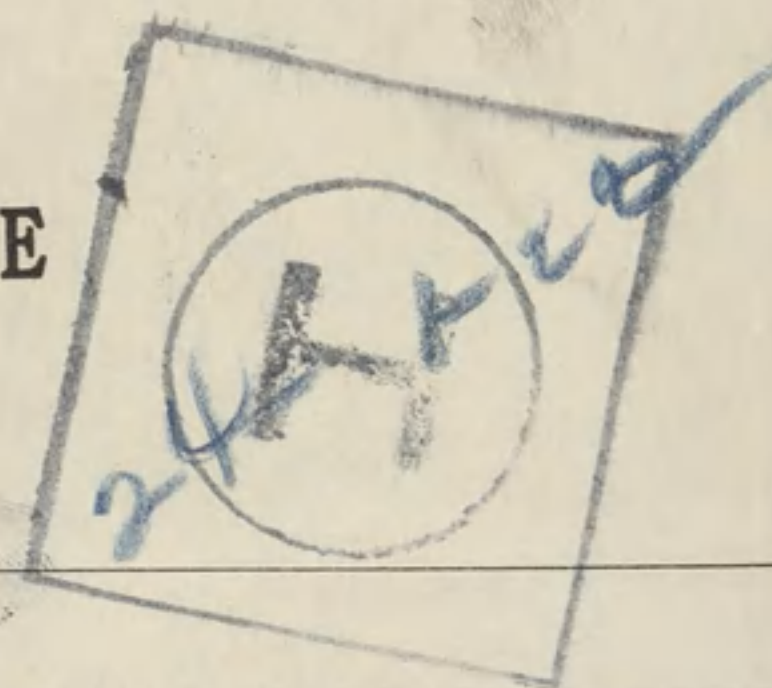
BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

Occupational Group 19 15-3-C-10 ✓ R6 2049
Disposal Area C War Service Badge
Class "A" No. 23-6-19

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE



1. RANK	Captain.	
2. NAME	Chipman. W.W.	
3. UNIT	CAMC. C.R.C. Officers' Hosp. 17 N. Audley Street. London W.1.	
4. DATE STRUCK OFF STRENGTH	19/2/19	PLACE
5. REASON	For demobilisation 23/6/19.	
6. AUTHORITY	R.O. 2049 - 27/6/19.	
7. PROPOSED RESIDENCE	Dawson City. Y.T.	

This folder should contain the following documents:

- 1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
- 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
- 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
- 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
- 5. Medical Report M. F. W. 129.
- 6. Dental History Sheet, M. F. B. 465.
- 7. Last Pay Certificate, M. F. W. 44.
- 8. Certificate as to Missing Documents.

Capt Chipman W

- ✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23):
- ✓ 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. Proceedings on Striking off Strength (M.F.W. 2591).
- ✓ 7. Last Pay Certificate (P. 41)
- ✓ 8. War Service Gratuity Form (M.F.W. 2595).
- ✓ 9. Sundry Documents.

M. F. W. 2591.
2051-11-18.
1172-39-1380.

Disposal Certificate.

Group..... Sq. 29
Checked by No. *antell*
Date..... 18 MAR 1919

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

