

C. Coy.

# ATTESTATION PAPER.

No. 725551

Folio. ORIGINAL

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Edgar*
- 1a. What are your Christian names?..... *William Thomas*
- 1b. What is your present address?..... *Bobcaygeon Bobcaygeon*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Bobcaygeon Victoria B.C.*
- 3. What is the name of your next-of-kin?..... *Luther Demma Edgar*
- 4. What is the address of your next-of-kin?..... *Bobcaygeon Bobcaygeon Victoria B.C. Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *11th July 1871*
- 6. What is your Trade or Calling?..... *J. Butcher*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *Yes*
- 10. Have you ever served in any Military Force?..... *Yes*  
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 }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Thomas Edgar*, 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.

Date *Dec 22* 1915. *W. P. Edgar* (Signature of Recruit)  
*A. A. Fairbairn Lieut.* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Thomas Edgar*, 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.

Date *Dec 22* 1915. *W. P. Edgar* (Signature of Recruit)  
*A. A. Fairbairn Lieut.* (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 *Bobcaygeon* this *29<sup>th</sup>* day of *December* 1915.  
*W. M. M. M.* (Signature of Justice)



DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name EDGAR W<sup>M</sup> THOMAS

Regt. No. 72555 Rank Pte.

Corps 109<sup>th</sup> Btro

DEMOB.



01662

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Pisc. Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

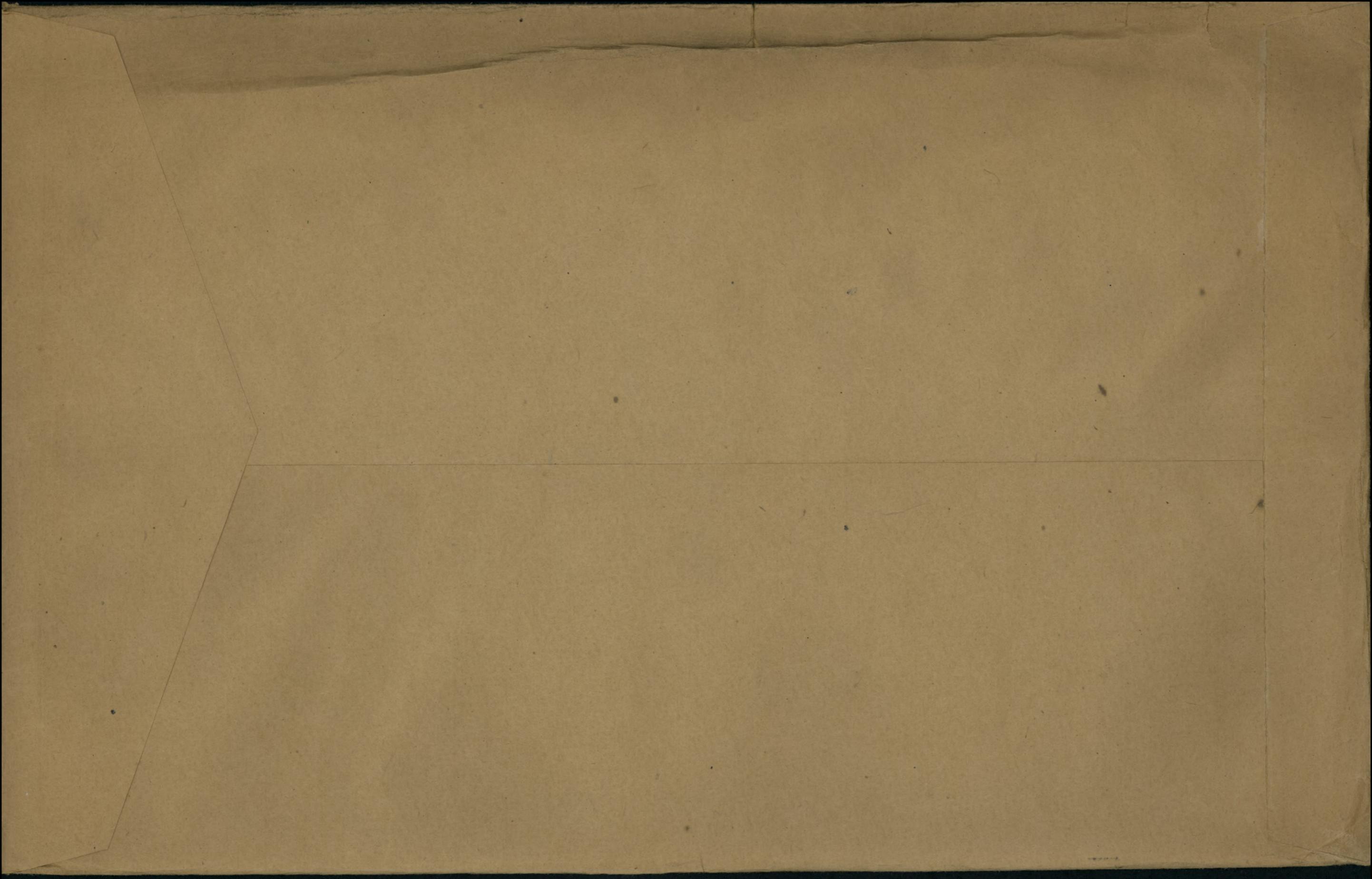
Last Pay Certificate.....

A.S.W. 3997-1

A.S.B. 122-1

M.S.W. 192-1

M.S.W. 167-1  
R122-1



**DUPLICATE**

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.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number **726551.**.....

(3) Full Name of Soldier **William Thomas Edgar.**.....

(4) Place of Birth **Bobcaygeon Ontario Canada.**.....

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

(6) If married, state,

(a) Full name of your wife **Lula Emma Edgar.**.....

(b) Present Postal Address **Bobcaygeon Ontario Canada.**.....

(7) Are you a widower? **No.**.....

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

If so, give number of boys and girls **Two boys and girl.**.....

Also their names and ages **Omar Edgar age 14yrs.**.....

**John Edgar age 2yrs.**.....

**Doris Ethel Edgar age 8yrs.**.....

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? No.

If so, state name and address Nil.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

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

Nil.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes.

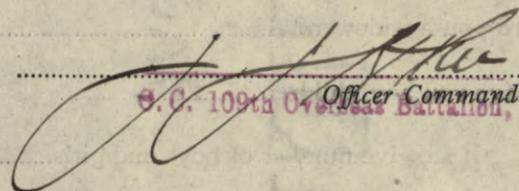
(15) Are you insured? No.

If so, in what Company? No.

Have you made arrangements for payment of your Insurance premium Nil.

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

Date July 8, 1916.

  
Lt. Col.  
Officer Commanding  
C. C. 109th Overseas Battalion, C. E. F.

SURNAME.

*Edgar*

CHRISTIAN NAMES

*William Thomas*

*Sgt. Wm. Thomas. 22-1-1913*  
FOLL.  
*no 23 of 23-1-19*

REGL. No.

*725531*

RANK

*Pte.*

UNIT

~~*109th.*~~ *# 3. S. S.*

~~*Batt.*~~

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Edgar, Mrs Lutta Emma,*

RELATIONSHIP TO SOLDIER

*wife*

ADDRESS

*Bobcaygeon Ont.*

COUNTRY OF BIRTH

*Canada, Bobcaygeon Village Ont.*

DATE

*July 11<sup>th</sup> 1871*

PLACE OF ATTESTATION

*Bobcaygeon*

DATE

*10<sup>th</sup> Dec. 29<sup>th</sup> 1915*

*O/S. 23-7-16*  
*488*  
*13*



*K/C 26/12/18*  
*246*  
*16*

Sailed from Halifax Rev. S.S. Olympic 23/7/16

MARRIED

*yes;*

SINGLE

WIDOWER

TRADE OR CALLING

*Butcher;*

RELIGION

*Methodist,*

DESCRIPTION.

APPARENT AGE

*44* YEARS

*1* MONTHS

HEIGHT

*5* FEET

*3 1/2* INCHES

CHEST MEASUREMENT

*35 1/2* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Fair*

EYES

*lt. Brown.*

HAIR

*dk. Brown,*

DISTINGUISHING MARKS

*Scar on knuckles of left hand.*

MEDICAL EXAMINATION.

PLACE

*Bobcaygeon,*

DATE

*Dec. 22<sup>nd</sup> 1915*

No. 725551. RANK *Pvt*

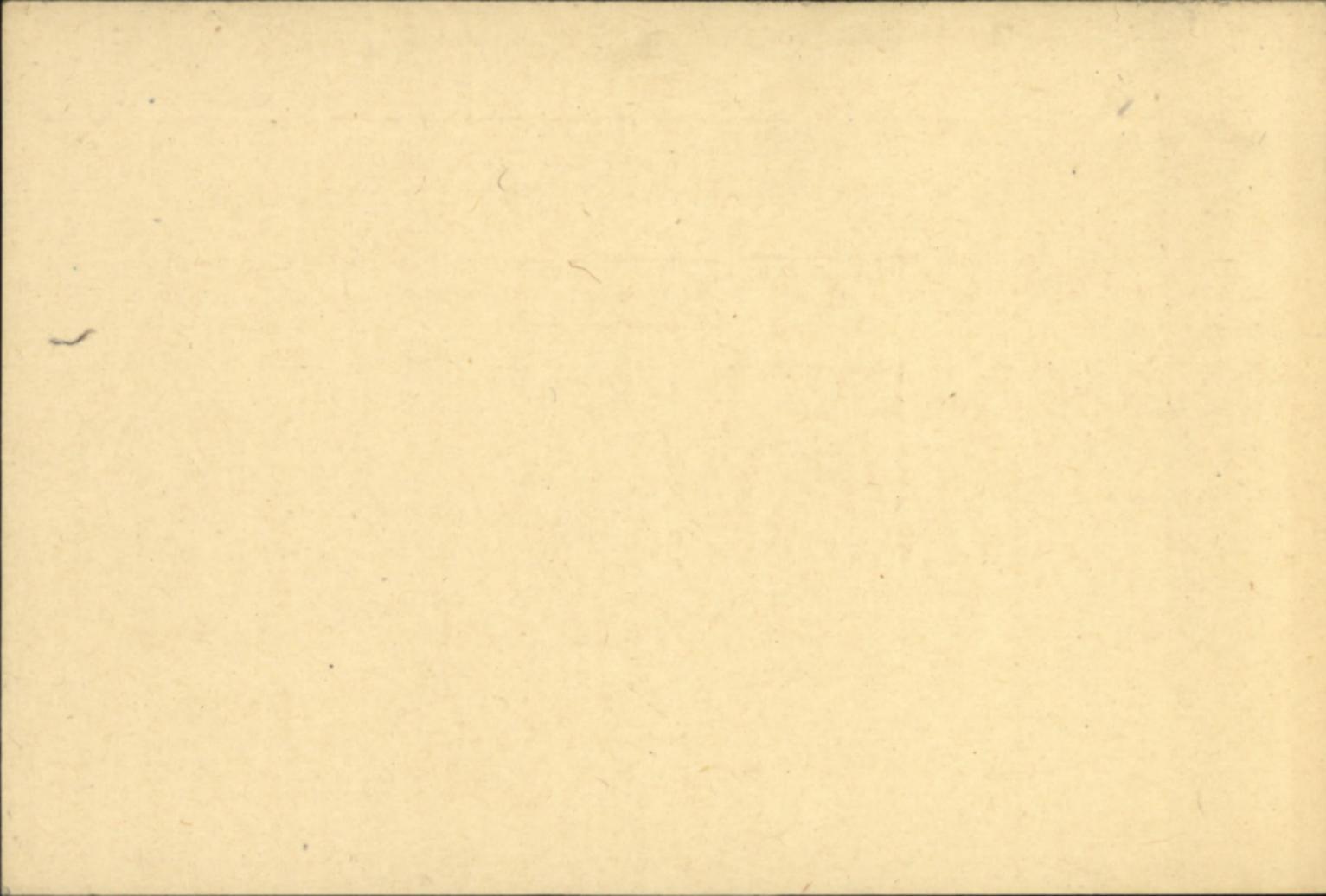
NAME *Edgar W.* *J.*

T. O. S. 22-12-15. UNIT *109th. Battalion.*  
D. O. 34. 30-12-15.

M. D. *13.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915.</i>			
<i>Dec 22</i>	<i>Dec 31</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED  
JUL 23 1916



*Smd*  
*RP*

Number 725551 Rank Pte *VB*

Surname EDGAR

Christian Name William Thomas

Units 109th Bn C Inf Theatre of War England  
31-7-16

Date of Service

Remarks

Latest Address Bobcaygeon  
Ont

Roll No. A Page 2431

200m. - 2-21.M.

DATE

HISTORY

## CASUALTY BRANCH

(FILES)

NAME \_\_\_\_\_ H. Q. \_\_\_\_\_

NO. \_\_\_\_\_ RANK \_\_\_\_\_ M. D. \_\_\_\_\_

UNIT (C.E.F.) \_\_\_\_\_ UNIT \_\_\_\_\_

ADDRESS \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_

ADDRESS (KIN) \_\_\_\_\_

HISTORY

DATE



Name Edgar William Thomas Rank Rte Regtl. No. 725551  
 Original unit 109 Present unit 109 M. or S.  Age 47 Religion Meth. Fyle Depot 3-E. 12A  
 Port, ship, and date of arrival Halifax Northland 25/12/18  
 Next of kin W Mr L E Edgar Bobcaygeon Ont  
 Address on leave Same  
 Address on discharge   
 Transportation issued Yes  No  Date  Character on discharge   
 Previous occupation Butcher Date and place of enlistment 22-12-15 Bobcaygeon Ont  
 Diagnosis  Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
8-1-19.	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>3.</u> <u>from 7/5.</u> <u>Leave &amp; sub. 27-12-18 to 11-1-19.</u> <u>Eff. 27/12/18.</u>	

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

Date.

Remarks.

Pt. 2 Ord. No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.

425551.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Edgar Christian Name William Thomas

Examined { on 29 day of Dec 1915  
 at Bubeygon  
 Birthplace { City or Town Bubeygon  
 County Victoria

Approved by J. McCulloch  
J. McCulloch Capt.  
 Rank Medical Officer M.O.  
109th Overseas Battalion, C. E. F.

Apparent age 44  
 Trade or occupation Butcher  
 Height 57 Feet 3 1/2 Inches.  
 Weight 122 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 35 1/2 inches.  
 Physical development Good  
 Small-Pox Marks none  
 Vaccination Marks { Arm Right None Left Two  
 Number Two  
 When Vaccinated last Jan. 25<sup>th</sup> 1916.  
 (a) Marks indicating congenital peculiarities or previous disease none

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

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

Date	Result	VACCINATIONS,
<u>25.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Enlisted on 22 day of December 1915 at Bubeygon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C.E.F.</u>	<u>425551</u>		<u>22.12.15</u>
Transferred to.....	<u>51st</u> <u>Can. For Corps.</u> <u>29.1.17.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	DATE.	DISEASE.	RESULT.
<u>14 NOV 1916</u> <b>APPROVED.</b>	<u>14-11-16</u>	<u>Overage - myalgia</u>	<u>J. H. D. C. E. Cyprien</u> <b>PRESIDENT</b> <b>MEDICAL BOARD, BRAMSHOTT.</b>
<u>Sunnyvale</u>	<u>26.11.15</u>	<u>do</u>	<u>B2</u> <u>Heard</u> <u>Regt</u>
<u>Banfield Camp.</u>	<u>16.1.19.</u>	<u>do.</u>	<u>Cii</u> <u>R. M. Munn</u> <u>and</u> <u>White</u> <u>left</u> <u>and</u>

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



*pa*  
L. Inf.  
8021

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725337 Rank Pte Name Balgan W. J.  
Local Unit G.D. Bn Overseas Unit \_\_\_\_\_ Age 46  
Bramshott 2/12 1916.

Examination held at Bramshott, Hants.

**DISABILITY.**

Overseas—Local.  
(scratch one out)

*over eye  
myopia*

PRESENT CONDITION.

*Reboard*

Board recommends :

1. Fit for Duty.
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty. *ccig*
5. Discharge.

Signatures :

Members { *ccig* Pres.  
*H. Marshall Capt*

Approved.

Bramshott 2/12 1916.

18 JAN. 1917

*W. J. Balgan*  
for A.D.M.S. & G.D.C.  
Canadian Troops, Bramshott.

EXAMINATION  
BY  
STANDING MEDICAL BOARD BRAMSHOTT

Name: [Faint handwritten name]  
Local Unit: [Faint handwritten unit number]

Examination held at Bramshott, Hants.

DISABILITY

Overseas - Local  
(attach one only)

PRESENT CONDITION

- 1. Fit for Duty
- 2. Fit for duty after [Faint handwritten text]
- 3. Fit for [Faint handwritten text]
- 4. Fit for [Faint handwritten text]
- 5. Discharged

Signature

[Faint handwritten signature and text]

Members

Approved

Bramshott

Date

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-89-903.

/HVW

LAST PAY CERTIFICATE

ORIGINAL

Regimental No. 725551 Rank Pte. Name Edgar, W. (Surname first)  
Unit 109th Battalion who was\* Discharged  
On January 22nd 1919, to Category "C2"  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 22/1/19 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	1 14	
Regimental Pay..... <u>22</u> days at \$ <u>1</u> c.		22 00
Field Allowance..... <u>22</u> days at \$ <u>10</u>		2 20
Separation Allowance.....		22 00
Clothing Allowance.....		35 00
Post Discharge Pay..... <u>Subs.</u>		12 80
*Other Credits		
Advances..... <u>Cheque #1770</u>	10 00	
Separation Allowance and Assigned Pay Cheque No. <u>1790</u>	37 00	
*Other Charges		
Balance on <del>XXXXXX</del> on discharge, cheque No. <u>1791</u>	45 86	
Total	<u>94 00</u>	<u>94 00</u>

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of January 1919 }  
and Separation Allee. for month of January 1919 } (to) Assignee Mrs. L.E. Edgar,  
Bobcaygeon, Ont.  
(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....married or single.....  
(2) Separation Allowance, entitled to Paid to date of discharge for discharge.....  
(4) Authority for discharge ~~XXXXXX~~ 3DD.3-B-127.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 21st, 1919...

Place Kingston Ont......

W. Peters & Captain,  
OFFICER I/C DEMOBILIZATION PAY DIV.,  
MILITARY DISTRICT Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725551 (Rank) Private

Name (in full) EDGAR, William Thomas enlisted in  
the 109th Overseas Battalion  
CANADIAN EXPEDITIONARY FORCE at Bobcaygeon, Ont. on the 22nd  
day of December 1915

HE served in Canada and England  
and is now discharged from the service by reason of in accordance with R.O. 1343  
Remobilization, Auth. 3DD 3.E.129 D.17.1.19

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

Age 47 years 6 months  
Height 5 feet 3½ inches  
Complexion Fair  
Eyes Blue  
Hair Light Brown

Marks or Scars :  
Scar on knuckles of left hand

W. T. Edgar  
Signature of Soldier

R. O. Kappeler Lieut.  
U. O. Progress Section  
Issuing Officer  
No. 3 District Depot  
Rank

Date of Discharge 22, 1, 19

Appointment

Signed at Kingston, Ont. this 22nd day of January 19 19  
in Military District No. 3  
File Reference No. 3DD 3.E.129

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

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

On demobilization the particulars called for on the back of this certificate will not be completed.

.....  
Name of Officer

.....  
Rank

.....  
Appointment

8115

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

107

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *William T.* 2. Surname *Edgar*
3. Rank *Pte.* 4. Original Unit *109th Bn* 5. Reg. No. *725351*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Boscaygon P.O. Ont.*
7. Date of enlistment in the C.E.F. *Dec 2/15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Wm. J. Edgar*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *Boscaygon P.O. Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*109th Bn. Aug 25/16*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No.*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No.*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Canada Dec 2/15 - 8 Aug Aug 1/16 to 109th Bn to Forest Exp. till Canada Dec 1918*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. .... *End*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... *End*
20. Have you been issued with a War Service Badge? If so, what class? ..... *End*
21. Have you, during the present war, served in the Imperial Forces? ..... *End*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... *End*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... *End*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? ..... *End*
24. Are you now serving in the C.E.F.? ..... *End* If not, give:—(a) Date of discharge *Jan 22/19*  
 (b) Reason for discharge *Dem. St.*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... *End*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... *End*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... *End*  
 (b) If so, are you in receipt of full pay and allowances from that Department? ..... *End*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *W. T. Edgar*

Place of Residence: *Bobcaygeon*

Declared before me at: *Kingston*

This *22* day of *January* 19*19*...

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*[Signature]*

POST DISCHARGE PAY.				
Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>1.83</i>	<i>\$ 6.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.  
 District Paymaster.

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

# Casualty Form—Active Service.

M. F. W. 54.  
1500a, -10-15.  
H.Q. 1772-50-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 725551 Rank Private Name Edgar William Thomas  
C. E. F.

Enlisted (a) 22-12-15 Terms of Service (a) D of W. Service reckons from (a) 22-12-15.

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) Butcher.

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				
		Embarke'd Canada	Halifax	24-7-16.	
		Disembarked England	Liverpool	31-7-16.	
13-11-16.	Witley	Transferred to C.C.A.C.	Bramshott	13-11-16	D.O. Pt. 2. 329. 24-11-16
24-11-16.	"	Attached to Garrison Duty Bn. (51st Bn)	Bramshott	24-11-16	D.O. Pt. 2. 329. 24-11-16
		<i>Re Attached to Con Forestry Corps. 29.1.17 Auth. Signal Message B.N.Q. 1094</i>			<i>AWB</i> <b>ADJUTANT</b> 109th Overseas Battalion, C. E. F. Asst. Adjt. The Garrison Duty Battalion, Canadians. (Bramshott, Hants.)
18-4-17	D. of T. O.	Taken on strength C.F.C. from C.C.A.C.	London	29/1/17	D.O. Pt. 11 No. 91 Lt. & Asst. Adj. C.F.C.
7.5.17	Dist. 3.	T.O.S. Dist. 3 from C.F.C.	London	1-5-17	Pl. II D.O. No. 6.
22-1-18.	.. 53.	S.O.S. 2102 to B.D.	Egham	21-11-15	Pl. II D.O. No. 49 Coh'd Adj. Dist. 53. C.F.C.

(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.

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				

28. 11. 18 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 21. 11. 18 Pt. 11 D.O. 281- *Mr. D. A. ...*  
*from 167 Co Dist. 53.*  
 For O.C. Base Depot, Canadian Forestry Corps.

3. 12. 18. Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 286  
 Ceases to be attached C.D.D. Buxton on embarking for Canada.  
*Suppl. Lt. for Lt. Col.*  
 Commanding Canadian Discharge Depot.

EMBARKED S, S, NORTHLAND  
 LIVERPOOL DEC 15 1918

*R. Blandford* Capt.  
 SHIP'S ADJUTANT.

21/1/19 T.O.S. Casualty Company No. 3 District Depot.  
 for Disposal, Part Two D.O. 3 Kingston 27/1/19

22/1/19 S.O.S. Discharged Kingston 27/1/19  
*J. Williams* LIEUT.  
 T.O.S. Casualty Co., No. 3 District Depot  
*J. J. Mooney* Capt.  
 Discharge Section  
 No. 3 District Depot

# POST DISCHARGE PAY OFFICE

24-1-19.

Three months pay and allowances after discharge.



Name **Edgar, Wm T.**  
Surname Christian Name

Regimental Number **725551**

Rank **Pte.**

Address (in full) **Bobcaygeon P.O.  
Ont.**

Unit **109th Bn.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **22-1-19.**

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem: Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: **Account opened 22-1-19.**

M. F. W. 127.  
25M.—8-18.  
1772-89-1140.

File No. ....

# WAR SERVICE GRATUITY.

Register No. ....

Reg. No. .... Dependent .....

Name ..... Address .....

Address .....

<p>Dec'n No. .... <b>W.S.G.</b> Fee No. ....</p> <p>Award ... days at \$ ... per day \$</p> <p>S. A. .... months at \$ ... per mo. \$</p> <p>Less P. D. P. Credited \$</p> <p>Less further debit balance</p> <p>Net ...</p>	<p>Address .....</p> <p>Pay Soldier \$</p> <p>Pay Dependent \$</p> <p>Days ..... Rate ..... Due .....</p> <p>Less P.D.P. credited .....</p> <p>Less further Dr. Bal. or overpayment.</p> <p>Net .....</p>
---	---

Clerk .....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

<p>GEN'L AUDITOR</p> <p>Posting checked by</p> <p>.....</p> <p>Date .....</p>
---

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12

50m.—7-16

H. Q. 1772-39-819

To Whom *Mrs. Lottis E. Edgar.*  
 Address *Babcaigeon  
 Ont*

By Whom Assigned *Edgar. W. T.*  
 Regtl. No. *725551.*  
 Rank *Private*  
 Corps *109<sup>th</sup> Btn.*

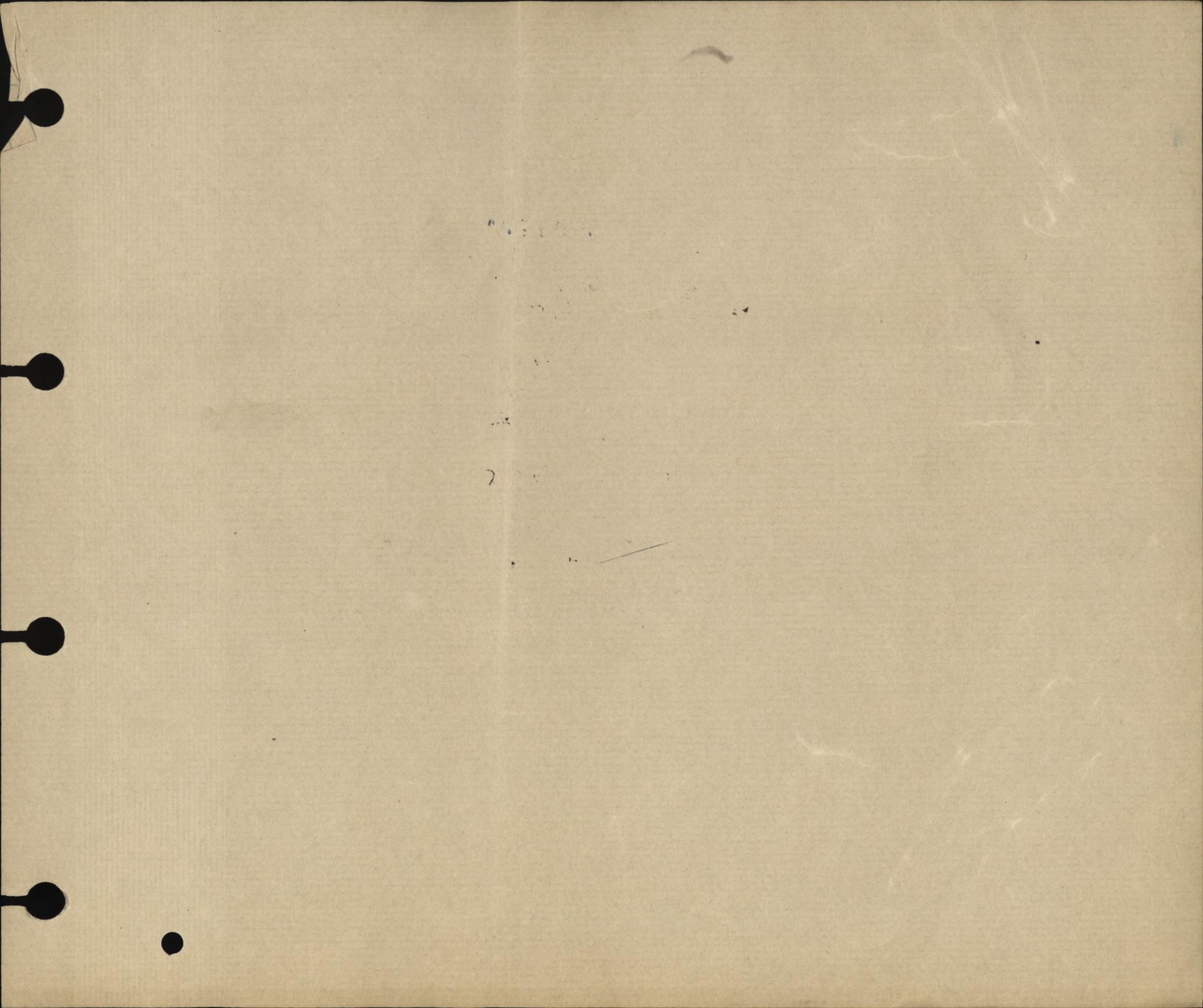
Rate *15<sup>00</sup> Aug 1<sup>st</sup> 16.*

*2M. 69<sup>th</sup> W/B. 27<sup>th</sup> 16*

## 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.-6-18.  
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6332.

*Mrs. Lottie E. Edgar.*

**PAYMENTS.**

Name of Soldier *Pte. Edgar. W. T.*  
*725551.* *109th Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1500 Aug<sup>1st</sup></i>
April	1916			
May				
June				
July				
Aug.				}
Sept.				
Oct.		<i>023948</i>	<i>45</i>	
Nov.		<i>M29054</i>	<i>15</i>	
Dec.		<i>P34161</i>	<i>15</i>	
Jan.	1917	<i>H37194</i>	<i>15</i>	
Feb.		<i>H43138</i>	<i>15</i>	<i>15 H</i>
March		<i>850181</i>	<i>15</i>	<i>15 bu</i>
April		<i>K1567</i>	<i>15</i>	<i>15 W.</i>
May		<i>D7910</i>	<i>15</i>	
June		<i>V14846</i>	<i>15</i>	<i>15. S</i>
July		<i>T21524</i>	<i>15</i>	<i>W.</i>
Aug.		<i>P28670</i>	<i>15</i>	<i>6</i>
Sept.		<i>35894</i>	<i>15</i>	<i>6</i>
Oct.		<i>A42143</i>	<i>15</i>	} <i>203.00</i>
Nov.		<i>A26351</i>	<i>15</i>	
Dec.		<i>W55044</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*76*

*3*

*12.20*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				

## SEPARATION ALLOWANCE

Name *Mrs Lottie Emma Edgar*  
Address *Babeygeon Ont.*Name of Soldier *Edgar, Wm Thos.*Regtl. No. *12551*Rank *Pte.*Corps *109<sup>th</sup> Batt<sup>n</sup>*

To what Corps belonging }

when called out }

Relation to Soldier }

wife, child or mother }

*wife*

## PAYMENTS

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



11

11

110911

11

11

110911

11

## SEPARATION ALLOWANCE

Sheet No. 2.

L. L. Job 8902.-Req. 6213.

OVERSEAS CONTINGENTS

Mrs. Lottie Emma Edgar <sup>wife</sup>

Name of Soldier

Edgar, Wm. Thos

PAYMENTS. Pts.

725551

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	01912	40 -	40 to ady
May		H6148	20	20
June		63384	20	20
July		y 8398	20 -	20
Aug.		P13913	20	20
Sept.		B15609	20	20
Oct.		A19244	20	20
Nov.		D21586	20	20
Dec.		D25557	20	20
Jan.	1917	728928	20	20
Feb.		X31840	20	20
March		735004	20	20
April		g 960	20	20
May		g 4444	20	20
June		K 7449	20	20
July		J 10273	20	20
Aug.		O 13538	20	20
Sept.		N 17047	20	20
Oct.		R 19975	20	20
Nov.		g 21979	20	20
Dec.		W 27098	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300

10273 remailed / Bob Caygeon 0.20 17 17 17

HHO. J

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**

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.				

TLH. Rank Name **EDGAR, William Thomas.** ✓ Reg'l No. **725551.** ✓  
 Unit **109th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married.** ✓  
 Place and Date of Enlistment **Bobcaygeon, Dec. 22nd. 1915.** / Place of Birth **Bobcaygeon, Victoria**  
**Coy. Ont.** ✓  
 Name and Address, Next-of-Kin **Lottie Emma Edgar, /**  
**Bobcaygeon, Victoria County, Ont. Canada.** / Relationship **Wife.** ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character **FCR/33a/62**

N/E. R.B. No. **6081**  
 File R.L. **Can 01B**  
 Category

H. W. &amp; V., Ld.-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 per H. M. T. 2810 31-7-16					
24-11-16	O.C. 109 <sup>th</sup>	S.O.S to C.C.A.C. attached to Garrison Duty Bn from 24-11-16	Wiley	13-11-16	Pt II. D.O. 329
28-11-16	5th Bn	Attd Gen Det Bn for B.D. etc	Bramshott	13-11-16	13
4-12-16	Col. A. G.	T.O.S. and % comd to G.D. Bn. P.B.D.	Hastings	4-11-16.	531
2-2-17	G.D. Bn.	Place to be att G.D. Bn and att to Can Forestry Corps	B. Shott	22-1-17	" " 29
12-2-17	C.F.C.	Attd from G.D. Bn for D.P. etc	London	29-1-17	37
18-4-17	"	T.O.S. Transfer from C.C.A.C.	"	29-1-17	" " 91.
7-5-17	Dist. 3	C.F.C. On Strength * 7 Coy*	London	15-17	Pt 2 6
11-1-18	" 53.	Completed 2 years service in C.F.C. is entitled to wear 1 G.C. stripe	Pt Egham	22-1-18	Pt 1 D.O. 2.

Edgar. W. J. 725551.

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.				
25.11.18	BDCFC	TOS from 53 Dist - CFC Pt	S'date	21.11.18	Pr 281 (Pr 2049 of 22-11-18) 53 Dist SOS
2.12.18	✓	On Com to CDD Bunting	✓	2.12.18	287.
		SOS to Canada MD 3			
		15 12 18			
		→ BDCFC Pt. 11.013.d.13-1-19			

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- EDGAR. <i>wm Thos</i>			
EFFECTIVE DATE:- 1 <sup>st</sup> 18		EFFECTIVE DATE:-		NUMBER:- 725551			
AMOUNT:- 1500		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			
Lester E Edgar. (wife) Bobcaygeon Ont				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- 109 <sup>th</sup>			
				DATE ACCOUNT FIRST OPENED:- 1-7-16			
				AUTHORITY			
				DATE EFFECTIVE			
				DATE LEDGER SHEET T'S F O			
				UNIT TRANSFERRED TO			
				1.2.19 25.1.19			
				CFC Eng			
				NE H			
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
11/18/18	2492	cte	17.00				
2/29/19	2019	P.P.	32.00				
30/12/18	4752	cte	4.75				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				1-	-10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis to Canada 31.12.18-NR. Awly NR233 CFC 30.1.18.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31 <sup>st</sup> 18	bal for'd								17 35		
apr	P.P.	33		a.p.l.				15			
				a.r. 6214. 15 <sup>th</sup> 102 Co.	17 03				18 32		✓
		33			17 03			15			
may	P.P.	34 10		cap				15			
				a.r. 534 13-5-18 102 Coy	17 03				20 39		✓
		34 10			17 03			15			
June	P.P.	33		cap				15			
				a.r. 882 13-6-18 102 Coy	17 03				21 36		✓
		33			17 03			15			
July	P.P.	34 10		cap				15			
				a.r. 1242 17-7-18 102 Coy	17 03				23 43		✓
		34 10			17 03			15			
Aug	P.P.	34 10		cap				15			
				a.r. 1631 16-8-18 102 Coy	17 03				25 50		
		34 10			17 03			15			
Sept	P.P.	33		cap				15			
				a.r. 2035 18-9-18 102 Coy	17 03				26 47		
		33			17 03			15			
Oct	" "	34 10		cap				15			
				a.r. 2391 16-10-18 bay 102	17 03				28 54		
		34 10			17 03			15			
Nov		33		cap				15			
				a.r. 1692 15-11-18 "	17 03				6 62		
		33		" 4572 30-11-18 BD	4 87				61 63		
		34 10		bal				15	65 64		
				" 5065 11-12-18 Buxton	9 73				34 01		
		67 10			31 63			30			

*Cor Bal to read 33 77*

A 3 M. FORM REN'D STOPPED EFFEC. 19  
DISCHARGED TO *Cond 18* DATE 31<sup>st</sup> 18  
PAY BOOK VERIFIED 2.12.18  
C BAL 43<sup>46</sup> L.P.C. REN'D 2<sup>12</sup> 18  
AUTHY. N.R.C. 233. 30<sup>18</sup>



MARRIED OR SINGLE *Married*  
 PLACE OF BIRTH *Bobcaygeon Ont*  
 NAME AND ADDRESS OF NEXT OF KIN *Lottie Emma Edgar  
 Bobcaygeon Ont Can*  
 RELATIONSHIP OF NEXT OF KIN *Wife*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Good Conduct Stripes</i>	<i>22.12.17</i>	<i>20.2.11.18</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. *725551* RANK *Pte* NAME *Edgar William Thomas*  
 IF IN PERM. CORPS WHAT UNIT *109th Bn* TRANSFERRED TO *6666* DATE *1-1-17* AUTHORITY *329*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *British Hospital* DATE *31.5.17* AUTHORITY  
 PLACE OF ATTESTATION *Bobcaygeon Ont* TRANSFERRED TO *C.F.C. England* DATE *11.8.17* AUTHORITY  
 DATE OF ATTESTATION *Dec 22/1915* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1st 1916*  
 PAYABLE TO *Lottie Edgar Bobcaygeon Ont* RELATIONSHIP *Wife*  
 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				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT			
		\$	c.	\$	c.		\$	c.	\$	c.		No.				DATE	No.																	DATE	No.	DATE
<i>July 31</i>														<i>135</i>	<i>135</i>																					
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>3410</i>	<i>129816</i>									<i>973</i>	<i>15</i>	<i>2473</i>	<i>1072</i>								
<i>Sept 30</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>5331885</i>	<i>159/16</i>								<i>730</i>	<i>730</i>	<i>2960</i>	<i>1412</i>			<i>17 03</i>					
<i>Oct 31</i>	<i>31</i>		<i>31</i>				<i>310</i>								<i>311024</i>	<i>30/16 162 15 10</i>									<i>730</i>	<i>730</i>	<i>2960</i>	<i>1862</i>			<i>21 90</i>					
<i>Nov 30</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>190/16</i>									<i>730</i>	<i>1460</i>	<i>2250</i>	<i>2992</i>			<i>38.02</i>					
<i>Dec 31</i>	<i>31</i>		<i>31</i>				<i>310</i>								<i>311024</i>	<i>30/16 162 15 10</i>									<i>487</i>	<i>15</i>	<i>1987</i>	<i>4355</i>								<i>24 to 6666 1329</i>
<i>Jan 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>15 30</i>			<i>15 30</i>								<i>16965</i>	<i>11/16</i>										<i>15</i>	<i>126110</i>	<i>4318</i>								
<i>Feb 28</i>	<i>28</i>		<i>28</i>	<i>80</i>											<i>3080</i>											<i>15</i>	<i>2230</i>	<i>5168</i>								
<i>Mar 31</i>	<i>31</i>		<i>31</i>	<i>10</i>											<i>3410</i>											<i>15</i>	<i>5149</i>	<i>3429</i>								
<i>Apr 30</i>	<i>30</i>		<i>30</i>												<i>33</i>											<i>15</i>	<i>3203</i>	<i>3526</i>								
<i>May 26</i>	<i>26</i>		<i>26</i>												<i>33</i>											<i>15</i>	<i>15</i>	<i>5326</i>								<i>trans to British Hospital 21/77</i>
<i>3/5</i>	<i>1</i>		<i>1</i>	<i>110</i>											<i>110</i>												<i>5426</i>									
<i>June 30</i>	<i>30</i>		<i>30</i>												<i>33</i>											<i>15</i>	<i>15</i>	<i>7236</i>								
				<i>36740</i>										<i>135</i>	<i>36875</i>											<i>165</i>	<i>29639</i>	<i>4236</i>								

*65.64  
22.18  
43.46*

*65.64  
21.90  
43.74*

725551 Plc Edgar W. J. #150 Pay (Com)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
				367.40												36.50	14.60	80.29		16.5			296.39	72.36							
July 31	31	1.00	3.21	10																15			15	91.46							
Aug 10	10			11																15			15	87.46							
Aug 21	21			23.10												17.04							34.07	76.49							
Sept 30	30			33.00												17.03		21.90		15			53.98	55.56							
				468.60												87.60	14.60	102.19		210			414.39	55.56							

Trans to C.F.B. Engr. 1/8.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SER. ALLG. ENG.
Sept 30	Bal.		55.56						55.56		
Oct 31	Pay 10	34.10		bal.				15	15		
				39.2	24/1/17	17.03			54.63		
		24.10			17.03			15	15		
November 30	Pay	33.00		bal.				15	15		
December 31	Pay	34.10		AR 103 18/10/17 C.F.B. Engr.	17.03				17.03		
				AR 1267 25/9/17 C.F.B. Engr.	17.03				17.03		
		67.10		bal. Dec.	34.06			15	60.64		
-1918-								30	30		
January	Pay	34.10		bal. Jan.				15	15		
				AR 1315 20/11/17 C.F.B.	21.90				21.90		
		34.10		L. 487 17/1/17 102 bay	24.33			15	33.54		
					46.23				46.23		
Feb	Pay	30.80		Jan pay				15	15		
				AR 1516 15.1.18 102 bay	14.03			15	22.31		
		30.80			14.03			15	32.31		
Mar		34.10		AR Jan				15	15		
				AR 1264 20/3/18	17.03				17.03		
				" 41711 20/3/18	17.03			15	17.35		
		34.10			34.86				34.86		

26/1/19  
TB



SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

DEPT.  
MILITIA & DEFENCE  
FEB 17 1919  
H.Q.  
CANADA

1. No. 725551	
2 Rank. Private	
3. Name. Edgar, William Thomas...	
4. Unit. No. 3 District Depot.	
5 Date of Discharge	22.1.19 Place Kingston, Ont.
6 Reason for Discharge Demobilization	
7. Authority. 3D <sup>U</sup> 3.E.129, D.17.1.19..... R.O.1343	
8. Proposed Residence after Discharge. Bobbaygeon, 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.? 39	
<i>W. T. Edgar</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.	
Place	Kingston, Ont.
Date	22.1.19.
<div data-bbox="650 1931 1027 2205" data-label="Text"> <p>Medical Documents Forwarded to <del>S.C.R.</del> or B.P.C. on Date FEB 12 1919</p> </div>	
Signature..... (O. C. Discharging Unit.) Lieut. O. C. Discharge Section No. 3 District Depot	

EXHIBIT FORM  
PROCEEDINGS ON DISCHARGE  
COURT OF CRIMINAL JUSTICE

MAILED  
FEB 12 1973  
CANADA





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

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 Kingston, Ont. DATE 15-1-19.

1. 1 (a) Unit #3 ccd. (b) Regimental No. 725551. (c) Rank pte.  
 (d) Surname Edgar. (e) Christian name William.  
 (f) Home address Bobcaygeon, Ont.  
 (g) Next of Kin Mrs. W.T. Edgar. (h) Relationship Wife.  
 (i) Address of Next of Kin Bobcaygeon, Ont.
2. Age last birthday 48. Date of birth Feb. 11th, 1870.
3. Enlistment, or Appointment (if an Officer) (a) Place Bobcaygeon. (b) Date 21-12-15.
4. Personal description:  
 (a) Height 5' 4 1/2". (b) Weight 135. (c) Complexion Fair.  
(stripped)  
 (d) Colour of hair Light Brown. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. ....
5. Former trade or occupation Butcher.

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

3

Days

30

PERIODS

		PERIODS	
		From	To
Canada	<u>109th Bn. Can.</u>	<u>21-12-15.</u>	<u>20-7-16.</u>
England	<u>C.F. Corps.</u>	<u>20-7-16.</u>	<u>15-12-18.</u>
France or other theatres of War	<u>Canada.</u>	<u>15-12-18.</u>	<u>Date.</u>

7. Original disease, or injury 1. Myalgia. 2. Arterio-sclerosis.

- (a) Date of origin 1 & 2 Unknown. (b) Place of origin 1 & 2 Unknown.  
 (c) Cause 1 & 2 Unknown.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness, 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 its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

1. Myalgia. 2. Arterio sclerosis.

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.)

(1) SUBJECTIVE - Man states. He gets pains in wrists shoulder, right knee and between shoulder blades. The wrist and joints of right hand swell. The pains and aches get worse during wet weather.

(2) States he feels old. Has no headaches. states he does not have to get up during night to urinate.

(3) 1. Some tenderness over joints of left thumb and wrist and also of corresponding joints of right hand. Otherwise symptoms entirely subjective.

2. Peripheral arteries hardened. Heart good tone. No murmurs audible. No enlargement of heart. Pulse 78, on exertion there is increased rate to 130 returns to normal in 3 min. Man is bald and certainly looks his age. There is marked tremor outstretched hands and tongue. Reflexes normal. Urine negative, extremities cold.

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

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

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

1 & 2 States in Nov. 1916. Reported sick complaining of "Rheumatism" Was excused duty and given Medicine and placed on light duty. Was boarded 14-11-16 at Bramnott and marked P.B. duty. Again boarded at Synnydale 26-11-18. Category B2.

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).)

Had measles mumps in childhood.

No entries on M.H.S.

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

N/A.

11.—(a) Did the disabling condition have its origin before enlistment? 1. Yes. 2. 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.)

1. Probably aggravated. 2. No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. 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? 1. Impossible to state. 2. Progressive.

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

1 & 2 Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

1 & 2 No.

16. Can the former trade or occupation be resumed? No. States he is not as strong now. (If not, briefly state why)

17. Recommendations.

Category C3.

1. Some disability due to service.

2. No disability due to service.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, 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.

Signature of invalid examined. Rank.

ION 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~~
- (c) Home service (Canada only), ( " C) (Yes or No) 02
- (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

~~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.)

- Placed in Category C2. 1. Some disability due to service.
- 2. No disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE... Barriefield.

DATE... 16-1-19.

*R. M. ...* President.  
*Bussard Thompson* Capt. Army  
 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....  
 DATE.....  
 } Members  
 President.

APPROVED BY  
*[Signature]*  
 Assistant Director of Medical Services, no. 3  
 DATE... 16-1-19

APPROVED BY  
 Director-General of Medical Services.  
 DATE.....

Reserved for M.H.C.

Regt. No. 725557 Rank Pte Surname Edgar Christian Name William Thomas  
 Unit or Corps—(a) Overseas from United Kingdom..... (b) in United Kingdom C.F.C.  
 Born at—Town Robeaygiven County or Province Victoria <sup>ONTARIO</sup> Country CANADA  
 Date of Birth—Day 11 Month FEBRUARY Year 1870 Age 48 yrs. 9 months.  
 Joined at Robeaygium Date 22.12.15  
 Former trade or occupation Butcher

Permanent Marks or any peculiarity that will serve for future identification :—

VAC. MARKS T L ARM

Height—feet 5 inches 3 1/2 Colour of eyes BROWN

Signature of Soldier (for identification purposes) W. Edgar

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

ARTERIO SCLEROSIS

Disabilities Group (b)

ARTHRITIS - CHRONIC

Disabilities Group (c)

None

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>CONDITIONS OF CIVIL LIFE</u>	<u>Prior to enlistment</u>	<u></u>
(ii.) As to Group (b) above.	<u>CONDITIONS OF CIVIL LIFE</u>	<u>Prior to enlistment</u>	<u></u>
(iii.) As to Group (c) above.	<u>None</u>	<u></u>	<u></u>

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

- (i.) As to Group (a) above ? Yes If yes, has Active Service aggravated it ? Yes
- (ii.) As to Group (b) above ? Yes If yes, has Active Service aggravated it ? Yes
- (iii.) As to Group (c) above ? None If yes, has Active Service aggravated it ? None

4. Is the disability due to disease contracted or injuries received while on Active Service ?

- (i.) As to Group (a) above ? No
- (ii.) As to Group (b) above ? No
- (iii.) As to Group (c) above ? None

5. MEDICAL HISTORY.

Embarked Can. July '16 Desembarked <sup>Eng</sup> 1/8/16  
Was born in France  
Had rheumatism (chronic) for two years  
before ~~embarking~~. Has had inside work  
since coming to Eng. but still has had  
pains in joints

6. PRESENT CONDITION.

States he suffers from pains in both hands,  
shoulders & some times the knees, aggravated  
by wet weather.

Arteries are moderately fibrosed.  
Heart not enlarged. Second sound  
accentuated.

Looks his age (48)

Other systems normal

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what.  
(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes  
(ii.) If so, describe. 3 teeth filled

9. DO YOU RECOMMEND:—  
(a) Fit for duty? B 1 (state category)  
(b) Invalid to Canada?  
(c) Discharge from the Service }  
as permanently unfit?

Date of Report 26 Nov 1918 Station Sunningdale  
Signed A W Baker Capt Allen  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,  
and concur therein \*except not in hospital (Officer i/c Hospital) Strike out one  
S.M.O. Brigade of these

Dated at ..... Station, on ..... 191.....  
\*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

*Yes*

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

*Yes*

12. From the medical information now added, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? *No*  
Aggravated? *No*

(b) Misconduct of the Soldier { Caused? *No*  
Aggravated? *No*

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *Ten Percent*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *None*

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent? *Not applicable*

(ii.) If not permanent, what is its probable minimum duration (in months)? *Not applicable*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not applicable*

17. Can the former trade or occupation be resumed? *Yes*

18. REMARKS:—

*Symptoms of Arthritis are purely subjective. No gross evidence of Arterial Sclerosis. Condition not Aggravated by Service.*

*Antony G. H. Telegram 9083 11.11.18*

19. RECOMMENDATION:—

(a) Fit for duty? (state category) *B2*

(b) Invalid to Canada? *—*

(c) Discharge from Service as permanently unfit? *—*

Date of Board *26. 11. 18*

Signatures of the Board

*J. Cockburn* President.  
*Fredemastry*

Station *Winnipeg*

Approved *Fredemastry* A.D.M.S.

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN ARMY, LONDON AREA. NOV 27 1918  
13, BERNERS ST. LONDON, W.1

Dated at *Winnipeg* *Major, G.A.M.C.* Station *for A.D.M.S., Canadians, London Area.*



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

REGT. No. *726,551* RANK *Pte.* NAME (IN FULL) *Edgar W.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS		<i>Pte. Edgar, William, J.</i>			<i>109th Bn.</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE	<i>Bobcaygeon, P.O., Ont.</i>	<i>1-1-19</i>		DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$	DATE EFFECTIVE	
ADDRESS					<i>15.00</i>	<i>1-1-19</i>	
PAYABLE TO ADDRESS			RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS				
<i>Mrs. Lottie E. Edgar</i>			<i>Bobcaygeon Ont.</i>				
ADDRESS			<i>E-115</i>				
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE			EFFECTIVE				
			<i>Kingston - Jan 22/19</i>				
DISCHARGED			PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY				
			<i>10emb. 3-E-127</i>				

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		\$	C.	\$	C.
1/1/19	22	1.00	24.20	12.80 35	94.00	1720	1721	1720	10	45.86	37			1.44	114	114	114	<i>Dr. On L.P.E</i>				
Jan 22/19	183 days	W.S. G.	600.00		600.00	A5355	A5356		70	30					100	350	150					
Mar 5/19						G235596	235597		70	30					200	280	120					
Mar 25/19						G238744	238745		70	30					300	210	90					
Apr 16/19						G321167	321168		70	30					400	140	60					
May 19/19						G328415	328416		70	30					500	70	30					
June 16/19						927886	-87		70	30					600							
<i>W.S.G. form received</i>																						



Date of Enlistment

1-3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

514

Date of Assignment

Aug 1/916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	1-9-18 30	
----	----	--------------	--

1-12-17 P.E. 2753  
P.G. 3257 M.R.O. 33921

RATE OF ASSIGNMENT

15.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 72555 1  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name W. T. Edgar  
 Battalion 109th Batta  
 Beneficiary Mrs Lottie Emma Edgar  
 Relationship Wife. M.F.W. 2554-30-8-18 ✓  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Lottie E. Edgar  
 Address Babaygeon Ont  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					5299-W-9
Dec 31		440	255	695	also 5289-W-7
1918 Jan 31	65733 Y	30	15	45	P
Feb	100418 E.	25	15	40	
Mar	129465 A	25	15	40	
Apr	8458 A	25	15	40	L.
May	13148 G	25	15	40	L.
June	24035 X.	25	15	40	L
July	29965 O	25	15	40	T
Aug	38696 P	25	15	40	T
Sep	42597 R.	25	15	40	T
Oct	52859 2	25	15	40	R
Nov	61015 R	25	15	40	R
Dec.	63354 U	45	15	60	
1919 Jan		30	15	45	R

M.R.O. \* 58415 Rendered 30/12/18 Destroy  
 A/c Closed 31-12-18  
 Ret'd per... Northland  
 Date... 26/12/18 M.F.W. 187  
 Closed... J. Mead

M. F. W. 128  
400M. -6-17-1772-89-1141  
L. L. 22320-M. & D. 7583.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.  
 Rank Promoted Reverted Discharge  
 Soldier's Name  
 Battalion  
 Beneficiary  
 Relationship  
 Address

Name  
 Address  
 Change of Address  
 1  
 2  
 3  
 4

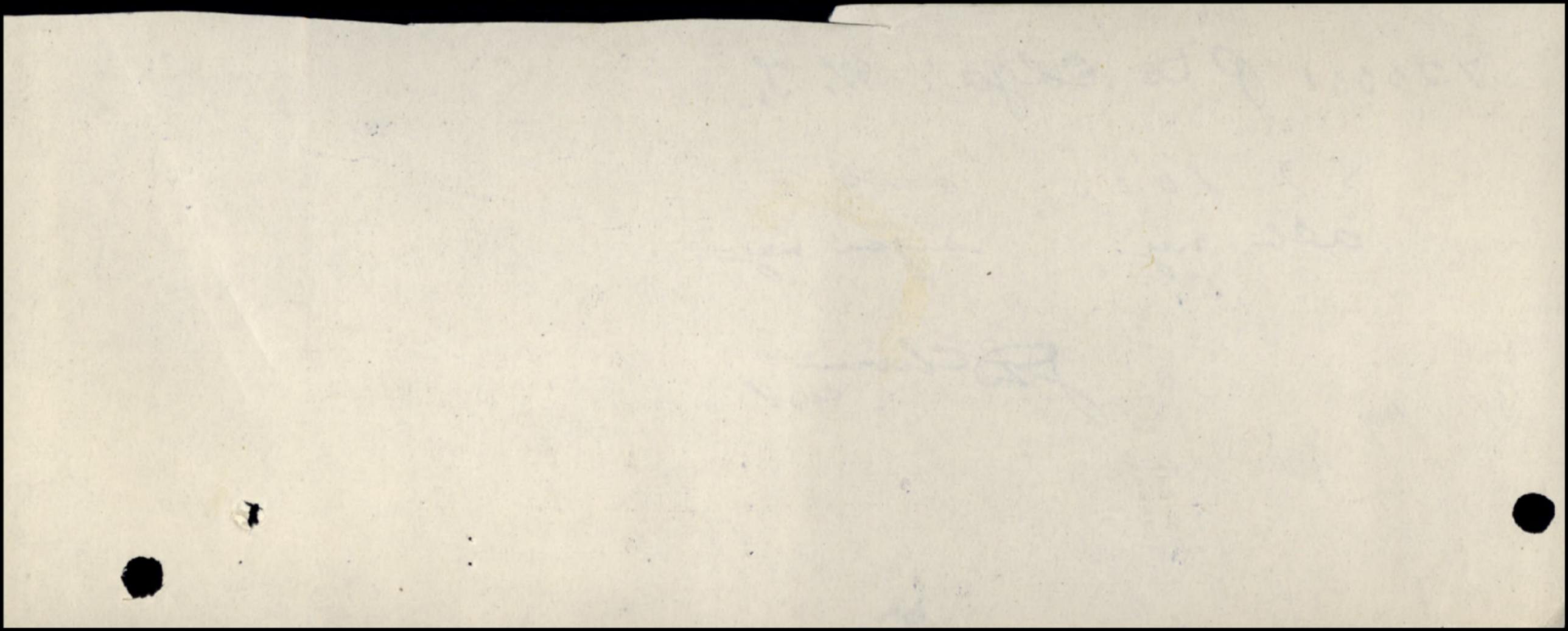
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

725551 P to Edgar. W. J.

S. 9. 1020 acid  
all veg sugar veg

J. D. Brown  
capt

9/11/19



URIN-LYS I.

NAME Edgar. N. J. NO 725551 RANK Pte DATE 25/11/18.

ALBUMIN nil

BLOOD nil

SUGAR nil

BILE nil

COLOR light yellow

REACTION acid

SP. GRAVITY 1010

D POSITS nil.

NAME \_\_\_\_\_ NO \_\_\_\_\_ RANK \_\_\_\_\_ DATE \_\_\_\_\_

Faint blue horizontal lines across the top of the page.



13 10

1 10

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Handwritten text on the right page, possibly "1 10" or similar.

725557

Pte Edgar W G

### DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

L J L

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
	<i>Nil</i>	-	-	<i>H. Cowley Capt. B.C.D.C.</i>

DENTAL CERTIFICATE

Other banks being returned to Canada for deposit  
be attached to the Medical History Sheet of all  
The following definitions will

Date of Examination	Condition (General)	In case of	Treatment	Remarks
	<p>Active service attributed to disease directly wounds, injury or the loss due to of teeth. It is not given</p>		<p>has he over dental condition</p>	
	<p><i>Nil</i></p>			<p><i>100.00</i> <i>500</i></p>

P. 878.

~~Extract D.O. No. 98~~

Unit:- C.F.C.

Date.-

Rec. No.

Rank

Name

425551

PTL

EDGAR

*Edgar*

WT

Struck off Strength of O.M.F. of C.  
on transfer to C.E.F. Canada. MD 3

13/12/18

Acted on

Ledger Ck.

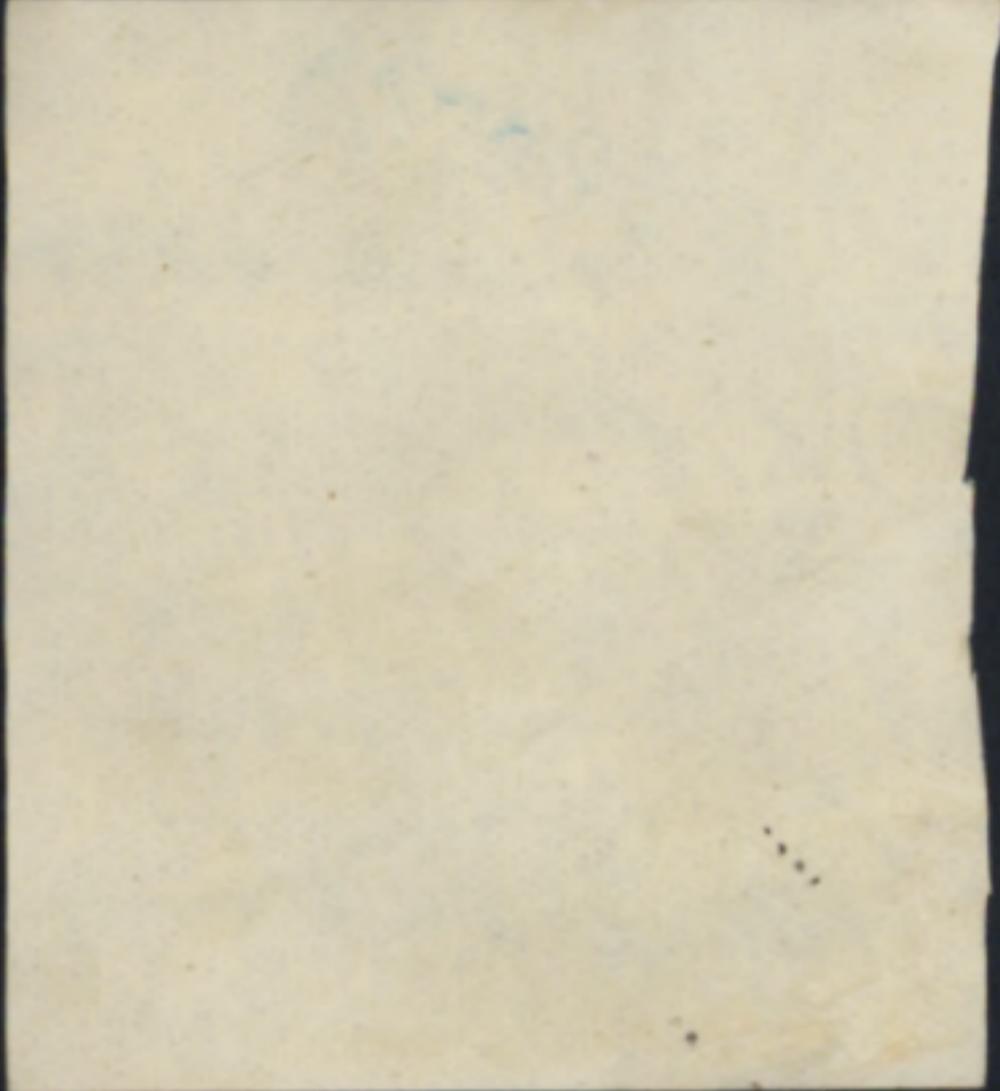


Canada

15/12/18

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M.D. 3



*Kingsdown*  
*E-129*  
*Discharged 22-1-19*

~~122760~~

**PROCEEDINGS OF A MEDICAL BOARD.**

Dated at Bramshott. November 14th 1916.

No. 725551 Rank Pte Name Edgar, W.T.

Local Unit 109th Overseas Unit \_\_\_\_\_ Age 47

Examination held at Bramshott

**DISABILITY.**  
~~Overseas~~—Local.  
(scratch one out)

1. Overage.
2. Myalgia.

**PRESENT CONDITION.**

The question of age is the main.  
Some pains in legs and arms.

**BOARD RECOMMENDS:—**

1. Fit for Duty..... - .....
2. Fit for duty after..... - .....weeks' physical training.
3. Fit for Temporary Base Duty..... - .....weeks.
4. Fit for Permanent Base Duty..... Yes .....
5. Discharge..... - .....

**Signatures:—**

<b>Members</b>	}	..... <u>C.E.Cooper Cole. Major.</u> ..... <u>President.</u>
		..... <u>J.A. Dickson, Major.</u> .....
		..... <u>W.Fred. Jackson, Capt.</u> .....

**APPROVED**

Dated at Nov. 14th 1916. P.A. Stewart, Major

# PROCEEDINGS OF A MEDICAL BOARD

Dated at..... 1916

No..... Rank..... Name.....

Local Unit..... Overseas Unit..... Age.....

Examination held at.....

DISABILITY  
Overseas-Local  
(attach one out)

## PRESENT CONDITION

## BOARD RECOMMENDS -

1. Fit for Duty.....
2. Fit for duty after..... weeks physical training
3. Fit for Temporary Base Duty..... weeks
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signature: -

..... President

Members

APPROVED

Dated at..... 1916

For A.D.M.S.