Card sent

"B" ~~"C"~~ "A" Coy.

ATTESTATION PAPER.

No. 724620

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Wallace
1a. What are your Christian names? ..... Robert
1b. What is your present address? ..... East Ward Lindsay Ont
2. In what Town, Township or Parish, and in what Country were you born? ..... Lindsay Ont.
3. What is the name of your next-of-kin? ..... Mary Ann Wallace
4. What is the address of your next-of-kin? ..... East Ward Lindsay Ont.
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 2 April 1897
6. What is your Trade or Calling? ..... Labourer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? If so, state particulars of former service. ..... 45 Rgt. Can. Mil. 2 yrs.
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, Robert Wallace, 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.

Robert Wallace (Signature of Recruit)

Date 30th Nov 1915 F. H. Godson Capt. (Signature of Witness)
ADJUTANT
109th Overseas Battalion, C. E. F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Wallace, 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.

Robert Wallace (Signature of Recruit)

Date 30th Nov 1915 F. H. Godson Capt. (Signature of Witness)
ADJUTANT
109th Overseas Battalion, C. E. F.

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 Lindsay this 8th day of January 1916.

(Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Robert Wallace on Enlistment.

Apparent Age 18 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 31 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Dk Brown

Religious denominations
- Church of England
- Presbyterian Presby
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other Denominations (Denomination to be stated)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 30th Nov 1915.

Place Lindsay

J. McCullock Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

Date JAN 11 1916 191.

WALLACE Robert **O. H. M. S.** Pte. 724620 109th Bn.

Med Unfit

Comp. to B.P.C. on M.F.W. 2505 Ref. B.P.C — Spec. 846d/3.10.19

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- [illegible] CONDUCT SHEET (M.F.W. 178 OR A.F.B. 122)
- [illegible] CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121)
- COMPANY CONDUCT SHEET (M.F.B. 263A OR A.F.B. 121)
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- LAST PAY CERTIFICATE (M. F. W. 44)
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- PARTICULARS OF CHARACTER (A. F. W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5069)
- UNIT INDEX CARD (M. F. W. 71 OR 192)

1 a.7.W.3997
1 J.8C. 132
1 Eng Med Bd
a+7 1
in 7 W 67
17 R 149 AF 21237-2
1 Lab Board
1 — R 122

03557

483761 2
23 — 2
15 — 2
11 — 2

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

Bonus paid auth. 8312 Q.742 2. 14-11-19 b.

CARD NO.

SURNAME. Wallace, 649-W-18422

CHRISTIAN NAMES Robert.

REGL. No. 724620 RANK Pte.

UNIT 109th

FORMER CORPS 45 Regt

Med Unfit SOS. 7-3-19 D.O.G. 15-3-19 FOLL. 2DD

Balt.

NEXT OF KIN.

NAMES IN FULL Wallace, Mrs. Mary Ann.

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~East Ward,~~ Lindsay, Ont.
Box 1092. Queen St,

L. 16-1-19.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Lindsay, Ont. DATE Apr. 2nd, 1897.

PLACE OF ATTESTATION Lindsay, Ont. DATE Jan. 8th, 1916.

Sailed from Halifax per S.S. Olympic

L. L. 90:89.—M. & D. 6312. 23/7/16. 148 36 R/C 25-1-19 258-2 66 M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED — SINGLE Yes WIDOWER —

TRADE OR CALLING Labourer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS 7 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 31 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Dark Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Nov. 30th, 1915.

a72

Number 724620 Rank Lte.

Surname WALLACE

Christian Name Robert

Units 20th Bn Lond Rg Theatre of War France

Date of Service 8-5-18

125 Logie St., Lindsay, Ont.

Remarks 1/2/28

Latest Address Lindsay, Ont.

Roll No. B

200m-2-21. M. Page 13284

F15545

Death 30/5/22

Form R. 149.

Name Robert Wallace Rank pte Reg. No. 724620

Unit 20th Bn. 25-W-3931

Next of Kin Mrs. R. Wallace.
East Ward. Lindsay. Ont. Can

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28.	8	Missing after Actions pt III O. 84	Cambrai 27/14.9.18	A321		Q342	3386
Entry on A321 Cancelled A3293. 16/11							

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

Robert

R.L. 25. W. 3931.

Name WALLACE Rank pte Reg. No. 724620

Unit 20th Bn. 12th Res.

Next of Kin Mrs. A. Wallace.
East Ward. Lindsay. Ont. Canada

Date	Movement	Place	Casualty	List No.	Notified N.K.O.	W.O. List
17-2. 3-4	Can. Hosp. Eltringhill Discharged:		V.D. G. C. DO. C	145 180		1272 4160
28.8.	MISSING after ACTION			A229		3386
	pt. II O No 84 of 14.9.18.					
13.10	Kg & Qs. Camiers			1838	Qstg. 872-11	
17.10	Hosp. Wil. N. Edmonton			B350		29304
Note	Ref: A321 17-9-18. please cancel Entry.					
	pt. II O No 112 of 11-11-18.			A 373		4868
26.11	C. E. H. Bearwood.		DO.	B 378		1348
30.11	Rlsd.			B. 632		1324

Note. Please cancel. 25-11-18. [illegible]

By the Chief Surgeon Canadian Forces in France
Missing [illegible] 28.8

Date		Movement	Place	Casualty	List No.	Notified N/K'O.		W.O. List

NAME Wallace Robert

REGT'L. No. 724620.

H. Q. FILE No. 649

RANK AND CORPS Pte. 20th Bn. (12 R) form.

FOLLOWS No. 70 9th Bn.

FOLLOWS

CABLE

NO.	DATE	NATURE OF CASUALTY
n. of K		Mrs. Mary Ann. Wallace (mother)
auth. letter 22-11	16-11-19.	Box 1092. Queen St. East Ward. Lindsay. Ont.
		cancelled as per "J" card. Q 742-9710: 19-11-18.
~~Q 542~~ 19-3	18-9-18.	~~Repl. Miss Aug 28th 1918~~
Q 649	21-10-18	adm 4 Gen Hr. Dannes Camiers OCT 13th 1918 GSW L arm

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C145-1.	Can Hos. Etchinghill	17-2-18	V.D.G.
C180	Disc	3.4.18	" " 8.
~~a321-1.~~	~~Missing after action~~	~~28-8-18.~~	cancelled as per W & L A373-3
a.348-4.	4 Gen. Hosp	Camiers 13-10-18.	G.S.W Farm.
B350-1.	Gen. Mil	Edmonton 17-10-18	" " " " "
B376-3.	Can. Conv.	Wokingham Bearwood 16-11-18.	" " " "
B432-2.	Discharged	20-11-18	" " "

Form DMS 1401.

Can: Conval: Ho

Bear Wood. HOSPITAL.

A. & D. CARD

AT

A. & D. No. 081543 PL. OF ACTION

RANK Lte REG. No. 724620 UNIT 20th Can Inf. Q. SICK OR WOUNDED

NAME Wallace R. AGE 19 RELIGION R.

PLACE IN HOSPITAL Unit 1

DIAGNOSIS GSW L. arm

ADMITTED 15 NOV 1918 FROM M.D. Edmonton

DISCHARGED 20 NOV 1918 TO 1st C.C.B. Witley

TRANSFERRED 30/12 6/12

SERVICE AT HOME IN FIELD

RESULTS

Fit A Wd healed

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

No. 124630 RANK Pte NAME Wallace R.

T. O. S. 30-11-15 UNIT 109th Battalion

D. O. 9. 30-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 30	1915. Nov. 30	✓		
Dec.		✓		
1916. Jan	1916	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED

JUL 23 1916

NAME Wallace, Robert.

Regimental No. 724620

Date	Passed to	Returned	For Photostat	Returned to R.O.
11-7-36	M.A.	24.7.36		24.7.36
31-7-36	M.A.	6.8.36		6.8.36

M-72 7M-8-35 Req 409

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
Wallace	R.	724620

RANK	UNIT	CO.	TROOP	BATTY.
Pte	1st C.Ont. (12 R)		(20)	

HOSPITAL — DATE OF ADMISSION

1. Can. Etchinghill 4. Gen. Camers. — Hosp. 17.2.18 13.10.18
2. Gen me Edmonton C.C.H. Beauwood — Hosp. 17.10.18 16.11.18
3. — Hosp.
4. — Hosp.

DIAGNOSIS

1 V.D.G. in
GSW. Lt. Arm R

2

3

DISPOSITION

Cl. 21-2-18 B145-1.
6.4.18 B 61 80
~~19.4.18 @ 321 ① Nursing after Action - 28.8.18.~~
18.10.18 @ 348 ②
21.10.18 B 35-1
16.11.18 A 373/3 note. Cancel ent. on A321
20.11.18. B 376 3
28.1.19 B 432 2.

REMARKS

hlise. 3.4.18.
" 20.11.18 DATE

M.O. 2 Dept.
Beh. of O.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name L WALLACE Robert Rank Pte. Regtl. No. 724620

Fyle Depot 24 W.D. -390

Original unit Present unit 20th Bn M. or S. Age 21 Religion Pres. Ref. H.Q.

Port, ship and date of arrival Aquitania Halifax 25-1-19

Next of kin Mother Mary Ann Wallace E.Ward Lindsay Ont.

Address on leave same

Address on discharge same

Transportation issued Yes ~~No~~ Date 7-3-19 Character on discharge L

Previous occupation Labourer Date and place of enlistment Lindsay, Lindsay Jan 8-16

Diagnosis Debility Date of Medical Boards 18-2-19.

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 18-1-19	Posted to Cas Co (Ex. Camp) 25-1-19	
	Leave & Subs from 30-1-19 to 14-2-19	32
7-3-19.	S.O.S.DISCH."MED.UNFIT" 183 DAYS W.S.G.	64

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

(over)

Date.	Remarks	Pu[illegible] Order No.

M. F. W. 192

150m.—5·18

1772·39-1243

724620

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wallace Christian Name Robert

Examined on 30th day of November 1915 at Lindsay

Birthplace City or Town Lindsay County Ontario

Apparent age 18 years

Trade or occupation Labourer

Height 5 Feet 6 Inches.

Weight 93 lbs Lbs.

Chest measurement Minimum 28 inches. Maximum expansion 31 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks Arm Right None Left One Number One

When Vaccinated last July 27th 1915

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Chest slightly underdeveloped

Approved by J. McCulloch Medical Officer

Rank 109th Overseas Battalion M.O. E

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.
27.7.15	Mil.	J. McCulloch M.O.
25.1.16	Good	J. McCulloch M.O.
		M.O.
16 NOV 1916		Jab WEM M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27/7/17		B. Brayshaw
15/5/16	Good	J. McCulloch M.O.
25.5.16	"	J. McCulloch M.O.
4.6.16	"	J. McCulloch M.O.
22.9.16	"	Horley 4 Jab 2-5-18

Enlisted on 30th day of November 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724620		30.1.15
Transferred to	124th OVERSEAS BATTALION C.E.F. 12th Res. 20th Bn. 2/5/18.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Orkney	15.2.17	Immature	Fit Jth. Cock Cat

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname: Wallace Christian Name: Robert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
CANADIAN HOSPITAL, ETCHINGHILL, LYMNGE.		16	2	18	2	4	18	Gonorrhoea	[illegible]	1st attack & Relapse – Acute – G C Smear positive – no complications Discharged as cured after 3 days P.T.	R Brodie Anderson Capt & Adjt
GENERAL MILITARY HOSPITAL EASTERN COMMAND 13 NOV. 1918 EDMONTON, N. 18		16	10	18	15	11	18	Shrap. w L. upper Arm	31	no bone or nerve injury Healed – movements good – Transferred	W B Taylor. MAJOR R.A.M.C.
										Transferred to Convalescent Hospital Wokingham	
Beaurwood		15	11	18	20	11	18	Do.	5	G C Good Fit A.D.	

W. [illegible] Captain,
Med. Off., Canadian Convalescent Hospital,
Beaurwood, Wokingham, Berks.

Temporary ORIGINAL (1)

MEDICAL HISTORY SHEET.

Surname Wallace Christian Name Robert.

Examined { on 30th day of Nov 1915. at Lindsay.

Birthplace { City or Town Lindsay County Ontario.

Apparent age 18 Years.

Trade or occupation Labourer.

Height 5 Feet 6 Inches.

Weight Lbs.

Chest measurement { Minimum 31 inches. Maximum expansion 3 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		19 OCT 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 30th day of November 1915 at Lindsay Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		724620.		
Transferred to	12th Res Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
1st C.E.D. Witley	6.12.18	Nil	A [illegible]
Kinmel Camp	6-1-19	Nil	A. [illegible]
Ex Camp	18/2/18	Debility	[illegible]

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54.
150M. 12-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 724620 Rank Private Name Wallace Robert

Enlisted (a) 30-11-15 Terms of Service (a) D. of W. C. E. F. Service reckons from (a) 30-11-15

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) Labourer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	24-4-16.	
		Disembarked England	Liverpool	31-4-16.	
~~4-12-16~~	~~O.C. 109th.~~	~~Proceeded overseas for service with 38th.Btn.~~	~~Witley~~	~~4-12-16~~	~~D.O.Pt.11 339~~ A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
8-12-16	O.C. 109th. Bn.	Transferred to 124th. Battn.	Whitley	8-12-16	D.O. Pt. II # ~~1~~ 3 49. A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 A. W. Eastmure Lieut MAJOR & ADJUTANT, 124th BATTALION C.E.F.
~~2/6/17~~ 2/6/17	124th Bn	Transferred to 12th Res Bn.	Witley	~~2/6/17~~ 2/6/17	Pt II Orders ~~#99~~ ~~2/6/17~~ 2/6/17 O.C. 124th Bn Lieut Adjt 124th Res Bn Detach

(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.

CERTIFIED CORRECT
11 MAY 1938
CAN. REC. OFFICE LONDON

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				
2.6.17	O.C. 12th Res. Bn. C.E.F.	Transferred to T.O.S. 12th Res. Battn.	EAST SANDLING	2.6.17	Part II 139
8.5.18.	12th Bn.	S.O.S. to 20th Batt.	Witley.	7.5.18.	Pt II 110. E.S. Hoag Lieut i/c Records 12th Res. Bn. C.E.F.
8 MAI 18	2 C.I.B.D.	Arrived & T.O.S. 20th Bn.		8 MAI 18	NR. Part II Ord. 42 of 1918.
22 MAI 18	2 C.I.B.D.	Left for C.C. Rein. Cr.		22 MAI 18	"
— " —	C.C. Rein. C.	Arrived.		— " —	"
3.7.18	— " —	Left for Unit	Field	3.7.18	" 1159.
6.7.18.	20th Bn.	Arrived	Field	4.7.18	B213.
31.8.18	— " —	Reported Missing	Flu.	28.8.18	— Pt II 84-1918.
13.10.18	4-Gen	Gtr. Arm & adm. 4 Gen		13.10.18	W. 8174.
16-10-18	do	Inv (Wdd) & posted to 1st Cntl Ont. Regt Depot, Witley per AT Ville de Liege.			W3083 - 6260. Pt2.O.104-1918
		Whogan Major Canadian Section. G.H.O. 3rd Echelon B.E.F		for Lt. Col., A.A.G.	
24.10.18	1CORD	T.O.S. from 20th Batt	Witley	14.10.18	— 295
					LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.
10-12-18	Ceases to be attached on proceeding to 12th Res				D.O. No. 341 of 12/18
					Lieut. for Adjutant, Canadian Command Depot,

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724620 (Rank) Pte.

Name (in full) WALLACE, ROBERT. enlisted in

the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 20th

day of Nov. 19 15.

HE served in England and France.

and is now discharged from the service by reason of

"MEDICALLY UNFIT."

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

Age 18.

Height 5'6"

Complexion Fair.

Eyes Blue.

Hair Fair.

Marks or Scars

Vaccs. Scars on left arm.

G. .W L. Arm.----------13-10-18.

J R Wallace
Signature of Soldier

H Fairgrieve Capt
Issuing Officer

O.C. No. 2 District Depot
Rank

Appointment

Date of Discharge Mar. 7th, 1919.

Signed at Toronto, Ont. this 7th day of Mar. 19 19.

in Military District No. 2

File Reference No. PVC.

No. 2
MAR 7 1919
DISTRICT DEPOT

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

724620 Feb 18/19.

Wallace Robert.

Expansion 4" 28" 32"

Long, flat, undeveloped chest.

No areas of dullness — Respiratory excursion and breath sounds are good. There is slight roughening ~~in the~~ in the inter scapular area.

(No evidences of respiratory disease.)
" " " " impairment.

Chas. C. Alexander
Capt.

Feb. 25th 19
J.G.

Army Form B. 103. Regimental Number 724620

Casualty Form—Active Service.

Regiment or Corps 20th Battn.

Rank Pte. Surname Wallace, Christian Name Robert

Religion ..... Age on Enlistment ..... years ..... months.

Enlisted (a) 30.11.15 Terms of Service (a) Dft Pt Service reckons from (a) 30/11/15

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

Extended { ..... } Re-engaged { ..... } Qualification (b) Labourer or Corps Trade and Rate .....

..... Signature of Officer.

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				
		Embarked ...			
		Disembarked...			
11-12-18	12th Res.	T.O.S. 12th Res	Witley	10.12.18	Rt. II 284
3-1-19	do	On Command to Kinmel Park	do.		
Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 1			H.M.T. AQUITANIA LIV'L. JAN. 18. 1919 EMBKD. LIV'L. JAN. 18. 1919 DEBKD. HALIFAX. N.S. JAN. 24. 1919		
C.C.C. Kinmel Park ceases to be attached for embarking Canada, Part II Order No. 1					
Commanding Kinmel Park Camp, Wing,					

25 JAN 1919

(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, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s G & S Forms/B.103/4. E./354.

Report: 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
JAN 18 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 32
					Lieut. For O. C. No. 2 District Dep.
	7/3/19	S.O.S. (Discharged) No. 2 District Depot			
			Part II, D.O. No.	64	
				H Sargent	Capt
			For O. C. No. 2	District Depot.	

To be made out in duplicate.

DUPLICATE

I.O. 51-21-20-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number .....724620.....

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

(4) Place of Birth.....Lindsay Ontario Canada.....

(5) Are you married, or not? .....No.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

If so, state name and address .....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Mary Ann Wallace.....

.....Lindsay Ontario.....

(11) If your Mother is a widow.....Yes.....

Are you her sole support, or not ?.....Yes.....

(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.

.....$20 perb month am only support one brother 8 yrs.....

.....

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

.....

.....

.....

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

.....Yes.....

(15) Are you insured ?.....No.....

If so, in what Company ?.....

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

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

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

Date.....17-7-16.....

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724620.	Pte	Wallace.	Robert.
Year	Unit.		Age.	Service.
	20th Canadians		19.	3 3/4.

Station and Date.	Disease GSW Arm left.
F.M.S. Hosp: 16.X.18	Clean TTT. Wound of left upper arm (middle third)
	No bony or nerve injury -
4.XI.18.	Healed - movements good.
	Left for C.D.
	[illegible]
	Capt.
	R.A.M.C.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd. Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.
Pro.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
01/15543	224620.	Pte.	Wallace	R.

Year	Unit.	Age.	Service.
	20th Bn.	19	3y/12.

Station and Date.	Disease
15.11.18: Can: Conval: Hospital, Bear Wood.	G.S.W. Lt. Arm.
t. 1.	Wd. healed. Fit A. J. Macdonald Capt.
26/11/18	Discharged to 1st. CCD
	W. Kennedy Capta. Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.

25 NOV 1918
Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

M.D. 2

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

No. 56

Regimental No. 724620 Rank Pte Name Wallace R. (Surname first)

Unit No. 2 District Depot. who was* DISCHARGED

On MAR 7 1919 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.3.19 to MAR 7 1919 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			14	47
Regimental Pay ... 7 days at $3 ... c				
Field Allowance ... days at $1 ... c 10			7	70
Separation Allowance			6	75
Clothing Allowance			35	00
Post Discharge Pay			100	00
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No. 156616	36	75		
*Other Charges				
Balance on transfer or on discharge, cheque No. 156615	127	17		
Total	163	92	163	92

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ... (‡) been paid on account of

Assigned Pay for the month of Feb. 1919
and Separation Allce. for month of March 1919 } (to) Assignee Mrs M. A. Wallace

(Address) Lindsay Eastward Ont

(†) 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 or not Yes (3) Reason for discharge .....

(4) Authority for discharge or transfer D.O. 64

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 MAR 6 1919

Place TORONTO

CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
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 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.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		

R—122

J.M. Rank Name WALLACE, Robert. ✓ Reg'l No. 724620 ✓

Unit 109th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, 30th Nov 1915. ✓ Place of Birth Lindsay, Ont. ✓

Name and Address, Next-of-Kin Mary Ann Wallace. ✓

East Ward, Lindsay, Ont, Canada. ✓ Relationship Mother. ✓

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character 6 years

H/E. B.B. No. 18488
File R.L.
Category CAN.OR

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
6		Arrived in England per H.M.T. 310 31-7-16			
8.12.16	Ch 109th Bn	SOS on tofu. to 124th Bn.	Shorncliffe	8.12.16	PtII DO 343
9.12.16	Ch 124th	TOS fr 109th	"	"	" 265
2-6-17	"	SOS. to 12th Res. Bn.	"	2-6-17	" 102 / PtII O 139 3/6/17
~~6-1-18~~	~~1 CORD~~	~~TOS on postg fr. 12th Res.~~	~~A. Sandy~~	~~5-1-18~~	~~PtII DO~~ cancelled PtII O 36 of 5-2-18 1 CORD
14-5-18	20th Bn.	T.O.S. from 12th Res.	Pte Willey	8.5.18	D.O. 42 (12th Res. D.O. 110 of 8.5.18) Cancelled
~~14-9-18~~	✓	~~Missing after action~~	" ~~Field~~	~~28-8-18~~	~~— 84~~ by 112 of 11.11.18. 20th Bn.
18.10.18	1 CORD 20	Wounded		13.10.18	CPA 348
24.10.18	1 CORD	T.O.S. from 20th Bn	" Willey	17.10.18	DO 295 20th Bn DO 1049 of 24.10.18
22-11-18	"	On comm 1st CRD	" "	20-11-18	PtII 324

A.F.B. 104 CHECKED 19 MAY 1918

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.				
11-12-18	12 Res	TOS from 1 CORD	Witley	10-12-18	P'294 (1 CMRO 11-10 250 d/18 12/18
3-1-19	"	On com. Kinmel Pk	–	3-1-19	–2
29-1-19	12 Res	Leave on Com & SOS As C C & Canada	✓	18/1/19	PRE 26 24

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

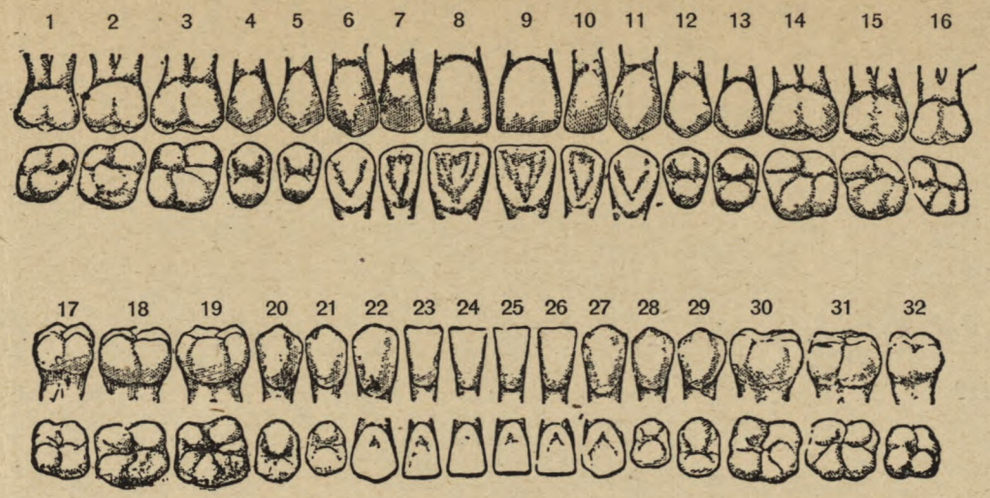
District 2

Name of Soldier Wallace Robt

Rank Pte

Regiment

No. 724620



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Discharge Exam. At Exhibition Camp Date. FEB 18 1919				Certificate signed by																			
											Fillings										W A Semple Major		

M.F.B. 465. 200m.—6-18. 1772-39-950.

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: Pte Name: Wallace Surname: Robert

Unit or Corps: 109th Battn 12th Res. (If a soldier) Regtl. No. 724620

Born at: Lindsay Ont. on, date: July 2nd 1900

Signature (for identification): R Wallace

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. None

Weight 140 lbs.

Height 5 ft. 5 ins.

2. NUTRITION AND DIATHESIS? Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Normal

4. RESPIRATORY SYSTEM. Normal

5. HEART? Normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? Normal

7. DIGESTIVE SYSTEM? Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 Reaction? ac. Albumen? no. Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No.

11. Opinion as to the health and physical condition of the one examined? Normal

Examined at: Kinmel Park

Date: 4-1-19

Signed: J. M. Hill Major M.O.

Signed: [illegible] M.O

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

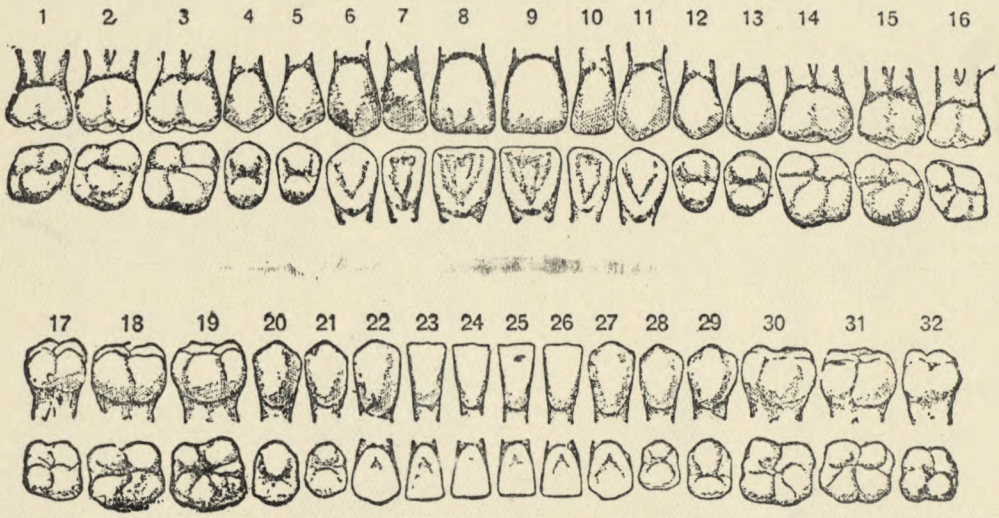
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) WALLACE, R. M.D. 2.

REGIMENT 20th Bat. RANK Pte. No. 724620

Date of Examination in England 6.1.19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 20
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A. Worral Capt

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mary Ann Wallace

Address Lindsay
Eastwood
Ont.

Rate 15-00

AUG 1 1916

By Whom Assigned Wallace Robt.

Regtl. No. 724620

Rank Pte

Corps 109th Batt. "B" Coy.

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					

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mary Ann Wallace

L. L. Job 310.—Req. 6574.

Name of Soldier Wallace Croft

724628 Pte 10th Batt

15-00

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		Y15249	15	
Sept.		R21080	15	
Oct.		R26082	15	
Nov.		I 29193	15	
Dec.		Z34077	15	
Jan.	1917	E42053	15	
Feb.		X46783	15	
March		D53992	15	
April		65208	15	15
May		61474	15	
June		B 20290	15	
July		Q25997	15	
Aug.		9 32980	15	
Sept.		8-40589	15	
Oct.		C 48935	15	
Nov.	54245	K ~~54244~~	15	54244 Canc
Dec.		P 61866	15	
Jan.	1918			
Feb.			$255	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mary Ann Wallace

Address Lindsay Ont.

Relation to Soldier wife, child or mother } widowed mother

Name of Soldier Wallace Robert

Regtl. No. 724.620

Rank Pte.

Corps 109th Battn

To what Corps belonging when called out }

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				

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mary Ann Wallace widowed mother's

Name of Soldier Wallace Robert

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	M 3626	40		40
May		J 7252	20		20
June		207392	20		20
July		C 9207	20		20
Aug.		6 14587	20		20
Sept.		1917819	20		20
Oct.		R 21127	20		20
Nov.		B 24047	20		20
Dec.		B 27545	20		20
Jan.	1917	Z 30720	20	340	20
Feb.		Z 33636	20		20
March		a 37474	20		20
April		X 3096	20		20
May		Z 5877	20		20
June		Z 9169	20		20
July		Z 12852	20		m
Aug.		M 16466	20		m
Sept.		Q 19707	20		T
Oct.		E 23070	20		T
Nov.		L 25457	20		B
Dec.		F 29375	20		N
Jan.	1918				
Feb.			$440		
March					
April					
May					
June					
July					

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.				

P 820
12474—373M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-16.		EFFECTIVE DATE:-	
AMOUNT:- ~~$45.00~~ 15.00		AMOUNT:-	

NAME:- WALLACE, Robert

NUMBER:- 724620

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.

Mary A. Wallace (mother)
Lindsay, Ont. Can.
~~Stopped 1/9/19~~ Stopped 1/2/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th.

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1-4-18		1st CoRD
42. 15/5/18	1-6-18		20th Bn
	1/9/18		N.B.A.
	1-11-18		1 Coh.

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
1/11/18	✓	London £1	~~4/-~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
1553	1 -	- 10		

Discharged to Canada 31/1/19 Rhyl PR 12-4/1/19
Sofa with Unit C.S.A. 373-16-11-18 20th Bn M.D.2
Passing 28/8/18 C/A 321-17/9/18. Cr. Bal $40.24

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
mch. 31	Bal. Fwd								44 34		
april	R.P.	33 -		Can. A.P. V.A. Cpl. 16-2-18 to 2-4-18. 46d. D60d. Do. 84 8-4-18. 12 Reo.		27 60		15			
				AR. 165 - 12-4-18 12 Reo.	2 43						
				Q. 248. 31-3-18 Etch.	5 78						
				AR 294 26-4-18 12 Reo.	2 43						
		33 -			10 64 (10 6)	27 60		15 -	24 10		
				AR 381 7/5/18 12 Reo.	9 73						
May	P. Pay	34 10		Can A.P.				15 -			
				AR 582 21/5/18 6 2 Rd	4 46						
		34 10			14 19			15	29 01		
June	P. Pay	33		C.A.P.				15			
				AR 614 616 2 DW CCR.C.	3 57						
				" 848 19/6 "	4 46				38 98		
July	do	33 34 10		C.A.P.	8 03			15 15			
				AR 440 17/7 20 Bn	4 46						
				" 544 23/7 4 C.I.B	3 57				50 05		
aug	do	34 10 34 10		C.A.P.	8 03			15 15	69 15		
		34 10			—			15			
Sept.				DR. AR. 768. 8/9/18. 20th Bn	10 71				58 44		
				" 8/3 27/9/18. "	3 54				54 87		
					14 28						
Oct.				London 15/10/18. V#48693. £1.	4 87				50 -		
					4 87						
Nov	D.P. for Sept/18	33 -		Can A.P. Oct + Nov 1918				30 -			
	Oct D.P.	34 10		AR. 9619 - 16/11/18. 4 Bear Wood	4 84						
"	for P. Pay	33 -		C.A.P. for.				15 -			
				G.4005. K 351 - 19/11/18 20 Bn.	- 36						
	Forward	100 10			5 23			45			

Compiled
Checked 6/1/19

D

NUMBER 724620 RANK PTE NAME WALLACE, R CAP #15

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Forward					50 00		
1918	Bro Forward	100 10		Bro Forward	5 23			45 -			
Dec				AR 6551 - 28/11/18 - 1CCD	9 73						
				✓ 7043 - 9/12/18 1 BBD	9 73						
				✓ 3747 - 16/12/18 1 2 Res	43 -						
	Pay	34 10		Cap				15			
1919	Pay										
Jan	Pay	34 10		Cap				15			
				AR 58849 - 7/11/18 - London	4 87				40 74		
		168 30			102 56			75			
				(S6 S to Canada 18/1/19 S Lect 7 12 Res MD2)							

P. 559

Married or Single: Single

Place of Birth: Lindsay Ont

Name and Address of Next of Kin: Mary ann Wallace Lindsay Ont

Relationship of Next of Kin: mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 124620 Rank Pte Name Wallace Robert

If in Permt. Corps What Unit — Unit 109th Bn Transferred to 124 Bn. Date 21.1.17 Authority DO 343 8.12.16.

Permanent Force Allowances — Transferred to 12th Res Date 22.7.17 Authority DO 102 7/6

Place of Attestation Lindsay Ont — Transferred to — Date — Authority

Date of Attestation Nov. 30-1915 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15 00/100 Date Effective Aug 1st 1916

Payable to Mary A Wallace Lindsay Ont Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C.

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay c	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31													Balance from Canada																		86				
Aug 31	31	1.00	31		31	10	3	10							34 10	18	9/8/16							973				15		24 73	1023				Issued on repayment Q 4005-1-14/8/16
Sept	30		30				3								33	51	31/8/16	82	15/9/16					487	730			15	81	27 98	1525				
Oct	31		31				3	10							34 10	121	30/9/16	161	15/10/16					730	730			15		29 60	1975				
															102 06									2190	1460			45	81	8 23 31					Q 4005-254. 10.11.16
Nov	30		30				3								33	189	31/10/16							730				15	116	23 46	2929				
																292	30.11.16							487											
Dec	31		31	19 30			3	10							34 10	241	15/11/16							486				15		24 73	3866				
															22													15		15	43 66				A 0343-8.12.16. 38. 1446 Eff 21-4-17
Jan	20	1.10	22												18 16									3893				90	199	135 50					
			190	80																											36 05				
21-31	11	1.10	12	10											12 10			465	29/1						12	17			954	21 71	2X 7X				Repyt V° 272° 304° 352° 378°
Feb	28	1.00 -.10	30	80											30 80	519	15/2	605	26/2					4 87	12	17		15	38	32 42	34 43				Repayment V° 493 P.
																				793 11/3 122 Bn															
																										4 87									
Mch	31		34	10											34 10					400 22/12 124 Bn						21 90		15		53 93	14 60		✓		
																				818 24/12 125 Bn						12 16									
Apl	30		33	-											33 -													15		15 ·	32 60				
																														22 30	44 40				
May	31		34	10											34 10					13-134 Bn 14/4						7 30		15		~~15~~	~~51 70~~				
																				139 " " 26/4				268		9 73									
June	30		33	·											33 ·					266 134 Bn 23/5				269		12 17		15		44 40	77 40		✓		
			267	40										86	368 26					151 " 14/5						7 30									
																								43 80	38 94	75 43		165	11 89	335 06					
			267	40										86	368 26																				

724620 Pte Wallace Robert

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
Forwd			267	40										86	368 26
July 1-20	21	1.10	23	10											23 10
July	10		11	–											11 –
Aug 1-31	31		34	10											34 10
Sept 1-30	30		33												33

ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE
437	30/6	330	15/6				
714	30/8	648	15/8				
568	28/7	496	14/7				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
43 80	38 94	75 43		165	11 89	335 06	33 20				
				15		15	41 30				Trans to 12th Res 22/7
							52 30				
9 73	7 30			15	1 77	33 80	52 60				
9 74	7 30										24006 #397 24/7/17
9 73	7 30			15	1 42	50 49	35 11				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ACCT.	ALLOC.	PAY ENC.
1917		~~35 11~~							35 11				
Oct	P Pay.	34 10					15						
				ah 840 29/9/17 12th Res	7 30				46 91				
		34 10			7 30		15						
Nov				AR 897 15/10 12th Res	9 73								
Nov	R.P.	33		Can. AP			15						
				AR. 968 26/10. 12th Res.	7 30								
				" 1037 15/11 "	9 73								
Dec.	R.P.	34 10		Can AP			15		57 25				
1918		67 10			26 76		30						
Jan.				Can AP.			15						
	R.P.	34 10		AR. 1149. 19/12 12th R.	9 47								
				" 1095. 28/11/17. "	9 73.								
		34 10			29 20		15		47 15				
Feb				Can AP.			15						
	RP	30 80		AR. 1204 10/1/18 12 Res.	9 73								
				an 945 AR. 787 15/9/17. "	7 30								
				AR. 1284 25/1 "	9 73								
				" 1382 13/2 "	7 30								
		30 80			34 06		15		28 89				
March	RP.	34 10		Can AP			15						
				AR 1666 27/2 Stich	1 22.								
				" 1921 13/3. "	2 43.								
		34 10			3 65		15		44 34	Tnl			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ACCT.	ALLOC.	PAY ENC.

Form D.M.S. 1348 (Revised).
2075—20m—3/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, ~~BRAMSHOTT~~ Witley.

15. 2. 1917.

No. 7246 Rank Pte Name Wallace R.

Local Unit 124 ~~Overseas Unit~~ Age 17 16 (10) 12

Examination held in ~~Bramshott~~ area.

DISABILITY.

Overseas—Local.
(scratch one out)

Immature

PRESENT CONDITION.

Small chest has never fallen out of marches

Board recommends :

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

Signatures :

Members { R. H. Cockburn Pres.
H. Wainwright Capt.

Approved.
Witley ~~Bramshott~~ Feb 15th 1917 [illegible] Major
for A.D.M.S. and G.O.C.,
Canadian Troops, ~~Bramshott~~.

Form D.M.S. 7 (Revised)
Supersedes Form D.M.S. 7

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

_____ 19_____

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY:

Overseas—Local.
Scratch one out

PRESENT CONDITION.

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.
5. Discharge.

Signatures

Pres.

Members

Approved

Bramshott _____ 19_____

for A.D.M.S. and G.O.C.
Canadian Troops, Bramshott.

This space to be for numbers.

846.

11-7-36

War Service Budget
Class
No. 233336 Medical

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

EVC.

No. 724620.

Rank Pte.

Surname WALLACE, ROBERT.

Christian name

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th Bn. (#2 D.D.)

Date of discharge Mar.7th,1919.

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18. years months.
Height 5 feet 6 inches.
Complexion Fair.
Eyes Blue.
Hair Fair.
Trade Farmer.
Intended place of residence (To be given as fully as practicable.) Lindsay,Ont.

Descriptive marks

Vaccs. Scars on left arm.
G.S.W. L. Arm.----------13-10-18.

2. The above-named man is discharged in consequence of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge #2 D.D. D.O.Pt. II. #64.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) TORONTO, ONT. Robert R Wallace *(Signature of Soldier.)*

(Date) Mar. 7th, 1919. H Sargent Cpl. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

TORONTO, ONT.

(Place).....

(Signature).....

For

(Date) Mar. 7th, 1919.

O.C. No. 2 District Depot.

724620 pte Wallace R. 109th Battn C.E.F.

Will removed by Regt. Paymaster

79338

J. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 724620

Name Pte R Wallace

Unit 109th Battallion

Military Will.

in the event of my death I give the whole of property and effects to my mother Mrs Mary Ann Wallace Lindsay ontario canada P.O.

J. J. Williamson (Capt) witness

Signature Pte Wallace

Rank and Regt. No. 5 Plt 109 Batt

Date 11th october 1916.

MEMORANDUM

From

To

.....19

From

To

ANSWER

.....19

M. F. B. 207.
500 M—12-15
H. Q. 1772-39-282

No. 2 DISTRICT DEPOT

AQUITANIA 25-1-19

W. 1222.

AUDITOR | PAYMASTER

M. OR S. S.

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

REGT. No. 724620- RANK Pte. NAME (IN FULL) WALLACE, R. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE 1.2.19.

TO WHOM PAID Same. | RELATIONSHIP

ADDRESS Mrs Mary Ann Wallace Box 1092 Lindsay. Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Complete		

ORIGINAL UNIT C.E.F. 1.6.D.R.D. | IF IN P.P. WHAT UNIT? Box 1092, Lindsay, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 29-11-15. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE 1.2.19.

PAYABLE TO ~~Mrs. Mary Ann Wallace, Mother.~~ | RELATIONSHIP

ADDRESS ~~Lindsay Eastward, Ontario.~~ Same

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto DATE 11/3/19. REASON M.X. AUTHORITY Dob 4 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	WSG SA $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	31.1.19.	$1.10					40	74																													
									40	74	B47.						4	87																			
											B47.						5	00																			
											2779.						30	00																			
																															39	87			87		
1.2.19.	28	1.10	30	80	12	80	30	00	87	74	47	91103				92667	15						48				60						14	47			
March	7	1.10	7	70	6	75	14	47								156616 156615					127	17	36	75							163	92					
					35	00	100	00	163	92																											
			WSG.				SA														WSG.		SA.								Due Soldiers Dep.						
183 days			420	00			180	00	600	00																	100	00			350	00	150	00			1st W.S.G. Paid by #2 D.D.
																Mar 7					70	00	30	00													
																Apr 3	980876				70	00			980827		30	00	200	00	280	00	120	00			W.S.G. PAID IN FULL
																May 6	286756						70	00	286757		30	00	300	00	210		90.				
																June 2	378483						70	00	378486		30	00	400	00	140	00	60	00			CAPTAIN PAYMASTER WAR SERVICE GRATUITY
																July 3	735869						70		735870		30		500		70		30.				
																July 29	743288						70		743289		30		600		Closed						
			420				180		600												140		310				150		600								

183 days.

80m.-11-18. L. L. 81777. M. & D. 9585.

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.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Aug 1-16

1122

W

RATE OF SEPARATION ALLOWANCE

~~20~~	$ 25.00 1-12-17 P.C.3257	30 1-9-18	

8 L 2753
M 038199

RATE OF ASSIGNMENT

15			

5 L 12 W 3 Kob

PARTICULARS OF SEPARATION ALLOWANCE

No. 724620

Rank Pte Promoted Reverted Discharge

Soldier's Name Robt. Wallace

Battalion 109 Battn. Bcoy

Beneficiary Mrs Mary Ann Wallace

Relationship W. Mother (M.F.W. 2504 26-2-18

Address Retd Ok 21/11/18

PARTICULARS OF ASSIGNMENT

Name Mary Ann Wallace

Address Lindsay, Eastwood, Ont

Change of Address

1

2

3

4

Date 1917		Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			440	255	695	
Jan-18	J	70434	30	15	45	
Feby	L	72468	25	15	40	
Mar	W	94802	25	15	40	5-5
April	W	11034	25	15	40	
May	J	22720	25	15	40	
June	A	24678	25	15	40	
July	D	26561	25	15	40	
Aug	J	41467	25	15	40	
Sept	V	44263	25	15	40	
Oct	G	56163	25	15	40	
Nov	O	59677	25	15	40	
Dec	J	68758	45	15	60	
Jan	H	71068	30	15	45	
			795	450		

REMARKS 018718-R-16

Reported missing. Date 28-8-18
C. L. No. 307 Folio 5 Date 20/9/18
1122 File 018718-R.16
B F ~~or P A~~ Date 3-3-18
Date 17-10-18

Orgn file are missing 28/8/18

31-1-19 M 52
Acquittance
25-1-19
Allowed 30/1/19
Mo 25006 Destroy 1/2/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W.: 128.
400M.—4-17—4772 39-1141
L. L. 22520—M. & D. 7393.

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

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
(OM. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

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 Exhibition Camp. DATE Feb. 18th. 1919.

1. 1 (a) Unit 42 D. Depot. (b) Regimental No. 724620 (c) Rank Pte.

(d) Surname WALLACE. (e) Christian name Robert.

(f) Home address Lindsay, Ont.

(g) Next of Kin Mrs. Mary Wallace. (h) Relationship Mother

(i) Address of Next of Kin Lindsay, Ont.

2. Age last birthday 18 Date of birth ~~Nov. 29th. 1900~~ April 1st. 1900

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Nov. 29th. 1915

4. Personal description:

(a) Height 5 ft. 6 in. (b) Weight 103¼ (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	80

109th. O.S. Battalion.	Periods From	Periods To
Canada	Nov. 29th. 1915	July 20th. 1916
England	July 20th. 1916	May 8th. 1918
France or other theatres of War	May 8th. 1918	Oct. 11th. 1918
~~England and Canada.~~	~~Oct. 11th. 1918~~	~~To Date.~~

7. Original disease, or injury Debility.

(a) Date of origin Since enlistment. (b) Place of origin France.

(c) Cause Active service conditions.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

General weakness(moderate).

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.)

Objective: See Special report.

	At rest.	After exercise.	After 1 minute.
PULSE:	72	90	76
RESP:	16	22	18

Subjective: Says he is weak, perspires easily, has night sweats, expectorates white mucous about one ounce each time he coughs. Cough not affected by time of day. He has gained 10 lbs. since enlistment.

Patient states he can walk 5 miles and could do ordinary farm work.

T.A. Richardson Capt.

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

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

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

No hernia, haemorrhoids, goitre, varicocele, or varicose veins.

Urine, no Albumen and sugar

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

Man says he was gassed 28th. August 1918. In hospital 4 days at ~~this~~ this time. Says never was sick before enlisting. Weight 93 lbs. at time of enlistment.

No mention of gassing or bronchitis on documents ~~examination of~~ patient of immature and under developed chest 15-2-17.

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*).)

Gonnorhoea 16-2-18 to 2-4-18 discharged as cured.

Shrapnel wound left arm, cured.

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

Puncture scars middle left biceps. No disability.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? 6 months.

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

Hospitals in France man's statement.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Category "C2".

S G Halliday Capt

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.....

R Wallace Pte Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

WE CONCUR.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)	no
(b) Service abroad, not general service,	(" B)	(Yes or No.)	~~yes~~ no
(c) Home service (Canada only),	(" C)	(Yes or No.)	~~no~~ yes
(d) Temporarily unfit.	(" D)	(Yes or No.)	no
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	no

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

Returned to duty. Category "C2".

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.

Adrian Mayhew — President.

PLACE Exhibition Camp, Toronto, Ont.

J. Bruce Collins Capt — Members

DATE February 18th. 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....President.

PLACE..... } Members

DATE.....

APPROVED BY

APPROVED
Assistant Director of Medical Services.
FEB 26 1919
DATE.....
W. Lewis Capt.
FOR A. D. M. S. M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE.....

FW