

3-7-16
Camp
B-7

Duplicate

ATTESTATION PAPER.

No. 300924

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Wilfred Harrison Wallace*
2. In what Town, Township or Parish, and in what Country were you born?..... *Toronto, Canada*
3. What is the name of your next-of-kin?..... *Edwin B. Wallace, Sr.*
4. What is the address of your next-of-kin?..... *610 Carleton Ave, Westmount.*
5. What is the date of your birth?..... *July 1st 1897*
6. What is your Trade or Calling?..... *Student*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *21st Battery B.F.C.*
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*

W. Wallace (Signature of Man.)
J. Fuller (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wilfred Harrison Wallace*, do solemnly declare that the above answers made by me to the above questions 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.

W. Wallace (Signature of Recruit)
 Date *November 5th 1915* *J. Fuller* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wilfred Harrison 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.

W. Wallace (Signature of Recruit)
 Date *November 5th 1915* *J. Fuller* (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 *Westmount* this *15th* day of *November* 191*5*.

D. W. ... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

R. H. Blitcher (Approving Officer)
Major

Description of Wilfred Harrison Wallace on Enlistment.

Apparent Age 18 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations. { Church of England
 Presbyterian yes
 Wesleyan Methodist
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sherbrooke, P. Q. 1915

Place November 15/15 Capt. J. G. Gull Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wilfred Harrison 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.

R. H. Fletcher (Signature of Officer)

Date November 15 1915

Major

28-M
28-8-18

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.....

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. & B. 122

R149

Handwritten signature

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name

Name, **WALLACE, Wilfred Harrison**

Regt

Regt, No. **300.924** Rank. **Cor**

Corps

Corps. **35th Bu. 6. & 7.**

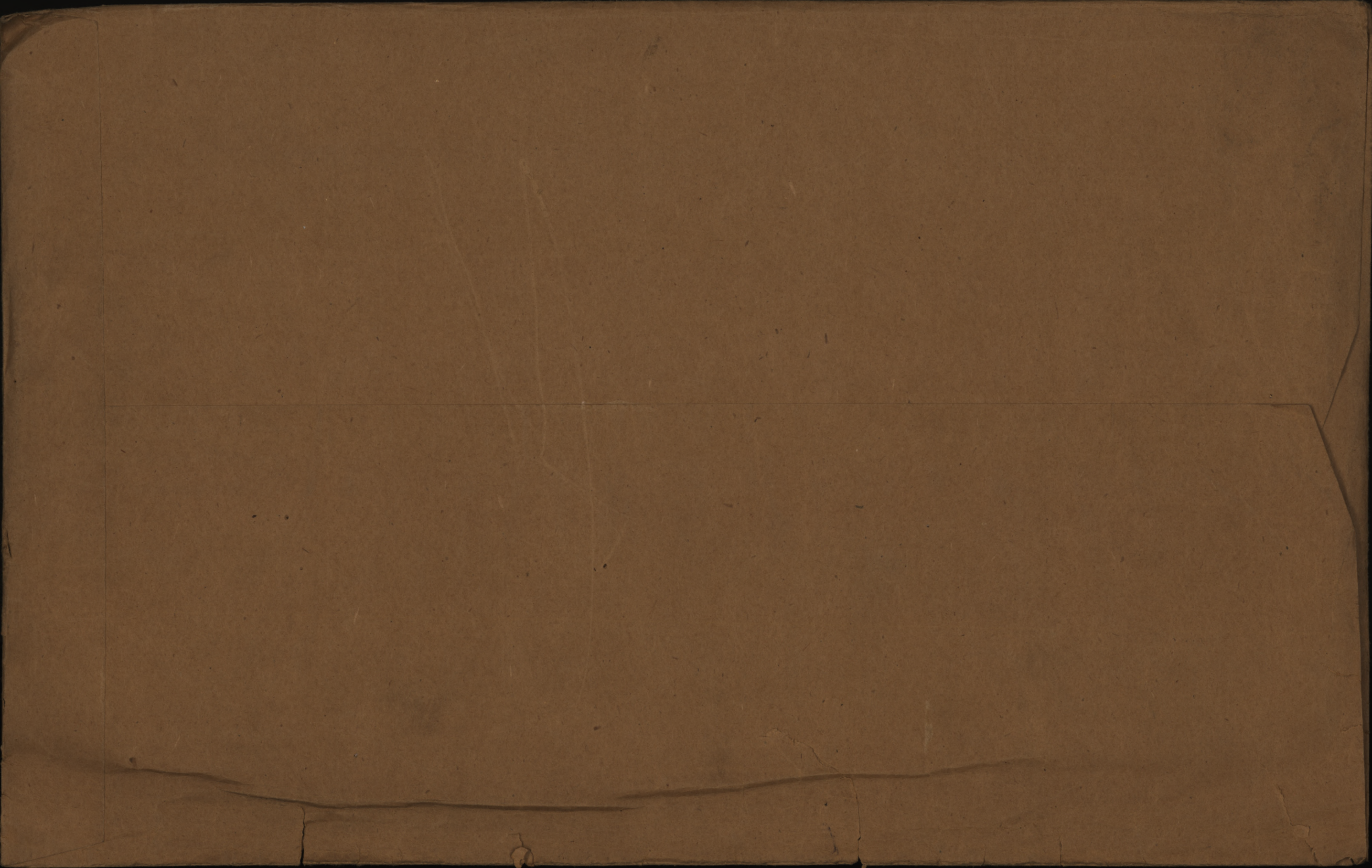
Died of Wound 23-10-17

Index Card.....
Casualty Card.....
Non-Effective Card.....
Part II Order Card.....
Change of Address Card.....
Honour & Award Card.....

03639



22-2
14-2
11-2



Hal
Number

3 0 0 9 2 4

Rank

Plt. Gen.

Surname

WALLACE

Christian Name

Wilfred Harrison

Units

C. F. A.

Theatre of War

France

Date of Service

13-7-16

Remarks

father

Latest Address

Mr. Edwin B. Wallace
610 - Carteton Ave.

Roll No.

Page 13138 Westmount

200m.-2-21.M.

P. 4.

DESP. MAY 29 1922

REGN. NO. *HR 18003*

649-W-2802.

Wallace, Wilfred H. #300924 Gnr. 10th Bde. *C.I.A.*

Meds. & Decs. Father Mr. Edwin B. Wallace,

Scroll Desp. **FEB 16 1921** Reqn. No. 2-20514 S. R 83 ~~404 Westhill Ave~~
" redesp. 3-9-21 - B 734 ~~21. Notre Dame de Ste~~

Plague Desp. **DEC 20 1921** Reqn. No. P 21469 ~~Prov. Que. 40 Carleton~~
P. & S. Father ~~Westmount~~

(Serial no. 781428.) Same as above. ~~P.Q. (19-9-21)~~

Mem. Cross Mother Mrs E. B. Wallace,
Add. as above.

Not Elig for 14-15 Star

E.. .. W on

E.. .. B W on

35121

B. ac

M

G.34954 DEC 6 1920

851

(649-W-12802)

CARD NO.

✓

SURNAME. Wallace

CHRISTIAN NAMES Wilfred Harrison

FOLL.

REGL. No. 300924 RANK Gnr.

UNIT 35th Bty 11th Bde.

FORMER CORPS 21st Bty C.F.A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Wallace Edwin B. Sr.

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS 610 Carleton Ave. Westmount
P.Q.

COUNTRY OF BIRTH Canada Toronto Ont.

DATE July 1st 1894

PLACE OF ATTESTATION Sherbrooke P.Q.

DATE Nov 15th 1915

MARRIED

SINGLE

WIDOWER

yes

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

4

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

not-stated

MEDICAL EXAMINATION.

PLACE

Sherbrooke PQ

DATE

Nov 15 14

Present Address

not-stated

Name WALLACE W H ^{WILFRED HARRISON} Rank Gnr. ✓

Reg. No. 300924 ✓

Unit 25/10 Bde CFA ✓ Can Div Train

Next of Kin Canada

Black 2m

Date	Movement	Place	Casualty	List No.	Notified N/K-O.	W.O. List
1917	24-10 8th. Can Fld Amb. reports DIED OF WOUNDS	reports	✓	279	M653 A	6344 36
<i>Ottawa cabled 31-10-17</i>						
<u>R.L. 25-W-3073</u>						
<p><i>Ref above Casualty, it has now been ascertained that this man died of wounds in No 10 C. Fld. Amb. on 23/10/17 and R.L. 25-W-3073 <u>M6564</u></i></p> <p style="text-align: right;"><i>all 9</i></p>						

NAME

Wallace Wilfred Harrison

REGT'L NO.

300924

RANK AND CORPS

Gnr 10th Bgde 6. F. A.

H. Q. FILE NO. 649.

FOLLOWS

NO.

11th Bde

CABLE

NO.

DATE

NATURE OF CASUALTY

(Born 35th Bn)

FOLLOWS

M66283

3-10-17

Died of wounds No 8 Fld amb
Dep. Oct 24th, 1917.

38-6

92

M6584

1-1-18

Casualty should read Died of Wounds
A.F. 3090 a No 10 Fld. Ambulance Oct 23/17.

A.F. 3090 a

Rauen

2-11-17

(noted 1-3-18)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 79(1)	No. 8 b. Hld amb	24-10-17	Died of wounds
10	Can ¹⁰ Hld amb	23-10-17	Died of wounds
	as per List	A 129 ³	states

No. *300924* RANK *Plt.*

NAME *Wallace W.*

T. O. S. *15-11-15* UNIT *35th Battery C. 7. A. 11th Howitzer Brigade*
do 16/8-11-15.

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915 Nov. 15.</i>	<i>1916 Nov. 30</i>	<i>✓</i>		
<i>Dec. 1916</i>		<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		



SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S. 1300

REG. NO.

Wallace

W.A.

300924.

RANK

UNIT

CO.

TROOP

BATTY.

Sgt.

10 B.C. Co.

HOSPITAL

DATE OF ADMISSION

1. 8 Can Fld Amb - HOSP. 24-10-17

2. 10 Can Fld Amb HOSP. 23-10-17

3. HOSP.

4. HOSP.

DIAGNOSIS

U.S.

1.

2.

3.

Died of W.D. 23-10-17 R.
~~24-10-17~~
aw/

DISPOSITION

DATE

C.L. 1-11-17-279.

REMARKS

2-1-18 2129 (3) Note changing date + place of death

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

IR . Rank *Private* Name **WALLACE, Wilfrid Harrison** ✓ Reg'l No. **300924** ✓
 Unit **35th Bty, C.F.A.** If in perm. Corps, What Unit? • Married or Single **Single**
 Place and Date of Enlistment **Sherbrooke, 15th Nov, 1915.** ✓ Place of Birth **Toronto, Can.**
 Name and Address, Next-of-Kin **Edwin B. Wallace, Sr.**
610 Carleton Ave, Westmount, P.Q. Canada. Relationship

*mt
27-11-20
ac*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



N/E. R.B. No. *3227*
 File R.L. *28-W-3073*
 Category *D.W.*

Discharge, Date and Place Reason Character



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS
Date.	From whom received.				
		<i>Arrived in England</i>	12 MAR 1916 ✓		<i>S. S. Misenable</i>
<i>25-5-16</i>	<i>" 8th Bde 57A</i>	<i>S.O.S Tfd. 8th Bde. 67A.</i>	<i>Witley Camp</i>	<i>25-5-16</i>	<i>PT II D.O. 83.</i>
<i>25-5-16</i>	<i>24. 8th Bde</i>	<i>J.O.S 8th Bde 67A.</i>	-	<i>25-5-16</i>	<i>141.</i>
<i>12-7-16</i>	<i>"</i>	<i>Embarked for France.</i>	13 JUL 1916 ✓		<i>Checked 27.2.103 PT. II D.O. 189 25-7-16 HES</i>
<i>21.5.17</i>	<i>10 -</i>	<i>J.O.S from 8 Bde</i>	<i>Field</i>	<i>6.5.17</i>	<i>12-90 + 8th Bde P. 67 21/5/17</i>
<i>31-10-17</i>	<i>" "</i>	<i>Died of Wounds (Ch. 1st 7th Aust)</i>	-	<i>24-10-17</i>	<i>C.L A79</i>
<i>31.12 17</i>	<i>" "</i>	<i>Date of death amended to read.</i>	-	<i>23.10 17</i>	<i>CRA 129</i>
<i>2.11.17</i>	<i>" "</i>	<i>Died of Wounds</i>	-	<i>23.10.17</i>	<i>P. 167</i>

A.F.B. 103 CHECKED
 REMARKS
 Taken from Official Documents
20 DEC 1916 *W. B. D.*

CERTIFIED CORRECT.

9 - AUG. 1916

CAN. RECORDS, LONDON.

Certified correct O/G.R. RR-2-25-91 Ref file KOT-101/607
R21-3117
 Fill in Only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

M. F. W. 54.
 150M. 10-15.
 H.Q. 1772-30-020.

Unit, Regiment or Corps 35th OVERSEAS BATTERY C.F.A.

Regimental No. 30924 Rank Gnr Name Wallace, William Harrison
 C. E. F.

Enlisted (a) Nov 15/15 Terms of Service (a) Duration of War Service reckons from (a) Nov. 15/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Embarked Canada	Feb 26-16	Disembarked	England	15.1916	
		Embarked for England			
		Embarked from Canada	St. John	26/2/16	S/S Missanabie
		Disembarked England	Plymouth	13/3/16	for O.C. 8th Bgde.
12.7.16	8th Bgde	Embarked for overseas LANDED IN FRANCE	CAVRE	13/4/16 14 JUL 1916	Pt II D.O. 189
14/5/17	G.R.A.	Transferred to 10th Bgde C.F.A. on reorganization	Field	5/5/17	A.3/10 Unit B213 d/12-5-17 Pt. II. O. 67. d/21-5-17
11-5-17.	CRA.	T.O.S. on transfer from 8th Bde C.F.A. on reorganisation.	Field.	8-5-17.	A3/10 Ref AAG File S/290-90. Ppt 11 0 90 d/21-5-17.
22-6-17	OC Unit	Granted Leave of Absence to Paris		18-6-17	B213 Pt. 11. O. 122 5-717
6-7-17	% Unit	Repos Unit from Leave of Absence		29-6-17	B213. Pt II. O. 127. 14-7-17
26-10-17	106.7 Amb	Deed of Wounds	106.7. Amb.	23-10-17	D.3-25 K.T. 16-28317. Pt. II. O. 167. d. 2-11-17.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
27-10-17	Unit 86. Amb.	Wounded in action Died of wounds at Dressing station		23-10-17 23-10-17	B. 213 P. II. 0. 167 d 2-11-17
					<p><i>Chas. R. Hatwell</i></p> <p>LIEUT. OFFICER in CHARGE RECORDS CANADIAN SECTION G.H.Q. 3rd ECHELON</p>

ORIGINAL MEDICAL HISTORY SHEET.

300924

Surname Wallace Christian Name William Harrison

Examined { on 15th day of November 1915 Approved by J. Crull
 { at Sherbrooke, Que.
 Birthplace { City or Town Toronto, Rank Capt. Ame. M.O.
 { County Ont. Can.

Apparent age 18 yrs. 4 mos.
 Trade or occupation Student
 Height 5 Feet 6 Inches. M.O.
 Weight 130 Lbs. M.O.
 Chest measurement { Minimum 32 inches. M.O.
 { Maximum expansion 34 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks 2 M.O.

Vaccination Marks { Arm Right Left 2
 { Number 2
 When Vaccinated last 1912

Date	Result	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>11/4/16</u>		<u>J. Crull Capt. Ame.</u>
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.
 (b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Nov. 25/15.</u>	<u>500 m.</u>	<u>J. Crull. Capt. Ame.</u>
<u>12/12/15</u>	<u>1000 m.</u>	<u>J. Crull Capt. Ame.</u>
<u>3/2/16</u>		<u>J. Crull Capt. Ame.</u>
<u>28/6/16 TAB</u>		<u>J. Crull Capt. Ame.</u>

Enlisted on 15th day of November 1915 at Sherbrooke

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>35th OVERSEAS BATTERY C.F.A.</u>	<u>300924</u>		
Joined on enlistment			
Transferred to.. ..			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname

Wallace

Christian Name

Walford R. H.


STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Left Sherbrooke</i>		<i>24</i>	<i>2</i>	<i>16</i>	<i>arrived</i>	<i>Bramshott</i>	<i>13</i>	<i>3</i>	<i>16</i>		
<i>" Bramshott</i>		<i>14</i>	<i>4</i>	<i>16</i>	<i>"</i>	<i>Witley</i>	<i>14</i>	<i>4</i>	<i>16</i>		

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd. Contingent

*Wilfred Harrison*To Whom *Mrs. E. B. Wallace*
Address *610 Carleton Rd.
Westmount
Que.*
Rate *20⁰⁰* **MAR 1 1916**By Whom Assigned *Wallace*
Regtl. No. *300924*
Rank *Gr.*
Corps *35th Batty.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<div style="border: 1px solid black; padding: 5px;"> Pensions Notified Date... <i>7/11/17</i> Killed in Action } Date... <i>24/10/17</i> Died of Wounds } Missing C. L. <i>27-3/11/17</i> Clerk... <i>W Reynolds</i> Date Noted... <i>7/11/17</i> 181 </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				<i>15484 20.</i>
March				

1900

1900

1900

1900

1900

1900

2nd Contingent

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs. E. B. Wallace

PAYMENTS.

Name of Soldier

Wallace E. W.

35th Batty.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 20 ⁰⁰
April	1916	1530	20	
May		B5087	20	
June	m	8489	20	
July		A9901	20	
Aug.		P16188	20	
Sept.		K21668	20	
Oct.		J26063	20	
Nov.		I29096	20	
Dec.		F34060	20	
Jan.	1917	T42307	20	
Feb.		M41275	20	
March		C54169	20	54169 cancelled m/c. 21/3/17
April		B5639	20 ²⁰	
May		B11911	20	
June		32111	20	
July		Q25973	20	B 65 X 16 31/10/17 \$400 ⁰⁰ Reynolds 7/11/17.
Aug.		S32956	20	
Sept.		S40565	20	
Oct.		C48911	20	a/c closed 31/10/17 Reynolds 7/11/17.
Nov.		K54219	20	K 54219 cancelled
Dec.				400
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAR 1 1916

92

M

cancelled

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.				

IR

Rank _____ Name **WALLACE, Wilfrid Harrison** Reg'l No. **300924**
 Unit **35th Bty, C.F.A.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Sherbrooke, 15th Nov, 1915.** Place of Birth **Toronto, Can.**

Name and Address, Next-of-Kin **Edwin B. Wallace, Sr.** **18 SEP 1918**
610 Carleton Ave, Westmount, P.Q. Canada. Relationship _____

Assigned Pay Monthly \$ **20⁰⁰** Payable to **Mrs. E. B. Wallace, 610 Carleton Ave,**
Westmount, Que. Relationship _____

Separation Allowance _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____



Entered on N.E. Card Index
 MR [Signature]

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amo	No. of Days	Rate			Amount	No.						
<i>Feb 29</i>																
<i>1 MAR 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>3100</i>		<i>31</i>	<i>1⁰⁰</i>	<i>310</i>	<i>3410</i>			<i>9732000</i>		<i>2973</i>	<i>2127</i>		<i>16907.90 Canada</i>

BALANCE TRANSFERRED TO NEW LEDGER.

Carried forward to Large Ledger sheet

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Toronto, Ont.*
 NAME AND ADDRESS OF NEXT OF KIN *Edwin B. Wallace, Sr.*
610 Carlton Ave, Westmount, Que.
 RELATIONSHIP OF NEXT OF KIN
 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>Wid of wounds</i>	<i>24.10.17</i>	<i>Cha 79</i>
<i>C. D of D</i>	<i>23-10-17</i>	<i>31/10/17</i>
		<i>A 129 31-12-17</i>
		<i>10 27/17</i>

ADMISSIONS TO HOSPITAL &c.

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

REG'L. No. *300924* RANK *Cor.* NAME *Wallace Wilfred Harrison*
 IF IN PERM. CORPS | UNIT *35th Coy.* TRANSFERRED TO *5th Coy.* DATE *16/6/16* AUTHORITY *B.O. 82*
 WHAT UNIT *11th Bde C 44*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *10th Bde 6/14* DATE *11/8/14* AUTHORITY *SD 64 2/14*
 PLACE OF ATTESTATION *Sherbrooke, Que.* TRANSFERRED TO *Pay R/P* DATE *21/10/17* AUTHORITY *Cha 79*
 DATE OF ATTESTATION *November 15th 1915* TRANSFERRED TO DATE AUTHORITY *31/10/17*

ASSIGNED PAY MONTHLY \$ *30.00* DATE EFFECTIVE *1/3/16*
 PAYABLE TO *Mrs. E. Wallace, 610 Carlton Ave, Westmount, Que.* RELATIONSHIP *10 SEP 1918*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2/11/17* EFFECTIVE *7/1/17* REASON *Wid of Wds 24/10/17 Cha 79/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.F. Card Index
 Checked by *[Signature]*

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.																			
<i>1916</i>																															
<i>Apr 30</i>	<i>10</i>		<i>30 00</i>	<i>30</i>	<i>10</i>	<i>3 00</i>										<i>38</i>	<i>7/4/16</i>	<i>67</i>	<i>22/4/16</i>				<i>20</i>		<i>29 98</i>	<i>121 27</i>					
<i>May 31</i>		<i>31</i>	<i>31</i>	<i>31</i>		<i>3 10</i>										<i>106</i>	<i>236</i>			<i>8</i>			<i>20</i>		<i>39 47</i>	<i>16 74</i>					
<i>June 15</i>		<i>15</i>	<i>15</i>	<i>15</i>		<i>1 50</i>										<i>16 90</i>	<i>134 60</i>		<i>315</i>	<i>17/6/16</i>			<i>20</i>		<i>20</i>	<i>1 32 47</i>					
<i>June 30</i>	<i>15</i>		<i>10 90</i>	<i>15</i>		<i>1 50</i>										<i>16 90</i>	<i>134 60</i>						<i>80</i>		<i>121 36</i>	<i>4 84</i>	<i>24 84</i>				
<i>July 31</i>	<i>15</i>	<i>31</i>	<i>31</i>	<i>10</i>		<i>3 10</i>										<i>34 10</i>	<i>327</i>	<i>30/6/16</i>				<i>20</i>		<i>29 43</i>	<i>29 24</i>						
<i>Aug 31</i>	<i>10</i>	<i>31</i>	<i>31</i>	<i>10</i>		<i>3 10</i>										<i>34 10</i>	<i>73</i>	<i>18/7</i>	<i>52</i>	<i>15/8</i>			<i>70</i>		<i>24 84</i>	<i>35 50</i>		<i>35 50</i>			
<i>Sept 30</i>		<i>30</i>	<i>30</i>			<i>3</i>										<i>33</i>	<i>122</i>	<i>29/8</i>	<i>145</i>	<i>14/9</i>			<i>20</i>		<i>25 72</i>	<i>43 28</i>					
<i>Oct 31</i>		<i>31</i>	<i>31</i>	<i>10</i>		<i>3 10</i>										<i>34 10</i>	<i>141</i>	<i>29/9</i>	<i>209</i>	<i>15/10</i>			<i>20</i>		<i>25 23</i>	<i>52 15</i>					
<i>Nov 30</i>		<i>30</i>	<i>30</i>			<i>3</i>										<i>33</i>	<i>240</i>	<i>29/10</i>					<i>20</i>		<i>22 62</i>	<i>62 83</i>		<i>62 83</i>			
<i>Dec 31</i>		<i>31</i>	<i>31</i>	<i>10</i>		<i>3 10</i>										<i>34 10</i>	<i>74</i>	<i>14/11</i>					<i>20</i>		<i>22 61</i>	<i>44 02</i>		<i>74 02</i>			
<i>Jan 31</i>	<i>10</i>	<i>31</i>	<i>31</i>													<i>34 10</i>	<i>385</i>	<i>31/11</i>					<i>20</i>		<i>32 21</i>	<i>75 91</i>		<i>75 91</i>			
<i>Feb 28</i>		<i>28</i>	<i>28</i>			<i>20 80</i>										<i>30 80</i>	<i>473</i>	<i>20/1</i>					<i>20</i>		<i>28 24</i>	<i>81 44</i>		<i>81 44</i>			
<i>Mar 31</i>		<i>31</i>	<i>31</i>			<i>34 10</i>										<i>34 10</i>	<i>586</i>	<i>26/2</i>	<i>644</i>	<i>26/2</i>			<i>20</i>		<i>33 09</i>	<i>82 48</i>		<i>82 48</i>			
			<i>435 60</i>													<i>16 90</i>	<i>457 50</i>						<i>260</i>		<i>370 02</i>						

Checked by *[Signature]*

W.P. correct with B.P.N. P.D. 400 1/3/16 - 31/10/17

Small Ledger Sheet

Small Ledger Sheet

300924 G. Wallace Wilfred Harrison \$20.00

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.	DATE	NO.	DATE	NO.	DATE				1	2				3	4	1	2	3	4	CREDIT	DEBIT
			\$	C.						\$	C.																						
			435	60					1690	45250					7578	2574	1460		260			37007	8248										
Apr 30	1 st	33							33										20			20	9548										
May 31		34	10						3410		94	15							20			2530	10428										
June 30		33							33		35	274							20			2524	11194										
July 31		34	10						3410		22	245							20			20	17604										
Aug 10		11							11										20			20	11404										
Aug 21		22	10						2210														981	2000									
Sept 30		38	00						3800	428	499	421			268	268	268		20			2804	13529										
			636	90					1690	65380					9831	2792	1778		380			51	45851										

Transfer to Bal. 11/14/50 6421/5/14

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	BALANCE
Oct		13529					13529
	Grp pay	3410					20,149.39
				606 10/9 9 Bde	535		
				560 12/9 10 Bde	268		
				1091 2 1/6 8. Gen. Pay	3579		
				547 2 1/6	3579		
				784 2 1/6	3579		
		3410			11510		20
				649 22 7/7 10 CBA	268		
				827 24 10/2	357		
				702 10 1/2 CBA 8 1/2	446		
					1071		12358
				Balance transferred to N. E. Branch			12358
Apr.				Stk. 490 9/5/18 Oct. 1917 Bal. 446	100		2358
				as 65134.29 should be 6534.29	100		
Aug				Voucher 74683 Bal. Manuf. 15 Ottawa	2358		

13479 Dn Note 1000 requested 3/18

A 3 M. FORM BEN. 1/1/40. EFFEC. 1/1/49
 DISCHARGED TO..... DATE.....
 PAY BOOK VERIFIED.....
 Cr. BAL. 2358 L.P.O. REN'D.....
 AUTHY.....
 Form P 59 Rev. 20/5/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 1-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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*4 L1 W 10
goc*

PARTICULARS OF SEPARATION ALLOWANCE

No. *300 924*

Rank *Gr* Promoted Reverted Discharge

Soldier's Name *Wilfred Harrison Wallace*

Battalion *35th Batty*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. E. B. Wallace*

Address *610 Carleton Ave, Westmount Que.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917 Oct 31-</i>	<i>—</i>	<i>—</i>	<i>400</i>	<i>400</i>

REMARKS

Reservations Notified Date *7/11/17*

~~Notified in Action~~

Died of Wounds } Date *24/10/17*

~~Missing~~

L 27 - 3/11/17 Clerk

Date Noted 191

A.P. 40 closed 31/10/17.

** 400.00 E. FX and 24/6/18 and.*

