

ATTESTATION PAPER.

No. 672681

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Robert Wildman
- 1a. What are your Christian names? Robert
- 1b. What is your present address? 86 St. Elisabeth Stl
- 2. In what Town, Township or Parish, and in what Country were you born? Montreal
- 3. What is the name of your next-of-kin? Miss Margaret Mc Gleggin
- 4. What is the address of your next-of-kin? St. Mary Albany P.O. Jamaica
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? May 7th. 1887
- 6. What is your Trade or Calling? Painter
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, EASTBOURNE

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Wildman, 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 Wildman (Signature of Recruit)
Date 11/8/16 1916 P. C. Guenard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Wildman, 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 Wildman (Signature of Recruit)
Date 11/8/16 1916 P. C. Guenard (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 Montreal this 11 day of April 1916.
P. C. Guenard (Signature of Justice)

Description of Robert Wildman on Enlistment.

Apparent Age.....29 years3 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. 7 ins.

Chest measurement { Girth when fully expanded.....37 ins.
Range of expansion.....4 ins.

Complexion.....Blain

Eyes.....Blue

Hair.....Brown

Religious denominations { Church of England.....

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....C.R.

Jewish.....

Other denominations.....
(Denomination to be stated.)

*Burn of left arm
Scar of left side of neck*

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.....11 Oct 1916.

Place.....Montreal

[Signature]
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.

Robert Wildman 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.

[Signature] (Signature of Officer)

Date.....19 Oct 1916.

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.....

Form 5^c.....

M2W192.....

Misc.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

DISCHARGE DOCUMENTS

Name WILDMAN Robert

672681
Regt. No. 931681 Rank Pte

Corps 167th Bn
Medically Unfit

R. O. No.

H. Q. No.

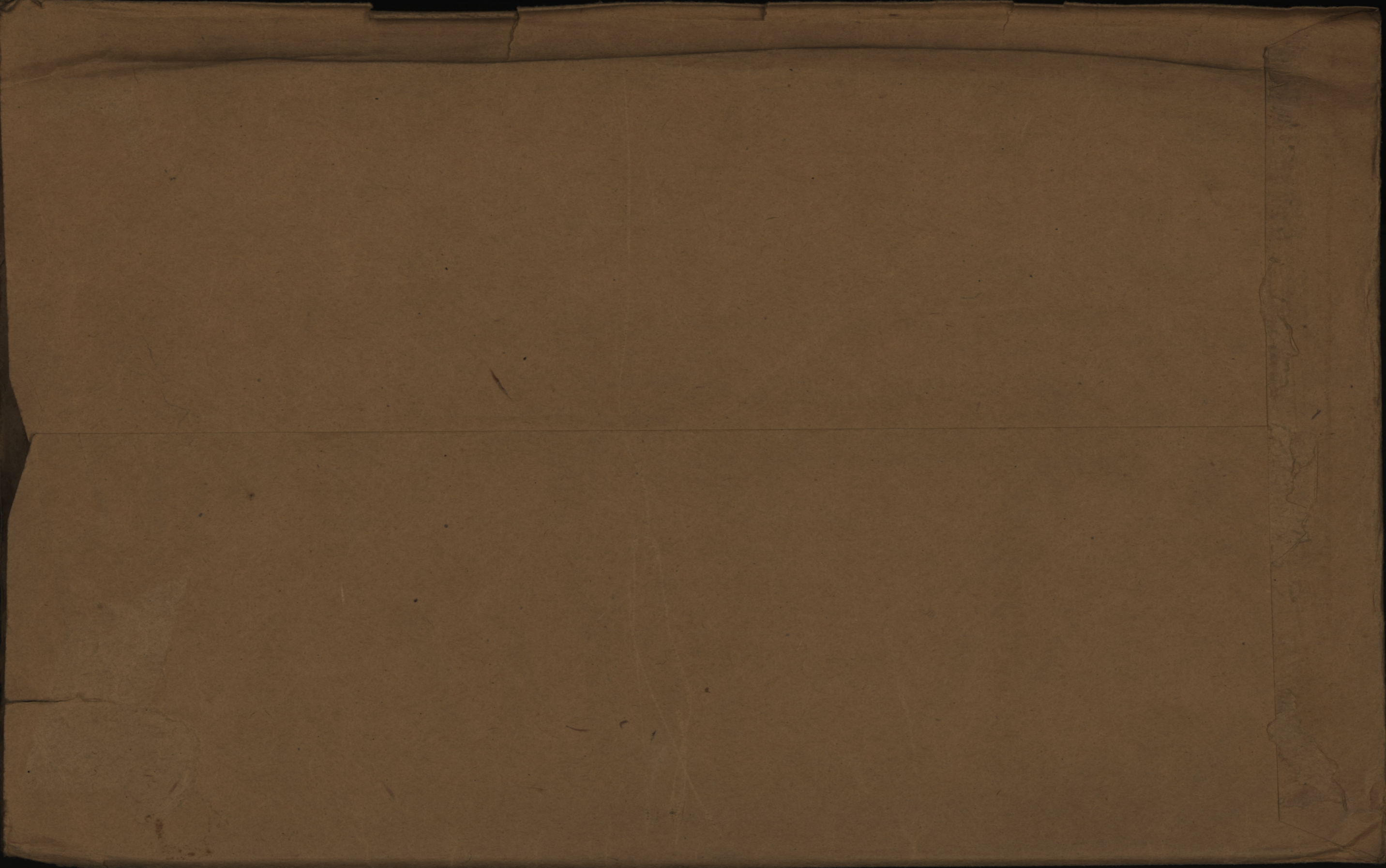
Comp B.P.C. on
M2W 2205
By B.P.C. - Spec 1344
d/9/12/1918
Comp B.P.C. on M2W
2205
By B.P.C. - Spec 1487
d/31/12/1918

21260

42-25
4-25
6-25
4

Orig will - 1
Form 5 will - 1

M x 26.1 - 2.1
J.S.



Robert.

Name *Wildman* Rank *1st Lt.*Reg. No. *672681*Unit *2nd Construction Bn. Col**Depot*Next of Kin *Jamaica B.W.I.**NSRD*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 13-5	Caw. Mil. Hosp.	Eastbourne	Abscess, neck	64		
30-9-17	Caw in St. Kirkdale	T.B. glands	E 25			
17-10-17	Invalided to Canada	R 225 2892	Weakness J.B. C 53			
R 220	952		Lump			

No. 672 681 RANK

Pte.

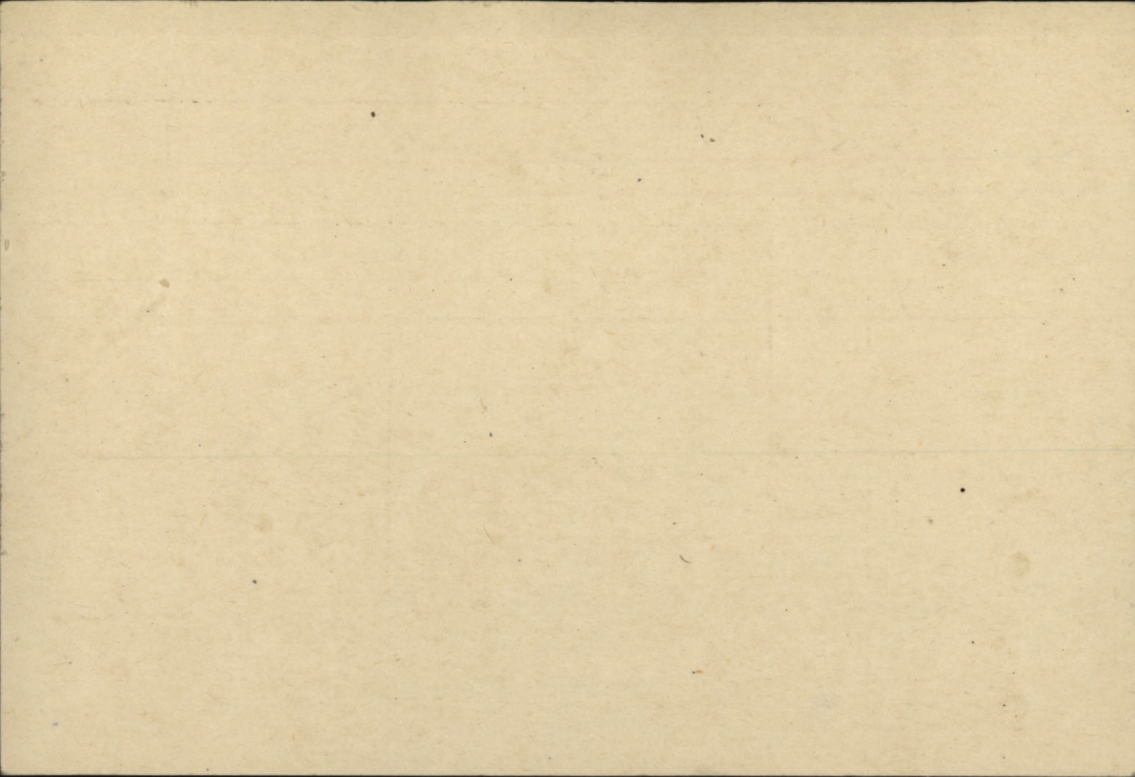
NAME Wildsman. Robert.

T. O. S. *Transferred from* UNIT
206th Sn. 24. 8-16
D.O. 25. 7. 9-16.

No 2. Construction Battalion.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Aug 24.	Sept 30	<i>w</i>		
	Oct.	<i>w</i>		
	Nov.	<i>v</i>		
	Dec.	<i>v</i>		
1917	Jan 1917	<i>v</i>		
	Feb.	<i>w</i>		
	Mar	<i>w</i>		



CARD NO.

SURNAME. *Wildman*

CHRISTIAN NAMES

*Robert*REGL. NO. *672681*RANK *Plö.*UNIT *167^{d.} No. 2 Construction* *Died 28-11-19**Bn.*

FORMER CORPS

*Kil*S.O.S. Dis *29-184* M.U.
FOLL.
D.O. 1419 *6-9-18* D.D. *4

NEXT OF KIN.

NAMES IN FULL

M. Saggan, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*St. Mary, Albany P.O., Jamaica,
B.W.I.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

May 7th 1887

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

*Aug 11th 1916**Trans. from 167^{d.} Bn. to No. 2 Const-**struction Bn. Auth. 167^{d.} Bn. H.R. 23/8/16
R/C, 20-10-1714*

From Halifax per S.S. "Southland" 28/3/17

MARRIED SINGLE yes WIDOWER
TRADE OR CALLING Painter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 29 YEARS 3 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Clear EYES Blue HAIR Brown

DISTINGUISHING MARKS Burn L. arm. Scar on L. side of neck.

MEDICAL EXAMINATION. PLACE Montreal, P. Q. DATE Aug. 11th 1916.

Present address: - 86 St. Elizabeth St., Montreal, P. Q.

No. 672681 RANK Pte

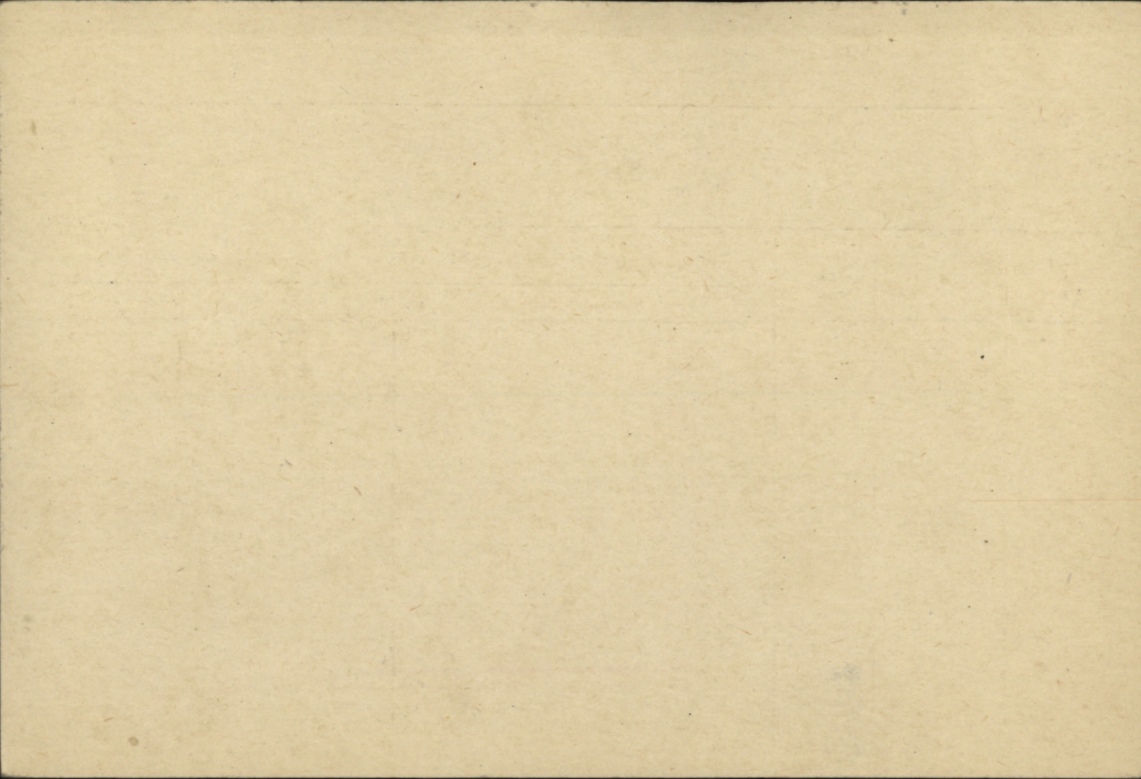
NAME Wildman Robert

T. O. S. 11-8-16
 70. Q. 206 of 16-8-16

UNIT 1167th Battalion C. E. F.

M. D. 5

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Aug 11	1916 Aug 23	✓	Transfd. to Spec. Ser. Battln.	70. Q. 219 of 29-8-16



931681 Brown Andrew

~~M~~
843944
FEB 3 1921

~~56831~~

~~Reqa. No.~~

~~JUL 20 1928~~

~~Serial Disp.~~

50102

~~Reqa. No.~~

~~DEC 20 1928~~

~~Figure Disp.~~

Handwritten notes:
By way of
974

1049

well

Number

931681

Re. Dr

Surname

WILDMAN

Christian Name

Robert

Units

C.O.R.C.C

Theatre of War

England

Date of Service

7-4-17

Remarks

Miss M. McLessan (M)
Martins

Latest Address

Albany District
Jamaica, B. W. I.

Roll No.

A Page 4454

200m.-6-21.

/// 8659

22/2/23

u.k.

ADMITTING CARD.

Regt. No. *931681* A. & D. No. *1310*

Rank *Plt*

Name *Wildman R. B.*

Corps *2nd Sigs. Batta.*

Religion *Bapt* Age *29*

M. H. Rec'd _____ M. H. Requested _____ M. H. Ret'd _____

Disease *abscess on neck*

Admitted *12 MAY 1917* *Att* **Boarded for Invaliding *7-6-17***

Discharged _____

Place in Hospital *12*

Transferred *29 SEP 1917* *C. M. Kirkdale Principal*

Results *10/12*

no

P.T.O.

REMARKS:

MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			
Orig. Dup. Recd. from		<i>qud Coors</i>	<i>17/5/1917</i>
Orig. Dup. Sent to		<i>CMH. Kirkdale</i>	<i>29/9/1917</i>
Recd. from Repr. this Orig. Dup.			<i>1/19</i>
Ward			

*Receipt filed on Dec. 54-9-20
29-9-19*

Reg. No. 931681. Name Wilman R.
 Rank Plt. Corps 2 Cavalry Age 28 Service ✓
 Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Gen. Hosp. Turco. Hd.	29-11-16.	Pyrexia. L.
Dis. to duty	22-12-16.	
ad General Turco. Hd.	15-1-17	Laryngitis S
Dis to duty	23-1-17	
ad Smc 6# Montreal	13-5-17	TB Glands of neck

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

93/681

Surname **Wildman** Christian Name or Names **R.** Reg. No. **672681**
Rank **Hospital** Unit **2nd.C.Bn.(COL)** Co. **W.S.** Troop **W.S.** Batty. **W.S.**
Pte **Hospital** Date of Admission **W.S.**

Transferred **Eastbourne Mil. 13-5-17** Hosp.

Qu Hill Kirkdale

Hosp. **30.9.17**

Hosp.

Hosp.

Diagnosis **Abscess Neck**

(1) Later Diagnosis (if changed)

Sw J. B. Glands

(2)

(3)

Weakness J. B. Susp.

Additional Diagnosis: if more than one state present

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

DISPOSITION

Date

C.L. 30-5-17 15

2.10.17 C.S.

~~17.10.17 653~~

3.11.17 653

REMARKS

*Dis. Glands
per W.S. Anguaya
from Liverpool
17.10.17*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name Wildman R. Rank Pte. Regtl. No. 931681

Original unit 167th Present unit Bn M. or S. Age 29 Religion R.C. Fyle Depot 19-W-56 Ref. H.Q.

Port, ship and date of arrival Halifax 25-10-17

Next of kin Mother, 68 St. Elizabeth Montreal P.A.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Painter Date and place of enlistment

Diagnosis Admitis Cervical Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
XXXXXX	Admitted to R.V.H. No 2 Hospital	
April 18-18-	T.O.S. Hospital Section Authority D, O, Part 11	25-P- 1 1
28-8-18.	S.O.S. Hosp Sec. on T th ans to Dis Sec. W/SWXY (28-8-18)	132-p-3

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

(over)

Date.

Remarks.

Pt. 2 Order No.

~~3-9-18~~ Discharged Auth KR&O 377 (10) CM 1917 MD 4 22-W-829 Cat. "E"
Medically Unfit R.C.#433 Discharged to I.S.C.

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.....
2 Construction Battalion

(2) Regimental Number.....
~~672681~~
931681

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

(4) Place of Birth.....
Jamaica

(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?.....

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *rw.*

If so, state name and address

(10) Is your Mother alive? *Yes Miss Margaret McCleggia*

If so, state name and address *St Mary Albany P.O. Jamaica*

(11) If your Mother is a widow *? (YSA)*

Are you her sole support, or not? *X*

(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.

X

(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.

X

(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.

X

(15) Are you insured? *rw.*

If so, in what Company? *X*

Have you made arrangements for payment of your Insurance premium? *X*

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

J.S. Bowie
capt
Officer Commanding.

Date *25/2/17.*

t.

FORM OF WILL

I, Pte. Robert Eldred (Name in full)

Regimental Number ~~672681~~ ⁹³¹⁶⁸¹ serving in #2 Const Batta.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

My mother
Miss Margaret McCleggin
St Mary Albany P.O. Jamaica

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My mother
Miss Margaret McCleggin

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

~~_____~~

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of Febry. A.D. 1917

R. Eldred Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

J. Davie
Signature of First Witness

1, East Young St. Hfc N.S.
Address of Witness

THE TWO WITNESSES

Manufacturer
Occupation of Witness

MUST SIGN HERE

R.R. MacLeod
Signature of Second Witness

Moncton N.B.
Address of Witness

Forester
Occupation of Witness

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **931681** (Rank) **Private.**
WILDMAN Robert.
 Name (in full) enlisted in
 the **167th Battalion.**
 CANADIAN EXPEDITIONARY FORCE at **Montreal QUEBEC** on the **11th**
August **1916**
 day of 19
 HE served in **England.**
 and is now discharged from the service by reason of **KRAO 377 (10) CM 1917**
MD 4 22-W-829 Category "B" Medically Unfit B.C. #133

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

Age **23 years 4 months.**
 Height **5 feet. 4 inches.**
 Complexion **Coloured**
 Eyes **Brown.**
 Hair **Black.**

Marks or Scars
Operation scars on neck.
Scar left upper arm.
Scar right knee.

Robert Wildman
 Signature of Soldier

R. Dyer
 Issuing Officer

Lieutenant,
 Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge **September 3rd 1918**

Appointment **18**

Signed at **Montreal QUEBEC** this **3rd** day of **September** 19

in Military District No. **4**

File Reference No. **DD 19-W-76**

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 931681 (Rank) WERNER Robert Name WIDMAN Robert.

Unit 167th Battalion.

Address on Discharge Albany District. Jamaica, B.W.I.

Character and Conduct Good

Former Occupation Painter.

Special Qualifications of Value in Civil Life Painter.

Medals and Decorations None.

Remarks European War, served in Europe from 8-4-17 to 18-4-18

Signed at Montreal QUEBEC this 5th day of September 1918

R. W. Lee
Name of Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps

167ieme BATAILLON, F. E. C.

Regimental No. 672681 Rank Sdt Name Wildman Robert

C. E. F.

Enlisted (a) _____ Terms of Service (a) Duration of War Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

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

~~Embarked Canada
Disembarked England~~

~~Halifax N.S.
Liverpool
Seaford~~

~~25/2/17
8/4/17~~

~~Proceeded Overseas
Crest Bn~~

~~#2 A.I.#
Grays Capt
Capt Adff~~

attached from 2nd Coy

[Handwritten signature]

18-5-17 R.O. #4 -123.

MAY 17 1917

MAY 23 1917

APR 18 1918

T.O.S. District Depot No. 4

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, EASTBOURNE

AUTHY. PT. H.D.C. No. 1

(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.

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				
3-9-18		Discharged Auth KR&O 377 (10) CM 1917 MD 4 22-W-829 Cat. "E" Medically Unfit P.C.#433 discharged to I.S.C.			<i>W. H. Gayner</i> Lieutenant. Officer i/c Discharge Section, District Depot No. 4.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 672681 Rank Pte Name WILDM H R.

Corps 2 Cons who was* Discharged

On Sept 3 1918, to I.S.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept 1 1918, to Sept 3 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	86.16	
Advances } No.....			Reg'tl Pay..... <u>3</u> days at \$ <u>1.00</u>	3.00	
by } No.....			Field Allow. <u>3</u> days at \$ <u>10</u>	30	
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>Civ. Clothing</u>	35.00	
Other charges	5127	35.00	Other Credits*.....		
Payment on transfer or discharge No <u>5128</u>	89.46		Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	124.46		Total.....	124.46	

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of Aug. 1918 } (to) Assignee Mrs. M. McLaggan
 and Sep'n Allice. for month of 191.... }
 (Address) Albany P.O. St Marys
Jamaica B.W.I.

(†) 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 11-8-16
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge..... authority M.D.No.4. 22-W-829
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date.....

Place.....

Alchuk

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



Handwritten scribbles or marks at the bottom of the page, possibly initials or a signature.

Original

167ieme BATAILLON, F. E. C.

m4

MEDICAL HISTORY SHEET

672681
931681

Surname *Williams* Christian Name *Robert*

Examined { on 11 day of Aug 1916
at Montreal
Birthplace { City or Town Jamaica
County B.W.S.

Approved by *[Signature]*
Rank *[Signature]* M.O.

Apparent age 29
Trade or occupation *Mechanical Painter*
Height 5 Feet 7 Inches
Weight 165 Lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 37 inches
Physical development *Good*
Small-Pox Marks *Gone*

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

Vaccination Marks { Arm Right Left
Number
When Vaccinated last *As a child*
(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	VACCINATIONS.
6/4/17		<i>Dave Murray</i> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Slight Varicocel left.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
19/10/16	<i>Good</i>	<i>D Murray Lt</i> M.O.
31/10/16	<i>Good</i>	<i>D Murray Lt</i> M.O.
16/11/16	<i>Good</i>	<i>G A Darn</i> M.O.

Enlisted on 11th day of August 1916 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	167 Bat, Coy	672681		11-8-16
Transferred to				8/24/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Eastbourne</i>	<i>7/6/17</i>	<i>Weakness</i>	<i>Discharged Canada</i>
<i>Quebec</i>	<i>Oct Jan 21/17</i>	<i>Tubercular glands great debility</i>	<i>Discharged, Capt</i>

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 *Johnson* Christian Name *Robert*

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>Right No. Linn.</i>		13	11	16	27	11	16	<i>Cramps</i>	15	<i>Not Cured</i>	<i>G. O. Dune</i>
		29	11	16	22	11	16	<i>Unguis of Mrs. Oregon</i>	24		
		15	1	17	23	1	17	<i>Lampyrisis</i>	9.		
CANADIAN MILITARY HOSPITAL, EASTBOURNE		12	5	17	29	9	17	<i>Tubercular glands of neck</i>	141	<i>Board. 7-6-17. Invalided to Canada. Transferred to Kirkdale.</i>	<i>A. E. Fraleigh Capt.</i>
CANADIAN MILITARY HOSPITAL LIVERPOOL		29	9	17				<i>Tub. glands neck</i>		<i>For disch. to ship -</i>	<i>Johnson</i>
<i>Whitby MCT</i>		16	11	17	18	1	18	<i>Ch. Endocarditis</i>		<i>To Guelph</i>	<i>H. G. Macfarlane</i>

612681
931681
672681.

J.P. Rank

Name WILDMAN, Robert

Reg'l No.

Unit No2. Const Bn.

If in perm. Corps
What Unit? }

Married or Single Single.

Place and Date of Enlistment Montreal. 11th Aug. 1916.

Place of Birth Montreal.

Name and Address, Next-of-Kin Mrs. Margaret McCleggin.

St. Mary. Albany. P.O. Jamaica. B.W.I.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 3241
File R.L. Can M U.
Category

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9:46-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England via S.S. Southland		7.4.17	
30.5.17	Can Const	Cdr. Mil 8th Eastbourne		13.5.17	15. Alcross Heath
29.8.17	do	Solon Trans to NSR D		13.5.17	Regtl no amended by after order #1 of 16-7-21 Issued at Ottawa
23.5.17	Res Bn	Attached from 17 th to 2 nd Res Bn	Seaford		13-5-17 Pt 125.
672681 10.7.17	NSR D.	Tot from 2 nd Can Const		13.5.17	Regtl no amended by after order #1 of 16-7-21
1.10.17.	N.S. Sgt	4th Can Mil Hopt	Hertfordale	30.9.17	Regtl no amended by after order #1 of 16-7-21
2.11.17		Invalided. to Canada.		7.10.17	6 & 6 25. T.B. Blands
672681 5.11.17	N.S. P.O	Solon Invaliding. to Canada.	Pre B'sport	5.11.17	Regtl no amended by after order #1 of 16-7-21 No. 234. 141 69/18 DD 4 931681

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.				
	Dis Depot	To Convalescent Home	M D # 4 Montreal	25/01/17	W R 391

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Wildman Robert*
Surname Christian Name

Regimental Number *672681* Rank *Pte*

Address (in full) *Deceased 28.11.19*

Unit
 Original Unit
 District where paid
 Date of Discharge
 P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

M. F. W. 127
 300M-1-10
 1772-30-1140

Remarks:

File No. 19388 RA

WAR SERVICE GRATUITY.

Register No. Spec Page

26/1965

Reg. No. 672681
 Name Wildman Robert
 Address Deceased.

Dependent _____
 Address _____

Pay Soldier \$ Director's expenses
Estates for Ottawa
 Clerk W. E. Seel
1-3-73

Pay Dependent \$ _____
 Days 183 Rate 70 Due 420⁰⁰
 Less P.D.P. credited _____
 Less further Dr. Bal. or overpayment. _____
 Net 420⁰⁰

*R. M. 113
16-10-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>21-3-73</u>		<u>732</u>	<u>420 -</u>	<u>Not Eligible under P6</u>	<u>1</u>		<u>2419</u>	
<u>2</u>				<u>no S.A. paid</u>	<u>2</u>			
<u>3</u>				<u>died prior 1.12.70</u>	<u>3</u>			
<u>4</u>					<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by

 Date 21/3/73

E. L. McE...

Name Wildman Robt.

M. F. W. 41
1/0M-7-16
1772-39 889 No.
7-2066

Regimental No. 672681

Name and address of next-of-kin St. Elizabeth St
Montreal

Unit 2nd. Const. Bn.

Date of enlistment Oct 1916

M. B. 29.10.17. Conv. Home

Place of " Montreal

S.A. Nil

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 15⁰⁰/₁₄/₁₇ - 31¹⁰/₁₇ - \$105⁰⁰/₁₇ Reason for discharge

To whom payable Mrs. M. Mc Laggan Character on discharge

Arquaya 25.10.17. Albany P.O. St. Marys Jamaica B.W.I. Cat. D.3. H.Q. 649-W-13826

ob 5351-M. & D. 1880

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
30.9.17	29.9.17 31.11.17	62	1 ⁰⁰	62	62	1 ⁰⁰	620	251	7071							E.P.P.C. C. W. Halifax Oct. 1917.
												15		40	5500	E.P.C. rend on 21-11-17
															7071	showing % ady. to 31 ¹⁰ / ₁₇ and trfd. to "A" unit let to S. L. P. C. ap Oct 1917 - C.C.
									7071							

Apr
19¹⁴/₁₇

Enq. A.P. Chgd. 1¹⁴/₁₇ - 30⁹/₁₇ - \$90⁰⁰

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

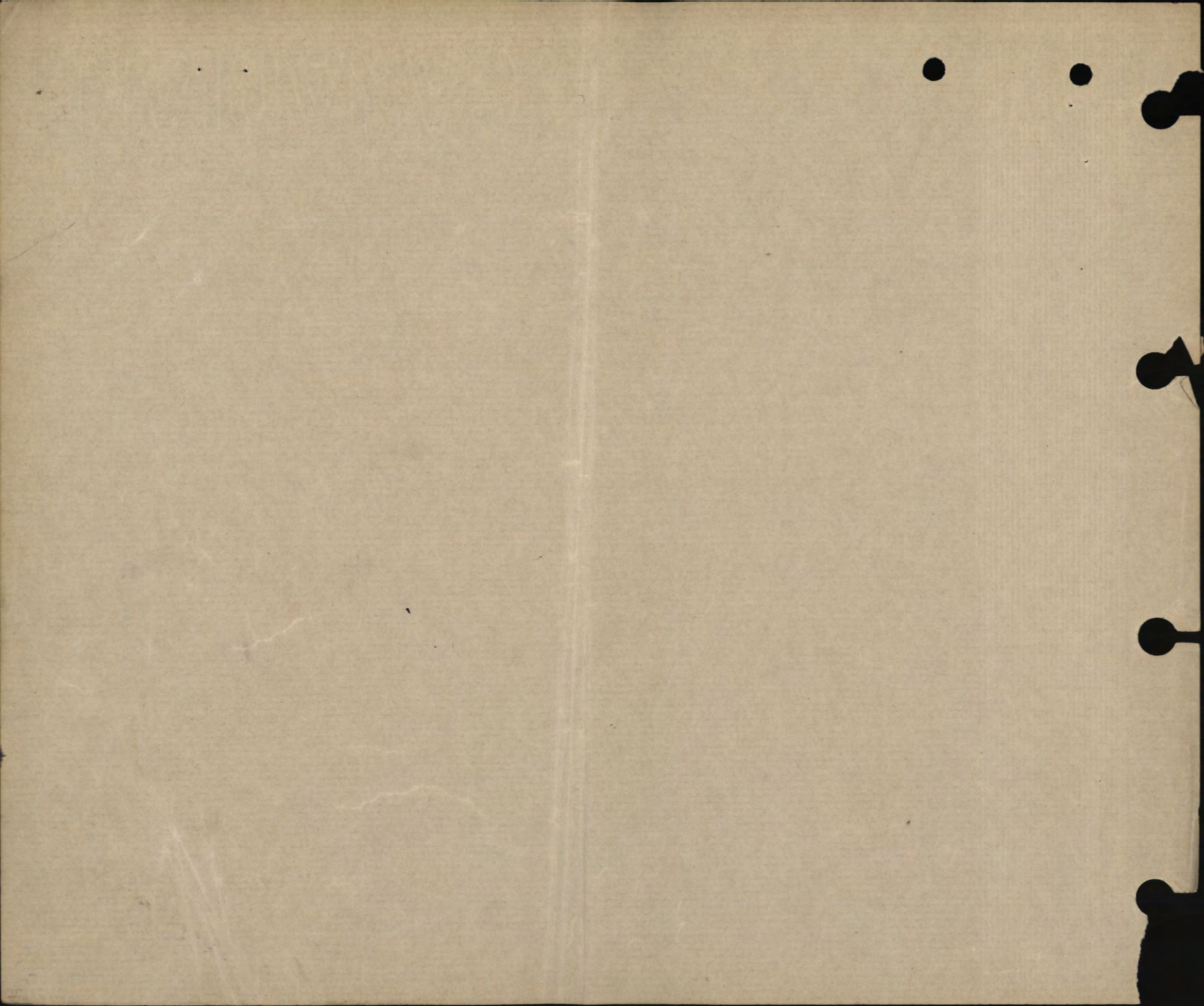
M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs. M. M. Lagan* By Whom Assigned *Wildman, Robt.*
Address *Albany, P.O.* Regtl. No. *672681*
St Marys, Rank *Pte*
Jamaica, Corps *2 Const'n Bn.*
B.W.S.
Rate *\$15.00*

APR 1917 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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2-
(Assignee)

L. L. Job 5470-Req. 6888.

Mrs Mgt McTaggart

Name of Soldier

Wildman, Robt.
672681-Pte-2 Constn Bta.

PAYMENTS.

\$15.⁰⁰

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>C 5947</i>	<i>15 =</i>	<i>15-B M.O. #17900</i>
May		<i>C 12201</i>	<i>15 =</i>	<i>15-B M.O. #20832</i>
June		<i>W 19220</i>	<i>15</i>	<i>B #23716</i>
July		<i>Z 27258</i>	<i>15</i>	<i>B #26961</i>
Aug.		<i>X 32997</i>	<i>15</i>	<i>B</i>
Sept.		<i>W 39710</i>	<i>15</i>	<i>L / 105</i>
Oct.		<i>W 41535</i>	<i>15</i>	<i>\$10.5⁰⁰</i>
Nov.				<i>..... A/c Closed</i>
Dec.				<i>Ret'd per.. <i>Uruguay</i> ..</i>
Jan.	1918			<i>Date <i>17-10-17</i> .. <i>17-11-17</i></i>
Feb.				<i>..... Clerk.. <i>E. Huson</i> ..</i>
March				<i>\$15⁰⁰ overpaid for month of</i>
April				<i>Oct. 1917 recovered by C.P. per</i>
May				<i>auth. #2.- Fyle #19388</i>
June				<i>-R-4. 17-12-17</i>
July				<i>J.E.N. 19-12-17</i>

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

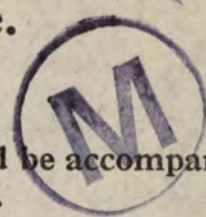
PAYMENTS.

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.				

This space to be for numbers

Proceedings on Discharge.

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



D.C.O.

No. 931681

Rank Private,

Surname WILDMAN

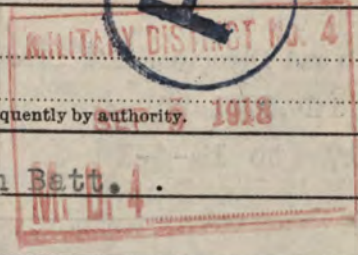
Christian Name Robert.

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

Corps (Squadron, Battery or Company) 167th Batt. 4.

Date of Discharge September 3rd 1918

Place of Discharge Montreal QUEBEC



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age 28 years 4 months.	
Height 5 feet 4 inches.	Operation Scars on neck.
Complexion Coloured	Scar left upper arm.
Eyes Brown	Scar right knee.
Hair Black.	
Trade Painter.	
Intended place of residence } Albany District, (To be given as fully as practicable.) } Jamaica B.W.I.	

2. The above-named man is discharged in consequence of
 KR&O 377 (10) CM 1917 MD 4 22-W-829 Category "E"
 Medically Unfit PC#433 discharged to I. S. C.

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.

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

Good

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.)

Painter.

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

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

1487
1344
1487
1344

284
D
D.C.O.

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.....

Served in England
8-4-17 to 18-4-18

None.

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)..... Montreal QUEBEC.....

R. Ryce
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4,
Commanding

(Date)..... September 3rd 1918

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.

(Place)..... Montreal QUEBEC..... *Robert Wildman* X (Signature of Soldier.)

(Date)..... September 3rd 1918..... *Sgt J. H. Erno* X (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.

(Place)..... Montreal QUEBEC.....

R. Ryce
(Signature) Lieutenant,
Officer i/c Discharge Section, District Depot No. 4

(Date)..... September 3rd 1918

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations.

Robert Wildman X

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



NO5. CAN' GEN, HOS P
KIRKDALE. LIVERPOOL

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book
1310
Year
12 MAY 1917

Regimental No. ~~931681~~ ~~931681~~ ~~672681~~
Rank. Pte
Surname. Wildman
Christian Name. R
Unit. 2nd Leans
Age. 29
Service. 1912

Station and Date.
CANADIAN MILITARY HOSPITAL, EASTBOURNE.

Disease Abscess on Neck.

Previous to enlisting had no serious illness.
Family history neg.

Present trouble commenced about 2 mths ago
as a swelling above clavicle on rt. side outer end.
Now there is a fluctuating tumor in that region
Heart - 2nd sound accentuated.
Lungs - normal.

Mother
Mrs M. C. Bleggs
Albany P. O. Canada

May 13th Opened abscess & drained
May 30th Abscess draining and healing, but the glands in neck are discharging through an old scar.

A. E. Fraleigh Capt.

June 13 there is a small ^{only 1/3} firm lump below clavicle which is swollen & tender & another one about below neck

July 13 Glands in neck are heated. but glands on chest still discharging

August 13 glands still discharging
Sept 13 glands still discharging

Sept 20th 179. written out

Sept 29 Patient transferred to Kirkdale for discharge to Canada

TRANSFERRED

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

25 SEP 1917
T. J. M. Mil Hoop
Kirkdale Liverpool

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Apr 1/17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*4/12/17
MD*

PARTICULARS OF SEPARATION ALLOWANCE

No. *672681*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Robt Wildman*
 Battalion *2 Coastr. Bn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Mgt. Mc Laggan*
 Address *Albany P.O., St. Mary's*
Jamaica Change of Address *B.W.I.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Dec 31st</i>	<i>—</i>	<i>nil</i>	<i>105</i>	<i>105</i>	<i>19378-R-15</i> <i>A.S. overpayment of 15⁰⁰ for Oct. 17 recovered by</i> <i>L.P. per alt. H. 2 - File 19388-R-4. 17.12.17</i> <i>Retd per Araguay 17.10.17 F. + 8.11.17</i> <i>Last A.S. ch 31.10.17</i> <i>Acct. closed.</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

672681 P/c *Wilbman R*

Date of Payment.	No. of Acq. Roll.	A M O U N T.					Place of Payment	Name of Paymaster	Remarks
		Francs	£	£	¢	¢			
15/1/17	545	✓	10	2	43	E.B.	J. C. Wilson	Oct	
28/5/17	722	✓	10	2	44	✓	✓	✓	
7/6/17	920	✓	2	-	973	✓	charged	October.	
4/7/17	1119	✓	1	4	87	R. Brown	E. Wilson	October	
7/8/17	1911	✓	1	4	87	Eastbourne.	Endorsed on 1/6.	Endorsed on 1/6.	
9/9/17	2327	✓	2	-	973	✓	✓	Endorsed on 1/6	
29/9	2588	✓	3	-	1160	✓	✓	do.	
5/10/17	cash		10	-	1167		cash		
					9734				

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK

Name of Beneficiary	Place of Payment	Date of Payment	Amount	Station	Date of No. of Payment	No. of Payment
			214.50			
			41			
			214.50			
			214.50			
			41			
			69.50			
			71.65			
			123.70			
			104.65			
			40			
			99.85			

11/20/22