

ATTESTATION PAPER.

No. 150184.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Wm Lewis Nelson*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Melbro-Quebec Canada*
 3. What is the name of your next-of-kin?..... *C. G. Nelson*
 4. What is the address of your next-of-kin?..... *Melbro-Quebec-Nelson*
 5. What is the date of your birth?..... *September 8th 1889*
 6. What is your Trade or Calling?..... *Con. W. & Ry*
 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?..... *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*
- W. L. Nelson*..... (Signature of Man.)
J. Morris..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wm Lewis Nelson*, 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. L. Nelson..... (Signature of Recruit)
Date *26 July* 191*5*..... *J. Morris*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm Lewis Nelson*, 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. L. Nelson..... (Signature of Recruit)
Date *26 July* 191*5*..... *J. Morris*..... (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 *Brandon* this *2nd* day of *September* 191*5*.

A. Campbell..... (Signature of Justice)
W. C. Murphy..... (Approving Officer)
O. C. 79th. Overseas Battalion,

Description of William L. Nelson on Enlistment.

Apparent Age 22 years 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. 8 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations { Church of England X
 Presbyterian
 Wesleyan
 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 Sept 1st 1915.

Place Brandon - Man

J. H. Colman

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.

William L. Nelson 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.

W. C. Murray

..... Lt. Col. (Signature of Officer)

O. C. 79th. Overseas Battalion,

Date SEP 1 1915



REGIMENTAL DOCUMENTS

NAME Nelson William Lewis

REGT. NO. 150 184

UNIT _____

H. Q. FILE NO. _____

D

3

9

M

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

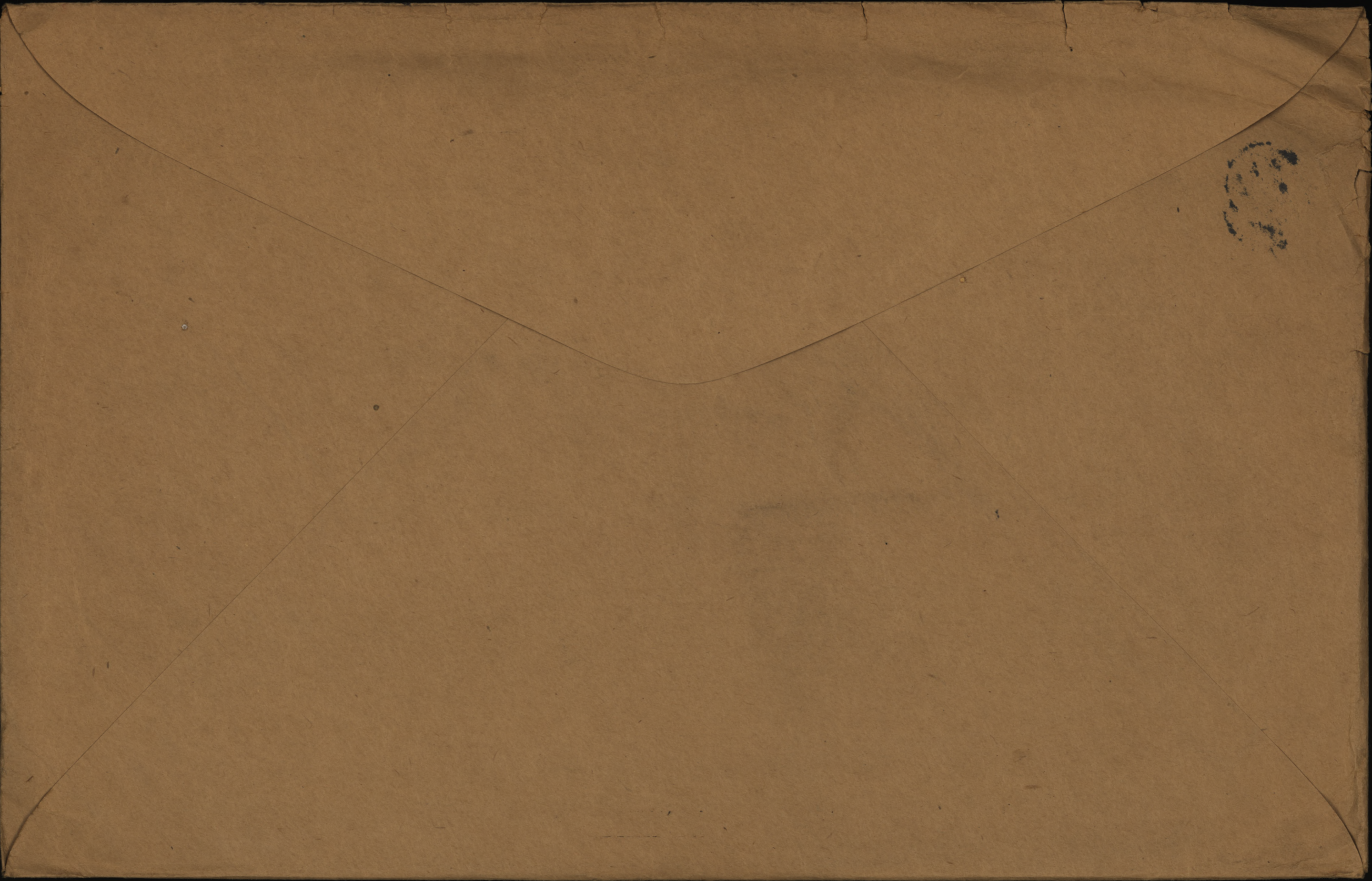
Category

DESERTION

C2896

59 - 20
25 - 20
47 - 20

3



No. 158184 RANK Pte.

NAME Nelson, W. L.

T. O. S. 26-7-15 UNIT 99th Battalion C. E. F.
D.O. 14 of 30 - 7-15.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 26	1915 Aug. 31 Sept	✓ ✓	Trans to O/S Draft	D.O. 46 of 4-9-15

UNIT SAILED

APR 24 1916



William Lewis

Name NELSON.

Rank Pte

Reg. No. 150184

Unit 78 Bn

N-710

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-10-17	Killed in Action	Pt II	O.100.d.9-11-17	962	M 6351	
<p><i>Correct date of death should read 29-10-17. Pt II O. 34 d/25-4-18. 17211.</i></p> <p><i>cas. List 962 d/13-11-17</i></p>						
<p><i>Return to N/E.</i></p>						

✓ NELSON, Wm. L. ^{*Wm's 150 184*} (Pte) 78th Bn.

649-N-3142.

not eligible for Star

MEDALS & DECORATIONS.

(Mother) Mrs. W. L. Nelson,
R. R. No. 1,
Kingsbury, Que.

PLAQUES & SCROLLS.

(Father) Wm. J. Nelson, Esq.,

APR 1 - Address as above

Scroll Desp.

Regn. No. 2-32701

MEMORIAL CROSS.

(Mother) Mrs. W. L. Nelson,
Address as above.

Desp. JUL 10 1920 (M.) C. 14729.

26.6.20

462

M

(649-77-3142)

CARD NO.

SURNAME.

Kelson

CHRISTIAN NAMES

William Lewis

REGL. No.

150184

RANK

Pte

UNIT

79th

1st R.D.

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kelson E. H.

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

Melboro P Q

COUNTRY OF BIRTH

Canada, Melboro

DATE

PLACE OF ATTESTATION

Winnipeg

DATE

July 26th/1915

Sailed from Montreal P.Q. S. S. Corsican 25-9-15

[Red stamp]

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

REGT'L NO 150184

H. Q. FILE NO. 649-

NAME Nelson, William Lewis

RANK AND CORPS A. Cpt.

Can. Cas. Assembly Center + Disch. Dep.
78th Bn. NATURE OF CASUALTY form 78th 1st R. 1917

FOLLOWS
FOLLOWS

CABLE

No. 220-7

DATE

M6351 15-11-17

Killed in action Oct 29th 1917 ✓

QTB 2090A

" " " " 29, "

Rouen 9-11-17 (noted 24-1-18)

O.C. 2/c & states O.N. 78. correct date of death 29-10-17.

Memo 10-5-18.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

52.	West Cliff San ⁴ & ⁸ ⁷ ¹¹	28-2-17	Myopic astigmatism
52.	Discharged.	2-3-17	(Myopic astigmatism)
A 62	Killed in action	30-10-17.	
A 200	Correct date of death	now ascertained to be 29-10-17.	

At.

Amov

~~P~~
~~X~~

Number 150184 Rank A/cpl

Surname NELSON

Christian Name William Lewis

Units 78th Pa. Cav. Inf. Theatre of War France

Date of Service 27-5-19 II

Remarks

Latest Address Mrs. W. L. Nelson (m)

RR #1 Kingsbury

Roll No Page 6860 Que.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued

Yes No Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Remarks

DEPT OCT 28 1921
 REGN NO 445100

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

Surname **Nelson.** Christian Name or Names **W L** Reg. No. **150184**
 Rank **Act. Pte** Unit **CCAC & DD** Co. **78th** Troop **Man Reg** Batty.
 Hospital **Westcliffe Eye & Ear. Folkestone.** Date of Admission **28.2.17.**

Transferred Hosp. **28.2.17.**

Hosp.
Hosp.
Hosp.

Diagnosis **Myopic Astigmatism.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

Killed in Action ^{29-10-17.} ~~30-10-17~~ ₁₆₋₀

Correct date of Death now 29-10-17 B

DISPOSITION **Dis. 2.3.17.**

Date

27.3.17. No.52.

REMARKS

14-11-17 a62 (2)
29-11-18 a/200-3

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **NELSON William Lewis,** Reg'l No. **150184**

Unit **79th to 12th Battn** If in perm. Corps, }
 What Unit? }

Married or Single **Single.**

Place and Date of Enlistment **Brandon July 26th 1915.** Place of Birth **Melboro. Quebec.**

Name and Address, Next-of-Kin **E.N. Nelson.**

Melboro. Quebec. Canada. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **8417.**
 File R.L. **25-710**
 Category **K.A**

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 Taken from Official Documents
Date	From whom received				
133/1 17					
<i>Arrived in England "bovician" 5.10.15.</i>					
14-10-15.	OC 12 th	Adm Moor Barracks, Hop Shotcliffs		14-10-15.	WII. 01575.
2. 11. 15.	O.C. 11 th	Taken on strength of 11 th from 12 th	"	2. 11. 15	PK 11 02370.
15-11-15.	"	Overstay leave. 1 days pay	"	7. 11. 15	" 2517.
18-2-16	"	To ban: ban: Dir: Lancashire. Bath		1-2-16	" 42.
18-7-16	C.E.+D.D.	Taken on strength	Bath	21-1-16	PK 11 01072
19-9-16	66.A.C.	Taken on strength + on command to C.O. Bath for 140 W.C.	Zolkesbar	19-9-16	" 406.
2-1-17	C.D.D.	To be Appl. while employed at this Dept.	Buiston	2-1-17	" 243
27-2-17	"	Adm W. Schiffe 2nd Hop 7 th Ban	"	27-2-17	" 49
3-3-17	"	Disch'd " " "	"	3-3-17	" 53

150184

Nelson W.L.

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

8.8.17 4.9.17	Man Dep	SOS Reposted to 11 Res Bn Ceases to be attached.	Dibgate	4.4.17	P II 152 PII 05. 11 th Res Bn
3.14	S.D.D.	on return to Man Reg Dep	Buxton	3-4-17	P II 049. P II 098 d/28.4.17.
27.4.17	11 th Res Bn	Reverts to ranks employment on returning from Buxton	CDD Shorncliffe	3.4.17	97
9.5.17 8.8.17	Man Dep	Taken on strength from SOS 1st Bn 11 th Res Bn.	CCAC Dibgate	3.4.17 4.4.17	61. PII 152
28.5.17	11 th Res Bn	11 th Res Proc O/Seas to 78 Batt	Shorncliffe	27.5.17	" 123. P II 059 d/6.6.17.
9.11.17	78 Batt.	Killed in Action	Pte Field.	29.10.17 30.10.17	awarded P II 034 PII 100. KA
13.11.17	Man Regt 78	" " "	"	30.10.17	CLA 62 ²

ALB. 103
" 8 - JUN 179

79th Bn
Casualty Form—Active Service.79th Bn to 12th Res. Batt.
Regiment or Corps

Regimental No. 150184. Rank Pte Name Nelson, William Lewis

Enlisted (a) 26/7/15 Terms of Service (a) War. Service reckons from (a) 26/7/15

Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } 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				
		Arrived in England.		5.10.15	
2.11.15	O.S. 11th Bn	Taken on Strength Scippe from 12th Res.		2.11.15	PT II O. 2370.
18.2.16.	"	To Canles Dis & Eyes Depot Bath.		1.2.16.	PT II 42
3/4/17	C.S.D. Quxton	Retd to Manitoba Rights Depot Shorncliffe		3/4/17	PT 2 5079 J. Richardson
1.8.17	M.R.S.	Taken on Strength	Libgate.	3.4.17	PT 200 61-1.
8.8.17	M.R.S.	Posted 11 Res Bn.	Libgate.	4.4.17	PT 200 152.5. J. W. Brown
28-4-17	O.C. 11th	Taken on Strength 11th Can. Res. Batt	Shorncliffe	3-4-17	PT II. Bn. O. 98 Lieut. & Adjutant, Manitoba Regimental Depot.

(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, Shosing 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				
28-5-17	OC 11 th	Trans to 78 th Battalion Overseas.		27-5-17	Pt II Bn. O. 123 <i>[Signature]</i> Captain & Adjutant, 11th (Res.) Battalion.
18-2-16	CB&D.	Yos from 11 th Res Bn	Bath	21-1-16	Pt. 40.2.
19-9-16	CB&C	Yos + on comd. to CB&D Bath	Golkestone	19-9-16	" - 406.
28-4-17	CB&D.	Yos as/cpl. while Emp. at this depot	Buxton	2-1-17	" - I
27-4-17	11 th Res Bn.	Yos from CB&D.	Shorncliffe	3-4-17	" - 98
27-4-17	do	Reverts to ranks	do	3-6-17	" - 97.
9-5-17	Man. Depot	S.O.S.	Orbigny	3-4-17	Pt II Do 61. LIEUT.
28-3-17	11 th Res	S.O.S. on Proc. of S. Seliffe to	78 th Bn	27-5-17	Pt II Do 123. FOR LT: COL: I/C RECORDS, C.O.M.F.
28-5-17	4 th Bn	Am to S.O.S. 78 th Bn	4 th Bn	28-5-17	2nd AS young Lieut for O. J. R. London Comd.
14-6-17	"	Left for Unit.	Field	14-6-17	2.R.
23-6-17	78 th	Joined Unit	"	16-6-17	B513 DCS 115.
5-11-17	"	Killed in action	"	30-10-17	K1.16/24669 Pri 100. 9.11.17

CERTIFIED CORRECT.

CAN. RECORDS, LONDON.

[Signature]
Lieut.
for Lieut- Col
Canadian Section 3rd Echelon

19483

FORM OF WILL.

125960

I, William Louis Nelson (Name in full)

Regimental Number 130184 serving in 11th Res Batta.

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

..... } Name & Address
..... } of person or
..... } persons to receive
..... } personal estate*
..... } (see note).

In Witness whereof I have hereunto set my hand
this.....day of..... A.D. 1915.

..... Signature.

* 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. Will left with

Name of Witness A. Scoble

Address of Witness President

Occupation of Witness Upg Electric Rail Union

Name of Witness Winnipeg

Address of Witness.....

Occupation of Witness.....

ESTATES BRANCH,

DEC 20 1917

MILITIA DEPT.

FORM OF WILL

3.

I hereby certify that the testator named in the first column of the following table is the person named in the second column of the same table, and that he is at the time of making this will of the age and legal capacity to make a will.

Name & Address
of person or
persons to whom
it is to be

absolutely and his personal estate I bequeath to

Name & Address
of person or
persons to whom
it is to be

I Witness whereof I have hereunto set my hand

this _____ day of _____ 1917.

Signature

I, the undersigned, being a qualified person, do hereby certify that the testator named in the first column of the following table is the person named in the second column of the same table, and that he is at the time of making this will of the age and legal capacity to make a will.

the presence of my hand present at the same time, and in the presence of his own hand, and in the presence of such other persons as he may think fit to name, and in the presence of such other persons as he may think fit to name, and in the presence of such other persons as he may think fit to name.



Name of Witness
Address of Witness
Occupation of Witness
Name of Witness
Address of Witness
Occupation of Witness

399480

A.F. I 1237

MEDICAL CASE SHEET

No in
Book

Regtl No

Rank

Surname

Christian Name

5669

150184

Pfc

Nelson

Year

Unit

Age

Service

1915

1st Pres.

21

4/2

Station
and
Date

Disease

Ingrowing toenails

M. B. C. H.
Shoncliffe

Duration. Two months

14-10-15

Ingrowing toenail great toe of each

More Baracks foot

Oct 14/15

Removed toenails

24 collars left

1850

1850

1850

1850

1850

1850

1850

1850

1850

1850

Moore Barracks Canadian Hospital
Shorncliffe, Kent..... 22/10..... 1915



From Officer i/c
Moore Barracks Hospital.

To Officer Commanding.

.....
12th Reg. Bn.
.....

Medical History Sheets. Enclosed please find Medical History Sheet

of No. 150184..... Pl. W. R. Nelson.....

Who was discharged from this hospital today.

Kindly sign the attached receipt.

O.R. Macleod
Capt Comd
for Lieut-Col. C. M.C.
Officer i/c Hospital.

Received the above mentioned paper.

.....
O.R. Macleod
.....

Lieut. Col.
O. C. 12th Battalion Canadians,



How many copies of this report are there?
1000 copies of this report are there.

Office of the Secretary
Department of the Interior

Office of the Secretary

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MEDICAL HISTORY SHEET.

4

Surname Nelson Christian Name William Lewis

Examined { on 26th day of July 1915
 at Winnipeg
 Birthplace { City or Town Melboro
 County Quebec

Approved by J. D. Blumstein
 Rank S M.O.

Apparent age 32
 Trade or occupation Conductor
 Height 5 Feet 8 Inches
 Weight 140 Lbs.
 Chest measurement { Minimum 37 inches
 Maximum expansion 40 inches
 Physical development Good
 Small-Pox Marks None

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

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 1911

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/10/15</u>		<u>7.4/3</u>
		M.O.
		M.O.
		M.O.

Enlisted on 26th day of July 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>49th Batt. C.E.F.</u>	<u>150184</u>		
Transferred to..	<u>12th Res. Batt</u>			

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.

Rank _____ Name **NELSON William Lewis.**

Reg'l No. **150184**

P-56

Unit **79th to 12th Batta**

If in perm. Corps, What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Brandon July 26th 1915.**

Place of Birth **Melboro. Quebec.**

Name and Address, Next-of-Kin **E.H. Nelson.**

Melboro. Quebec. Canada.

Relationship _____

Assigned Pay Monthly \$ _____

Payable to _____

Relationship _____

Separation Allowance \$ _____

Payable to _____

Relationship _____

Discharge, Date and Place **K/A 30-10-17**

Reason **CL 2/62 13/11/17**

Character **AR**



Entered on N.E. Card Index
Checked by AR [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	Amount	No. of Days	Rate	Amount			No.	Date						
1/10/15	31/10/15	31	10	31	31	10	310	10	44	10	457 512	17 03 31 63			17 03 31 63	4 56	Op. from previous acct Total 10 ⁰⁰ clothing 40 repairs 2/10/16 Trans to 11 th Batta Adj. May pay 10 25/17
1/11/15	31/12/15	61	100	61	61	10	610		67	10	72 944 771 851 1038	14 60 17 60 29 20		1 10	61 93	61	
Jan	1-31	31	1	31	31	10	310		34	71	Back 1	19 47 1460			34 07	64	
Feb. 1	Feb. 29	29	1	29	29	10	290		31	90						32 54	
Mar 1	Mar 10	10	1	10	10	10	10		43	54						43 54	From C.C.C. 15.0 10/2/16
" 11	" 31	21	1	21	21	10	210		23	10		34 06			34 06	32 58	
				183			1830	10	211	30		177 62		1 10	178 72		
				183			1830	10	211	30		177 62		1 10	178 72	32 58	

Statement of
APR 5 1918
280.69
Audited

Carried forward to
Large Ledger sheet
Settled

150184 Pte Nelson H. L.

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT							
			\$	C.						\$	C.																							
Feb 31	100		568	70					10 -	578	70			111	92	158	17	19	47	177	62		110	468	78	110	42	990						
			34	10						34	10			487										36	50	108	02	180						
Apr 30			33							33																		141	02	195				
May 30			33							33																		174	02	210				
	1		1	10						1	10	42-1-4								487							487	170	25	210				
June 30			33							33														35	35	202	90	225			24005.992 19/5			
July 31			34	10						34	10																	237						
Aug 10			11							11																		510	00	248			24005.992 19/5	
" 21			23	10						23	10	295 20/6								267							267	268	43	225				
Sep 30			33							33		402 19/6																19	63	211	80			24005.992 19/5
			804	10					10	814	10	402 19/6	606 41/9	23 1104 50/17						132	36	166	94	20	93	177	62	1	45	532	30			24005.992 19/5

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.
									281 80		
Oct	Ptes. Pay	34	10	AR 257-11/20 DN 35854 19/5/17	499						
				AR 227-11/20 DN 35111 25/5/17	486						
				AR 135-11/20 DN 11533 29-4-17	985						
				AR 82-11/20 DN 13361 16-4-17	730						
				DN 37734 AR 723-11/20 12/17	730				281 60	385	
				AR 734-78 1/10/17	446						
				AR 794-78 16/10/17	357						
				AR 682 ... 21 9/17	387						
					11 60				270 00		
1918	Jan 1-4-16										
	Jan 3-9-17	10	69						280 69		
									280 69		
1918	May								280 69		

Balance transferred to H. ...
30 Ottawa for Settlement
7/5/18 Vol E 353 MER 23/12 280 69

WHA 25-11-18

Trans to bank line
Del. B. B. 31.5.17
A. Row.

24005.992 19/5

Checked by J. G. B.

Checked J. G. B.

ORIGINAL.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of 1.3.16

Surname NELSON Christian Name W. L.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Melboro County Quebec.

Examined ... { on 21st day of Sept 1915,
at Brandon Man.

Declared Age ... 22 years days.

Trade or Occupation ... Conductor

Height ... 5 feet 8 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 37½ inches.
Range of Expansion 4½ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number ...

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted ... { at Brandon Man.
on 26th day of July 1915.

Joined on Enlistment ...	Corps. <u>79th Battn</u>	Regtl. No. <u>150184.</u>
	<u>11th Res. Bn.</u>	
Transferred to ...	<u>C.C.D. & E.D.</u> <u>78th Bn. a/s</u>	

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. ON _____ day of _____ 191 .

(Signature) W. L. Nelson
(Rank) Lieut.-Col.

J. M. C.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

In Charge of Records, Canadian Contingent

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Not treated,

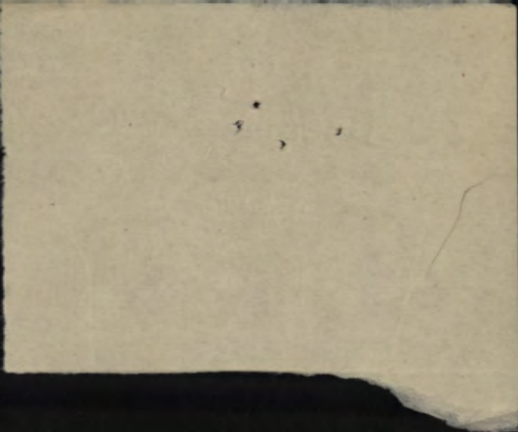
Lucien J. Marshall, Capt.

Duplicate Medical History Sheet
posted to here *MB*

M.t

26.6.20

so



Capt Jones

MEDICAL CASE SHEET.*

5

No. in Admission and Discharge Book.
3749
Year
1917

Regimental No. 150184 Rank. Capt Surname. Nelson Christian Name. Wm. L.

Unit. 11th Res Bn 8th Bn att C.D. Buxton Age. 35 Service. 19/12 Wk

Station and Date.
27 FEB 1917

Disease Myopic astigmatism
Sent from Buxton for eye test.

RV = 6/24
LV = 6/24

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

R & L - 2.0c - 1.50 cyl at 90° = 6/6.
(Given by Col. McKee Jan 1916)

Present glasses ok.
Discharge to him.

Lined 2.3.17

2 MAR 1917

2 MAR 1917

Woodward Jones
Capt
Wm

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

Capt Jones

PROCEEDINGS OF A MEDICAL BOARD.

E

Dated at *Beth Sept 8th* 1916.

No. *150184* Rank *Plt* Name *Helson, W L*

Local Unit *C.S.D. 8th Bn* Overseas Unit _____ Age *27*

Examination held at *Beth*

DISABILITY.
Overseas—Local.
(scratch one out)

Defective Vision

PRESENT CONDITION.

Specialist report to be attached.

Dept not available

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION

BOARD RECOMMENDS:—

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

Signatures:—

Members

W. B. ... President.
D. J. McKay Capt

VED

Sept 13 1916.

W. Bapty Maj
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

..... Dated at

..... No. Rank

..... Local Unit

..... Overseas Unit

..... Age

..... Examination held at

DISABILITY
 Overseas—Local
 (attach one out)

PRESENT CONDITION

Report of the Medical Board

APPROVED

CARL A. M. C. ...

BOARD RECOMMENDS—

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

Signatures—

..... President

Members

