86th Coast Bty.

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.A. — Arm or Corps

"Q" CARD COMPLETE — Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. F-13313 (Regt. No.) | Gnr. (Rank) | WEDGE, W.J. (Name surname first) | 5 Sept. 18. | A (A or R) | 24 (Age) | A. (Med. Cat.)

English (Main Language) | Nil. (Other Language(s)) | 86th Bty., Fort Melford, N.S. (Place (Unit) Interviewed) | 9-Sept-43. (Date Interviewed)

II. Revised Examination "M"

Form "B". | Mulgrave, N.S. (Place Tested) | 9-Sept-43. (Date Tested) | M.M. Lieut. (By Whom)

90 (Total) | V. (Group) | Subtests 17 (1) 10 (2) 0 (3) 22 (4) 14 (5) 4 (6) 4 (7) 19 (8) | Subtotals 27 (1-3) 36 (4-5) 27 (6-8) | Eng. (English or French)

Other Tests

Y.O.B.	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

M-2 recommended. JMR. 28/9/43.

III. Educational Background

Attended school irregularly from 8 to 16 years of age (town, PEI) and was in grade V when he left to help his family financially.
completed grade 4.

IV. Occupational Background

No steady employment.
Worked ########## periodically at various common labor jobs until enlistment.
Farming, construction gangs. (labourer)

V. Military Background

NPAM-one summer camp with the PEI Light Horse. Enlisted 6-Dec-40 with the 86th Heavy Bty. One month of BT at #62 CABTC, Charlottetown Clear conduct sheet.
9/S 3 Jul 44. No courses.

VI. Other Personal History and Appraisal

Height-5'6" and weight-160 lbs. (175 (Jul 44)) Single. one dependent (mother) Father is a labourer, at present an invalid with asthma. Three brothers (two in army-one overseas) and one sister.

Stockily built man of rugged appearance. Was hospitalized on various occasions for mumps, tonsillectomy, arthritis, vaccination reaction and rheumatic fever. Claims good health at present.

His schooling is very weak. "M" score falls in the below average ability group. During the past month he has been employed in the kitchen but prefers to be back on the guns. Seems basically stable and adaptable and would rather go overseas than remain on Coastal defence duties.

Racial Origin { Fr. Can. / Fr. Can.

Speaks Eng. only.

VII. Recommendations

RCA (86th Coast Bty). Appears suitable for present duties and overseas service.

(Signed) M. MacKenzie Lieut.
M. MacKenzie, Lieut. — Army Examiner

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

Further Information and Follow-up

C.I.C.

Re-interviewed at No. 1 Transit Camp, Windsor, N.S. 2 May 44.

Re-allocated to C.I.C. under authority H.Q.S. 20-6-22 F.D. 183 (Org. AeAl) Ottawa 19 April 44.
H.Q.S. 20-6-22 F.D. 183 (Org. A3) Ottawa 20 April 44.

4 C I R U - 4. 7. 44

C I C - G. D.

Ltr to CBRO (N.N.S.H.) DO 201-4 Aug 44.

L.E.A. Fraser
L.E.A. Fraser, Capt.
Army Examiner.

Personnel Selection
Examination of Documents
Completed
OK JUN 20 1944
A E H 903
1st Trg Bde DEBERT

COPY SLG

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
(*b*) All questions, etc., must be completed.
(*c*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank ..... WEDGE William James
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank ..... F13313 Gunner

(3) Unit ..... 86th Heavy Battery, RCA, CA., 16 Coast Bde, RCA, CA.

(4) Are you married? ..... No ..... (5) If married, state,

(*a*) Full name of your wife .....

(*b*) Present postal address of wife .....

(6) If married, have you been regularly supporting your wife? If not—state reasons: .....

.....

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

(8) Have you any children? ..... No ..... Number of boys ..... Girls .....

Names and ages .....

.....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them .....

.....

.....

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized .....

Name .....

Postal Address .....

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment? ..... No .....

If so, state her full name and postal address .....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? Yes If so state name and address, occupation James Wedge (Retired)
O'LEARY PRINCE EDWARD ISLAND CANADA

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? Yes

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support? FULL SUPPORT

(14) Is your mother alive? Yes If so, state name and address Mrs. Millie Wedge
O'LEARY PRINCE EDWARD ISLAND CANADA

(15) If your mother is a widow, are you her sole or partial support? Yes

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $20.00 per month

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support? Father is unable to work due to sickness. Mother has to care for him and daughter who is sick.

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

(18) Are you insured? No If so, in what company?.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date Dec. 6, 1940. William J. Wedge
(Signature of officer or man)

T. P. Slaven Capt., Adj.,
16 Coast Bde, RCA, CA.
Officer Commanding.....

Date December 8th, 1940.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

A.D. Sand occupational history has completed

Received..... Checked..... Card..... Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

{ Fingerprinted +Photographed }

0

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit 86th Heavy Battery, R.C.A. · Regimental Number F 13313.

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01 PTE

1. Surname WEDGE
2. Christian Names WILLIAM JAMES
3. Present address O'LEARY PRINCE EDWARD ISLAND CANADA
4. Date of birth OCT. 5, 1919
5. Place of birth CANADA (Country) PRINCE EDWARD ISLAND (County or Province) D'LEARY (Town or Township)
6. Religion (state denomination) ROMAN CATHOLIC
7. Trade or Calling LABOURER
8. Married, Widower or Single SINGLE
9. Name of next of kin MRS MILLIE WEDGE
10. Relationship MOTHER
11. Address of next of kin O'LEARY PRINCE EDWARD ISLAND CANADA
12. Do you belong to, or have you served in the Active Militia of Canada? YES P.E.I. LIGHT HORSE 1940 (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? NO (Yes or No) (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? NO (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO (If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, WILLIAM JAMES WEDGE do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

WITNESS Ethel Sgt. Date 6-12-40 William A Wedge (Signature of recruit)

orted In

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, WILLIAM JAMES WEDGE do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

William A Wedge (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Guelph Ont. this 9th day of December 1940

C.J. MacDonald Major — (Signature of Magistrate, Justice or Attesting Officer.)

OC 86th Hvy Bty RCA (CASF) — (Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

CERTIFICATE OF MEDICAL EXAMINATION

Name in full WILLIAM JAMES WEDGE Date DEC. 4, 1940

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet NO
j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? NO
r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

William J. Wedge
Signature of Applicant

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.) NIL

2. Height 5 feet 6 inches. 3. Weight 149 pounds.

4. Complexion MEDIUM Eyes HAZEL Hair DK. BROWN

5. Development GOOD (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 1½ inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right CV20 left CV20

9. Condition of mouth and teeth GOOD

10. The abnormalities (congenital and pathological) found on examination are as follows EARS URINE & REFLEXES NORMAL
FIELD OF VISION NORMAL
X RAY OF CHEST NEGATIVE

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A.

Special remarks when category lower than A

L. W. Bradshaw, Major — President
J. A. Marples, Lt-Col. — Member
G. L. Smith, Major — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
14, 22, 28 Feb. 1941	T.A.B. 3. Williams	28-9-43	Y.O.B. P U L H E M S: 19 / / / / / / / — [illegible]
14-2-41	Tetanus. 1 cc. Williams		
5-4-41	" 1 cc. Williams		
5-4-41	Vaccination Williams	15-2-44	Hyphen I [illegible]
11-3-42	Lot D. Thomas	22-2-44	" II [illegible] Capt R.A.M.C.
13-4-42	Lot A. Thomas	29-2-44	" III
18-7-42	1/2 T.A.B.T. — cam		
16-4-43	Schick. NEGATIVE.	17-7-44	Y.O.B. P U L H E M S: 19 / / / / / / / — Confirmed D.L. Hoar Lt
26-9-43	½ cc TABT. [illegible]		

5404
10
4JUL44
1111111

Record of Service of Wedge (Surname) William James (Christian Names) Regimental Number F13313

Qualifications

Military: nil
Business or Professional: nil
Trade or Civil: Laborer
Technical: nil
Languages: English

Educational Qualifications

High School or Collegiate: Grade 5 (years completed)
Graduation or Matriculation: (specify)
*College: nil
*University: nil
nil.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Trade	Authority Part II D.O. No. Can. List, etc.	Authority Dated
		Joined on appointment T.O.S. 86 A Heavy Battery, R.C.A.	Gnr.	6-12-40	86 HB.	Pt. Mulgrave.	D.O. #309	10-12-40
10-6-41	Lieut Melford Unduly Kum	Admitted to military Hospital	"	14-4-41	" "	Lieut Melford	D. O #105	14-4-41.
10-6-41	" "	Discharged from military Hospital	"	4-5-41	" "	"	D. O #	
		Granted Furlough From 16-9-41 to 30-9-41.	"	16-9-41	- -	-	D.O. # 237	17-9-41
		Returned from Furlough.	Gnr.	30-9-41	86 HB	"	Do. #252	2-10-41
		Admitted to Mulgrave Military Hospital	"	11-12-41	" "	"	D O #310	31-1-42
		Transferred to Cogswell Street Military Hospital	"	29-1-42	" "	"	D O #23	31-1-42
		Admitted to M.M.H.	"	2-6-41	" "	"	D O #143	31-1-42
		Discharged from M.M.H.	"	15-7-41	" "	"	D O #180	31-1-42
		Granted Sick Furlough from 20-3-42.		20-3-42	" "	"	D.O # 60	21-3-42.
		Until 3-4-42.						

For additional entries use M.F.M. 1 and 2 (a)

Name

1. Ag
a. Rh
b. Tu
c. Br
d. He
e. Ki
f. Ga
g. Ru
h. Va
i. Fla
j. Na

Part
1. Ide

2. Hei
4. Cor
6. Che
7. Visio
9. Cond
10. The

Part
Supported
and Instr
Special re

Date
1½, 22, 29
Feb. 1941
12-3-41
5-4-41
5-4-41
13-3-42
13-4-42
18-7-42
16-4-43
25-9-43

Statement of the Service of No. F13313 Rank Gnr. Sheet No. 2

Name WEDGE, W.J.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
2 2 Nov42	O.C.	Granted Furlough (14 days)	Gnr.	17-11-42	86 C.B.	Mulgrave, N.S.	D.O.# 226	20 Nov. 42.
	" "	Ret'd. from furlough	"	1-12-42	" "	"	D.O. 234	2 Dec 42
	" "	Admitted to Mulgrave Hospital	"	26-1-43	" "	"	DO 10	27-1-43
5-7-43	" "	Admitted to S.M.H.	"	14-6-43	" "	"	D.O # 81	18-6-43
5-7-43	" "	Discharged from ~~Hosp~~ S.M.H.	"	29-6-43	" "	"	D.O # 85	30-6-43
22-8-43	" "	Granted Leave of Absence from 1800 HRS. 12-8-43						
		16-8-43 Will draw ~~rations~~ 50¢ per diem in lieu Rations	"	12-8-43	" "	"	D.O. #103	14 Aug. 43
Battery Office		Promoted to the Rank of L/Bdr. with Pay	L/Bdr.	1-Sep-43	" "	"	D.O # 125	28 Sep 43
		S.O.S. 86th C.B. RCA on transfer to						
		103 Cst. Bty. RCA	L/Bdr.	16 Nov 43	"	"	D.O. # 147	16 Nov 43
Nov.30		T.O.S. 103 Cst. Bty fap except r&q	"	17-11-43	103 Cst. Bty	St. John's Nfld.	No.147 b	30-11-43
		and for r&q	"	25-11-43	"	"	No.147 b	30-11-43
Jan.24		Qualified for the award and entitled to wear the Volunteer Service Medal, Clasp and Maple Leaf.	"	20-1-44	"	"	No.13	24-1-44
Mar.16		Issued with T.W. No.-A-414811	"	29-2-44	"	"	No.48	16-3-44
Mar.16		Granted furlough from 7 Mar 44 until 20 Mar 44 and to draw R.A. of 50¢ per diem	"	7-3-44	"	"	No.48	16-3-44
Mar.31		Returned from furlough.	"	29-3-44	"	"	No.57	31-3-44
Apr.25		Reverted to the rank of Gnr on proceeding on draft.	Gnr	24-4-44	"	"	No.68	25-4-44

Statement of the Service of No. F-13313 Rank Gnr Sheet No. 3

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name WEDGE, William James

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
Apr.25		S.O.S. 103 Cst. Bty on trans to No. 1 Transit Camp, Windsor, N.S. fap inc pay	Gnr.	25-4-44	103 Cst.Bty	St.John's Nfld.	No.68	25-4-44
		TOS NO 1 TRANSIT CAMP		2.6 4 '44	#1 TRANSIT	WINDSOR, N.S.	106	1 5 '44
		GRANTED EMB.LEAVE						
		12 TO 16 5 '44		1 25 '44	#1 TRANSIT	WINDSOR, N.S.	116	12 5 '44
		AWL 16-5-44 FORF. 2 DAYS PAY & allo.						
		3 days C.B. F.R&I 149		18-5-44	#1 TRANSIT	WINDSOR, N.S.	123	20 5 '44
		SOS NO. 1 TRANSIT CAMP						
		NO. 1 INF TRNG BN CIC	Pte	24 5 44	#1 TRANSIT	WINDSOR, N.S.	128	25 5 '44
		TOS 1 INF TRG BN.		25.5.44	1 BN	DEBERT	95	MAY 25 1944
		S.O.S. TO TRG BDE GP	,,	17.6.44	1 INF BN	DEBERT	116	17/6/44
		TOS TRG BDE GP	,,	18.6.44	TR BDE GP	DEBERT	187	21/6/44
		S.O.S. TRG BDE GP TO SER 294C	,,	25.6.44	TR BDE GP	DEBERT	193	25/6/44
		S.O.S., C.A. Canada 25 Jun 44						
		T.O.S., C.A. Overseas 26 Jun 44						
		Disembarked 3 Jul 44						
		Reported for Duty	Pte	3 Jul 44	4 CIRU	UK	173	6 Jul 44
M144	SOS	SOS to x 4 list 2 CBRG	Pte	3 Aug 44	4 C/RU	UK	200	4 Aug 44
		Embarked at England 4 Aug 44						
		Disembarked at France on 5 Aug 44	Pte		x List	21 a Cpl	32	27 Aug 44
	J20	TOS x 4 List	Pte	5 Aug 44				

Regtl. No. F13313 Rank Gnr Surname Wedge Christian Name William James

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
Malgrave Military Hosp		14	4	41	4	5	41	Vaccination Reaction	20	Recovered Returned to Unit	R.M.O.
Malgrave Hosp		2	6	41	15	6	41	Rheumatism	13	Improved Return to Unit	[illegible]
Malgrave Hosp		11	12	41	28	1	42	Rheumatoid Arthritis	49	Improved Referred to Halifax Rest. Hosp	[illegible]
" "		26	1	43	15	2	43	Mumps	20	Recovered	

For additional entries use M.F.M. 1 and 2 (b)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit 86th. Heavy Battery, R.C.A. Regimental Number F13313

1. Surname Wedge
2. Christian Names William James
3. *Substantive Rank and Appointment Gunner
   *Acting Temporary or Local Rank Gunner
   giving date 6-12-40

*To be entered in pencil to facilitate alteration.

4. Place of birth O'Leary, P.E.I.
5. Date of birth as declared on attestation 5 October 1919
   (A)
6. Date of enlistment 6th. December 1940
7. Place of enlistment Port Mulgrave, N.S.
8. Residence at time of enlistment O'Leary, P.E.I.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date
13. Trade on enlistment
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: 16th. Coast Bde.

Unit (Battn., etc): 86th. Hvy. Bty. RCA

(18) Medical

Category	Date	Authority
"A"	4-12-40	Medical Board

(19) Next of kin (entries to be made in pencil)

Mrs (Millie) Wedge (mother)
O'Leary P.E.I.

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S.O.S., C.A. Canada 25 Jun 44				
			T.O.S., C.A. Overseas 26 Jun 44				
			Disembarked 3 Jul 44				
		4CIRU	Reported for Duty	UK	3 Jul 44	Pte	173 - 6 Jul 44
		"	SOS X4 list 2CBRG	"	3-8-44	"	200 4 Aug 44
			mbarked U.K 4 Aug 44 Disemba-		5 AUG		32 1944
X4	NNSH	10 Bn	T.O.S. "X" LIST -		5 AUG		32 1944
✓	✓	✓	SOS to NNSH	✓	13 Aug	✓	32 1944
30 Aug 44	TOS	NNSH	from X4 (NNSH)	✓	14 Aug 44	✓	47/44
19 Oct 44	CO	"	SOS Died of Wounds on adm to 16 CGH Field		30 Sep 44	"	63 - Oct 44

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. F13313 Rank Pte Surname Wedge Christian Name William J.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
North N.S. High.		—				—			D.O.W. 30-9-44	Date of wds N.K.	A-499
"		—				—			Conf. Date 29-9-44		A 510
"		—				—			Cause of death:- Mult. wnds. amp. rt. leg, crush injury lt. foot.		B. 312

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

Regimental No. ..... Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name WEDGE WJ. F.3313

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
C57	SOS. SOS. X4 Lst. to. N.N.S.H.	PTE.	13 Aug 44.	X Lst NNSH.	21 A/S	32	27 Aug 44
C57	TOS. TOS. from. X4 Lst. NNSH	PTE.	14 Aug 44.	N.N.S. Highr.	21 A/S.	47	31 Aug 44.
M127	Died of Wounds.	Pte	30 Sept 44	N.N.S.H.	AEF	A-499	11 Oct 44
	SOS Died of wounds.	Pte.	30 Sep 44	NNS Id.	21 a gp.	63.	22 Oct 44

M.F.M. 14A
200M-9-43 (2069)
H.Q. 1772-39-1662
K.P. 90813

CARD SEQUENCE No. _____

No. 713313 RANK Gnr. NAME Wedge, William James

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
116	12.5.44	Embarkation leave 12.16 May R.A. 50 per diem	
123	20.5.44	W 19 awarded 3 day C.B. for leave 2359 hr 16-5-44 to 2230 hr 18 hr Total forfeiture 2 day P.&A	
128	25/5/44	SOS no 1 Transit Comp eff. 24.5.44	
95	25/5/44	SOS. No 1. Inf Tig Bn. wef 25/5/44	
116	17.6.44	SOS to 2 transit Comp wef 17-6.44	
193	25.6.44	OVERSEAS	
173	6.7.44	TOS Cao wef 26.6.44	2 9 4 C JUN 25 1944
200	4.8.44	T.O.S. 4 C.I.R.U. W.E.F. 3.7.44	
		S.O.S. 4 C.I.R.U. W.E.F. 3.8.44 to X4 List 13 Bn 2 C BRG (NNSH)	
		'CR SOS 10 BN TO 13 Bn EFF 9 AUG	
		TOS 13 Bn from 10 Bn eff 10 Aug 44	
		SOS 23 Bn to NNSH eff 13 Aug 44	
47	31-8-44	TOS. NNSH from 13 Bn. wef 14 Aug 44	
LR	9-10-44	SOS. NNSH to 43 List. (wounded) eff 29 Sept 44.	

M. F. M. 14
120M-8-40 (6128-9)
H. Q. 1772-39-1662

No. F 13313 RANK ~~Gnr.~~ L/Bdr. Gnr NAME Wedge, William James

~~*MARRIED PLACE OF ENLISTMENT~~
~~*WIDOWER AND DATE~~
*SINGLE 6.12.45

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
309	10-12-40	Gnr.			1.30		NEXT OF KIN (FATHER)
33	22.3.43	Gnr.		A.S.	1.50	1 Jan 43	~~JAMES WEDGE.~~
125	27.9.43	L/Bdr.		A.S.	1.60	1 Sep 43	O'LEARY P.E.I.
68	25-4-44	Gnr		A.S.	1.50	24-4-44	Mrs. Millie Wedge ~~if~~ (M)

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. Millie Wedge O'Leary P.E.I.	Jan./41.	~~11 00~~	20 00
R.S. of C. War Sav.	Apr./41.	4 00	~~11 00~~
(M) ~~Wife~~ M.F.M. 19	Apr 43	23 00	27 00

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
8-12-40	Mother	~~20 00~~ 25 00	1-1-41.

OUTFIT ALLOWANCE $ PAID ON
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT
OR MILITIA PENSION ACT. (1910) $ P. A.

CASUALTIES, ETC.

PART II D. O. NO.	DATE	
309	10-12-40	T.O.S. of 86 Fd. Bty. (Supply) for all purposes 6-12-40.
324	27-12-40	Xmas leave at 0100 hrs. 27-12-40.
1	1-1-41	Retd. from Xmas leave at 0100 hrs. 31-12-40.
100	16-4-41	adm. to p.H.M.H. on 14-4-41.
121	8-5-41	Disch. from mil. Hosp. 7-5-41
143	3-6-41	adm. to Pat. Mulgrave mil. Hosp 2-6-41.
180	15-7-41	Disch. from mil. mil. Hosp. 15-7-41
236	17-9-41	Proceeded on furlough from 16-9-41 until 30-9-41.
251	2-10-41	Ret. from furlough. 30-9-41.
310	11-12-41.	Admitted to Pat Mulgrave Mil Hosp. 11-12-41. Leave to draw rations 11-12-41.
23	29-1-42	Transferred to Cogewell St Mil Hosp Hfx. 29-1-42
60	21-3-42	Discharged from Hfx mil Hosp. 20-3-42 Granted sick furlough from 20-3-42 to 3-4-42 will draw Sub. allowance 1.00 per diem in lieu of rations & qtrs. Eff. 20-3-42.
172.	5-4-42	Retd from sick furlough 3-4-42. Leave to draw 1.00 per diem Subs. allowance of 1.00 per diem
170	9/6/42	Admit. from 0900 hrs 8-6-42

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO. 2.

NO. F.13313 RANK Gunner NAME Wedge - W J -

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS — IF IN HOSPITAL NOTE NAME
121	11-6-42	Ret. from a.w.l. 0930 hrs. 9-6-42. admonished and fof. 2 days pay. for a-w.l. 48 hours.
182	9/9/42	a.w.l. from 2359 hrs 7/9/42 Ceases draw rations Qtrs 7/9/42
184	12/9/42	~~a.w.l.~~ Retd from a.w.l. 0900-9/9/42-Will draw rations 10/9/42
184	12/9/42	On 10/9/42. admonished for a.w.l. 2359-7/9/42-to 0900-9/9/42 forfeits 2 days pay. - Total forfeiture 2 days pay.
210	27-10-42	On 26-10-42 awarded 3 days C.B. for a.w.l. 1 day 9 hrs forf's 2 days pay.
226 5	20.11.42	Granted furlough 17.11.42 to 1.12.42. Ration all 14 days @ 50
234	4.12.42	a.w.h. 1100 hrs 1.12.42. failing ret. from furl.
235	4.12.42	Retd. from a.w.l. 0925 hrs 3.12.42.
10	27-1-43	Admitted to P.M.A.H. 26 Jan 43
33	22-3-43	Regt'l Pay 1-50 , Jan 43
59	10.5.43	dis. from Hosp. - 10 May 43.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
81	18/6/43	Adm. A.M.H.D. 14/6/43	
83	26.6.43	Discharged " 18/6/43	
83	26.6.43	Adm'd P.M.M.H. 23/6/43	
85	30.6.43	Dis. from Hosp - 29 Jun 43	
103	14.8.43	Granted leave 12-8 to 16.8.43 R.A. 4 days @ 50	
125	27.9.43	To be L/Bdr - 1 Sep 43	
268	16.11.43	S.O.S. to 103rd. Coast Bty R.C.A. eff. 16.11.43.	
146	29-11-43	Att to 103rd Cst Bty for all purposes except pay 25-11-43	
147(A)	30-11-43	Att to 103rd Cst Bty for pay purposes 17-11-43	
147(B)	30-11-43	T.O.S 103rd Cst Bty 17-11-43	
164	30-12-43	New Years Leave and R.Allow from 27-12-43 to 2-1-44 incl.	
5	12-1-44	DO 164 amended to read from 27-12-43 to 31-12-43	
48	16-3-44	Granted furlough from 7 Mar 44 to 20 Mar 44 with R.A.	
57	30-3-44	Returned from furlough w.e.f. 29-3-44.	
68	25-4-44	revert to subs. rank of Gnr 24-4-44	
68	25-4-44	S.O.S. ~~to~~ 103rd C. Bty on transfer to No. 1 T. Camp Windsor, N.S. 25-4-44	
106	7-5-44	TOS No 1 Transit eff 26-4-44	

LOWE-MARTIN CO. LIMITED D83960

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given— 1/4 gr. 8 4th 29 Sept 44	Dose and date given—
~~1/4 gr. Subcutan. 0930 hrs 29th.~~ Date of Wound or onset of illness 29 Sept 44	Religion— R.C. 25 yrs

Sulphanilamide. Dose in grammes. Time and date given.
1/6 gr morph 1000, 30 Sept 44

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B. Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms.							
Quin. grs.							

NOTES.

23CCP-29 Sept 44-0930 hrs.-
As above. Time of Injury - 0750 hrs -
In marked pain - morph given.
General Condition fair - Pulse weak, 60 min.
Evac. to 14 ADS. HC Read, Capt.

* Strike out where inapplicable.

5 F.D.S.: Considerable pain. Pulse weak, Circulation R. foot questionable. To Resuscitation

Army Form W3118
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

* No. F.13313 Rank QC
Name WEDGE, W. I.
Unit North Nova Scotia Highlanders

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. ~~Accidentally Wounded. Sick.~~
(Strike out description which does not apply.)

Diagnosis of Unit M.O.— Shell. H.E. EA
C. Fr. ~~of~~ lower leg & left foot.

Date seen by him— 29 Sept 44 K.A. Campbell Capt

No. of Field Ambulance—
Date of admission—
Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Wt. 53183/1306. 1,000m. 4/43. D.P.W. 51-6600.

Date of Admission to F.D.S., C.C.S., M.C.S., or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

admitted No 5 Cdn. FDS 1000 hrs
T 1954

7 CFTU. 1030.
In fairly good gen'l condit but pain +++ despite 1/2 gr M. since 0845. Atrop. 1/100 GGAT. 22,000.
To O.K. A. Gold Capt.

30 Sept. 44. Condition Satisfactory. Evacuate.
K.W

#7 C.F.S.U. 1200 hrs 29 9 44
Five hour cpd rt tib and fib and cpd left tarsus; no circulation to rt foot and gross destruction of muscle and nerve- because of the left foot I made an attempt to connect the post tibial artery but my glass cannula was too large so that I did an ampuation through the lower third; radical debridement of the left foot- the os calcis is shattered and the tarsus open- left on only because the other was off ; plaster boot.

W.T. Mustard

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

TRANSFUSION RECORD

Date Time	Pul	BP	BL	PL	SAL	Drugs
1030 hrs. 29.9.44	64	164/110		1		

Response Good Fair Poor

Condition During Opn:

Post-Operative Record

Date	Blood	Plasma	Sal

Condition on Evac:

7 Cdn F.T.L. att 5 Cdn F.D.S.

Resuscitation Record

Name: Wedge. J.

No: F. 13313

Date Time Inj: 0710 hrs.

Date Time Seen: 1030 hrs.

Desc of Wounds:

S.W. - H.E. C/D # Rt. Leg. Flesh wd L. Leg.

Prev. Treatment:

M2/4 - 845. M11 + 0930

Exam. on Adm: P. 64 B.P. 160/110

Resp. N.

Colour. Pale +

Mentality N.

Skin Temp W.

Sweating O.

Thirst +

Vomiting O

Pain +++.

Dehydr. O

Est'd Blood Loss ?1000.

Active Bleeding No.

Effectiveness of Splinting Fair.

Gen'l Assessment:

(Good) Fair Poor Dying

Marked PAIN Reaction

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

BD H.Q. 405-W-17-264

CASUALTY (REPORT DELIVERY) OTTAWA 16 OCTOBER 1944

TO:- MRS MILLIE WEDGE
OLEARY P E I

554 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT F13313 PRIVATE WILLIAM JAMES WEDGE HAS BEEN OFFICIALLY REPORTED TO HAVE DIED THIRTIETH SEPTEMBER 1944 AS RESULT OF WOUNDS RECEIVED IN ACTION ON A DATE NOT YET AVAILABLE STOP IF ANY FURTHER INFORMATIO BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

3

PREPAID 10

DIRECTOR OF RECORDS

H.Q. 405-W-17,264 (Records C)

20th October, 1944.

Mrs. Millie Wedge,
O'Leary, P.E.I.

Dear Mrs. Wedge:

Further to this Headquarters' telegram of the 10th October, 1944, informing you of the regretted death of your son, F-13313 Private William James Wedge, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Private Wedge.

According to information obtained by this Headquarters from Canadian Army Medical Authorities, your late son died as a result of multiple wounds with amputation of the right leg and a crush injury to the left foot.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

for (C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

6

715

ND/KW

H.Q. 405-W-17,264 (Records C)

6 November 1944

Mrs. Millie Wedge,
O'Leary, P.E.I.

Dear Mrs. Wedge:

With further reference to the regretted death of your son, F-13313 Private William James Wedge, I am directed to inform you that an additional report has now been received from Overseas advising that he was wounded in action on the 29th of September 1944, sustaining the wounds as stated in my letter of the 20th ultimo, which caused his death on the 30th of September.

May I again express my deepest sympathy in your bereavement.

Yours sincerely,

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

ND/RC

13

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, William James WEDGE, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of O'Leary, in the County District of Prince

Province of P.E.I., Labourer
(Civil Occupation)

Regimental No. F-13313, Unit C.I.C., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

my mother Mrs MILLIE WEDGE of O'Leary, Prince County, P.E.I. all my real and personal property of which I may die seised or possessed.

Relationship, names and address of residuary beneficiaries.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

(4) I appoint Mrs Millie WEDGE of O'Leary, Prince County, P.E.I.
(Name) (Address)

Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 20 day of June
19 44

Signed and acknowledged by the Testator, in the presence of us 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.

W. J. Wedge
(Signature of soldier)

First witness sign here.

(5) Signature Lt D'Arcy Tilley
Civil Address 3521 Redpath St., Montreal
Civil Occupation Lawyer.

Second witness sign here.

Signature J. A. O'Leary M.D.
Civil Address Waterloo, P.Q.
Civil Occupation Family Doctor

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

JUN 26 1944

DOCUMENTS RECEIVED
IN DISCHARGE SECT.
JUN 28 1944
DIRECTORATE OF
RECORDS, N.D.H.Q.

Form No. 1

Register No. _____ Nominal Roll No. _____

TO: P.M.G. H.Q. File No. 405-W-12,264

N.R.M.A.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
F-537533	Pte	WEDGE	WILLIAM JAMES

Reason for Termination of Service:

1st Enlistment 30 Day Training CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 9 Dec 40	T.O.S.	T.O.S.
S.O.S. 7 Nov 40 MD 6	S.O.S. MD	S.O.S. MD
Total Days 30	Total Days	Total Days

TOTAL SERVICE 30 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	30		30
OVERSEAS SERVICE			
Totals	30		
Add Non-qualifying Service			
TOTAL SERVICE			30

EMBARKATION DETAILS:

1. Date S.O.S. Overseas

2. Date S.O.S. Overseas

N.R.M.A.

REMARKS:

NO SERVICE IN THE ALUTIAN ISLANDS or overseas.

Active service from:
6 Dec 40 — 30 Sep 44
F13313.

Computer's Signature

Checker's Signature

Date Computed 11 Apr 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein.

20

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. ________ T.O.S. ________ T.O.S. ________

S.O.S. ________ S.O.S. ________ S.O.S. ________

				TOTAL	

FORM No. 1

Register No.....

Nominal Roll No.....

H.Q. File No. 405-W-17,264

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
F-13313	PTE	WEDGE	WILLIAM JAMES

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Died of Wounds ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 6 DEC 40	T.O.S.	T.O.S.
S.O.S. 30 SEP 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1395	Total Days	Total Days

Total Service ..... 1395 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1298	2	1296
Overseas Service	97		97
Totals	1395	2	1393
Add Non-qualifying Service			2
Total Service			1395

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 30 Sep 44 2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST IN SERVICE
Died of Wounds.

Computer's Signature W L Stone 30 Sep 44

Checker's Signature B Kennedy

Date Computed 11 April 45

M.R.M.A. Lewis from 9 Oct 40 to 7 Nov 40 F53 7533.

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

21

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
A.W.L.	16 May 44.	18 May 44			2.
				Total	2.

DIED WHILST IN SERVICE

Overseas: T.O.S. 26 June 44 T.O.S. T.O.S.

S.O.S. 30 Sep 44 S.O.S. S.O.S.

		Nil			
				Total	

FOR COMPLETION AND RETURN BY

Mrs. Millie Wedge,
O'Leary,
P.E.I.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-W-17, 264 FD 210

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

22 Nov. 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

WEDGE, William James Pte.

No. F.13313 CA

ESTATES BRANCH DEC 11 19 H.Q. OTTAWA. NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

C.W. Pybus Capt.
for Director of Estates.

SH

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None		—
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		James Wedge	63	Henry P.E.I.
4	Mother of the Deceased.....		Millie Wedge	63	Henry P.E.I.
5	Brothers of the Deceased	Full Blood	Edwin Wedge Cyrus Wedge Rubin Wedge	42 36 28	Belgium Henry P.E.I. Italy
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Lillian Wedge	22	Henry P.E.I.
		Half Blood	None		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	Three children died in infancy	Not applicable	—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William James Wood
9	Date of his birth.	Sept 5, 1918
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Bloomfield,

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lot 32 PEI
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Prince County PEI Island (c) all his life (d)
14	Nature of employment before enlistment.	Labourer
15	State whether he owned the premises in which he lived, and, if so, where situated.	Did not own premises
16	Name place where deceased stated he intended to make his permanent home.	No specified place

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Do not know
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Not applicable
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	X Yes, c/o Arthur James Wood, Bloomfield,
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Not as far as I know Not as far as I know
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Not applicable

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Father of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs James Wedge (Signature of Informant)

Stanley P.E.I. (Address)

CERTIFICATE

I hereby certify that to the best of my knowledge and belief James Wedge (Name of informant) is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Stanley P.E.I. this 7th day of December 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

George M Matthews Qualification Commissioner for oaths

Address Stanley P.E.I.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

File No 405-W-17264

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. F 13313 Name Wedge, William James

Rank on Discharge Pte Date of Discharge 30-9-44

Deceased

Authority for Discharge or Retirement

Served in:

			Non-qualifying service
Canada	from 6-12-40	to 25-6-44	
	from	to	
United Kingdom	from 26-6-44	to 4-8-44	
	from	to	
Italy	from	to	
Northwest Europe	from 5-8-44	to 30-9-44	Died of Wounds
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star OK /

~~Italy Star~~

France-Germany Star OK /

Defence Medal NE /

War Medal OK

Canadian Volunteer Service Medal

with clasp OR /

M

NO RIBBON DESPATCH

Verified by Edna Laurie

Date SEP 19 1946

Carded SEP 20 1945

IA 165

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF PRINCE EDWARD ISLAND—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of IN THE FIELD (FRANCE) Registration District of ..... Registered No. .....
(For use of Registrar General only)
If in City or Town ..... (Name) Street ..... House No. .....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. NAME OF DECEASED WEDGE (Surname) William James (Given name or names)

RESIDENCE No. ..... Street ..... City, Town or Township O'Leary, Province P.E.I.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (write the word)
M			Single

8. BIRTHPLACE P.E.I. (Province or Country)

9. DATE OF BIRTH October (Month) 5th, (Day) 1919. (Year)

10. AGE in	Years	Months	Days	If less than one day old
	24			....hrs. or ....min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Labourer

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

13. Date deceased last worked at this occupation .....

14. Total yrs. spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Signature of informant Director of Records, [illegible]

Address .....

Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal France

Date of burial or removal .....

22. UNDERTAKER .....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH September (Month) 30th, (Day) 1944. (Year)

24. I HEREBY CERTIFY that I attended deceased from:

.....19.....to.....19.....

and last saw h..... alive on .....19.....

CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of wounds received in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b) .....

due to

(c) .....

II **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.** .....

OVERSEAS CASUALTY CANADIAN ARMY

25. If a woman, was the death associated with pregnancy? .....

26. Was there a surgical operation? ..... Date of operation .....19.....

State findings ..... Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? ..... (State which) Date of injury .....19.....

Manner of injury ..... (How sustained)

Nature of injury .....

Specify whether injury occurred in **Industry,** in **home,** or in **public place** .....

JUL 17 1945

Signed by ..... **M.D.**

Address ..... **Date** .....19.....

28. District Registrar's Record Number .....

29. Filed .....19..... .....
(District Registrar)

SEC. 45, VITAL STATISTICS ACT, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DISTRICT REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. THIS IS A PERMANENT RECORD.

WRITE PLAINLY WITH UNFADING INK.

Every item of information should be carefully supplied. (See reverse side for instructions.)

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INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. **(The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)**

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, the entry should be **housewife.** For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation the entry should be **none.**

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver,** etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill,** etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist,** etc. A careful distinction should be made between **retail merchants** and **wholesale merchants.** The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman.** A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).
(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
(c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
(d) Use always accepted terms for morbid conditions and never record mere symptoms.
(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
(f) **Cancer.—In all cases the organ or part first affected should be specified.**
(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide** or **homicide,** and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) ——— due to (c) ———	due to (b) ——— due to (c) ———	due to (b) Acute appendicitis due to (c) ———	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) ———
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	———	———	———	Chronic interstitial nephritis	Chronic bronchitis

HQ 405-W-17,264 FD 210

ESTATES BRANCH

5 Sep 45

Mrs. Millie Wedge,
O'LEARY, P.E.I.

WEDGE William Pte. (dec'd)
F.13313

Dear Mrs. Wedge:

We are pleased to advise you that the final report concerning your son's service estate has now been received here.

The total amount available to this branch for distribution is $237.69 which is made up as follows:

Cash in effects	$204.31
Pay & Allowances.	33.38

This amount is being paid to you as sole beneficiary of your son's will.

The Treasury Branch has been requested to forward you a cheque in the sum of $237.69 payable to your order. Upon receipt of this cheque woudl you kindly sign and return to us the enclosed receipt form?

We understand that you are holding some War Savings Certificates registered in your deceased son's name. If so would you forward them along with the enclosed form to the Registrar of War Savings Certificates and state what you wish to be done with these certificates.

Yours faithfully,

CWP/HS
Encl.

DIRECTOR OF ESTATES.

D-3901

405- W-17267

APPLICATION FOR WAR SERVICE GRATUITY BY

DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

(a) Surname Wedge

(b) Christian Names William James

(c) Regimental No. F 13313

(d) Rank at time of decease Private

2. I hereby submit the following particulars in support of my application:-

(a) Surname Wedge

(b) Christian Names James + Millie

(c) Relationship to deceased Father + Mother

(d) Address in full O'Leary
Prince Edward Island
Canada

Yours truly,
Mrs James Wedge
Millie Wedge

Date April 7/45

(Signature of Applicant)

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File No 405-W-17264

R E B U R I A L

NO F.13313

RANK Private

NAME WEDGE, W. J.

NAME OF CEMETERY Calais Canadian Military Cemetery

LOCATION OF CEMETERY St. Inglevert, France.

GRAVE LOCATION Plot 2, Row E, Grave 9

AUTHORITY 54-27-88-2 Vol. 18

Reburial list.

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