REGIMENTAL DOCUMENTS

NAME ANDREWS. Thomas REGT. No. 425170 UNIT 109th Battn H. Q. FILE No. 3363

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1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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W. 2589
25M.—1-23
V772-39-1377

ATTESTATION PAPER.

No. 725170.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Andrews
1a. What are your Christian names?	Thomas
1b. What is your present address?	131 Adelaide St. Toronto.
2. In what Town, Township or Parish, and in what Country were you born?	Leeds England
3. What is the name of your next-of kin?	Elizabeth Anderson
4. What is the address of your next-of-kin?	12 Mothers Place Stanningley Leeds England.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	Feb. 12th 1889
6. What is your Trade or Calling?	Musician
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? If so, state particulars of former Service.	8th Hussars — 5 Years
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Andrews, 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.

Sgd. Thomas Andrews (Signature of Recruit)

Date Jan. 18th 1916. Sgd. Geo. J. Downey Lt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Andrews, 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.

Sgd. Thomas Andrews (Signature of Recruit)

Date Jan. 18th 1916. Sgd. Geo. J. Downey Lt. (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 Lindsay this 18th day of January 1916.

J. J. H. Fee (Signature of Justice)

M. F. W. 28
750M—3-16
H. Q. 1772-32-341

True copy
Hank Beard
27/12/16 Ye Record Office

Description of Thomas Andrews on Enlistment.

Apparent Age 27 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10½ ins.

Chest measurement: Girth when fully expanded 37½ ins.
Range of expansion 3½ ins.

Complexion Fair

Eyes Light Brown

Hair Dark Brown

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

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

Scars on Back.

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 Jan. 18th. 1916. J. McCulloch

Place Lindsay, Ont. Medical Officer 109th Bn.
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.

Thomas Andrews 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.

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

Date Jan. 18th. 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725170 (Rank) Pte.

Name (in full) ANDREWS, THOMAS enlisted in

the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 18th

day of January 1916.

HE served in England

and is now discharged from the service by reason of Medically Unfit

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

Age 30 yrs

Height 5' 10½"

Complexion Fair

Eyes Lt. Brown

Hair Dk. Brown

Marks or Scars

Acc. Marks..... L. Arm

T. Andrews
Signature of Soldier

H Sargeant Capt
For
Issuing Officer

No. 2 District Depot.
Rank

Appointment

Date of Discharge Feb. 7. 1919

No. 2
FEB 6 1919
DISTRICT DEPOT

Signed at Toronto this 7th day of February 19 19

in Military District No. 2

No. 2
FEB 7 1919
DISTRICT DEPOT

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

G.R.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

A

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names ...Thomas... 2. Surname ...Andrews...

3. Rank ...Private... 4. Original Unit ...109th Bn... 5. Reg. No. 725170...

6. Address, in full, to which future payments of gratuity are to be forwarded ...

...Box 436 Lindsay Ontario...

7. Date of enlistment in the C.E.F. ...Jan 15th 1916...

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ...Lucinie Andrews...

9. Relationship of such dependent ...Wife...

10. Address, in full, of such dependent ...Box 436...

...Lindsay Ontario...

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ...Not Applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

...Yes I left Canada July 24th 1916 & served with said unit in England on or about Dec 15th 1916...

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ...Not Applicable...

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ...Not Applicable...

33

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ...Jan 15th 1916 I enlisted with the 109th Bn Dec 15th 1916 I transferred to 124th Bn in England then to 187th Bn about Jan 5th 1917 then to the 21st Reserve about March 15th 1917 then the 12th Reserve July 1917 then to 1st C.O.R.D. April 1918 & was discharged Feb 7th 1919 Making a total of time served in the C.E.F. 3 years & 21 days.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ...Not Applicable...

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ...Not Applicable

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not Applicable .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..Yes. I have rec'd from Paymaster of Military District #2 the sum of 77 dollars & 70 cents being my first pay of "War Gratuity".....

20. Have you been issued with a War Service Badge? If so, what class ? ..No.....

21. Have you, during the present war, served in the Imperial Forces ? ..Not Applicable...

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..No. Applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..Not Applicable.....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..Not Applicable

24. Are you now serving in the C.E.F.? ..No..... If not, give:—(a) Date of discharge ...Feb. 7th 1919..... (b) Reason for discharge ..Medically Unfit for further Service.....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ...Not Applicable.....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..Not Applicable

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..No..
(b) If so, are you in receipt of full pay and allowances from that Department ? ..Not Applicable

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: J. Andrews

Place of Residence: Lindsay

Declared before me at: Lindsay

This 24th day of February 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

A M Fulton
a Notary Public

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 109th BATTALION CANADIAN INFANTRY.

Regimental No. 725170 Rank Private Name Andrews, Thomas.

Enlisted (a) 18.1.16 Terms of Service (a) D of W Service reckons from (a) 18-1-16

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) Musician

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
4-7-22	109 Bn	AWL from 14.4.16 to 30.9.16	Issued by DJR	—	Cancel order & cancel Det. of Orgd/28.6.22 HQ649-A-2327
	Embarked Canada		Halifax	24-7-16	
	Disembarked England		Liverpool	31-7-16	
8-12-16	O.C. 109th.	Transferred to 124th.Btn	Witley	8-12-16	D.O.Pt.11 343
					A W Tuseling Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
9-12-16	124th Bn	Taken on Strength of 124th Bn. C.E.F.	Witley Camp	8-12-16.	Part II Orders 265 124th Capt, Adj. Battalion, C.E.F.
13.1.17	124th Bn.	Transferred to 18th Bn. C.E.F.	~~Witley~~ ~~Camp~~	11.1.17	Part II Orders 13 Capt, Adj. 124th Battalion, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps, etc.

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				
15-1-17	~~[illegible]~~ Bn 187th	Taken on strength 187th Bn. Can. Inf.	Witley.	18-1-17	See D.O. #13. 1917. Para. 3 L B Brown Lt & Asst Adj 187th B.
13/2/17	O.C. 187th Bn.	Transferred to 21st. Res. Bn.	~~Witley~~ Seaford.	16-2-17	Pt. II Do. #44. Pt. II D.O.'s H.O London R.O. 271 Lated 20-1-17
22 FEB 1917	O.C. 21st. Res.	T.O.S. from 187th. Bn.	L B Brown Jr Lt. Col. O.C. 187th O. BATTALION, C. E. F. Seaford. 16 FEB 1917		Pt. II D.O.'s H.O London R.O. 271 Lated 20-1-17 A.S. Munson Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
15.7.17	21st Res Bn.	Transferred to 12th Res. Bn.	Brainshott	14.7.17	Pt II DO 186. W C Williams Capt. & Adjutant 21st. Reserve Battalion.
16-7-17	12th Bn	T.O.S. 12th Res Battalion. East Sdlg. 16-7-17. Part II/ 177.			
~~1-2-18~~	~~12th. Bn.~~	~~S.O.S. and attached from East Sandling, 1-2-18 PartII 28. 1st. C.O.R.D.~~			
2-2-18	12th Bn	Above Entry Cancelled	E Sandling		Part II 29.
23-3-18	do.	S.O.S. to 1st. C.O.R.D.	Witley.	23-3-18	PartII 71. E S Hay Lieut. i/c Records, 12th. Res. Bn.
27.3.18	1st CORD	T.O.S. & att to 12th Res Bn	Witley	23.3.18	D 87
3.4.18	do	Became to be att to 12th Res Bn & att to Wandsworth Det Bks.	do	2.4.18	D 91

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

M. F., W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Battn

Regimental No. 425176 Rank Pte Name Andrews, Thomas
C. E. F.

Enlisted (a) ..... Terms of Service (a) ..... 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				
19.4.18	Pte O.R.D.	Ceases to be att. to Wandsworth Det. T.B. Co.	Willey	18.4.18	D.O. 107.
2.7.18	do	Att. to C.T.S. Bexhill	Willey	2.7.18	Pt II D.O. 181
					A.W. Deenkley LIEUT. i/c RECORDS 1st C.O.R.D.
4. 5. 18	C/O C.T.S.	Attached C.T.S. from 1st. C.O.R.D.	Bexhill	2.7.18	Pt. II D/O 154.
4.12.18	" "	Ceases to be attached C.T.S. from 1st C.O.R.D.	" "	4.12.18	D/O 285.
					R. W. Ryan Capt. Asst. Adjt. Canadian Training School.

(a) In the case of a man who has re-engaged for, or enlisted into section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

725170 Pte Andrews J.

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				
17-12-18	WLOBRD	Pr. Com to Kinmel Park. Rhyl.	Kitley	16-12-18	D.O. 348 Lieut, i/c Records. 2nd C.O.R. Depot
		Attached C.C.C.-K. P. 34 Part 2 Orders pending transfer to C. E. F. Canada.			
		Ceases to be attached on transfer to C. E. F. Canada 12/1/19 35			
		Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.			
JAN 11 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 24
					Lieut. For O. C. No. 2 District Dep.
7-2-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 36			

DVA: 95-7 VOL 14 WSR 12 /EMR

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

Service Rank and/or Number 725170 Name Thomas ANDREWS

1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 12th February, 1889 Leeds, England.
3. Date and Place of Appointment, Enlistment, or Enrolment: 18th January, 1916 Lindsay, Ontario.
4. Unit on Appointment, Enlistment, or Enrolment: 109th Battalion
5. Theatres of Service: CANADA & ENGLAND
6. Date and Place of Retirement or Discharge: 7th Febru ary, 1919 Toronto, Ontario.
7. Reason for Retirement or Discharge: "Medically Unfit"
8. Rank on Retirement or Discharge: Private
9. Medals and Decorations: BRITISH WAR MEDAL
10. Remarks: N I L

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 29 Years 11 Months. Height: 5 Feet 10½ Inches.

Eyes: Light-Brown Hair: Dark-Brown Complexion: Fair

Marks or Scars Vaccination marks left arm.

Ottawa, Ont., Canada

July 24th, 19 53

for Director, War Service Records

DVA 812 (REV. 7-51)

R—122
8,401—50,000—21-10-16.

E.T.

Rank | Name ANDREWS, Thomas | Reg'l No. 725170

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

Place and Date of Enlistment Lindsay.Jan.18th.1916. | Place of Birth Leeds.England.

Name and Address, Next-of-Kin Elizabeth Anderson.

12. Mothers Place. Stanningley.Leeds. England. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 17853
File R.L.
Category CAN.OR

Discharge, Date and Place | Reason | Character R 131-9-35

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
6.10.16	109th Bn	Having reported from Canada in T.O.S	Bramshott	1.10.16	P.D.O. 280
13.12.16	"	S.O.S on tfer to 124th Bn	Witley	8.12.16	" 346.
9.12.16	124th Bn	T.O.S " " from 109th Bn	"	"	" 265.
13.1.17	"	S.O.S " " to 187th "	"	11.1.17	" 13
14-1-17	OC 187th Bn	T.O.S on tfr from 124th Bn	"	11.1.17	" 13.
19-2-17	" "	S.O.S on Tfr to 21st Res Bn	Seaford	16-2-17	" 44
22-2-17	21st Res Bn	T.O.S on Tfr for 187th Bn	"	16-2-17	" 44
26.2.17	"	Adm. Hawkswick Hosp	"	26.2.17	" 48 Mumps. bk # 21
14.3.17	bk. "	Discharged from Hospital	"	11.3.17	bk # 24 oo # 65
15-7-17	✓	S.O.S to 12 Res. Bn	Bishott	14-7-17	P.D.O. 186. & 177, 18.7 12 Res

Chist

Report. Date.	Report. From whom received.	Record of promotions reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
23-3-18	12 Res	S.O.S. to 16.O.R.D.	Pte	Witley	23-3-18 Pt II 071 (16 ORD Pt II 0 84 d/27-3-18
3-4-18	16 ORD	On Comm Handsworth D.B.	Pte	"	2-4-18 Pt II 091
19-4-18	"	Ceases on Com " "	"	"	18-4-18 " 107
24-4-18	"	On Comm A.P.M.	"	"	23-4-18 Pt II 112
2-7-18	"	S.O.S. to C.T.S. Bexhill	"		2-7-18 Pt II 181 attached annulled.
7 18	CTS	attached for Employment	Bexhill	2 7 18	Pt II 154
27-7-18	16 ORD	Pt II 181 of 2-7-18 is annulled to read attached C.T.S.	Witley	2-7-18	Pt II 0 201 18 7 18
6-12-18	"	Ceases on Com. C.T.S.	Pte	Witley	5-12-18 D.O. 338 (C.T.S. D.O. 285 d 4.12.18)
2-1-19	1st ORD	On Com. Kinmel Pk.	"	"	16-12-18 — 1
28-1-19	"	Ceases on Com Kinmel + SOS to Canada	"	"	9-1-19 — 22

21st Res Bn
R II G I Dept.
To Med
16-3-1
Receipt #

D.141.

UNIT F 997

Regimental No. 725-170

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name?	Andrews, Thomas
2. In what Town, Township or Parish, and in what Country were you born?	Leeds, England
3. What is the name of your next-of-kin?	Elizabeth Anderson (Mother)
4. What is the address of your next-of-kin?	12 Mothers Place, Stanningley Leeds Eng.
5. What is the date of your birth?	Feby 12th 1889
6. What is your Trade or Calling?	Musician 3rd
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? If so, state particulars of former Service.	8th Hussars - 5 years
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

(Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Andrews, 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.

signed Thomas Andrews (Signature of Recruit).

Date 18th Jany 1916 signed Geo J. Downey Lieut (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Andrews, 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.

signed Thomas Andrews (Signature of Recruit).

Date 18 Jany 1916 signed Geo J. Downey Lieut (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 Lindsay this 18th day of January 1916

signed J. J. H. Fee (Signature of Justice).

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

(Approving Officer).

V. & S., Ltd. 30M. 18-12-15. 48297.

Description of Thomas Andrews on Enlistment.

Apparent Age 27 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10½ ins.

Chest measurement.
- Girth when fully expanded 37½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Light Brown

Hair Dark Brown

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

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.)

scars on back

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 Jany 18th 1916 (sgd) J. McCulloch

Place Lindsay, Ont. Medical Officer 109th Bn

*Insert here "fit" or "unfit."

Medical Officer.

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.

Thomas Andrews 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.

(sgd) J. J. H. Fee Lt. Col (Signature of Officer.)
OC 109th Overseas Battalion C.E.F.

Date 18 Jany 1916

Form M.S. 1394.
7004 M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 28/1/18 1917.

No. 725 170 Rank Pte Name ANDREWS T.

Local Unit 12th C.R.Bn Overseas Unit — Age 29

Examination held at Foot Sandling

DISABILITY.
Overseas—Local
(scratch one out).

FLAT FOOT. LEFT

PRESENT CONDITION.

Enlisted Jan. 1916. England Oct. 1916. Has not been to France and has not been able to do full infantry drill. States that seven years ago stepped on nail which pierced left foot posterior to metatarso-phalangeal articulation. Since has had difficulty in ~~marching~~ walking long distances.

There is callus over spot where he states nail penetrated. Arch is badly fallen but there is no tenderness. There is not much bulging of internal border of foot.

Can ~~march five miles~~ walk five miles in his own time.

BOARD RECOMMENDS:— General condition - fairly good

B.II

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:—

Members { H Hutchinson Capt President.
R. W. Wigwell Capt.

APPROVED

Dated 30 JAN 1918 1917.

F Burbon CAPT
FOR A.D.M.S. CANADIANS CHORLEY
For A.D.M.S.

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 725170 Rank Pte Name Andrews J
(Surname first)

Unit No. 2 District Depot who was* DISCHARGED

On FEB 7 1919 191....., to DSC outpatient

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 7 1919 191...
the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 7 days at $ 1 c. 10			7	70
Field Allowance 7 days at $ c.			7	00
Separation Allowance			35	00
Clothing Allowance			100	00
~~Post Discharge Pay~~ NOG				
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No. 70102	37	00		
*Other Charges				
Balance on transfer or on discharge, cheque No. 70101	112	70		
Total	149	70	149	70

*Give particulars.

A monthly stoppage of $ 15 (†) has (‡) been paid on account of

Assigned Pay for the month of ~~January~~ 191 9
and Separation Allce. for month of February 191 9 } (to) Assignee Mrs. Annie Andrews

(Address) Lindsay Ont.

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....married or single.....

(2) Separation Allowance, entitled or not. Yes (3) Reason for discharge.....

(4) Authority for discharge or transfer.....Do #36.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 6 1919

Place TORONTO, ONT.

Malcolm McPherson CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

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

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

JP ORIGINAL

725170

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of 17.3.17.

Surname ANDREWS *Christian Name* Thomas

TABLE I.—General Table.

Birthplace { Parish Leeds / County England

Examined { on 18th day of January 1916, / at Lindsay

Declared Age 27 years 1mth days.

Trade or Occupation Musician

Height 5 feet 10½ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 37½ inches. / Range of Expansion 3½ 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—

Scars on back

(*b*) Slight defects but not sufficient to cause rejection—

Approved by J.McCulloch
Rank Medical Officer
109th Bn *Medical Officer.*

Enlisted { at Linsay / on 18th day of January 1916

	Corps	Regtl. No.
Joined on enlistment	21st Res.Bn	725170
Transferred to	12th Res Battn 1st C.O.R.D.	

Became non-effective by ...

on ... day of ... 191...

(*Signature*) ...

(*Rank*) ...

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
Cont Gardening	
28/1/18	Stafford. Bt Fd Hospital
29.8.18	Bt G.T. Colley Capt RAMC

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1111] W7179/M838 200m 9/16R 45 59

Forms B. 178. 48

[P.T.O.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks 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
	Day	Month	Year	Day	Month	Year				
CANADIAN MILITARY HOSPITAL, EASTBOURNE.	25	2	17	11	3	17	Mumps	15	No complications, discharged to lines	MAJOR, C.A.M.C. REGISTRAR.

Not original medical sheet

72517 0

MEDICAL HISTORY SHEET.

Surname Andrews Christian Name Thomas

Examined on 26th day of March 1917 at ~~Bramshott Camp Eng.~~ Lindsey Camp

Birthplace City or Town Leeds County York Co. Eng.

Apparent age 28

Trade or occupation Musician

Height 5 Feet 11 Inches.

Weight 156 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 3 inches.

Physical development good

Small-Pox Marks

Vaccination Marks Arm ~~Right.~~ Left. Number 5

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease

Lt. foot flat

(b) Slight defects but not sufficient to cause rejection

Lt. foot flat.

Not original Examiner

Approved by E H Wade

Rank Capt M.O.

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

Date.	Result.	Vaccinations.
14/3/16		E H Wade M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
5/1/17		E H Wade M.O.
27/8/17		Rule. M.O.
		M.O.

Enlisted on 26th day of March 1917 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn	725179		
Transferred to	187th Bn			
	21st Res Batt.			
	12th Res Bn.			14-7-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Lost Sandling.	28/1/18.	Flat foot.	Bn Insp W W Hignell Capt
Witley	9-12-18	Flat feet	Bn Lieut Ellierk Capt
Innsto	3-2-19	tibia varus	Dr Julian Wright Major

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

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

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

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 28th January, 1918. ~~1917~~

No. 725170 Rank Pte. Name ANDREWS, T.

Local Unit 12th Resv Battn. Overseas Unit ------- Age 29

Examination held at East Sandling.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

FLAT FOOT- LEFT.

PRESENT CONDITION.

Enlisted Jan.1916. England Oct. 1916. Has not been to France and has not been able to do full Infantry Drill. States that seven years ago stepped on nail which pierced left foot posterior to mitatarso-phalangeal articulation. Since has had difficulty in walking long distances.
There is callous over spot where he states nail penetrated. Arch is badly fallen but there is no tenderness. There is not much bulging of internal border of foot.
Can walk five miles in his own time.
General condition fairly good.

BOARD RECOMMENDS :—

B 11.

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 :—

L. Hyttenrauch, Capt. C.A.M.C. ..... President.

P. Members { F.W.W.Hipwell, Capt. C.A.M.C.

APPROVED

Dated 30 JAN 1918 1917.

F Burbn CAPT
~~FOR A.D.M.S. CANADIANS, SHORNCLIFFE~~
For A.D.M.S.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION M.D.2.

Canadian Printing and Stationery Services, London

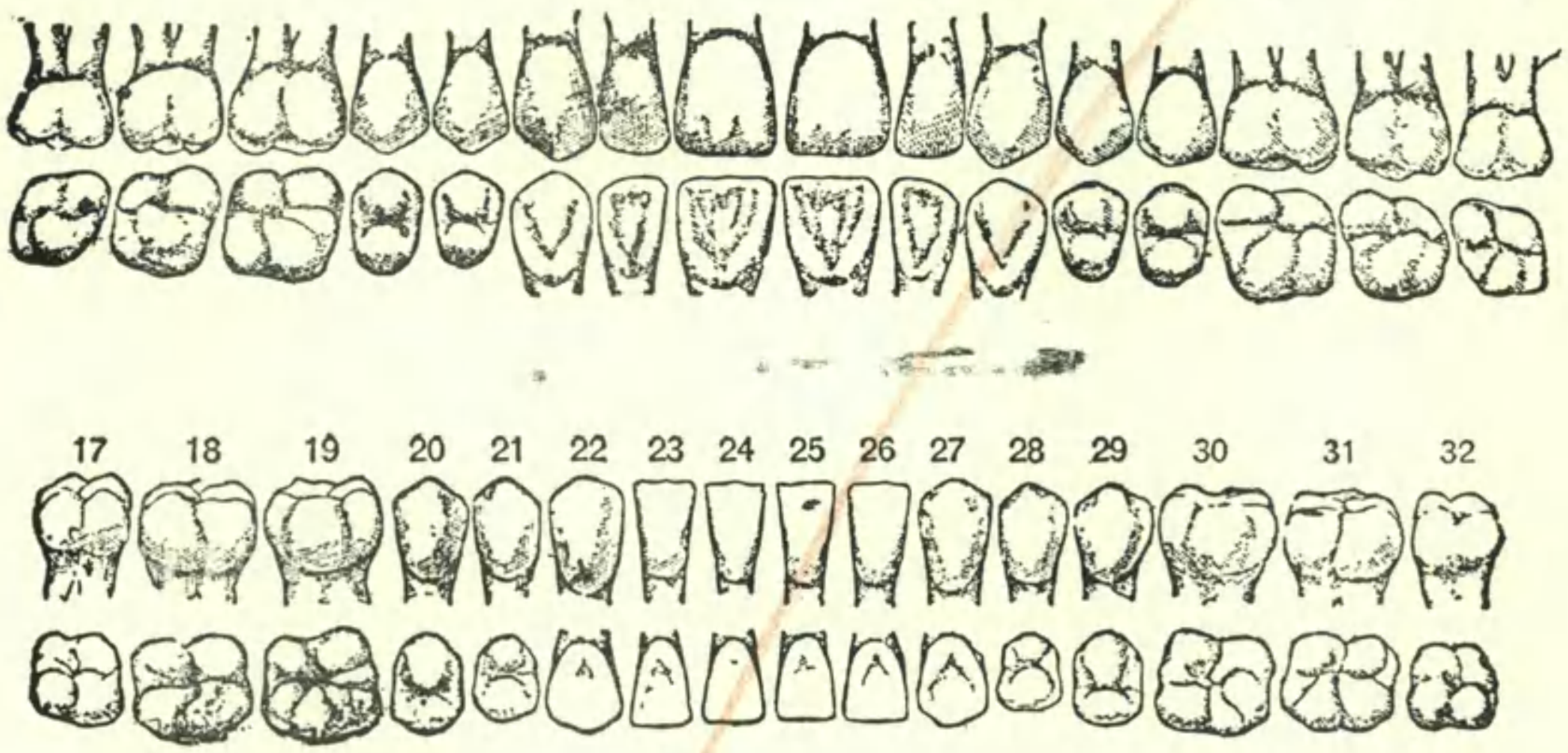
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Andrews. J.

REGIMENT 109th Bn. RANK Pte. No. 725170

Date of Examination in England 22/12/18. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England yes
- (*c*) In France

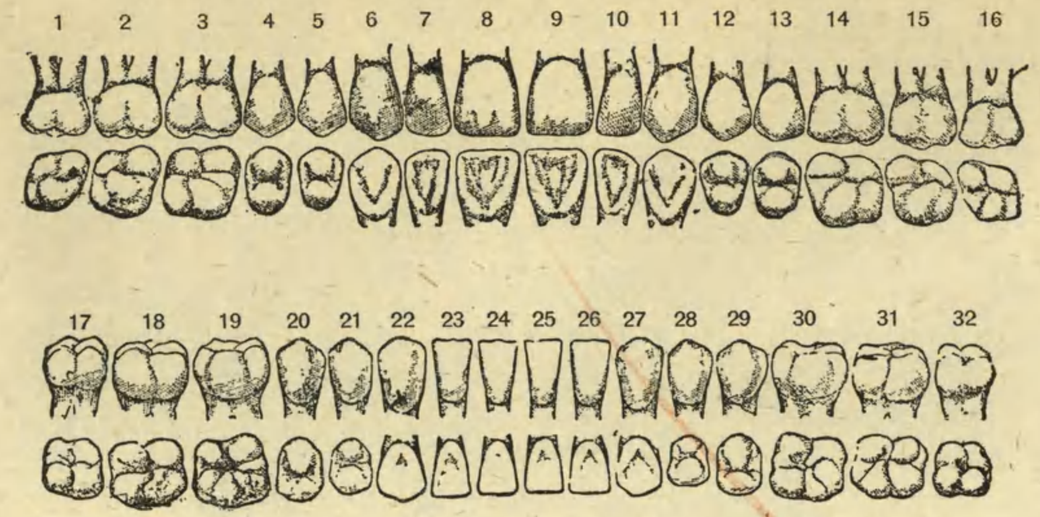
Signature of Dental Officer A Cortnel Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Anderson DISTRICT 2

REGIMENT Yukon RANK Pte No. 73173



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Discharge Exam. At Exhibition Camp FEB 3 1919 Date ..... } Certificate issued for																							
										Fillings													
																					H A Semple Major		

M.F.B. 465. 200M.—6-18. 1772-39-950.

L. L. Job 95618—M. & D. 6555.

24-3-16

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

71

SEPARATION ALLOWANCE

Name Queenie Andrews

Address Lindsay Ont.

Relation to Soldier wife, child or mother } wife

Name of Soldier Andrews THOMAS

Regtl. No. 725170

Rank Pte

Corps 109th Battn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					Deserter. Sent
Oct.					deserter. See
Nov.					~~anonymous~~ letter.
Dec.					June 28. 16.
Jan.	1915				
Feb.					
March					5. 7. 16.
Apl.					
May					
June					See corres. from P.M. Sept 19/16
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

ACCOUNT CLOSED
DATE JUL 8 1916 PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
15m.—3-16.
H. Q. 1772-39-818.

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

Name of Soldier Pte Andrews THOMAS.

wife Queenie Andrews 725170

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	T1665	24	24
May		R6127	20	20
June		E3491	20	20
July		~~M10011~~	~~20~~	~~20~~ M10011 Cancelled
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE JUL 8 1916 PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Mrs Queenie Andrews, Wife

Name of Soldier Andrews J.

PAYMENTS.

L. L. Job 4503.—Req. 6832.

725170 Pte. 109 Bn.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		K20125	40		40
Dec.		U27104	20		20
Jan.	1917	E28105	20		20
Feb.		E31121	20		20
March		E34407	20		20
April		7232	20	160	20
May		F3852	20		20
June		G6491.	20		20
July		F10717	20		20
Aug.		H13048	20		T
Sept		J16864	20		B 240. B
Oct.			20		m Box 436 Lindsay Ont 2/10/19
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 4503.—M. & D. 6332.

26-10-17 wk

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Wife

To Whom Mrs Queenie Andrews

Address Lindsay Ont

Box 436.

Rate 15.00 Oct. 1st/16

2 M. 24 10/16 A.P.D 19 12/16

By Whom Assigned Andrews Thomas

Regtl. No. 725170

Rank Pte

Corps 109th Bn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				Consolidated account
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANADIAN ASSIGNED PAY AUDITED
A. J. Everhellows
AUDIT CLERK
DATE 20/8/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Mrs Queenie Andrews

Sheet No. 2.

L. L. Job 4503.—Req. 6832.

Name of Soldier Andrews Thomas
Pte 109th Bn

15.00 Oct 1st/16.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		035900	45	
Jan.	1917	037541	15	
Feb.		42847	15	15
March		49189	15	15 L
April		K251	15	15 L
May		K6386	15	
June		K13017	15	15 B
July		K20026	15	
Aug.		W29579	15	6
Sept.		L33946	15	6 180 B
Oct.				Box 436 Lindsay Ont. 26-10-17
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
A.K. Henderson
AUDIT CLERK
DATE Jan 5/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 4503.—M. & P. 6832.

1-10-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Pte 242/7

232

Name Mrs. Queenie Andrews

Address Box 436 Lindsay Ont

23/10/19 JOB

Name of Soldier Andrews Thomas

Regtl. No. 725170

Rank Pte.

Corps 109 Bn.

Relation to Soldier wife, child or mother } wife

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

L.

*Name ANDREWS Thomas Rank Pte. Regtl. No. 725170

Fyle Depot

Original unit Present unit 109th Bn M. or S. Age 29 Religion C. of E. Ref. H.Q.

Port, ship, and date of arrival Halifax Olympic 17-1-19

Next of kin Wife Mrs. Queenie Andrews 84 St. Paul St. Lindsay Ont.

Address on leave same

Address on discharge ~~Uxbridge, Ont.~~ Box 436 Lindsay Ont

Transportation issued ~~Yes~~ No Date Character on discharge

Previous occupation Musician Date and place of enlistment July 18th 1916 Lindsay Ont.

Diagnosis Talipes Varus Date of Medical Boards 3-2-19.

Date.	Remarks	Pt. 2 Order No.
T.O.S. 11-1-19	Posted to Cas Co (Ex Camp) 17-1-19	
	Leave & Subs from 21-1-19 to 7-2-19	24
7-2-19	S.O.S. DISCHARGED "MED.UNFIT"(91 days PDP. & clo' all')	
	To take further OUT-pat't treat't with the isc)	36

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Andrews	W.	725170

Rank	Unit	Co.	Troop	Batty.
Pte	21 st Res Bn			

Hospital: Eastbourne Mil. Date of Admission: 26-2-17

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis

(1) Mumps

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date
C. L. 6-3-17 21	Discharged 11. 3. 17
→ 15. 3. 17 24	

REMARKS

18.

EPITOME OF HOSPITAL TREATMENT.

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

86

Number 725-170 Rank 649-A.2327 Pte

Surname ANDREWS RR 235

Christian Name Thomas

Units 109 Bn Canby Theatre of War England

Date of Service 1-10-16

Remarks Deceased 4 Nov 54

Latest Address ~~Box 436 Lindsay~~

94 Bond St Toronto 25½ Ont

Roll No.

10m.-8-21.M.

Page 44 & 8

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Musician RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 27 YEARS 1 MONTHS

HEIGHT 5 FEET 10½ INCHES

CHEST MEASUREMENT 37½ INCHES EXPANSION 3½ INCHES

COMPLEXION Fair. EYES Lt. Brown. HAIR Dk. Brown.

DISTINGUISHING MARKS Scars on back.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Jan. 18th. 1916.

2 CARD No. 1

SURNAME. Andrews

CHRISTIAN NAMES Thomas.

REGL. No. 725170 RANK Pte.

UNIT 109th.

FORMER CORPS 8th Hussars.

S.O.S. Des. 2-6-16.

Sol Dis 7/Bat 19 MU DC 36 of 5-2-19

NEXT OF KIN.

NAMES IN FULL Anderson, Elizabeth

RELATIONSHIP TO SOLDIER Mother

ADDRESS 12 Mothers' Place, Stanningley, Leeds, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Leeds. DATE Feb. 12th. 1889.

PLACE OF ATTESTATION Lindsay, Ont. DATE Jan. 18th. 1916.

R/C. 17-1-19 254/38 OC.

REGT'L No 425-170

H. Q. FILE No. 649-

NAME Andrews L.

RANK AND CORPS Pte. 21st Bn. Reserve

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
21	Can Vil Eastbourne	26-2-17	Mumps.
24	Discharged	11-3-17	Mumps.

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

R. 149.

Name Andrews Thomas *Rank* Pte *Reg. No.* 725170

Unit 21st Res Batt

Next of Kin Elizabeth Anderson. 12 Mothers Place Stanningley Leeds Eng

Date 1914		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-	2	Can Mil Eastbourne		Mumps	21		
11-	3	Discd		do	24		

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
725170	Pte.	Andrews Christian Names (1) Thomas (2) ..... (3)	B1 26/8/18 Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Lindsay	18/6	1CORD.	C.E.	TAB. TCC. 5/17	HQ
Province:	**Age on**	**Date**		**Vaccination**	
Ont.	27	2-2-18.			

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	Band
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
nil	Musician
	Transferred or Posted to 1CORD. Date 4/12/18
Reason for Return:	

Married or Single .....

Address of Next of Kin Mrs T Andrews. Lindsay Ont

Country Canada.

LEAVE.

No. of Pass Issued	From	To	Free Transportation
	12.9.18	17.9.18	

A.G. 10435.

C.J.S. Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
164	4.7.18	A7.			
285.	4.12.18	a7			

Form D.M.S. 1313.
4682 10m 11/1/17

ADMITTING CARD.

Regt. No. 725170 A. & D. No. 444

Rank Pte

Name Andrews F. J.

Corps 21 Reserve

Religion C of E. Age 27

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

Disease Mumps

Admitted 25/2/17

Discharged 11 MAR 1917 To Lie Lines

Place in Hospital Sarum's Aerdt.

Transferred

Results

P.T.O.

N. 3288 - Rec'd 21/3/17.

REMARKS:

MEDICAL HISTORY SHEET.

	Requested From	Date	Reply	Date
1	21 Res Bn	28/2/17	Documents left in Canada	2/3/17
2	Caurecords	3/3/17	O.C. 21st. Bn. had been instructed to prepare M.H.S.	6/3/17
3				
4				

Orig. ~~Dup.~~ Recd. from Caurecords 18/3/1917

Orig. ~~Dup.~~ Sent to 21st Res Bn 18/3/1917

Recd. from Regr. this Orig. Dup. / /19

Ward

No. 725 170 RANK Pte NAME Andrews. J.

T. O. S. 18-1-16. UNIT 109th. Battalion.
D.O.S.O. 18-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Jan. 17	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓.		
May.		H.		
June. 1.	June 2.	H.	Declared deserter. 2-6-16.	S. O. 184 of 22-6-16.
			Closed by charges. H.	

UNIT SAILED
JUL 23 1916

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

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.)

No. 725170

Rank Pte

Name ANDREWS THOMAS

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

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

Date of Discharge Feb 7, 1919

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 30 years months.
Height 5 feet 10½ inches.
Complexion Fair
Eyes Lt. Brown
Hair Dk. Brown
Trade Musician
Intended place of residence (To be given as fully as practicable.) ~~Uxbridge,~~ Ont. Box 436 Lindsay Ont.

Descriptive Marks
Vacc. Marks L. Arm

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority:-#2 D.D. Pt. 11 # 36

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

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

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

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

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

50m.—3-16.
H. Q. 1772-39-113.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date)..... *Commanding* .....

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

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

(Place).....Toronto..... Thomas Andrews *(Signature of Soldier.)*

(Date).....Feb. 7, 1919..... Bruce Thompson Lieut. *(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).....Toronto.....

(Date).....Feb. 7, 1919..... *(Signature)* Bruce Thompson Lieut.

For
O.C. No. 2 District Depot.

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.)

(OVER)

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

Partial Loss of function of left foot.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective. The left foot shows a condition of second degree talipes varus. The arch of left foot is much higher than that of the right, and when man is in erect position only one third of outer side of left sole touches the floor. The weight of body is borne chiefly by the anterior and exterior portion of foot. There is a callous on centre of ball of left foot, result of penetration by a nail. The portion of the foot from the metatarsal phlengeal articulation forward is distinctly turned inwards. There is a small bunion at base of big toe, and there is outward rotation of little toe. The veins of this foot show considerable distention.
Subjective. Complains that when he walks for any distance, two miles, he experiences pain in the fore part of his foot, over the head of the metatarsal bones. This causes him to limp slightly and he has to rest before he can resume walking with the Army shoes. This condition is much aggravated.

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

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System Alb. Sug. Neg. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

No Hemorrhoids, Hernia, Varicose veins Varicocele, or Goitre.

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

His left foot has not been normal as long as he can remember. But it did not cause him any bother before he enlisted. Arrived in England July 1916, but he never got to France. Did some marching for first three months. After that very little. Complained to M.O. once or twice, and was given a lotion for the foot. No other treatment.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Mumps. 25.2.17 to 11.3.17. Good recovery.

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

Small scar centre of back. Tatto left forearm.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

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

Yes. He did not complainx on walking before he enlisted. Progressive condition.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (A) (B) No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes.
(If the answer is "yes" state nature of treatment required and probable duration)

For proper fitting shoes.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations. Passed over to I.S.C. for treatment.
Category D3.

J. B. Frost Lt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Thos. Andrews have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte T. Andrews Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur ~~xxxxxx~~. The left arch is distinctly accentuated, not flat as described in English board.

19. Is the invalid fit for ~~xxxxxxxxxx~~

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

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
Provision of suitable boots.
(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
To I.S.O. for further treatment as early period.
Category D3.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Ex. Camp. Toronto. — *President.*

PLACE Feb. 3. 1919.

DATE — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE — Members

DATE

APPROVED BY — *Assistant Director of Medical Services.* — DATE 14-2-19

APPROVED BY — *Director-General of Medical Services.* — DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. e nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ex. Camp. Toronto. DATE Feb. 3. 1919.

1. 1 (*a*) Unit #2. D. Depot. (*b*) Regimental No. 725170. (*c*) Rank Pte.
(*d*) Surname ANDREWS. (*e*) Christian name Thos.
(*f*) Home address Box. 436. Lindsay. Ont.
(*g*) Next of Kin Queenie Andrews. (*h*) Relationship Wife.
(*i*) Address of Next of Kin Box. 436. Lindsay. ont.

2. Age last birthday 30 Date of birth 12.2.1889.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Lindsay (*b*) Date 18.1.16.

4. Personal description:
(*a*) Height 5'7" (*b*) Weight 138. (*c*) Complexion Fair.
(*d*) Colour of hair Dk. Brown (*e*) Colour of eyes Lt. Brown. (*f*) Identification marks, Scars, etc. Vacc (antipodes) scars on back.

5. Former trade or occupation Musician.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). S.M.C.M.P.	Years	Days
	5.	16.

	Periods From	Periods To
Canada and England.	Jan. 18.16.	31.7.16.
	31.7. 16.	3.2.19.
England.		
France or other theatres of War Tolipes Varum.		

7. Original disease, or injury Pre-enlistment. England.

(*a*) Date of origin Congenital. (*b*) Place of origin

(*c*) Cause

M. F. B. 227.

300M.—8-18.
1772-39-117.

Married or Single: Married

Place of Birth: —

Name and Address of Next of Kin: Mrs Queenie Andrews, Lindsay, Ont, Can

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Placed under restricted pay 31/5/19 for four months —		

Admissions to Hospital, &c.

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

Reg'l No. 725170 Rank Pte Name Andrews T.

If in Permt. Corps What Unit: Unit 109th Bn.

Permanent Force Allowances

Place of Attestation: Lindsay Ont

Date of Attestation: 18th Jany 1916

Transferred to	124 Bn.	Date 21.1.17	Authority [illegible]
Transferred to	187th Bn.	Date 1.2.17	Authority [illegible]
Transferred to	21st Res. Battn	Date 26/3/17	Authority D.O. [illegible]
Transferred to	C.R.D. 12 Res. Bn. C.T.S.	Date 1.11.17 15.2.18 1.9.18	Authority [illegible] NR

Assigned Pay Monthly $ 15.00 Date Effective Oct 1st 1916

Payable to Mrs Queenie Andrews Relationship wife

Assigned Pay Monthly $ Date Effective Lindsay Ont, Can.

Payable to [illegible] Relationship

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

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Oct	31	1.00	31		31	10	3	10							34 10			148	15 10/16						730			15		730	26 80				D.O. 280 Taken on strength 15.10.16 app. New Cdn.
Nov	30	"	30		30	"	3								33	177	27/11/17	278	26/1/16					973	730			15	330	4303	16 77				D.O. 307 7/11/16 3 days FP #2 3.00
Dec	31		31		31		3	10							34 10	222	1/1/17	341	1/6					487 243 1703				15	990	3220	18 69				D.O. 342 9 days FP #2 9.90 D.O. 344 1/1/17 6. Gft. 124 Bn.
Jan	20	1.00	22	9 20											22													15		15	25 67				
21-31	11	1.00	12	143 20 12 10											143 20 12 10	436	15/1							730				60	1320 132	9225 862	29 15				Repayment P.O. 343 8.
Feby	28	1.00	30	80											30 80 166 10.	34	29/4											15 00	26	15 26	44 69		15 00	29 69	D.4005. Dec 9. (1/02)
March	25	1.00 10	27 19	50 60											27 50 19 3 60			357	29-3	135	15-2-19	99 Bn		24 33	1460 973	974 487		88 88	15 00 90 00	18 78	15 88 137 29	56 31				Form P 20 b. Refund 3/8 Police charges / cancel. P 2 2-6 D.4005. 814. 223 [illegible]
26-31	6	"	6	60											6 60			317	15-3	124 Bn										226	41 20	21 71		21 71	
Apr	30	"	33												33													15		15	39 71			39 71	
May	31	"	34	10											34 10	36 100	4/4 30/4							486 973				15	233	31 92	41 89			41 89	D.4005 / 486
June	30	"	33	—											33 —	167 456	2/5 16/5							1460 487				15	1980	54 27	20 62			20 62	Forfeit 18 days pay P.O. 443 placed under restricted pay for 4 mts. fr 31/5. P.O. 150.
July	31	"	34	10											34 10.	222	1/6							243				15		17 43	37 29			37 29	
			334	40											334 40									6082	3163	14 61		88	150	3917	39911				

725170 Pte Andrews J

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
1917			33	40											33	40							
Aug	31	1 5/10	34	10											34	10	786	30/8					
Sept	30		33	—											33	—	325	15/9/17					
			401	50											401	50							

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Oct.		~~62 11~~							62 11		
	May	34 10					15				
				DN 616 15/8/17 12 Res Bn	9 73						
				DN 783 15/9/17 do	9 73				61 75		
		34 10			19 46		15				
Nov	pp	33		Can A P			15				
Dec		34 10		DNAR 838 12 Res 29.9.17	2 43						
				DNAR 676 do. 30.8.17	9 73						
				DNAR 545 12th Res Batt. 28/7/17	9 74						
				v. 856 - do. - 10.10.17	4 87						
				✓ 957 26.10.17 12 Res	4 87						
				✓ 1023 15/11/17 ✓	4 87						
					36 51						
				Canada Dec	36 51		15		62 34		
1918 Jan	P Pay	67 10					30				
		34 10		✓ Jan			15				
				Q4005/147 24/10/17 14 days Detention for Insolence to an N.C.O. on Unmetalled in Hab B.O. 293 30/11/17 12th Res Bn	1 17						
						15 40					
				Q4005/255 22-12-17	1 17						
				DNAR 1140 19.12.17 12 Res	2 43						
				✓ 1085 28.11.17 ✓	4 87				56 40		
Feb	PP	34 10			9 64		15				
		30 80		Can A P			15				
				AR 1191 10-1-18 12 Res	4 87						
				AR 1245 25/1/18 "	9 73						
				AR 1344 13/2/18 "	24 33				39 27		
		30 80			38 93		15				
Mch	PP	34 10		C.A.P			15				
				AR 1944 27/3/18 12 Res	21 90						
				AR 1714 15/3/18 12 Res	14 60				15 87		
		34 10			36 50		15				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.

Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917	60 82	31 63	14 61	88	150	39 17	297 11	37 29				
Aug	243				15	7 30	24 73	46 66			46 66	Obs. 4. 187th Bn Jan 1917
												apl. 34 29/9/17 notified
Sept	244				15	11	17 55	62 11			62 11	Q. 4005 - 3197. 23/7/17.
	65 69	31 63	14 61	88	180	46 58	339 39					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.

A 454

AUDITOR | PAYMASTER

"OLYMPIC" 16-1-19

No. 2 DISTRICT DEPOT

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

M. OR S.

REGT. No. 725170 RANK Pte. NAME (IN FULL) ANDREWS T. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes

DATE EFFECTIVE 1-2-19

TO WHOM PAID Same.

RELATIONSHIP

ADDRESS

W.C. ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.2.S.

IF IN P.F. WHAT UNIT? ~~Box 436 Lindsay Ont.~~

PLACE OF ATTESTATION

TRANSFERRED TO G. Del. Toronto. Ont. DATE AUTHORITY

DATE OF ATTESTATION 18/1/16.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 15.00

DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs Queenie Andrews

RELATIONSHIP Wife.

ADDRESS ~~Lindsay Ont.~~ Gen. Del. Toronto.

ANY CHANGE IN ASSIGNEE OR ADDRESS June & July payments to S. Aid.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED I.S.C.-outpatient PLACE Toronto DATE 7/2/19 REASON M.U. AUTHORITY D.O.36 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
31-12-18		9.10					39	80																													
									39	80	081	30/12/18					9	73																			
											cheque						30	00																			
											Board						4	87																			
											Train						5	00					15	00													January 1919. O.P.
31.1.19 1-1-19	31	1.10	34	10	14	40			48	50	19743						23	70									24	80			48	50	24	80			T.O.S. D.O. 24
																																					SUBS. 21/1 TO 7/2 D.O. 24
Feb 1-7	7	1.10	7	70	35	-	100	-	149	70	20101		20102				112	70					37	-							149	70					
183 dys					600				600										cheque		W.S.G. cheque				100		S.A.				100	00	350		150		Dec. 89 pd by #200
													Feb. 4				205836				70	00	205837				30	00			200	00	280		120		
													Apr. 4				242033				70	00	242034				30	00			300	00	210		90		A 242033 & 034 mailed 8/4/19
													May 5				340380				70	-	340381				30	-			400	-	140		60		
													June 2				656170				70	-	656171				30				500		70		30		
											AR.78		3/7/19				669230				70	-	669231				30	-			600	-					Made out to S.Aid
									600												350	-			100	-	150				100						

W.S.G. PAID IN FULL

A. Wheeler CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1/10/16		EFFECTIVE DATE:–	
AMOUNT:– 15.00		AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Queenie Andrews
Lindsay Ontario
1/1/19

NAME:– ANDREWS J.

NUMBER:– 735170

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109th Bn

DATE ACCOUNT FIRST OPENED:–

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
AR	15.2.18		12 Res
✓	1/9/18	L	C.T.S

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
15/11	3569	628	9 73			L.B. Bal	29 26
29/11	3745	"	9 73			LPC Bal	39 80

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Pass to Canada 31/12/18 CG 30/3095

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bala Forward								15 87		
April	P P	33		CAP AR 106 26/4/18 3 Res.	7 30			15	26 57		
		33			7 30			15			
May	Pte Pay	34 10		AR 213 14/5/18 3 Res	19 47						
				CAP				15			
				AR 364 23/5/18 3 Res	9 73				16 47		
		34 10			39 20			15			
Jne	P. P.	33		CAP				15			
				AR 346 12/6 ✓	4 87						
				AR 376 - 2576/18 - 3 Res	4 87						
				✓ 390 25/6 ✓	9 73				15		
		33			19 47			15			
July	P. P.	34 10		CAP				15			
				Dr AR 1336 13/7 C.T.S.	4 87						
				Dr AR 1455 27/7 "	9 73				19 50		
		34 10			14 60			15			
Aug	do	34 10		CAP				15	38 60		
				Dr AR 1791 13/8 ✓	4 87				33 73		
				✓ 2033 29/8 ✓	9 73				24 -		
		34 10			14 60			15			
Sep	Pay	33		2426 11/9/18 C T S	19 47			15			
				2889 27/9/18	4 87				17 66		
		33 00			24 34			15 00			
Oct	P.P.	34 10		CAP.				15	36 76		
				(17) 3102 15.10.18 C.T.S	4 87				31 89		
					9 73				22 16		
				(29) 3286 29.10.18 C.T.S.							
		34 10			14 60			15			

P850 O.K.

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 20/5/19

NUMBER 725170 RANK NAME ANDREWS T

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward					22 16		
Nov	P.P	33		b/f P.				15	40 16		
Dec	✓	34/0		✓				15	59 26		
				(8) 3509 15-11-18 b.T.S.	9 73				49 53		
				(27) 3745 29-11-18 "	9 73				39 80		
		67 10			19 46			30			
Feb				1181 Rhyl iron LOL	9 73				30 07		
					9 73						

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Enlistment: 1-10-16

Date of Assignment: 2997 Octr. 1st 1916

RATE OF SEPARATION ALLOWANCE

~~20~~	25 1-12-17	30 1-4-18	

P.C. 3254 PC 2753 MO 27568

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725170

Rank Pte. Promoted Reverted Discharge

Soldier's Name Thomas Andrews

Battalion 109th Battn.

Beneficiary Mrs. Queenie Andrews

Relationship wife

Address

MFW 2554 rec'd 25-7-18

PARTICULARS OF ASSIGNMENT

Name Mrs. Queenie Andrews Wife

Address Lindsay Ont.

Change of Address

1

2

3

4

REMARKS 394-F-4

B50656 Cancel'd mailed 26/10/17

MFW 2554 Rec OK 14-11-18

1917 Date		Cheque No.	Amount S/A	Amount A/P	Total	
Sept	30	E50052	240 –	180 –	420 –	
Oct 17	B	~~50656~~	20 ✓	15 ✓	35 ✓	
Nov	F	50058	20	15	35	
Dec.	C	59079	20	15	35	
Jan	C	65716	30	15	~~45~~	C
Feb	Q	92839 ✓	25	15	40	
Mar	G	100074	25	15	40 ✓	
April	H	7841	25	15	40	B
May	A	12823	25	15	40	B
June	B	15659	25	15	40	B
July	Y	28644	25	15	40	
Aug	A	31176	25	15	40	
Sept	A	37886	25	15	40	
Okt	A	44527	25	15	40	M
Nov	A	52611	25	15	40	M
Dec	A	63181	45	15	60	M
Jan	B	71850	30	15	45	M
			655	420		

A/c Closed 31-1-19

Ret'd per Olympic

Date 17-1-19 F.X. 23-1-19

Clerk P.M. Gray MRO 64314

M.D. 2.

CANADIAN ASSIGNED PAY AUDITED

K. P. Hawkins

AUDIT CLERK

DATE 30/5/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—177-2-39-1141
L. L. 22320—M. & D. 1933.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

.....

.....

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION:—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 72517 Rank Pte. Surname Matthews Christian Name Thos.

Unit or Corps—(a) Overseas from United Kingdom 7th N.F. (b) in United Kingdom 7th (R.F.)

Born at—Town Wrexham County or Province Yorkshire Country England

Date of Birth—Day 15th Month March Year 1899 Age 19 yrs. months.

Joined at Wrexham Date 27th Nov 1914

Former trade or occupation Musician

Permanent Marks or any peculiarity that will serve for future identification :—

Birthmark on Back.

Height—feet 5 inches 4½ Colour of eyes Hazel

Signature of Soldier (*for identification purposes*) Thos. Matthews

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) FLAT FEET LTD

Disabilities Group (*b*)

Disabilities Group (*c*) Nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Accidental Injury to foot		
(*ii.*) As to Group (*b*) above.	na.	na.	na.
(*iii.*) As to Group (*c*) above.	na.	na.	na.

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? yes. If yes, has Active Service aggravated it ? yes

(*ii.*) As to Group (*b*) above ? na. If yes, has Active Service aggravated it ? na.

(*iii.*) As to Group (*c*) above ? na. If yes, has Active Service aggravated it ? na.

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? no.

(*ii.*) As to Group (*b*) above ? na.

(*iii.*) As to Group (*c*) above ? na.

5. MEDICAL HISTORY. Man states that about 5 yrs before enlistment he ran a nail in centre of L.T. foot. Since then though he was on his feet very little yet he has had some pain in L.T. foot. He states that since enlisting foot has become flatter and more painful. He has not been to Francs. He has been in England 2 yrs 5 mos. Employed on as a bandsman.

Enlisted 28/4/16 Flat foot Bn

6. PRESENT CONDITION. Man states he is 29 yrs old. Complaints – pain in L.T. foot when walking. Foot only slightly flat – no rigidity present. No dislocation of scaphoid – no tenderness in this region. States foot pains along inner arch & also across base of toes. There is a callus at centre of ball of foot where he states nail penetrated. There is deep tenderness in this area. There is no hallux rigidus. Marked of Hallux Valgus –

Heart slightly enlarged – otherwise negative.
Lungs clear P.S. N.S. & V.S. – apparently negative.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. n.a.

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Does not wear dentures

(ii.) If so, describe. n.a.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) yes B II

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report 9 Dec 1918 Signed: W. C. Atwell
Officer in medical charge of case.

Station Witley Captain

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital

Officer i/c Hospital / S.M.O. Brigade — Strike out one of these

Dated at ..... Station, on ..... 191....

*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier — Caused? no; Aggravated? no. (b) Misconduct of the Soldier — Caused? no; Aggravated? no.

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 5%, 10%, 15%, 20%, etc.)* five per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* One tenth

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? yes
(ii.) If not permanent, what is its probable minimum duration *(in months)*? n.a.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? n.a.

17. Can the former trade or occupation be resumed? yes

18. REMARKS:— Para 6. Outward rotation of the left little toe and at times has pain on walking

19. RECOMMENDATION:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board 9-12-1918 *President.*

Signatures of the Board: W. C. Atwell Capt Cam

Station Witley

Approved ..... A.D.M.S.

Dated at ..... Station 191

For A.D.M.S. CANADIAN TROOPS, WITLEY.

HEADQUARTERS 10 DEC 1918 CANADIAN TROOPS, WITLEY.