

REGIMENTAL DOCUMENTS

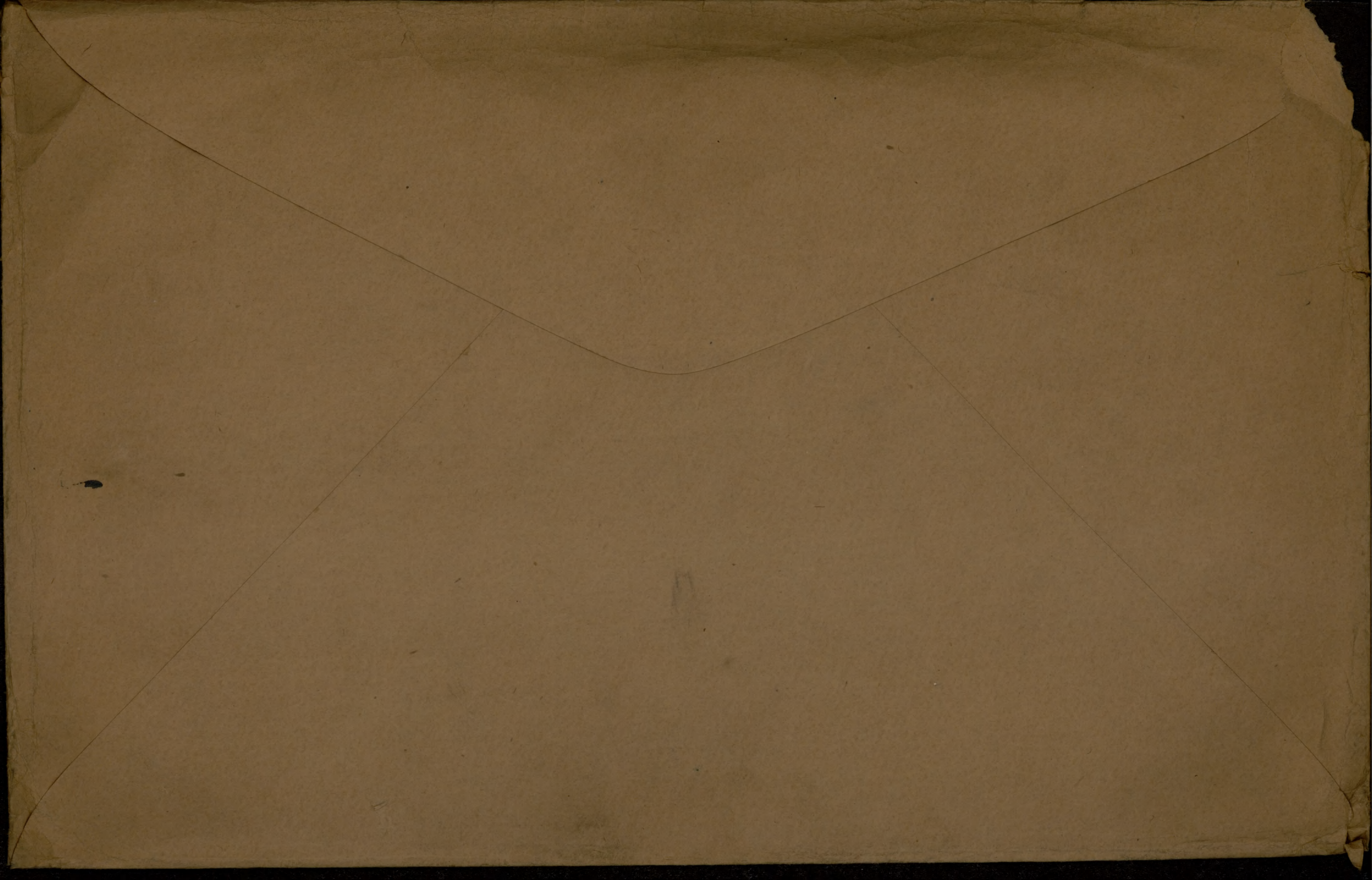
NAME *ANSLEY ARCHIBALD WILLIAM* REGT. NO. *637260* UNIT *156* H. Q. FILE NO. *X940*

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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Med. Unfit</i>
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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
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LAST PAY CERTIFICATE (M.F.W. 44)						
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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>1 I.S.C. 132</i>						
<i>1 On 14/11/192</i>						
<i>1 G.O.D. 5005, A.</i>						
<i>2 On 7, 1, 1937</i>						
<i>2 Miscell</i>						
<i>1 R 109</i>						
<i>1 M 9 to 69</i>						
<i>1 Insurance</i>						
<i>1 Dr Card</i>						
<i>Paysheets</i>						

12-3
19-3
29-4
3

402068



Original
No. 639260

ATTESTATION PAPER.

156th OVERSEAS BATTALION C E F
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your surname? **Ansley**
- 1a. What are your Christian names? **Archibald William**
- 1b. What is your present address? **Ormond, Ont.**
- 2. In what Town, Township or Parish, and in what Country were you born? **Essex, England.**
- 3. What is the name of your next-of-kin? **Mary Anne Ansley**
- 4. What is the address of your next-of-kin? **Ormond, Ont.**
- 4a. What is the relationship of your next-of-kin? **Wife**
- 5. What is the date of your birth? **Aug 25, 1886**
- 6. What is your Trade or Calling? **Labourer**
- 7. Are you married? **Yes**
- 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? **2 Yrs West Surreys.**
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? **Yes**
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Archibald W. Ansley**, 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.

Archibald W. Ansley (Signature of Recruit)

Date **Jan 13/16** 191 . *W. W. [Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Archibald W Ansley**, 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.

Archibald William Ansley (Signature of Recruit)

Date **Jan 13/16** 191 . *W. W. [Signature]* (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 *Prescott* this *13* day of *Jan* 191*6*.

Chas. Phelan (Signature of Justice)

Chas. Phelan

Description of Archibald W. Anley on Enlistment.

Apparent Age. 30 years..... months.
 To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 6 1/2 ins.

Chest measurement { Girth when fully expanded..... 33 3/4 ins.
 Range of expansion.. 3 1/4 ins.

Complexion. Fair

Eyes..... Brown

Hair..... Dark Brown

Religious denominations { Church of England. Yes
 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.)

Tattoo mark of mounted crown on back of right arm.

Tattoo mark of flag on back of left forearm

Refer to Dental Corps

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 declares that he is not subject to fits of any description.

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

Date... Jan 13, 1916..... 191

Place... Toronto, Ont

W. J. Keefe
 Capt. A. M. C.
 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.

Archibald William Anley..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. J. Robinson Lieut. Col. (Signature of Officer)
 Commanding 156th Overseas Battalion

Date... JAN 17 1916..... 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 659260 (Rank) L/Cpl.

Name (in full) ANSLEY, Archibald William enlisted in

the 156th. Bn.

CANADIAN EXPEDITIONARY FORCE at Prescott, Ont. on the 15th.

day of January 19 16

HE served in England and France

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 31

Marks or Scars

Height 5' 8"

Vacc. scar left arm

Complexion Fair

G.S.W. It. Ankle (amp.) 27-8-18

Eyes Brown

Hair Brown

Cold Stripes one-----1

A. W. Ansley
Signature of Soldier

J. S. Robertson
Issuing Officer
O. C. Discharge Sections,
No. 2 District Depot
Rank Lt

Date of Discharge May 27th, 1919

Appointment

Signed at Toronto, Ont. this 27th. day of May 19 19

in Military District No. 42

J.S.

File Reference No. No. 2

MAY 27 1919

DISTRICT DEPOT

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.

War Service Badge.

Class A

No. 282996 issued

27-5-19

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 _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

CASE HISTORY SHEET.

Dominion Orthopaedic Hospital. Christie Street Station.
No. 639260 Rank L/Cpl. Name Ansley, A. Age 31
Unit D.D.#2 Completed years of service } 9/12 Where and how long } E 13/12
Date of admission 13-5-19 Date of discharge 26-5-19
Diagnosis Comp. L. Leg Place of origin Arras, 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

Medical Officer i/c case.

To O.C. D.Coy, 156th Battn,

SIR.

I have the honour to request that i be permitted to revert to the rank of private for the purpose of proceeding overseas,

(sgd) A W. Ansley

approved
S. Wellcutt

Place Witley Camp

Date 5/1/18.

noted
FM

O.C. "D" Company, 156th Battn, D.E.

To O.C. D.Coy 156th BATTN,

SIR.

I have the honour to request that i be permitted to revert to the rank of private for the purpose of proceeding overseas,

(sgd) A W. Ansley

approved
S. Wellcutt

Place Witley Camp

Date 5/1/18

O.C. "D" Company, 156th Battn, D.E.

To O.C. D. Coy. 1st Bn. 1st Div.

SIR,

I have the honor to request that I be permitted to
revert to the rank of private for the purpose of proceeding
overseas.

W. W. Stanley (22)

Private 1st Class

Date 2/1/19

To O.C. D. Coy. 1st Bn. 1st Div.

SIR,

I have the honor to request that I be permitted to
revert to the rank of private for the purpose of proceeding
overseas.

W. W. Stanley (22)

Private 1st Class

Date 2/1/19

W. W. Stanley

W. W. Stanley

(9) Is your Father alive? yes

If so, state name and address A. E. Benson Ansley Eastham

(10) Is your Mother alive? no

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? yes

If so, in what Company? Great West Co.

Have you made arrangements for payment of your Insurance premium? yes

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

T. D. Bull Lieut. Col.
Commanding 156th Overseas Battalion
Officer Commanding.

OCT 4 - 1916
Date.....

[Faint handwritten notes and signatures at the bottom of the page]

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 15th O/S Bn. C.E.F.

(2) Regimental Number... 639260

(3) Full Name of Soldier... Sgt Arch Tom Ansley

(4) Place of Birth... Westham Essex England

(5) Are you married, or not? ... yes

(6) If married, state, (a) Full name of your wife... Mrs May A. Ansley Ormond Ont.

(b) Present Postal Address...

(7) Are you a widower? ...

(8) Have you any children? ... yes

If so, give number of boys and girls... 2 Boys. 1 Girl

Also their names and ages... Albert Tom Ansley 4 yrs

... Doris May Ansley 2 yrs

... Geoffrey Wallace Ansley 2 months

DUPLICATE.

MEDICAL HISTORY SHEET.

Surname Ansley Christian Name Archibald

Examined on 13th day of Jan 1916
 at Puxevon
 Birthplace { City or Town Wexham
 County Essex Eng

Approved by W J Keefe
 Rank Capt amb M.O.

Apparent age 30
 Trade or occupation farm labour
 Height 5 Feet 6 1/4 Inches.
 Weight 140 Lbs.
 Chest measurement { Minimum 32 1/2 inches.
 Maximum expansion 36 3/4 inches.
 Physical development average
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>Jan 13 1916</u>	<u>F</u>	<u>W J Keefe</u> M.O.
<u>13/1/16</u>	<u>F</u>	<u>for European Campaign</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right True Left 3
 Number 3
 When Vaccinated last in childhood
 (a) Marks indicating congenital peculiarities or previous disease True

Date	Result	VACCINATIONS.
<u>28/6/16</u>	<u>F</u>	<u>J. H. Blais</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/7/16</u>	<u>F</u>	<u>J. H. Blais</u> M.O.
<u>13/7/16</u>	<u>F</u>	<u>J. H. Blais</u> M.O.
<u>20/7/16</u>	<u>F</u>	<u>J. H. Blais</u> M.O.

Enlisted on 13th day of Jan 1916 at Puxevon

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>56th Battr. C Coy</u>	<u>639260</u>		<u>Jan 13-16</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

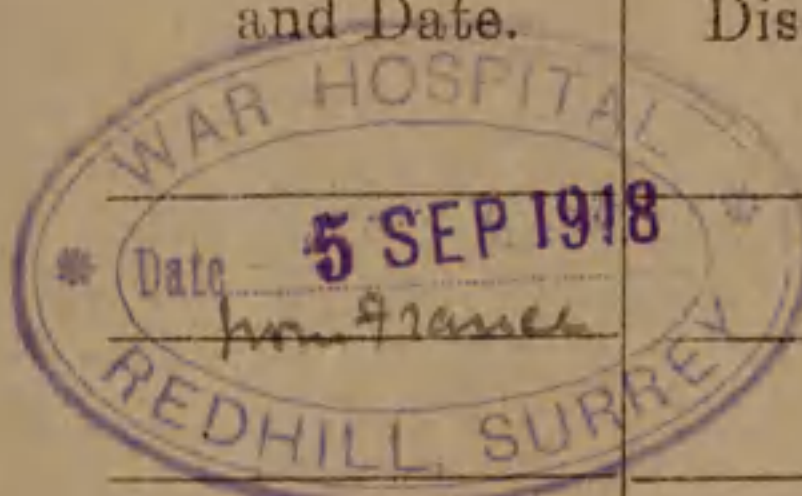
Surname *Langley* Christian Name *Archibald* *Langley*
~~Langley~~

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge f. om Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>D.O.H.</i> <i>Base Hosp</i>	<i>Toronto</i>	<i>9</i>	<i>4</i>	<i>'19</i>	<i>13</i>	<i>5</i>	<i>'19</i>	<i>Gonorrhoea.</i> <i>I.D.G.</i>	<i>34</i>	<i>Transfer to Base Hosp.</i> <i>Recurrent of old attack.</i> <i>No pos. smears. ^{had urethritis} but ⁱⁿ smears</i> <i>contained same ^{Ev. Tally} cellular</i> <i>diplococci. Apparently</i> <i>cured.</i>	<i>T. F. Stock</i> <i>Ther. M. Langley</i>
<i>D.O.H.</i>		<i>13</i>	<i>5</i>	<i>19</i>							

MEDICAL CASE SHEET.*

Ward 8. 15

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	639 260	L/Cpl.	Ansley	Archibald Wm
Year		Unit.	Age.	Service.
		P.P. Can. I.G.	31	2 ¹⁰ / ₁₂ ¹⁰ / ₁₂
	A.I.S. 750	Aug. 26. 18	500 Sep 9 th	500 Sep. 16 th
Station and Date.	Disease S.S.W. left ankle & heel Aug. 26. 18			
	<p>Wound on medial aspect of ankle about 3 in above heel that 5/8 of the 1/2 in wound of heel, penetrating Os Calcis.</p>			
5/16-7/9/18	Wound explored under anaesthesia. The os calcis is comminuted & almost completely destroyed. Peronei tendon injured in wound made in France. Incision enlarged & free drainage provided for. Wound treated by the Lister method.			
15/9/18	Wound very red & swollen & painful on inner side of ankle.			
16/9/18.	Operation: Comminuted fragments of lower end of fibula removed giving free access to joint. Great part of comminuted os calcis removed through the wound. Center opening made on inner side of ankle jointed under general anaesthetic by J. Crawford. L. Crichton.			
30.9.18	Incision made on inner side of ankle to relieve protruding of inner incision which has taken place in os calcis.			
4-10-18.	Amputation of left foot at junction of middle & lower third of leg. Drainage tube inserted in corner of wound. General anaesthetic. J. C. L. Crichton.			
6-10-18	Tube removed.			
24-10-18	Wound soundly healed except in corner. Slight serous discharge.			
26-11-18	Now fit to go on to Canadian Hospital.			



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

Station
and Date.

No 5 Tuu Ueneve no 100 p 100

2/2/19

Temp left leg. middle of lower 3rd
vein. Got 2 lines

W. Sullivan reg.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

#2

M.F.I. 6-1
200M-6-1
1772-39-050

NAME OF SOLDIER

Amaley, C. H.

REGIMENT

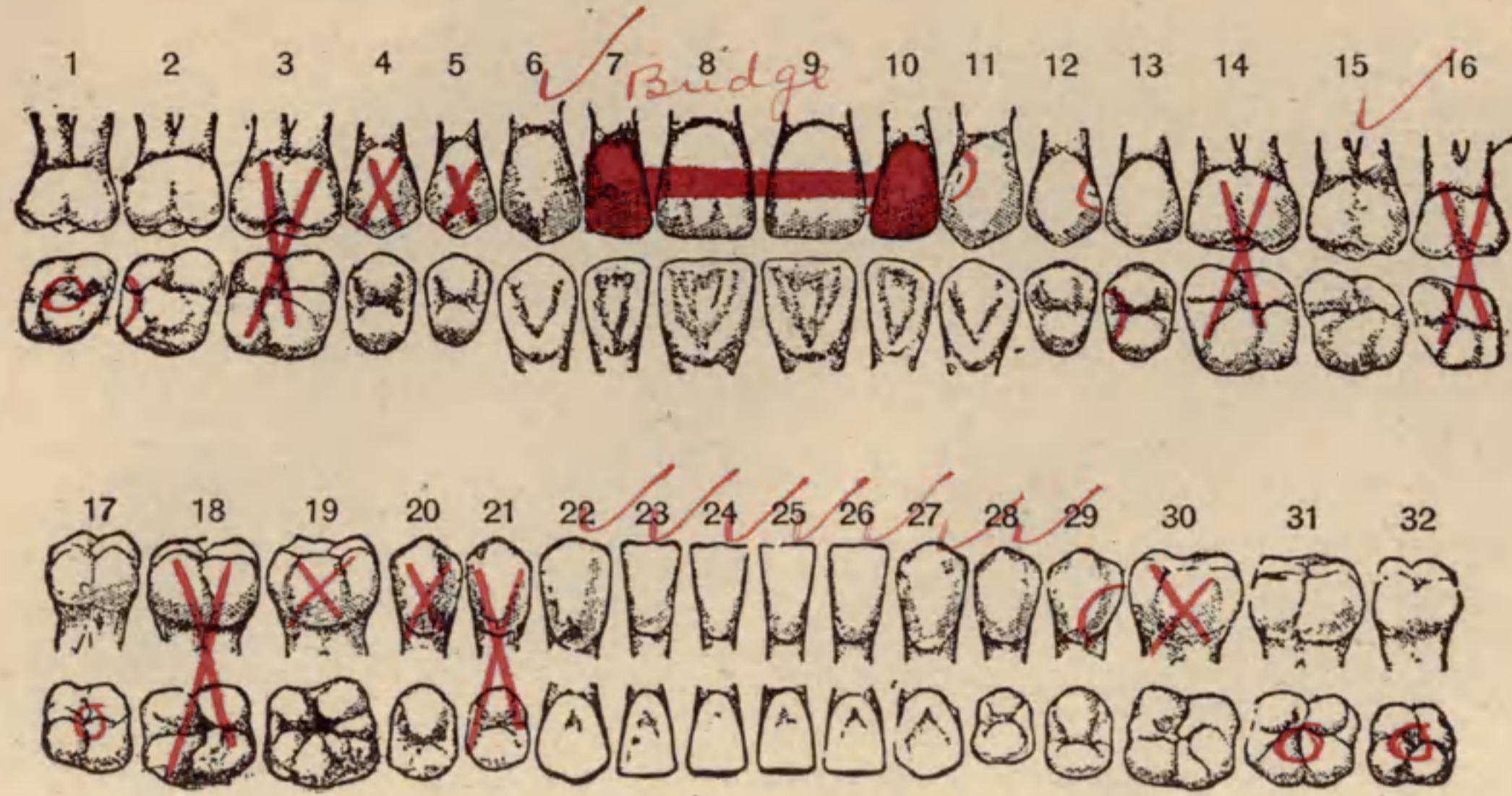
P.-P.C. & J.

RANK

S/C

No.

639260



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.

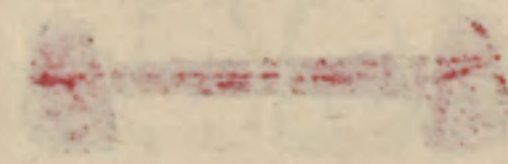
Only such entries to be made on this sheet as will show:

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

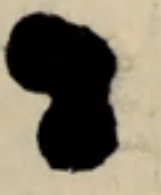
Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoce	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
										U	L	P			Gold	Porcelain					
Condition on first Examination																					
<i>March 28/19</i>	<i>cavities</i>																				
<i>April 2/19</i>	<i>2 amalgams #1, 2</i>																				
	<i>Failed to keep app'ts. for completion of work</i>																				
<i>May 16/19</i>	<i>Final Board Exam. 20. M. C. H. Toronto</i>																				
<i>Requires</i>	<i>(Extractions, fillings, Prosthetic work)</i>																				
	<i>Given Certificate</i>																				

*H. J. Thomson
Capt.*

INSTRUCTIONS



DEPARTMENT OF THE ARMY



CASE HISTORY SHEET.

Dominion Orthopaedic Hospital. Christie Street Station.
 No. 639260 Rank 21Cpl. Name Ansley, A. W. Age 31
 Unit D.D. #2 Completed years of service } Where and how long } F 9/12 E 13/12 C 10/12
 Date of admission 9-3-19 Date of discharge
 Diagnosis Amp. L. Leg Place of origin Arras, 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounded Aug 26/18 - in ankle.
 Amp. Oct 28/18. Gaps.

Stump 8 in. Well shrunken
 Ant. + post flaps.
 Can bealed to anverce
 not adherent.
 Bone well covered
 Moot of stump full



ordered peg.

ordered Gym exercises.

Apr. 2/19. Leg ordered today.

Apr. 8/19 Transfer to Base Hosp. Arthritis.

May 13/19. Returned from Base.

May 14/19. Received leg. Fit satisfactory.
 Walked 4 miles 1st day. Has position

FAMILY HISTORY

(Tuberculosis, mental or nervous disease)

as elevator man in ~~Princes~~ Butchery.
 May 15/19. Written for board.

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

CAPT. MCKENZIE

Medical Officer i/c case.

THE UNIVERSITY OF CHICAGO
LIBRARY

1890

1891

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

By Apr 19 Recovered

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

See Sec 9 @

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

No

(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.)

Does not apply

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

(a) No (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.)

Amputation and surgical
Hospital Aug 1918 - Mar 1919,
Canada Wash D.C.

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

No

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

No

17. Recommendations

Discharged as medically unfit

T. F. Stock

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..... 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.....

A. W. Ansley Sfc Rank.
Signature of invalid examined.

[Handwritten signature]

OPINION OF THE MEDICAL BOARD

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

Not concur

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" 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.)

- (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.)

*We recommend that he be discharged
"Having been found medically unfit
for...service."*

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.



PLACE.....

DATE.....

J. B. [Signature] President.
[Signature]
[Signature] 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.

PLACE.....

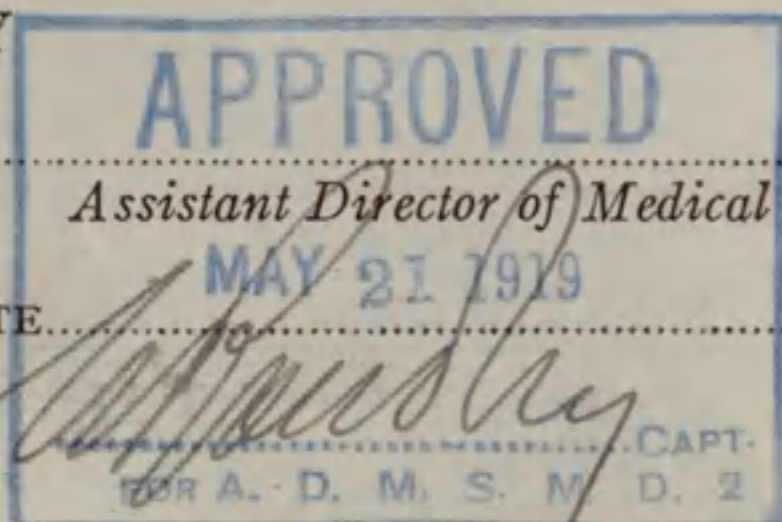
DATE.....

.....President.

Members

APPROVED BY

APPROVED BY



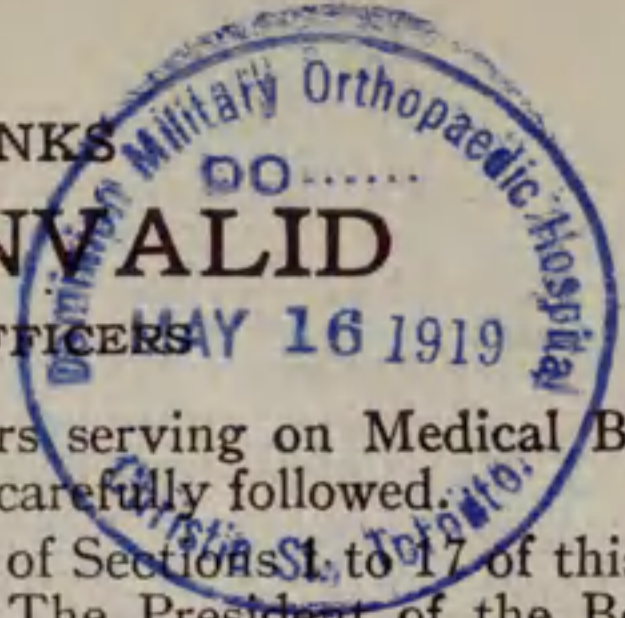
DATE.....

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. The 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 D.O.S. DATE May 5/19

1. 1 (a) Unit D.O. No 2 (b) Regimental No. 639260 (c) Rank 2nd Lt
 (d) Surname Ansley (e) Christian name Archibald William
 (f) Home address 16 Bayview Ave. Toronto
 (g) Next of Kin Mary Ansley (h) Relationship Wife
 (i) Address of Next of Kin 16 Bayview Ave. Toronto

2. Age last birthday 31 Date of birth August 25th
 3. Enlistment, or Appointment (if an Officer) (a) Place Prescott (b) Date Jan 13th 1916

4. Personal description:
 (a) Height 5' 8" (b) Weight 125 lbs (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Amputation left leg below knee

5. Former trade or occupation Farmer

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).	Years	Days
	3.	121

	PERIODS	
	From	To
Canada	13. 1. 16.	25. 10. 16.
England	25. 10. 16.	3. 1. 17.
France or other theatres of War	3. 1. 17.	29. 8. 18.
<u>England and Canada</u>	<u>29. 8. 18.</u>	<u>15. 5. 19.</u>

7. Original disease, or injury G. I. W. left leg

(a) Date of origin Aug 26/18 (b) Place of origin Arras France
 (c) Cause Machine gun bullet

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.)

Amputation left leg

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: left leg amputated 8 inches below knee. Stump well shown. Amputation scar transverse heales not adherent. Bone well covered. Movement of stump full and supplied. Has been fitted with satisfactory artificial leg and peg.

Subjective nil.

(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 Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (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

Urin analysis negative.

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

Wounded. Aug 26/18. leg by machine gun bullet. through left ankle. Healed in and leg was amputated in October 1918. Healed by first intention.

next page

Condition when finally boarded for discharge.

D.O.H. May 16, 1919 #639260 L/Cpl. Ansley Archibald William

Wounded Aug. 26/18. by machine gun bullet through left ankle. Sepsis
set in and leg was amputated in October 1918. Healed by first intention.

Objective: Left leg amputated 8 inches below knee. Stump well shrunken.

Amputation Scar transverse healed not adherent. Bone well covered.

Movement of stump full. Has been fitted and supplied with satisfactory

Artificial Leg and Peg. Subjective: Nil.

V.D.G. April 1919. Recovered.

Ansley Archibald William
Recover

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

Condition of Don't know
and the other things

ORIGINAL MEDICAL HISTORY SHEET.

Surname Bushy Christian Name Richard G. G. G.

Examined { on 13th day of January 1916
 at Prescott
 Birthplace { City or Town Welsham
 County Essex, Eng.

Approved by W. J. Keefe
 Rank Capt. Amb. M.O.

Apparent age 30 years
 Trade or occupation farm laborer
 Height 5 Feet 6 1/4 Inches.
 Weight 140 Lbs.
 Chest measurement { Minimum 32 1/2 inches.
 Maximum expansion 35 3/4 inches.
 Physical development Average
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>1916 Jan 13</u>	<u>fit</u>	<u>W. J. Keefe</u>	<u>M.O.</u>
<u>13/1/16</u>	<u>fit</u>	<u>for European Campaign</u>	<u>M.O.</u>
		A	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

Vaccination Marks { Arm Right None Left 3
 Number 3
 When Vaccinated last childhood

Date	Result	VACCINATIONS	M.O.
<u>20/2/16</u>	<u>good</u>	<u>J. A. Blair</u>	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

(a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

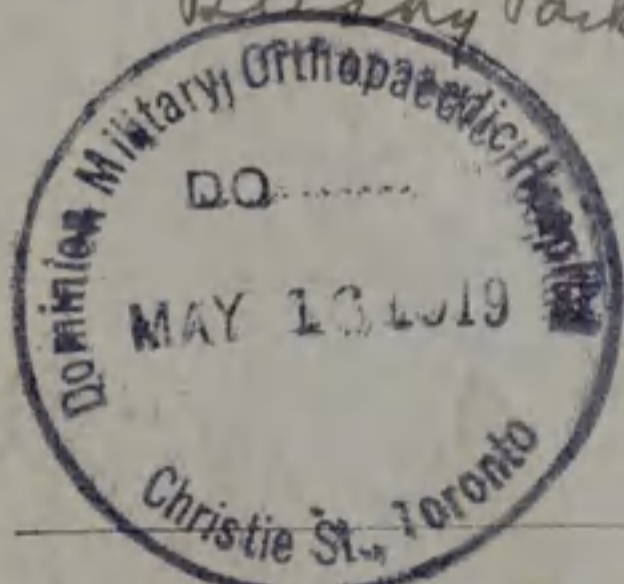
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>1/12/17</u>	<u>W. H. G. G.</u>		
<u>6/7/16</u>	<u>good</u>	<u>J. A. Blair</u>	<u>M.O.</u>
<u>19/7/16</u>	<u>good</u>	<u>J. A. Blair</u>	<u>M.O.</u>
<u>20/7/16</u>	<u>good</u>	<u>J. A. Blair</u>	<u>M.O.</u>

Enlisted on 13th day of January 1916 at Prescott Ont.

Corps.	REG'TL NUMBER.	HABITS.	DATE.
<u>156th Bn. P. E. F.</u>	<u>639260</u>		<u>Jan - 13-16</u>
Transferred to... { <u>109th OVERSEAS BATTALION, C. E. F.</u> <u>124th OVERSEAS BATTALION C.E.F.</u> <u>ISJANIS</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.


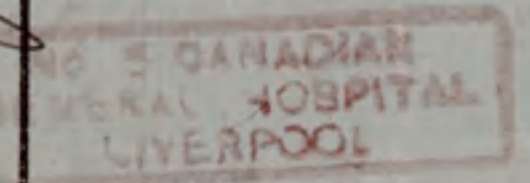
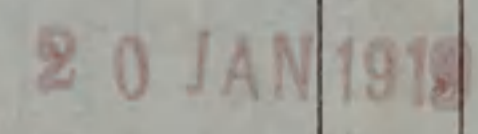
STATION.	DATE.	DISEASE.	RESULT.
<u>Bushy Park</u>	<u>Dec 12, 1918</u>	<u>Shw Rankle (amputation)</u>	<u>Discharge as unfit for service</u>
		<u>Sup. left leg 8" below knee</u>	<u>for service</u>



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.

CANADIAN

Christian Name *Richard Wra*
 Surname *Curley*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		3	8	17	14	9	17	Gonorrhoea	42	Profuse purulent discharge. Recovery.	<i>E. Craig Lieut</i>
REDHILL WAR HOSPITAL		5	9	18	5	12	18	G.W. of Ankle & Heel	91	L. Foot amputated.	<i>F. Curtis</i>
THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL		5	12	18				glw R Ankle Amp.		General health good. Heart & lungs normal. Left leg was amputated at junction of middle & lower third. Transverse scar healed. Now adherent to bone. Slightly tender to touch. Good movement at knee joint. No other disabilities.	<i>J.A. Murray</i> Captain, C.A.M.C.
								"	13	Condition unchanged	<i>R.H. Jardine</i> Capt. C.A.M.C.
H. M. A. T. "ESSEQUIBO"											

W. Change

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ANSLEY A. W.
 REGIMENT P.P.C. 2.9 RANK L. Cpl No. 639260
 Date of Examination in England 18/1/19 Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 5. 13. 17. 32
2. EXTRACTIONS 4. 19. 30
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper 4. 14
 - (c) Full Lower _____
 - (d) Part Lower 18. 19. 20. 21. 29

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 _____
- (c) In France _____

Signature of Dental Officer A. R. Currie Capt

CARD

DEPARTMENT OF THE ARMY
DENTAL CLINIC FOR DEMONSTRATION

REPORT TO
DENTAL OFFICER

1. This form is to be filled out by the dental officer in charge of the dental clinic for demonstration. It is to be filled out for each patient who has been treated in the dental clinic for demonstration. It is to be filled out for each patient who has been treated in the dental clinic for demonstration.

Name of Patient: ANGELLY A. W.
Room: 187
Dental Officer: 260

1. 187
2. 260

3. 187
4. 260

1. 187

2. 260

3. 187

4. 260

(a) 187

(b) 260

(c) 187

(d) 260

1. 187

2. 260

3. 187

4. 260

(a) 187

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

639260

L Cpl

An sley

A

Unit.

Age.

Service.

Year

P P C L I

31

43/12 6/12

Station
and Date.

Disease GSW Right Ankle (Amputation).

5-12-18

Hit by Machine Gun Bullet 25.8.18
above left ankle, shattering muscle and
bone. To No 10 C. Field Amb. where he
was dressed. Then T.C.C.S. & on to 55th
General, where drain was put in, with object
of saving limb. On 5.9.18 sent across to
Red Hill War Hospital, where amputation
was performed. 4.10.18 at junction of
middle & lower left leg. To H.C. Red X Spec
Hosp. 5.12.18

Present Condition

General health good. Heart & lungs normal
Left leg is amputated at junction of middle
& lower third. There is transverse scar
healed. now adherent to bone. Slightly
tender to touch. Good movement at knee
joint
No other disabilities.

J. H. Murray
Captain, C.A.M.C.

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

Station
and Date.

Fill in Only.—Unit, Number, Rank and Name.
Casualty Form—Active Service.

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

Unit, Regiment or Corps 156th O.S. Bn C.E.F.
 Regimental No. 639260 Rank Pte Name Ansley, Archibald William
 Enlisted (a) 13.1.16 Terms of Service (a) Def W. Service reckons from (a) 13.1.16.
 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) Labourer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	18.10.16	
		Disembarked England	Liverpool	28.10.16	
28/10/16	O.C. 156 th Bn	Appointed A/Sergt	Liverpool	28.10.16	Daily #1 Part II Order 245.
31/10/16	B.R. 4-1-3	Transferred to 109th BATTALION CANADIAN INFANTRY,	Witley	1-11-16	Daily #5 Part II Order #6 <u>E. J. Kyle</u> CAPTAIN ADJUTANT FOR O/C 166TH "OVERSEAS" BATTALION C.E.F.
6-11-16	O.C. 156 th	Taken on strength of 109th Bty.	Witley	2-11-16	D.O. Part II No. 311
8.12.16	O.C. 109 th	Transferred to 124 th Bn	Witley	8.12.16	D.O. Part II #43 <u>A. W. Aseltine</u> CAPTAIN ADJUTANT 109TH BATTALION CAN. INFANTRY
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part ii Orders 265 <u>R. B. ...</u> MAJOR ADJUTANT 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	7-1-17	124th Br. C. I. F.	Transferred to 156th Br. C. I. F.	Witley Camp	5-1-17 Part II D.O. No. 6. <i>R. S. K. Shaw</i> ADJUTANT, 124th BATTALION C.I.F.
7/11/17	O.S. 156 Bn	Taken on ^{strength} 156th Bn	Witley	6-1-17	part II D.O. 7
12/1/18	O.S. 156 Bn	Reverts to rank of Private & proceeds overseas	Witley	12/1/18	Part II D.O. No. 12. amended D.O. 17.
18/18	O.S. 156th Bn.	Proceeded overseas for service with P.P.C.I. Battalion	Witley	18-1-18	D.O. Pt. II No. 18 <i>D. J. Silmore Capt.</i> ADJUTANT, For O.C., 156th CANADIAN INFANTRY BATTN.
19.1.18	3c.c.R.C.	arrived at O.S. P.P.C.I.	Field	19.1.18	NR 424 of 8/28.1.18
21.1.18	"	left for C.C.R.C.	"	21.1.18	NR 911
21.1.18	C.C.R.C.	joined C.C.R.C.	"	21.1.18	NR 89
8-2-18.	C.C.R.C.	Left to join Unit in the	Field	8-2-18.	N.R. 109.
9-2-18.	O.C. Bn.	Joined Unit	Field	8-2-18.	B913.
22-6-18.	O.C. Bn.	Appointed Lance Corporal.	PAID.	18-6-18.	B.213. Pt 11 Ords. 56. d/-
27-8-18.	55 Gen.	Adm 55 General.		27-8-18.	H. 3018
26-8-18.	9 Amb.	Adm 27/18 to 9 Amb Train.		27-8-18.	H. 3929
5-9-18.	55 Gen Hq.	Transf to England.		5-9-18.	H. 6976
5-9-18.	H/6 Cambria	Invalided. "Wounded"		5-9-18.	W3083-5952 18/9
		Posted to Eastern Ontario Regtl. Depot, Seaford.	H/6 Cambria.	5-9-18.	Pt II Ord. 84 d/- 18

CERTIFIED TRUE
 22 JAN 1918
 CANADIAN RECORDS DIVISION

3/7/18
 LIEUT.
 FOR LT COL.
 A.A.G.

A.G.R. Rank *A/ Sgt* Name ANSLEY, Archibald William Reg'l No. 639260
 Unit 156th Bn. If in perm. Corps, } Married or Single Married
 What Unit? }
 Place and Date of Enlistment Prescott, 13th Jan. 1916. Place of Birth Essex, England.
 Name and Address, Next-of-Kin Mary Anne Ansley,
 Ormond, Ont. Relationship Wife.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. *10313.*
 File R.L.
 Category *CA-MC*

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>ARRIVED IN ENGLAND, S-S-NORTHLAND 28. 10. 16,</i>					
<i>28. 10. 16</i>	<i>156th Bn.</i>	<i>Appointed A/Serjt. Nitley Camp</i>		<i>28. 10. 16</i>	<i>P.H.D.O. 1.</i>
<i>1. 11. 16.</i>	<i>do</i>	<i>S.O. on transfer to 109th Bn</i>	<i>do</i>	<i>1. 11. 16</i>	<i>" " 5.</i>
<i>6. 11. 16</i>	<i>O.C. 109th</i>	<i>S.O.S. on trans from 156th Bn</i>	<i>do</i>	<i>2. 11. 16</i>	<i>" " 311</i>
<i>8. 12. 16</i>	<i>"</i>	<i>S.O.S. on transf. to 124th Bn</i>	<i>do</i>	<i>8. 12. 16</i>	<i>" " 343</i>
<i>9. 12. 16</i>	<i>124th</i>	<i>S.O.S. fr 109th</i>	<i>"</i>	<i>"</i>	<i>" " 265</i>
<i>6. 1. 17</i>	<i>"</i>	<i>S.O.S. to 156th</i>	<i>"</i>	<i>5. 1. 17</i>	<i>" " 6 Off A.</i>
<i>7. 1. 17</i>	<i>156th Bn.</i>	<i>T.O.S. on transfer from 124th Bn.</i>	<i>"</i>	<i>6. 1. 17</i>	<i>P.O.D. 7</i>
<i>9. 8. 17</i>	<i>✓</i>	<i>Adm. Can. Mil. Hosp. Bramshott.</i>	<i>✓</i>	<i>4. 8. 17</i>	<i>EP 83. V.D.G.</i>
<i>15. 9. 17</i>	<i>EOR.</i>	<i>Dis. Can. Mil. Hosp.</i>	<i>✓</i>	<i>14. 9. 17</i>	<i>EP 11 ✓</i>



10301 JAN 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
12.1.18	156 th Bn.	Revert to rank of Pte. at own request for purpose of proceeding of Seas	Witley	18.1.18	Pt. # 17.
18.1.18	J	Posted to P.P.C.L.I. of Seas.	Witley	18.1.18	Pt. # 18. P.P.C.L.I. & Pt. # 8 d 28.1.18.
3-4-18	P.P.C.L.I.	Appointed L/Cpl (Paid)	Field	18-6-18	Pt. # 56.
2-9-18	E.O.R.	"Wounded"	-	24-8-18	C.L. 308. S.W. L. ankle P.P.C.L.I. Pt. # 84
13-9-18	L.O.R.	Posted from P.P.C.L.I. of Seas	Seaford	5-9-18	Pt. # 231. 18-9-18.
18-9-18	P.P.C.L.I.				
27-2-19	E.O.R.	Invalided to Canada ex N ^o 5. C & H	4/c Kuldah	24-2-19	C.R. B 455 S.W. ankle & knee amp.
3.3.19	E.O.R.	S.O.S. Inval. to Canada	Seaford	24.3.19.	DO. 51.

yes.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

13-9-18 E.O.R.D. S/O 231 posted from P.P.C.R.S. Seaford 5-9-18

[Handwritten signature]

[Large handwritten signature]
for Major i/c Records, Gt. Out. O.M.C.

FEB 24 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 72

[Handwritten signature]
Lieut.

For O. C. No. 2 District Dep.

Dis. #2 D.D. May 27th, 1919 Pt. 11 #143.

[Handwritten signature]
O. C. Discharge Sections,
No. 2 District Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 IM 5/18 G.W.P.Co. (3,490)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname <i>Ansley.</i> (5) Christain Names <i>Archibald William</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <i># P.P.C.-L.I.</i>	(3) Regtl. No. <i>639260</i>
---	---	---

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin

(18) Demobilizer (f) (Place) (Signature of Posting Officer)

(19) Pivotal-man (f) (Date)

(20) Qualifications (g) or (21) Corps trade and rate

(22) Extended { (23) Re-engaged }

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoem-smith, &c.

Condition when finally boarded for discharge.

D.O.H. May 16, 1919

#639260 L/Cpl. Ansley Archibald William

Wounded Aug. 26/18. by machine gun bullet through left ankle. Sepsis set in and leg was amputated in October 1918. Healed by first intention. Objective: Left leg amputated 3 inches below knee. Stump well shrunken. Amputation Scar transverse healed not adherent. Bone well covered. Movement of stump full. Has been fitted and supplied with satisfactory Artificial Leg and Peg. Subjective: Nil.

V.D.C. April 1919. Recovered.

*W. A. Howard
Cor. Reg.*

Faint, illegible text, possibly bleed-through from the reverse side of the page.

Handwritten notes or a signature in the lower-left quadrant of the page.

From: - 639260 *Pt Sgt. Ansley. A.W.*

To: - C.C. 156th. Canadian Infantry Battalion.

Sir: - I have the honour to request that the address of my next next of kin be changed from,

*Mrs M.A. Ansley
Ormond Ont
Mrs M.A. Ansley
Prescott, Ont*

To: -

I have the honour to be
Sir,
Your obedient servant.

639260. *A.W. Ansley*

From: -

To: - C.C. 156th. Canadian Infantry Battalion.

Sir: - I have the honour to ~~ix~~ request that the address of my next of kin be changed from,

*Mrs M.A. Ansley
~~Prescott, Ont~~ Ormond, Ont*

To: -

*Mrs M.A. Ansley
Prescott, Ont*

I have the honour to be
Sir,
Your obedient servant

639260 *A.W. Ansley*

1850
1850

1850
1850
1850

1850
1850

1850
1850
1850

1850
1850

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 639260 Rank L/cpl Name Ansley A. A.
(Surname first)
 Unit No. 2 District Depot who was* DISCHARGED
 On May 27 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1 to May 27 1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay..... <u>27</u> days at \$..... <u>1</u> c. <u>15</u>		30.05
Field Allowance..... days at \$..... c.		30.-
Separation Allowance		35.-
Clothing Allowance		100.-
Post Discharge Pay		
*Other Credits		
Advances	5.-	
Separation Allowance and Assigned Pay Cheque No. <u>114008 - 4500</u> & <u>115139 - 3000</u>	75.-	
*Other Charges <u>overcredit sep allow may</u>	3.85	
<u>Hosp Stoppage apr 9-24</u>	9.60	
Balance on transfer or on discharge, cheque No. <u>115138</u>	101.60	
Total	195.05	195.05

*Give particulars.

Wife
**MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS**

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

To Whom *Mrs Mary Ansley*
 Address *Prescott,
 Ont.*

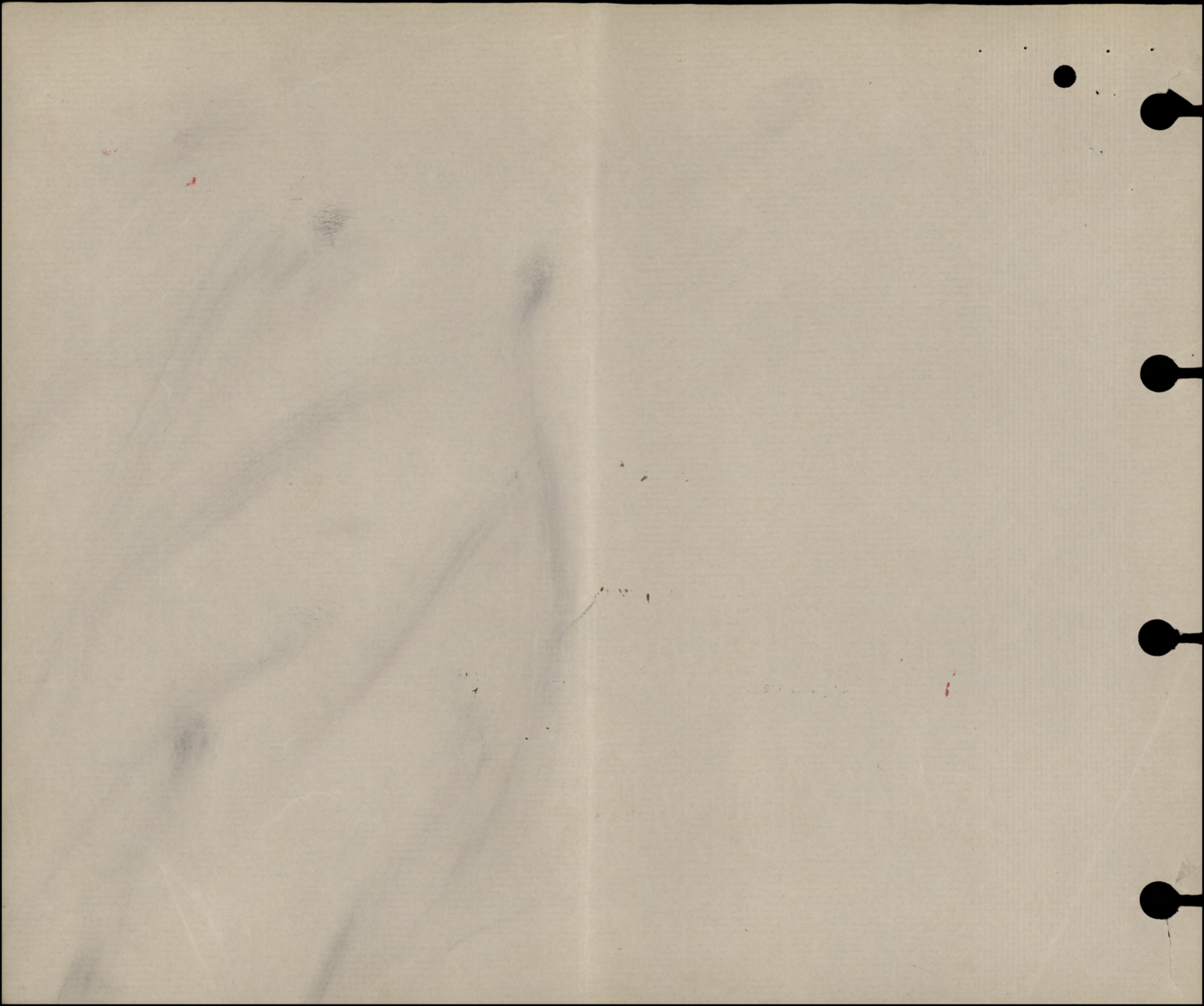
By Whom Assigned *Ansley A. W.*
 Regtl. No. *639260*
 Rank *Sgt. ①*
 Corps *156 Bttn.*

Rate ~~*\$20.00*~~ *NOV 1916*
 ① *25.00* *1st Aug. 1917*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① 2m 228/7 - 1st m 228/7</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs. Mary Ansley *Wife*
PAYMENTS.

Name of Soldier

Ansley A. W.

L. L. Job 4503 - Req. 6832.

639260

156 Bttn. Sgt.

Month.	Year.	Cheque No.	Amt.	Remarks.
				NOV 1916
April	1916			<i>\$20.00</i> <i>25.00</i> <i>1st Aug. 1917</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>E 29057</i>	<i>20</i>	
Dec.		<i>E 37511</i>	<i>20</i>	
Jan.	<i>Oh</i> 1917	<i>K 37333</i>	<i>20</i>	
Feb.		<i>K 42568</i>	<i>20</i>	<i>20 R</i>
March		<i>K 48580</i>	<i>20</i>	<i>20 L</i>
April		<i>B 350</i>	<i>20</i>	<i>20 L</i>
May		<i>L 6429</i>	<i>20</i>	
June		<i>L 13073</i>	<i>20</i>	<i>20 S</i>
July		<i>L 20202</i>	<i>20</i>	<i>S</i>
Aug.		<i>N 27068</i>	<i>20</i>	<i>L</i>
Sept.		<i>X 33523</i>	<i>30</i>	<i>25.00</i>
Oct.		<i>M 30497</i>	<i>20</i>	<i>Sept. to adjust 230.13</i> <i>25.00 future</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

M 3649
Cancelled

20 R
20 L
20 L
20 S
S
L

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.				

1-3-16

MILITIA AND DEFENCE

9.

SEPARATION ALLOWANCE

Name Mary Ann Ansley

Address Prescott,
Ont.

Relation to Soldier }
wife, child or mother } Wife

Name of Soldier Ansley Archibald W.

Regtl. No. 639260

Rank Agt. Lte. 17/6/16 pm. 22/7/16

Corps 156th Batta

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				



1. 1. 1. 1. 1.

2. 2. 2. 2. 2.

3.

4.

5.

6.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Ann Analey

Wife
PAYMENTS.

Name of Soldier

Analey Archibald Wm
639260
Sgt (Pte)

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P 154	40	40
May		U 2152	20	20
June		E 3595	20	20
July		M 10113	20	20
Aug.		A 12133	20	20 as per bank
Sept.		E 14651	36	36
Oct.		2 18096	25	25
Nov.		F 21099	25	25
Dec.		7 24374	25	25
Jan.	1917	E 28189	25	25
Feb.		E 31204	25	25
March		E 34489	25	25
April		S 1135 G 7	25	25 G 11 Canceled
May		9 3529	25	25
June		H 6317	25	25
July		G 10013	25	25
Aug.		I 12836	25	25 ✓
Sept.		H 16437	25	B 456 B.
Oct.			25	T
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

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.				

DOMINION ORTHOPAEDIC HOSPITAL.

Date May 15th 1919

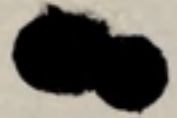
This is to certify that I have this day examined the marginally noted man, and find him free from Venereal or other Infectious Disease.

J. G. Stock

Captain C.A.M.C.

#639260

Lt Col. W. W. Massey



THE UNIVERSITY OF CHICAGO

1913
The University of Chicago

has examined the original of the
manuscript and has found it to be
a copy of the original of the
manuscript.

L. F. Johnson

Chicago, Ill.

1913
L. F. Johnson

No. 639260

RANK

Pte. Sgt.

NAME

Ausley Archibald W.

T. O. S. 13-1-16

UNIT 156 th. Battalion C. E. A.

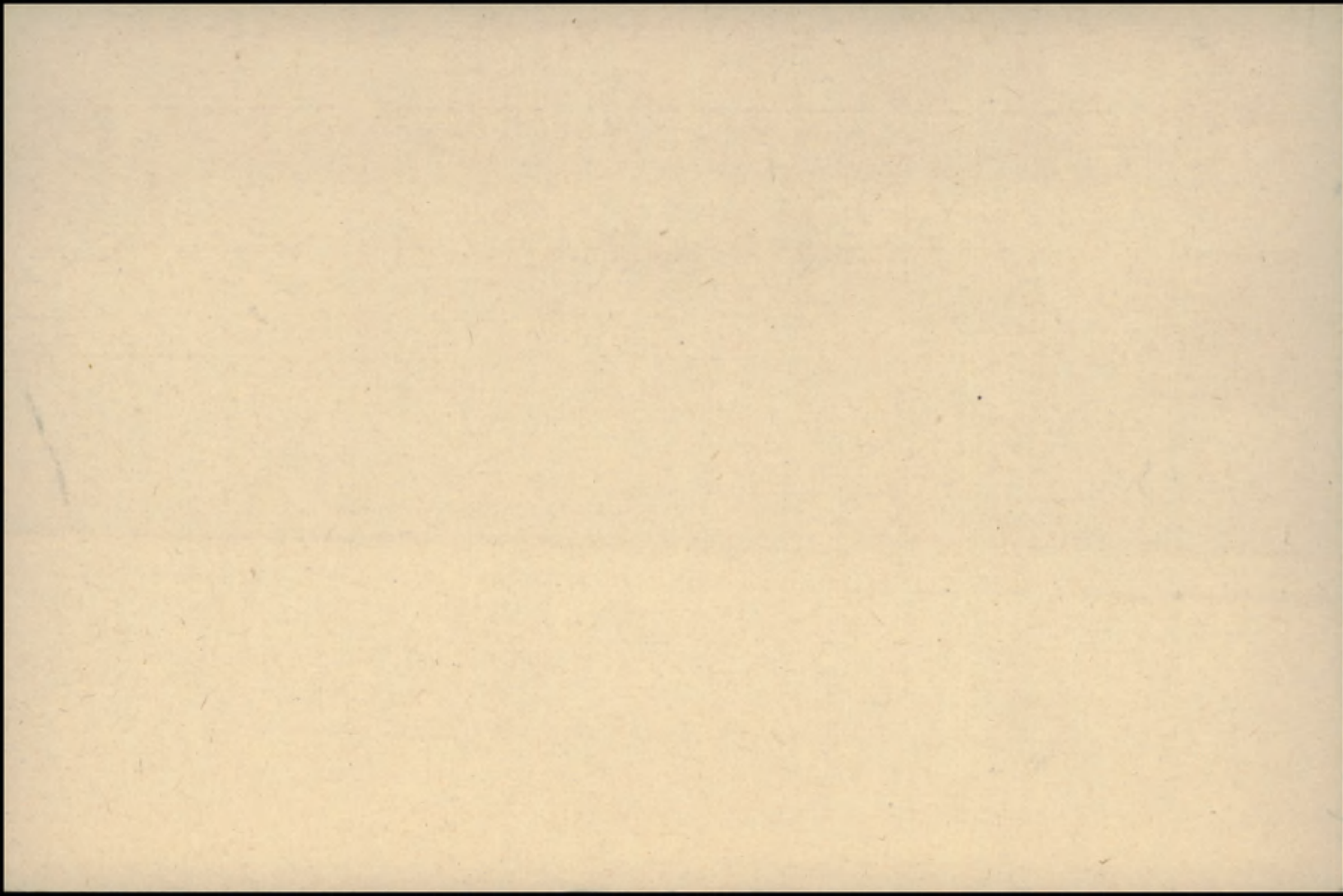
N. O. 13 of 17-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 13	1916 Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
May 1	May 15	✓	at 3 of 3 from May 16 th 1916.	DD. 114.
	June	✓		
	July	✓	Prom. to Sgt. 17-6-16.	DD. 150.
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		

UNIT SAILED

OCT 17 1916



Surname **Ansley.** Christian Name or Names **A.W.** Reg. No. **639260**

Rank **A/Sgt.** Unit **E. Ant. Reg.** Co. **156th.** Troop **Bn.** Batty. **Hosp.** Date of Admission **4-8-17.**

Transferred **Bramshott. Mil.** Hosp. **4-8-17.**

55 Gen. Baulogne Hosp. **27-8-18**

War H. Croeydon Hosp. **5-9-18**

K.C.R.C.S. Bushy Pk. Hosp. **6-12-18**

Diagnosis

V.D.G.

(1) Later Diagnosis (if changed)

Sw. L. Ankle & heel

(2)

(3)

Additional Diagnosis: if more than one state present

Invalided to Canada 24.2.19

DISPOSITION

Disc. 14-9-17 Date

C.L. 9-8-17. 83

REMARKS

" 17-9-17 C 11

7-9-18 A 3083

9-9-18 B 312-3.

9-12-18 B 390 ②

23.1.19 B 425-1

27.2.19 B 455-2

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 56. G. H. Kirkdale

21. 1. 19

2.

3.

4.

5.

6.

7.

Name L/J, ANSLEY, Archibald William Rank L/C Regtl. No. 639260.

Fyle Depot 24 Am 193

Original unit Present unit 156th Bn M. or S. M Age 32 Religion CE. Ref. H.Q.

Port, ship and date of arrival Portland Me Essequibo 7-3-19.

Next of kin Wife, Mary Anne Ansley Ormond Ont.

Address on leave same.
16 Bayview Ave. Toronto. Ont.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer. Date and place of enlistment Prescott Jan 13/16.

Diagnosis G.S.W. Lt Ankle. Date of Medical Boards 15-5-19.

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u> <u>24-2-19</u>	<u>Posted to Hosp Sec 7-3-19</u>	
	<u>Leave & subs from 10-3-19 to 24-3-19</u>	<u>75</u>
	<u>Clearing Depot to D.O.H. 9-3-19</u>	<u>H.S. 71</u>
	<u>D.O.H. to B.H. 9-4-19</u>	<u>H.S. 101</u>
	<u>AWL 9.30 p.m. 27-4-19 (B.H.)</u>	<u>H.S. 119</u>

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

Rs Number 639260 Rank 9 Sgt.

Surname ANSLEY

Christian Name Archibald William

Units P.P.C.L. Theatre of War France

Date of Service 19-1-18

Remarks 65 Cleveland 5th

Latest Address 16 Bayview Ave.
Toronto, Ont.

Roll No. B. Page 20506

200m.-6-21...

REF

NOV 11 1922

REF

SA 49695

LEDGER No. 868

SERIAL No. 21660

44

REG. No. 639260 NAME Ansley A. W.

RANK L/c. CORPS P.P.C.L.I. AGE 31 SERVICE C 10/12 E 13/12 F 9/12

HOSPITALS

DATE OF ADMISSION

1 Dominion Orthopaedic, Toronto.

9-3-19.

2

3

DIAGNOSIS ^{G.S.M.} Amput. Lt. Leg^r G. Arthritis V.D.G. (

TRANSFERRED TO Base 9-4-19 San Gothop Toronto 13-5-19

DISPOSITION 26-5-19

CATEGORY D3

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

NAME Ansley Archibald W. ^{no.}

REGT'L. No. 639260
H. Q. FILE No. 649

RANK AND CORPS 1st Sgt. P.P.C.M. 5 6th Res Bn

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
No 16	Mrs Mary Anne Ansley (Wife)	198 Presailles St. with letter 118-218 158 198 18/ Esio ankle.
Q498 ¹⁴⁻⁷	8-9-18	Adm 55 Len St. Baulogne Aug 7th 18/ Esio ankle.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
83	Can. Mil. Bramshott	4-8-17	V.W. 4
Q 11	Discharged	14-9-17	V.D. G. (cast out right)
A 308	55 Gen: Boulogne	27-8-18	P.W. L. Ankle
B 312	War: Croydon	5-9-18	" " " " & Heel
B 390	Kings Can Hosp: B.P. Hill	6-12-18	" " " "
B 425	5 Can Gen: Birkdale	21-1-19	" " " " (amp)
B 488	Invalided Home	24-2-19	- - - - -

049-a-7803.

2. CARD NO.
m f
105 Dis 27-5-19. 1916
Do 143 of 23-5-19. 1916
FOLL

SURNAME. *Ansley*
CHRISTIAN NAMES *Archibald William*
REGL. No. *639260* RANK *Serjt.*
UNIT *156th*
FORMER CORPS *West Surreys (2 yrs)*

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Ansley, Mrs Mary Anne*
RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *Leaside P.O. Ont.*

~~15-11-18 2nd~~
COUNTRY OF BIRTH *England, Essex*

DATE *Aug. 25th 1886*

PLACE OF ATTESTATION *Prescott, Ont.*

DATE *Jan. 13th 1916*

R/6. 7-3-19²⁷ 5⁵ Lt Col.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

30

YEARS

MONTHS

HEIGHT

5-

FEET

6 1/4

INCHES

CHEST MEASUREMENT

35-3/4

INCHES

EXPANSION

3 1/4

INCHES

COMPLEXION

fair

EYES

brown

HAIR

dark brown

DISTINGUISHING MARKS

Tattoo mark of mounted crown on back of right arm. Tattoo mark of flag on back of left forearm.

MEDICAL EXAMINATION.

PLACE

Prescott, Ont.

DATE

Jan. 13th 1916.

Present address: Ormond, Ont.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Mar 1, 1916

Separation and Assigned Pay Branch

A 3177

Nov 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25-	30		
-----	----	--	--

1-9-18
DC 2453
M 238420

RATE OF ASSIGNMENT

20	25	15-	
----	----	-----	--

1-6-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 639260
 Rank Sgt. Promoted Sgt. 17-6-16
 Reverted Pte 18-1-18
 Discharge
 Soldier's Name A. W. Ansley
 Battalion 156th Bn
 Beneficiary Mrs. Mary Ann Ansley
 Relationship Wife
 Address Prescott Ont Kingston

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Ansley
 Address Prescott Ont
 Change of Address
 1 ~~Kingston P.O.~~ 16-5-18
 2 158 Aqueduct St Montreal 4-6-18
 3 Canadian Patriotic Fund In Trust for
 4 Montreal Toronto wife & children
 Ont.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Sept	30	456-	230-	686-	
Oct	B 50840	25	25	50	20 ⁰⁰ A.P. 1 st Nov. 1916 to 1 st Aug 1917
Nov.	F 50243	25	25	50	25 ⁰⁰ A.P. 1 st Aug & future
Dec.	C 59260	25	25	50	15- A.P. 1 st June & future Auth A.2.M. 7-5-18 S.M.B.
Jan.	C 65902	25	25	50	
Feb	B 93022	25	25	50	SA & AP trans. to C.P.F. in Trust for Wife & children Auth PAB MRO 18793-31-10-18.
Mar.	G 100254	25	25	50	
April	H 8040	25	25	50	
May	C 7400	25	25	50	Wife's Address Seaside P.O. Ont. 7 th
Jan	B 15828	25	15	40	M.F.W. 2554-22-11-18 Rec.
July	V 28813	25	15	40	
Aug	A 31342	25	15	40	SA & AP to C.P.F. Toronto In Trust for children Auth PAB 21 st MRO 60474-21-1-19
Sept	A 38064	25	15	40	
Oct	A 44700	25	15	40	
Nov	A 52784	25	15	40	
Dec.	A 63226	45	15	60	
Jan	B 72013	30	15	45	
Feb.	A 78929	15	15	45	
MAR	D 84568	30	15	45	
		941	560	1,5-	

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 1493.

AUDITED.

A/c Closed
 Ret'd per. Essigumbo
 Date 7-3-19 M.F.W. 187
 Clerk B. M. M. M.D. 2



BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL


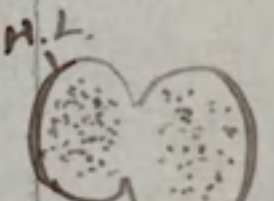
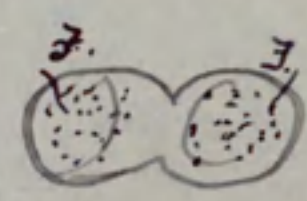
Case Number

Reg. No. 639260 Rank *L/C* Name *Ansley A W.* Unit *2/D.D.*
 Age *31* Married or Single
 Diagnosis *VDG. Recurrent* Admitted *April 9/19* Discharged Result

HISTORY

No. of previous attacks ~~None~~ *one in Aug. 1917.*
 Where and when acquired *Witley Camp. Recurrence.*
 Date and character of symptoms *Watery discharge -*

Name

Date	Days of Disease	Smear	URINE		Dis-charge	Med.	Irr.	INJECTION	SEALS	Mas-sage	Sound	REMARKS
			1st	2nd								
<i>apr. 9</i>					<i>+</i>			<i>Chry. P.P. 1/8 000 B.I.D.</i>				
<i>apr. 10</i>		<i>Direct</i>	<i>-</i>	<i>Puss</i>	<i>+++</i>			<i>gram - Ex Dip Cocci +</i>				
<i>" 15</i>				<i>Sty</i>	<i>+</i>			<i>Inj. P.P. 1/8 000 bid</i>				
<i>April 24th</i>			<i>Op Op.</i>		<i>-</i>							<i>D=Drug 1 week.</i>
<i>" 29</i>			<i>Op Op.</i>		<i>-</i>			<i>Inj. P.P. 1/8 000 bid</i>				
<i>May 1st</i>			<i>Op Op.</i>		<i>-</i>			<i>"</i>		<i>+</i>		<i>Smear. Proo</i>
<i>" 5</i>		<i>Pros smear</i>	<i>-</i>	<i>Puss</i>	<i>+</i>			<i>gram Positive Baccilli +++</i>		<i>+</i>		<i>Hand</i>
<i>" 8</i>		<i>Small Clear</i>	<i>+</i>		<i>-</i>			<i>omit</i>		<i>+</i>		
<i>" 12</i>		<i>Clear Clear</i>	<i>-</i>		<i>-</i>			<i>omit</i>				
								<i>For discharge</i>				<i>W.B. Thomson. Capt</i>

Rank

Reg. No.

BASS HOSPITAL, TORONTO

MEDICAL CASE SHEET

MONTREAL

Case Number

Name

Room No. 1011 Name of Patient

Age 45 Sex M Date of Birth 1888

Admitted 10/10/1911 Discharged 10/15/1911

History of Present Illness

Onset of illness 10/10/1911

Character of illness

Course of illness

Physical Examination

General Appearance

Head and Neck

Chest

Abdomen

Genitourinary

Rectum and Anus

Neurological

Psychiatric

Diagnosis

Prognosis

Treatment

Remarks

Signature of Physician

Signature of Nurse

Signature of Pathologist

Signature of Radiologist

Signature of Specialist

Signature of Other

Signature of Attending

Signature of Registrar

Signature of Clerk

Signature of Stenographer

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

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 written 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.	D.	Station	Category	Signature of M. O.

Reserved for M.H.C.

639260 *L/cpl* **ANSLEY.** Christian Name **ARCHIBALD WILLIAM**
 Regt. No. *P.P.C.L.T.* **156th B.N.**
 Unit or Corps—(a) Overseas from United Kingdom. (b) in United Kingdom.
 Born at—Town **West-Ham** County or Province **Essex.** Country **Eng.**
 Date of Birth—Day **25** Month **Aug.** Year **1887** Age **31** yrs. **3** months.
 Joined at **Prescott. out.** Date **Jan 13th 1916.**
 Former trade or occupation **Team Labourer.**
 Permanent Marks or any peculiarity that will serve for future identification—
Amputation LT leg Middle third.

Height—feet **5** inches **6 1/2** Colour of eyes **Brown.**
 Signature of Soldier (for identification purposes) **Archibald W. Ansley**

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) **AMPUTATION LT LEG**

Disabilities Group (b) **Not Applicable**

Disabilities Group (c) **Not Applicable**

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G. S. W. LT LEG	ARRAS. FRANCE. Aug 25th 1916.
(ii.) As to Group (b) above.	Not Applicable	—
(iii.) As to Group (c) above.	Not Applicable	—

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

(i.) As to Group (a) above? **No** If yes, has Active Service aggravated it?

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

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

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

(i.) As to Group (a) above? **Yes**

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

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

5. MEDICAL HISTORY.

On the Morning of Aug 25th 1918, during the advance at Arras, having gained the 2nd Objective, patient was in the act of getting out of the 2nd trench when he was struck by a Machine Gun Bullet just above the Lt ankle, shattering the tibia and Bone. To T. J. A. when he was dressed. Then 7.C.C.S + on to 5th General, then a drain was put in, with object of saving limb, on 5-9-18 sent down to Red Hill War Hospital, where amputation was performed 4-10-18 at junction of middle + lower than Lt leg. To K.C.R+S.H 5-12-18.

6. PRESENT CONDITION.

General Health good. Heart + Lungs normal. The Lt leg is amputated at junction of middle + lower than. There is a transverse scar faced. Non-adherent to Bone. Slightly tender to touch. There is good movement at knee joint. Patient gets around on crutches. No other disabilities.

7. OPERATION. (i) Was one performed? Yes

(ii) Was one advised and declined? No.

(iii) If so, state what. 5 operations in attempt to save foot. The 6th amputation

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? No

(ii) If so, describe. Not applicable

9. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Invalid to Canada? Yes

(c) Discharge from Service as permanently unfit? No

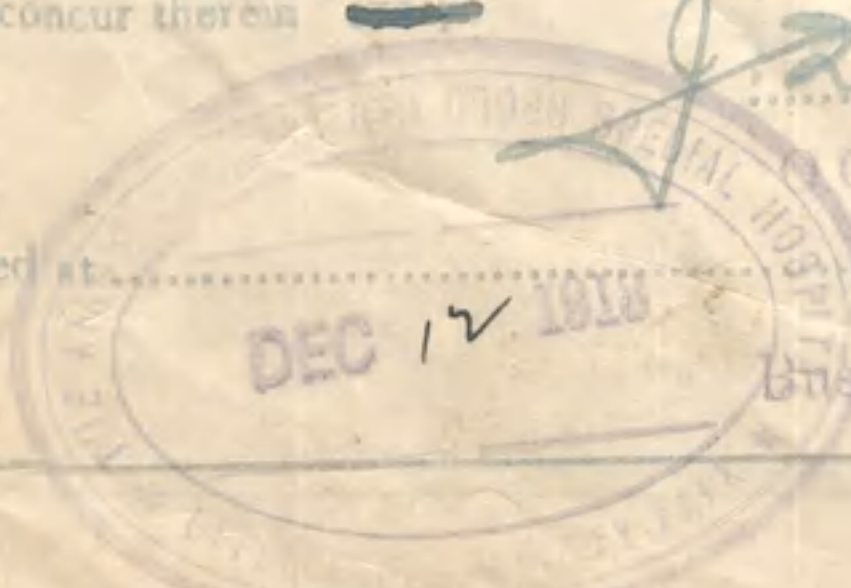
Date of Report Dec 9th 1918

Station Queen's Hospital, Roehampton.

Signature Lt. Murray Capt. Cairne

I have satisfied myself of the general accuracy of the above Report, and concur therein.

Signature J. J. Milnes Lieut. Col. C.A.M.O. (Officer in Charge) Hospital, Middlesex. The King's Canadian Red Cross S.M.O. Brigade. Dated at Bushy Park, Hampton, Middlesex Special Hospital Station on 1918



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? NO (b) Misconduct of the Soldier? 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.)

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.)

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

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—Stump well healed, but still somewhat sensitive

19. RECOMMENDATION:—

(a) Fit for duty? NO

(b) Invalid to Canada? yes (c) Discharge from Service as permanently unfit? no.

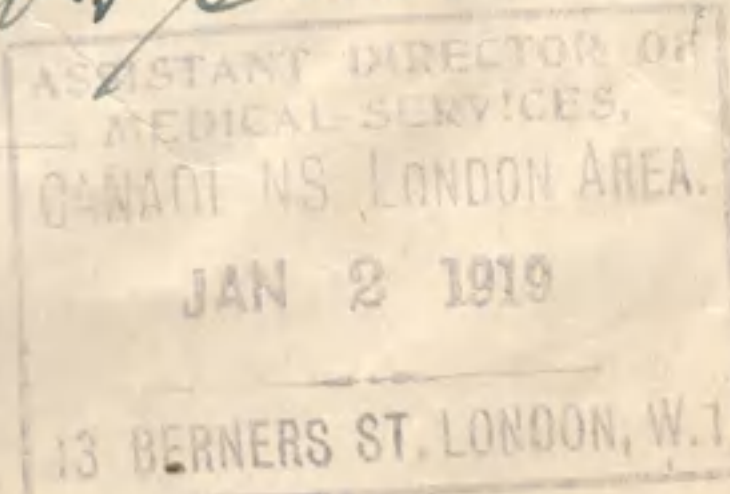
Date of Board Dec 12, 1918

Signature Bushy Park

Signature P. A. M. S. A.D.M.S.

Date of Report Major, C.A.M.O. for A.D.M.S., Canadians, London Area.

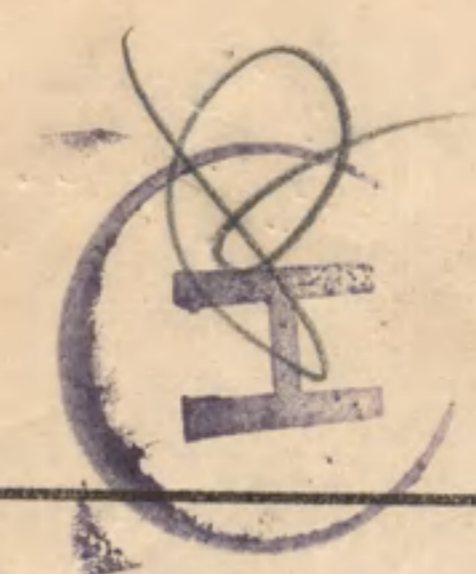
Signatures of the Board: J. J. Milnes President, Jos. Sibson Capt.



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

J.S.



SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

War Service Badge
 Class A
 No. 182996 issued 27-5-19
 1-9-34

1. No.	639260	
2. Rank	L/Cpl.	
3. Name	ANSLEY, Archibald William	
4. Unit	156th. Bn. (#2 D.D.)	
5. Date of Discharge	MAY 27 1919	Place TORONTO, ONT
6. Reason for Discharge	" Medically Unfit".	
7. Authority	#2 D.D. May 27th, 1919 Pt.11 #143.	
8. Proposed Residence after Discharge	16 Bayview Ave., Toronto, Ont.	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?</p> <p style="text-align: right;"><i>Archibald William Ansley</i> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>TORONTO, ONT</u> Date <u>MAY 27 1919</u></p> <p style="text-align: right;"><i>Herbert Roberts</i> Signature..... O. C. Discharging Unit. No. 2 District Depot</p>	

H. B. Camp
 6.10.1903
 13-2-20

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.				
EFFECTIVE DATE:-	4/16	6/18	7/20				
AMOUNT:-	\$28.00	\$15.00					
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. Mary Ansley Prescott, Ont. A.P. as A. Trans. Can. Pat. Fund Toronto, for children only 1/19 (Wife) see file Stopped 3/19							
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
1/19/19	VD	Arday Bo 251	27.30	S. J.	19/23-12/18 = 10 d.		7.30

NAME:- **ANSLEY Archie W.**

NUMBER:- **639260.**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO SL 3/18 POC L 7	18/6/18	Plt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- **156th Batta**

DATE ACCOUNT FIRST OPENED - **1/1/17**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 56'D	UNIT TRANSFERRED TO
	1/1/19	15/19	156th Batta

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
DO SL 3/18 POC L 7	1.05	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- **Trans. Inv. to ban. 1/1/19. Bushy Pt. 16 7/44. 27/1/19. L.P. Bal # 34.63**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									834		
March	Bro't Forward			C.A.S.				25			
1-30/18	P.P.	33		Mo. 38 5/4/18. P.P.P.P.P.	357			25	1277		
May	IP	33	34/10	car	357			25			
				AK 16095/18	444						
				- 223 185/18	535						
				✓ 289 30/5/18	535				691		
April	IP	34	10	car	1516			25			
		33		✓ 57 14/6/18 7am	357			15	2114		
July	suff. K. at 12 pay 19/1/18 to 30/1/18 12 days 05	33	65	car	357			15			
	K.B. buy	35	65	AK 456 9/17 72 CAB	444				3352		
				✓ 60 27/17	444						
Aug	L.P.P.	36	30	car	892			15			
		35	65	893 10/8	444				4614		
				451 17/8	357			15			
Sept	L.P.P.	35	65	car	803			15			
		34	50	Hoop R 33701 17/9/18	973				5591		
					973			15			
Oct	L.P.P. pay	35	65	AP	973			15	6683		
				Rem 48535. 1/18	973			15			
Nov		34	50	AP				15			
				S. Rem. 58925. 11/12.	2433						
Dec		35	65	AK 4360. 13/12. Bushy Pt.	4867			15			
				ad	7300						
Jan		25	65	ad				15	7863		
		105	80		73			45	5463		

5463
730
6193
2730
3463

Checked
22/1/18

NUMBER 639260

RANK

NAME ANSLEY, A. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb	12/7.								5463		
				AK P. 8134. 4/2 Kirkdale. End - 487							
				✓ 9113 18/2 ✓ End - 487					4489		
									994		
Apr				Plot at 14/9/17 VD 42 days B0 256	27.30				1759		
	17.13/23.12.18 10 days		730								
				SOS Canada. 24/1/19. S.K. Kirk Jr.					2489		

