

C.E.F. REGIMENTAL DOCUMENTS

NAME *Attwood, Frederick* REGT. No. *725113* UNIT *CCAC* H. Q. FILE No. *86613*

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M

H

Deceased

6-13-49

DISCHARGE
CATEGORY
*Permanent
Base duty
Unfit for fur-
ther service*
DESERTION



Enlisted
Jan. 3/16
G.K.R.G.

"A" Coy

No. 725113

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Attwood
- 1a. What are your Christian names?..... Frederick
- 1b. What is your present address?..... 5 Henderson Avenue Toronto Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Wathurst Sussex England
- 3. What is the name of your next-of-kin?..... Mary Ann Attwood
- 4. What is the address of your next-of-kin?..... 5 Henderson Ave Toronto Ont Canada
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 2nd October 1846
- 6. What is your Trade or Calling?..... Laborer
- 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?.. No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick Attwood, 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.

Frederick Attwood (Signature of Recruit)

Date 4th Jan 1916. W. Downey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick Attwood, 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.

Frederick Attwood (Signature of Recruit)

Date 4th Jan 1916. W. Downey (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 5th day of January 1916.

W. Downey (Signature of Justice)

6
RAA.

Description of Frederick Attwood on Enlistment.

Apparent Age..... 39 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height..... 5 ft. 5³/₄ ins.

Scar above right eye

Chest measurement { Girth when fully expanded..... 34 ins.
 Range of expansion..... 2 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Grey

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

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 4th..... 1916.

Place..... Lindsay.....

H. B. D.
J. McCulloch Capt.
 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.

..... Frederick Attwood..... 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. H. Mc* Lt. Col. (Signature of Officer)

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

O. C. 100th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **725113** (Rank) **Private**

Name (in full) **Atwood, Frederick** enlisted in

the **109th Overseas Battalion**

CANADIAN EXPEDITIONARY FORCE at **Lindsay, Ont.** on the **4th.**

day of **January** 19 **16.**

HE served in **Canada and England**

and is now discharged from the service by reason of **his having been found Medically**

Unfit for Further Service.

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

Age **47 Years**

Height **5 Feet 6½ Inches**

Complexion **Medium**

Eyes **Grey**

Hair **Black**

Marks or Scars **2 vaccinations left arm.**

Signature of Soldier

Issuing Officer

Lieutenant.

Date of Discharge **March 24th. 1917.**
Quebec, P.Q.

for Director of Records.

Appointment

Signed at **Ottawa, Ontario** this **26th** day of **November** 19 **19.**

in Military District No. **Headquarters**

File Reference No. **649-A-3375**

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. **725113** (Rank) **Pte** Name **Attwood, Frederick**

Unit **109th Bn.**

Address on Discharge

Character and Conduct **Good**

Former Occupation **Labourer**

Special Qualifications of Value in Civil Life

Medals and Decorations **Nil**

Remarks **Subsequently served with C.M.P.C. in Canada from 25-5-17 to**

4-11-19. discharged Medically Unfit.

Signed at **Ottawa, Ontario** this **26th** day of **November** 19

19.

Name of Officer

Rank **Lieutenant**

for Director of Records.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725113 (Rank) Lt. Corporal.
Name (in full) ATTWOOD FREDERICK. enlisted in
the Canadian Military Police Corps.
CANADIAN EXPEDITIONARY FORCE at Toronto on the 25th
day of May 19 17
HE served in Special Guard C.M.P.C. at HALIFAX, N.S.
and is now discharged from the service by reason of Medical Unfitness
AUTHY. 6 D. 59-A-481 of HALIFAX, N.S. 29/10/19.

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

Age 49 yrs.
Height 5 feet 6 1/2 ins
Complexion Medium
Eyes Grey
Hair Black.

Marks or Scars
Scar above left knee.
Moles on Chest

F Attwood
Signature of Soldier

R. Ross Taylor Lt. Colonel
O. C. Special Guard C. M. P. C.
Issuing Officer

Date of Discharge 4th November 1919.

Rank

Signed at Halifax N.S. this 4th day of November 1919
in Military District No. 6

Appointment

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.

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 considered.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. 425113 (Rank) L Corporal
Name (in full) ATTWOOD FREDERICK enlisted in
the Canadian Military Police Corps
CANADIAN EXPEDITIONARY FORCE at Toronto on the 25th
day of May 19 19
HE served in Special Guard C. M. P. C. at HALIFAX, N. S.
and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age..... <u>49 yrs</u>	Marks or Scars.....
Height..... <u>5 feet 6 1/2 ins.</u>	<u>Scar above left knee.</u>
Complexion..... <u>Medium</u>	<u>Moles on Chest.</u>
Eyes..... <u>Grey</u>	
Hair..... <u>Black</u>	

F. Attwood
Signature of Soldier

R. Ross Taylor Lt. Colonel
Issuing Officer
O. C. Special Guard C. M. P. C.

Date of Discharge



Rank

Date 4th November 1919

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.

NOV 1 1919

- 1.—That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

DEPT.
MILITIA & DEFENCE
DEC 13 1919
H.Q.
CANADA

This is to Certify that No. 725113 (Rank) Private

(Name in full) Attwood, Frederick

Enlisted in 109th Battalion

Canadian Expeditionary Force, on the Fourth day
of January 1916

He served in Canada and England

and was discharged at Quebec, P.Q. on
the Twenty-fourth day of March 1917

by reason of being physically unfit

His conduct and character while in the Service were "Good"

Address F. Attwood, Esq.,
c/o G.O.C. M.D.#2,
149 College St.,
Toronto, Ont.

Capt. for Lt.-Col,
Director of Records.

Ottawa 23rd day of January 1919

H. Q. 649-A-3375.

13-18-19

DEC 13 1919

R. C.

Certificates of Discharge

(Issued following loss of Permanent Discharge Certificate (M.R.W. 39))

This is to certify that Mr. [Name in full] [Rank] [Service No.] [Army] [Country] [Date]

enlisted in [Service No.] [Army] [Country] [Date]

Canadian Expeditionary Force on the [Date]

of [Date]

He served in [Rank] [Service No.] [Army] [Country] [Date]

and was discharged at [Date]

the [Date]

in [Date]

His conduct and character while in the Service were [Date]

Address [Address]

[Signature]

[Date]

Handwritten signature in blue ink, possibly "R. C.", with some illegible scribbles below it.

MEDICAL HISTORY SHEET

Surname Attwood Christian Name Frederick

Examined { on 25th day of May, 1917
at Toronto, Canada.

Birthplace { City or Town Sussex
County England

Apparent age 46 yrs 7 mos.

Trade or occupation Bushman

Height 5 feet 6½ Inches

Weight 132 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 34 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left 4
Number 4

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection
Nose and throat, O. K. Hearing
O. K. Each eye D. 120 without
glasses. R. D. 40 L. D. 20. with
glasses.

Approved by _____

Rank Toronto Mobilization Centre. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE
		<u>W. M. McLennan</u> M.O. PRESIDENT
		<u>capt</u>

Date	Result	VACCINATIONS

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 25th day of May, 1917 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment #2.	<u>Special Service Co.</u>	<u>2751143</u>		<u>May 25th. 1917.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Halifax</u>	<u>27-10-19</u>	<u>defective vision</u>	<u>Case Examined</u> <u>Major</u> <u>Curt</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.

DEMENTAL B. P. IORR. STREET

CHAMBERLAIN'S DENTAL OFFICE

1910
10-10-10

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

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To be made out in duplicate.

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. 109th ^B Battalion. C.E.F.

(2) Regimental Number 725113.

(3) Full Name of Soldier Frederick Attwood.
Pte.

(4) Place of Birth Wadhurst Sussex, England

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

(6) If married, state,
(a) Full name of your wife Mary anne Attwood.
5 Henderson Avenue. Toronto

(b) Present Postal Address

(7) Are you a widower? No.

(8) Have you any children? Yes.

If so, give number of boys and girls. 6 Girls 1 Boys.

Also their names and ages.

William	26 years.	Nellie	18 Years
MAY	24	Dorcas.	16
Rosie	22 "	Mable	14.
Minnie.	20 "		

(9) Is your Father alive? Yes Frederick Attwood.

If so, state name and address city hall buildings Kingeton ont

(10) Is your Mother alive? No

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

(11) If your Mother is a widow No

Are you her sole support, or not No

(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.

nil.

(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.

N 11

(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.

yes.

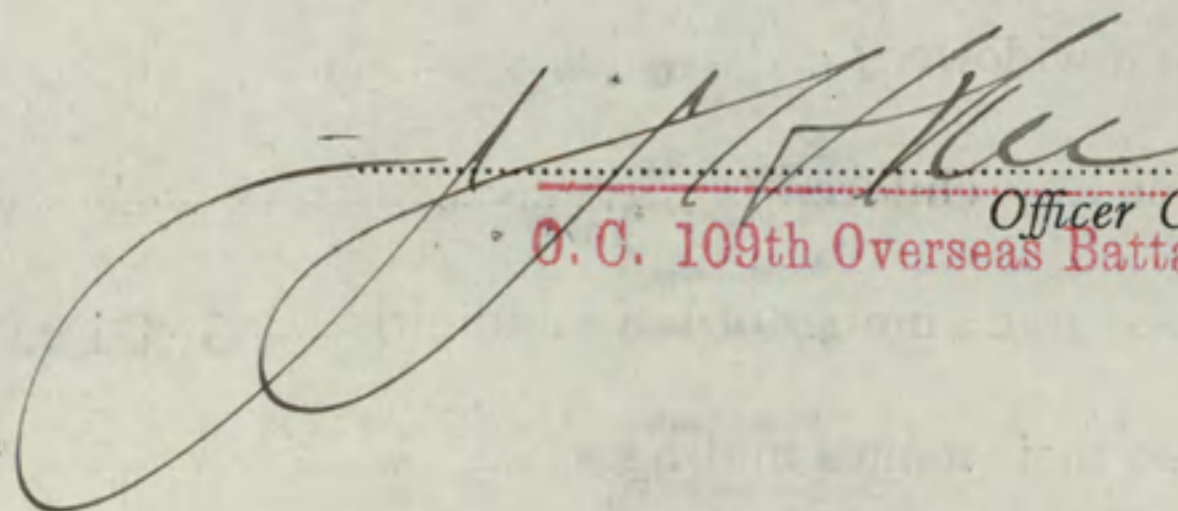
(15) Are you insured? No

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

Date JUL - 8 1916


Lt. Col.
Officer Commanding
C. C. 109th Overseas Battalion, C. E. F.

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 *Frederick* 2. Surname *Attwood*
3. Rank *Lt Cpl* 4. Original Unit *109th O.S. Batta* 5. Reg. No. *725113*
6. Address, in full, to which future payments of gratuity are to be forwarded
*5 Henderson Ave
Toronto, Ont.*
7. Date of enlistment in the C.E.F. *Jan 4th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mary Ann, Attwood*
9. Relationship of such dependent *Wife*
10. Present address, in full, of such dependent *5 Henderson Ave
Toronto, Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
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:—
*109th Batta CEF. left Canada July 1916
went to England returned to Canada March 1917.*
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? *Yes England*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *not applicable*
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 *109th from 4-1-1916 to 24-3-1917
C.M.S. Camps Canada from 25-5-1917 to 11-11-1919
total service 3 yrs 7 mos.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

I hereby certify that I have verified the information stated herein with the applicant's regimental documents in accordance with D.O.No. 52.

Major,
A.P.M.M.D.#2.

Atwood

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Yes.*

1st Enlistment: 725113, 109th Bn 4-1-1916 to

24-3-1917

2nd Enlistment: 725113, 109th Bn 25-5-1917 - to 4-11-1919

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*

\$ 160.¹⁰/₁₀₀ Post Discharge pay in three monthly payments

commencing date of 24-3-1917

20. Have you been issued with a War Service Badge? If so, what class? *"B" 32332*

21. Have you, during the present war, served in the Imperial Forces? *no*

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*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge

4-11-1919 (b) Reason for discharge *Med. unfit.*

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 *no*

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 *no*

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? *no*

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: *Fredrick Atwood*

Place of Residence: *5 Henderson ave. Toronto Ont.*

Declared before me at: *Toronto, Ont.*

This *12th.* day of *December,* 19*19.*

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

Atwood Major,
A.P.M.M.D.#2.

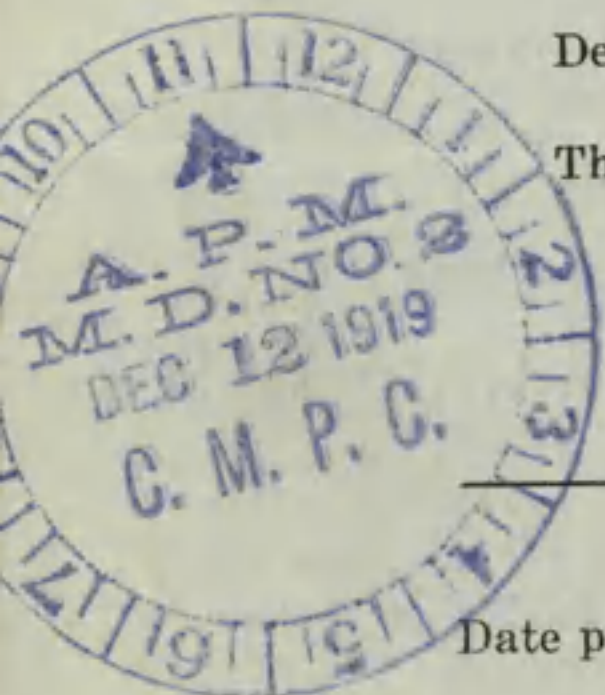
POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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720113

MEDICAL HISTORY SHEET

Surname Alwood Christian Name Frederick

Examined { on 4th day of January 1916
at _____
Birthplace { City or Town Walthurst
County Sussex England

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
Rank 109th Overseas Battalion, C.E.F.

Apparent age 40 years
Trade or occupation Laborer
Height 5 Feet 5 ³/₄ inches
Weight 114 Lbs.

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

Chest measurement { Minimum 32 inches
Maximum expansion 34 inches
Physical development Good
Small-Pox Marks None

J. Russell Captain, & Adjt
Commanding, "The Garrison Duty Battalion"
(Bramshott, Hants.) M.O.

Vaccination Marks { Arm Right None Left four
Number four

Date	Result	VACCINATIONS
		M.O.
		M.O.

When Vaccinated last January 24th 1916
(a) Marks indicating congenital peculiarities or previous disease None

24.1.16 Good J. McCulloch M.O.

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

Date	Result	INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>Declared fit for permanent base</u>
<u>25.4.16</u>	<u>Good</u>	<u>Declared fit for employment on duty only and no suitable employment available although fit for employment in civil life.</u>
<u>2.5.16</u>	<u>Good</u>	<u>Declared fit for employment in civil life.</u>

Enlisted on 3rd day of January 1916 at Lindsey

STATION	CORPS	REG'T NUMBER	HABITS
Joined on enlistment	<u>109th Batt C.E.F.</u>	<u>725113</u>	
Transferred to..			

Discharged: Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment available although fit for employment in civil life.
Director of Recruiting and Organization, C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Bramshott Camp, Hants.</u> <u>3 NOV 1916</u> APPROVED.	<u>3-11-16</u>	<u>Over Age</u>	<u>ph.d. c.s. exp. 16.11.16</u> <u>Major</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
<u>Bramshott Camp, Hants.</u> <u>27 DEC 1916</u> APPROVED.	<u>26-12-16</u>	<u>Orange, Def. Vision</u>	<u>Doct. to Canada</u> <u>Major</u> PRESIDENT MEDICAL BOARD, BRAMSHOTT.

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.

Def vision Class C
W. B. D. M. S.

Christian Name *Fredrick*

Surname *Alwood*

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				
									<p style="text-align: center;">DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912. Being no longer physically fit for war service.</p> <p style="text-align: center;"><i>R.M. Hazelton</i> Lieut. Officer i/o Discharges for. - Officer Commanding, Canadian Discharge Depot.</p>		

MEDICAL
OFFICER

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725713 Rank pk Name Attwood, F. DEPT
MILITIA & DEFENCE
MAR 24 1917
H.Q. CANADA

Local Unit G.A.B. Overseas Unit _____ Age 37

Examination held in Bramshott area.

DISABILITY.

(Defective vision)

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

(No change since his previous board)

Board recommends:

(c. iii)

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

Discharged: Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment on such duty available, although fit for employment in civil life.

(Signature)
 Captain,
 for Col., C.E.F.
 Director of Recruiting and Organization, C.E.F.

Signatures:

(Signature) Pres. *(Signature)*
 Members { *(Signature)*

Approved.

Bramshott 26-1- 1917

(Signature)
 for A.D.M.S. and G.O.C.,
 Canadian Troops, Bramshott.

B. P. C. FALSE DOCKET

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

DEPT
101
MAR 24 1917
CANADA
Age

28/11
Name: [Handwritten Name]
Rank: [Handwritten Rank]
Local Unit: [Handwritten Unit]
Overseas Unit: [Handwritten Unit]

Examination held in Bramshott area.

DISABILITY
(Scratch one out)
(Scratches—Local)

PRESENT CONDITION

[Handwritten notes in present condition section]

Medical Officer of Health
for [Handwritten Name]
Captain

[Handwritten medical notes, partially mirrored]

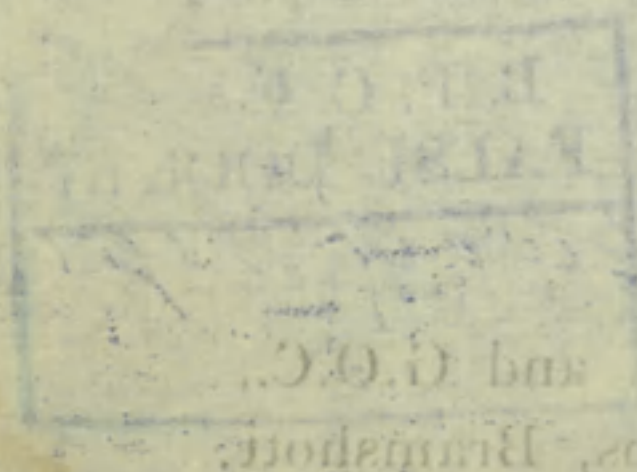
- 1. Fit for Duty
- 2. Fit for duty after [Handwritten] weeks physical training
- 3. Fit for Base duty [Handwritten] weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

Pres

[Handwritten signatures]

Members



Approved
Bramshott

101

EXAMINATION

114641

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

3-11-1916

No. 725113 Rank Pte Name Attwood, J.
 Local Unit 109^B Overseas Unit _____ Age 56

Examination held at Bramshott, Hants.

DISABILITY.

Overseas—Local.
(scratch one out)

*Defective Vision
Over age.*

PRESENT CONDITION.

Defective vision is completely corrected with glasses.

R.E.	6/60	—	6/16
L.E.	6/18	—	6/6

(otherwise fit)

Board recommends :

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

Signatures :

Members { C. S. Cooper Col. ^{Pres.}
J. Maccharon Capt.
H. ...

Approved.

Bramshott 3-11 1916.

[Signature]
 for A.D.M.S.
 Canadian Troops, Bramshott.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT

No. _____
Rank _____
Local Unit _____
Examination held at Bramshott, Hants.

DISABILITY

Gravest - Local
(attach one only)

PRESENT CONDITION

[Faint, illegible handwritten notes in the present condition section]

Board's recommendation

1. Discharge
2. Fit for duty
3. Fit for limited duty
4. Fit for Permanent Reserve Duty
5. Invalidity

[Faint signature]

Member

Approved

Signature

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 425113 Rank Private Name Aftwood Frederick

Enlisted (a) 3.1.16 Terms of Service (a) D of. & Service reckons from (a) 3.1.16

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) Laborer.

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				
			<u>Halifax</u>	<u>24.7.16</u>	
			<u>Liverpool</u>	<u>31.7.16</u>	
		<u>Transferred to C.C.A.C. attached to 57 Bn C.C.F.</u>	<u>Witley</u>	<u>13.11.16</u>	<u>Asst Adjutant Capt. 109th Overseas Battalion, C. E. F.</u>
Re-Attached to C.A.S.C. Bramshott. 20/11/16. (Auth: C.C.A.C. 6-1-2.B. 20/11/16.)					
<p>The Unit known as the 51st Battalion will be designated "The Garrison Duty Battalion" (Authority: Bramshott Divisional Order No. 785, dated 13-11-16.)</p> <p><u>Inwood</u> Captain, & Adj. for Lieut. Col. Commanding, "The Garrison Duty Battalion." (Bramshott, Hants.)</p> <p>Capt. & Asst Adj. for O.C. The Garrison Duty Bn. (Late 51st Bn)</p>					

(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.]

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				
		<p>C.C.A.C. SUB-OFFICE, BRAMSHOTT.</p> <p>DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912.</p> <p>Being no longer physically fit for service.</p> <p><i>K.M. Hazelton</i></p> <p>Lieut. Officer i/c Discharges for.- Officer Commanding, Canadian Discharge Depot.</p>	<p><i>Attached</i> <i>P.D.D.</i></p>	<p>2 FEB 1917</p>	<p><i>abstaining</i> <i>capt</i></p>

Ottawa,

Nov 18/20

From:

The Adjutant-General,
Canadian Militia.

To:

*# 725113 J Attwood
5 Henderson Ave.
Toronto*

Sir:

Enclosed herewith please find Military
Will executed by you while in the C.E.F., and
returned, the same being your own property.

W. J. ...

Lieut., for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1a.
EBM.

1870

1871

1872

1873

1874

att L Inf W.S
~~7471~~
7471

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

..... 3-11 1916.

No. 725113 Rank Pte Name Attwood F.

Local Unit 1093 Overseas Unit Age 56

Examination held at Bramshott, Hants.

DISABILITY.

Overseas—Local.
(scratch one out)

Defective Vision
Over age.

PRESENT CONDITION.

Defective vision is completely corrected with glasses.

<i>R.S.</i>	<i>6/60</i>	<i>—</i>	<i>6/6</i>
<i>L.E.</i>	<i>6/18</i>	<i>—</i>	<i>6/6</i>

Otherwise fit

Board recommends:

1. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.

1st CENTRAL ONTARIO REGIMENTAL DEPOT.

Corps.3033468.Pte.BRYANT Geroge Arthur.....

No. _____

(Here insert Regt.Number,rank, and names at full length)

MARRIAGE.

Nationality of the soldier _____ Bachelor.
Specifying whether bachelor or widower. _____

Christian Name, surname and nationality MEAD, Ellen, Emily (English) .
of the woman, specifying whether spinster Spinster.
or widow.....

Place of Marriage, specifying Parish Parish Church, Parish of
County etc..... S.Michael, Camden Town, County
of London.

Date of Marriage..... 15th February 1919.

Names of two witnesses present at the BURFIELD John Henry.
ceremony..... SHONE Elizabeth.

Signature of the Officiating Minister KETT Thomas Henry.(Priest).
or Registrar by whom the marriage
was solemnized.....

Witley Camp, Surrey.

Certified true extracts.

(signed) A.G.Coithrui....
Capt.Adjt.
1st CORD.

Station 5th March 1919.

Date _____

Certified true copy.

Y. J. J. Lieut
for local i/c. Records, amtc

A.G.R. Rank Name ATTWOOD, Frederick / Reg'l No. 725113
 Unit 109th Bn. / If in perm. Corps, }
 What Unit? } Married or Single Married
 Lindsay,
 Place and Date of Enlistment 4th Jan., 1916. / Place of Birth Wathurst, Sussex, England.
 Name and Address, Next-of-Kin Mary Ann Attwood, /

5 Henderson Ave., Toronto, Ont., Canada. / Relationship Wife. *Y. G. G.*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

Discharge, Date and Place

Reason

Character *LC 316*
LCR 1330/171

H. W. & V., Ltd.-7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
<i>14. 11. 16</i>	<i>109th Bn</i>	<i>S.O.S. to e.e.a.e</i>	<i>Witley</i>	<i>13. 11. 16</i>	<i>Pt II D.U. 319</i>
<i>16. 11. 16</i>	<i>ccac</i>	<i>TOS 2 of com 109th Bn</i>	<i>Marling</i>	<i>3. 11. 16</i>	<i>— 50.5</i>
<i>14. 11. 16</i>	<i>GPB</i>	<i>Attal GPB AD etc</i>	<i>Bramshott</i>	<i>3. 11. 16</i>	<i>— 12</i>
<i>2. 2. 17</i>	<i>G.D. Bn.</i>	<i>cease to be att. to G. D. Bn. proc. to G.D.W. Buxton for it to be</i>	<i>"</i>	<i>2. 2. 17</i>	<i>Pt II D.U. 29.</i>
<i>24. 2. 17</i>	<i>ccac</i>	<i>SOS for com for his 2 cases attal GPB. Marling</i>	<i>"</i>	<i>20. 2. 17</i>	<i>— 94</i>
<i>20-2-17.</i>	<i>CDD.</i>	<i>S.O.S. proceeding to Canada M.U.</i>	<i>Buxton</i>	<i>20. 2. 17</i>	<i>— 43.</i>
<i>Dis. Dept. Finally Discharged. Quebec</i>				<i>24. 3. 17</i>	<i>NR. 208 5 Henderson Ave Toronto.</i>

N/E. R.B. No. *5995*
 File R.L. *LC 316*
 Category *LCR 1330/171*

D/E. 75-5-17

8

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Mary A. Attwood

Name of Soldier Attwood Frederick

Address 5 Henderson Ave
Toronto

Regtl. No. 2451143

Rank Pte
~~Military Police Unit 16/9/17 #2 D.M.L. 25/9/17~~

Corps Spec. Serv. # 2
~~15/10/17~~

Relation to Soldier

Trans #2 S.S. Coy 16/9/17 #2 D.M.L. 20/10/17

wife, child or mother

Wife

To what Corps belonging

J.L.F. 31/10/17

when called out

PAYMENTS

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





D/E 25-5-17
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Mary A. Attwood

Wife
PAYMENTS.

Name of Soldier Attwood J.

Pte 2451143 # 2 Spec S

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		B 11068	24	24 R
July		O 10804	20	20 W
Aug.		B. 15027	20	m 84.2
Sept.		X 18291 A 19377	20	20 T 11937 same. J.D.S.
Oct.			20	B
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.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

584-F-1

Name *Attwood, Frederick*
Surname Christian Name

Regimental Number *725113* Rank *Pte.*

Address (in full) *5 Henderson Ave.,
Toronto, Ont.*

Unit *C.C.A.C.*

Original Unit *109th Batt.*

District where paid *Ottawa.*

Date of Discharge *24/3/17.*

P. D. P. Filing Number *13A7*

Rates:—Regimental pay \$ *1.00* per diem: Field Allowance \$ *.10* per diem. Separation Allowance \$ *20.00* per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
<i>160 10</i>	<i>3087</i>	<i>24/8/17</i>	<i>53 00</i>	<i>2912</i>	<i>24/9/17</i>	<i>53 00</i>	<i>2885</i>	<i>24/10/17</i>	<i>54 10</i>		<i>160 10</i>
				<i>Spd S. A., Supp. Acct. 566</i>						<i>4.00</i>	

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks:

WSG to be paid by District
W 121-12/12/19

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address

W. S. G. File No

Desc'n No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P. D. P. Credited \$

Less further debit balance \$

Net due paid as below \$

TO SOLDIER			TO DEPENDENT		
Q	Ag. No.	Ch. No.	Amount	Days	Rate
1					
2					
3					
4					
5					
6					
Total					

Pay Soldier \$ Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Total Net

Pay Soldier \$ Pay Dependent \$

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

215

To Whom Mary Attwoods
Address 5 Henderson Ave
Toronto, Ont

Wife

By Whom Assigned Attwoods Frederick

Regtl. No. 72 3113

Rank Pte.

Corps 109 Bn

Rate \$15⁰⁰

JUL 1 1916
AUG 1 1916

"A" Co

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop payment 1³/₄ Discharge to Canada 3 M February 1917 J.M. 10/3/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			COPIED FOR CASUALTIES <i>Closed</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

10 P. 10. 11

2: 11. 12. 13

1. 2. 3. 4. 5.

MILITIA AND DEFENCE
ASSIGNED PAY

216

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2 Mary Attwoods

OVERSEAS CONTINGENTS
Wife
 PAYMENTS.

Name of Soldier Attwoods Frederick
 725113 Pte 109Bn

L. L. Job 310.--Req. 6574

Month.	Year.	Cheque No.	Amt.	Remarks.
				AUG 1 1916 AUG 1 1916
April	1916			
May				
June				
July				
Aug.		15140	15	
Sept.		15319	15	
Oct.		19769	15	
Nov.		24817	15	
Dec.		35272	15	
Jan.	1917	P36442	15	
Feb.		P42664	15	
March		24777	15	15 (JW) 24777 Cancelled
April				105.00 Acct Closed BY JW 4/2/17 Rtd Northland 20/2/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				P.D.P. 2/8/17 A.K
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15.00

JW

JW

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

218

SEPARATION ALLOWANCE

Name *Mary Ann Attwood* Name of Soldier *Attwood, Frederick*
 Address *5 Henderson Ave.* Regtl. No. *725-113*
Toronto. Ont. Rank *Pte*
 Corps *109th Battery*
 Relation to Soldier } *wife*
 wife, child or mother }
 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		<i>634148</i>	<i>20 - 20</i>	

COPIED
FOR
CASUALTIES

ACCOUNT CLOSED
DATE.....PER *W*

1880
1881

SEPARATION ALLOWANCE

OVERSEAS, CONTINGENTS

Sheet No. 2.

Mary Ann Atwood wife

Name of Soldier

Atwood Frederick

PAYMENTS.

425/113

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

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916	J 152	20	20	<i>cut Capt Gordon 4²/₇ to acc refund overpayment. Refund of 4⁰/₁₀ overpd req 5⁴/₇ \$5⁴/₇</i>
May		K 4763	20	20	
June		A 2025	20	20	
July		P 9790	20	20	
Aug.		B 10804	20	20	
Sept.		H 14909	20	20	
Oct.		H 18211	20	20	
Nov.		T 20919	20	20	
Dec.		H 24277	20	20	
Jan.	1917	H 27641	20	20	
Feb.		H 30785	20	20	
March		H 33919	20	20	
April				20	
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

260
260 P 10 P 31/7
Oct. Closed
Returned Northland 20/2/17
Dec. 24/3/17. 6/3/17 24.9.17
21/3/17

ACCOUNT CLOSED
DATE..... PER.....

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.				

REGT'L NO. 725113

H. Q. FILE NO. 649-

NAME Attwood Frederick

RANK AND CORPS Pte Bar. Bn.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

7.317.

23-2-17.

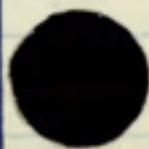
Sailed from Liverpool for Canada per the S.S. Northland 20th Feb. 1917. Defective.

LIST No

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



No. 725-113. RANK

Pte.

NAME Attwood. 7.

T. O. S.

UNIT

Discharge depot. Inches

M. D. 5-

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1917 Feb. 13	1917. Mar 24	✓	109th.	



No. 2751143. RANK *Pt.*

NAME *Attwood, J.*

T.O.S. *25-5-17.*
D.O. *124 of 30-5-17.*

UNIT *No 2 Special Service Co.*

M. D. *2.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917.</i>	<i>1917.</i>			
<i>May. 25.</i>	<i>May. 31</i>	<i>✓.</i>		
<i>June.</i>		<i>✓.</i>		
<i>July.</i>		<i>✓.</i>		
<i>Aug.</i>		<i>✓.</i>		
<i>Sept. 1.</i>	<i>Sept. 16</i>	<i>✓.</i>	<i>Trans. to M. D. 2. 16-9-17.</i>	<i>D.O. 220 of 20-9-17.</i>



NAME ATTWOOD. FREDERICK

REGIMENTAL NO. 725113

RANK L/Cpl.

ENLISTED AT Toronto, Ont.

PROMOTIONS, &c.
AND DATEDATE 25th - 5 - 17

IF SERVED PREVIOUSLY, STATE UNIT, &c. 109 Batt'n. 14 mos.

MARRIED, WIDOWER, OR SINGLE

Yes

NEXT OF KIN

Wife

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS 5 Henderson, Ave. Toronto, Ont

SEPARATION ALLOWANCE, ENTITLED OR NOT

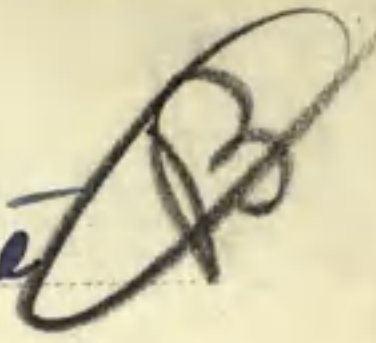
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
F.O.S. 25 th -5-17			
T.O.S. Special Gd. C.M.P.C. ^{15/9/19}	No. 1.	15. 9. 19	
S.O.S. " " " ^{4/11/19}	No. 51	4. 11. 19	DISCHARGED.

mom

Pte 

Number 725-113

Rank

Surname ATTWOOD

Christian Name Frederick

ENGLAND.
~~France~~

Units 10th Bn Can Div Theatre of War

Date of Service 31-7-16

Remarks

Latest Address 5-Henderson Ave,
Toronto Ont-

Roll No A Page 45-24

10m.-8-21.M

DESF NOV 25 1922
REGIN. V. A. 5753

SURNAME

Attwood

CHRISTIAN NAMES

Frederick

REGL. NO.

725113
~~*2751143*~~

RANK

Pte.

UNIT

~~*No 2 Spec. Sec. Coy*~~ *Mil Police Unit (M.O. #2)*

FORMER CORPS

109th Bn. (14th mo)

CASE No. *9190*
801 of C.M.P. (S.1)

Sus Dis m. U.
FOLL. *4-11-19*
80510 4-11-19
Spec. Guard C.M.P.C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Attwood Mrs. Mary Ann.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*5 Henderson Ave. Toronto
Ont.*

COUNTRY OF BIRTH

England Sussex

DATE

Oct. 2nd 1870

PLACE OF ATTESTATION

Toronto Ont.

DATE

May 25th 1917

Infantry no 2 spec. Sec. Coy. Mil Police unit M^o #2

#2 16-9-17 auth. H. Q. 593-3-29, Letter M. O. #2

11/10/17

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Bushman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

46 YEARS

MONTHS

4

HEIGHT

5 FEET

INCHES

6 1/2

CHEST MEASUREMENT

34 INCHES

EXPANSION

2 INCHES

COMPLEXION

Medium

EYES

Grey

HAIR

Blue

DISTINGUISHING MARKS

Scar above left knee. Mole on chest.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

May 25th 1917

Present Address

*5 Henderson Ave.
Toronto Ont.*

SURNAME. *Attwood*

CHRISTIAN NAMES *Frederick*

Sol. Dis. 24-3175

REGL. No. *725113*

RANK *Pte.*

UNIT *109th Mil. Pol. (Re. I.O.S. 1-4-18 N.O. 15 of 31-5-18) Batt.*

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Attwood, Mrs. Mary Ann*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *5 Henderson Ave., Toronto, Ont.*

COUNTRY OF BIRTH *England, Wathurst, Sussex,*

DATE *Oct 2nd. 1876.*

PLACE OF ATTESTATION *Lindsay, Ont.*

DATE *Jan 5th. 1916* JS

Returned to Canada per S.S. "Northland" Feb 20/17.

Sailed from Halifax 23 7/16 per S.S. "Olympic".

MARRIED Yes. **SINGLE** **WIDOWER**
TRADE OR CALLING Labourer. **RELIGION** Church of Eng.
DESCRIPTION.
APPARENT AGE 39 **YEARS** 2 **MONTHS**
HEIGHT 5 **FEET** 5 $\frac{3}{4}$ **INCHES**
CHEST MEASUREMENT 34 **INCHES** **EXPANSION** 2 **INCHES**
COMPLEXION Fair. **EYES** Blue. **HAIR** Grey.
DISTINGUISHING MARKS Scar above right eye.

MEDICAL EXAMINATION. **PLACE** Lindsay, Ont. **DATE** Jan. 4th. 1916.

2482



FORM #3.

From the O.C Discharge Depot, Quebec, to the
Secretary, Militia Council, Ottawa.

MEDICAL BOARD

Referring to the marginally named, I have the
honour to forward herewith the proceeding of a
Medical Board held on 6/3/17
It is noted that this man is being discharged as
Medically Unfit Class 1.

Class 2 to
Class 1

His pay is being adjusted to

MAR 24 1917

of ... I
of ... to

of ... to ...

... ..
... ..
... ..
... ..

...

... ..
... ..
... ..

...

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

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

500M.—9-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 2 Det., C.M.P.C.

Regimental No. 725113 Rank L/Cpl. Name ATTWOOD. FREDERICK
C. E. F.

Enlisted (a) 25-5-1917 Terms of Service (a) C. E. F. Service reckons from (a) 25-5-1917

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				
	T. O. S.	Special Guard. C.M.P.C. D.O. P.2. N° 1 dt. 15.9.19	Halifax N.S.	15.9.19	S. G. Gorman Lt
	S. O. S.	Special Guard. C.M.P.C. D.O. P.2. N° 51 dt. 4.11.19	Halifax N.S.	4.11.19	S. G. Gorman Lt

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

I

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number 725113 Rank Pte Name and Corps of disabled soldier. Allwood Frederick 109 BATT
S.I.O.B.
Previous Civilian Occupation.

Laborer.

DEPT MILITIA & DEFENCE
MAR 24 1917
H.Q. CANADA

Cause of disability:-
Overage 57 } not due to service
Defective vision

Condition in detail which prevent the soldier earning a Full livelihood:-

Overage 57
Defective vision - see report attached
Otherwise fit & able to earn a full livelihood

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

~~50%~~ 57% for defective vision - presbyopia

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for "Military Service?" Yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. no

Signature.

W. W. [Signature] President.
Attorney Kelland Members.
Y. M. [Signature] Capt

Station.

Seneca

Date

6/3/17

Approved.

Date Mar 6/17

W. M. Carrick Major
Assistant Director Medical Service.

Date 29/3/17

D. O. [Signature]
Director General Medical Service.
B.P.C. FOLIO
INDEX DOCKET
6
MAR 20 1917

To the M.O. i/c 109th Btn. C.E.F.

Military Hospital.

10-11-16.

Atwood P. #925113, 109th Btn. C.E.F.

REPORT.

Visual acuity:- R.E. Less 6/60. L.E. 6/18.
" " with glasses 6/3 6/6.

C.D. X 2.25 Sp. -6/6
O.S. X 1.25 Sp. -6/6.

J.G. Sutherland Capt. C.A.M.C.

Ophthalmologist.

Bramshott Military Hospital.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

25-5-17-

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25- 1-12-17		
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RATE OF ASSIGNMENT

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P.B. 3257.

125113

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2751143.

Rank *Pte* Promoted Reverted Discharge

Name

Soldier's Name *Frederick Attwood*

Address

Battalion *Spec. Sew. Co. 2. Military Police Unit*

Change of Address

Beneficiary *Mary A. Attwood*

Relationship *Wife*

Address *5 Henderson Ave. Toronto - Ont.*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30-17</i>		<i>84</i>		<i>84</i>	<i>Trans Military Police Unit 16/9/17 #2 Pmk 229</i>
<i>Oct D</i>	<i>51410</i>	<i>20</i>		<i>20</i>	<i>Trans #2 Lt. Co. 16/9/17 #2 Pmk 20/10/17</i>
<i>Nov. C</i>	<i>53194</i>	<i>20</i>		<i>20</i>	<i>2/11/17</i>
<i>Dec B</i>	<i>59210</i>	<i>20</i>		<i>20</i>	<i>PM</i>
<i>Jan 18. F</i>	<i>60514</i>	<i>30</i>		<i>30</i>	<i>S F.X. 1702-13 1/2 Cent Pains free</i>
		<i>174.-</i>		<i>174.-</i>	

Paymaster Paying
From 1-2-18
To.....

*M.P. 2
Military Police Unit*



M. F. W. 128
400M-6-17-1772-88-1141
L. L. 222A-M. & D. 7493.

ORIGINAL

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

M. OR S. Married REGT. NO. 725113 RANK L/Cpl. NAME (IN FULL) ATTWOOD, Frederick

NEXT OF KIN Mrs. Mary Ann Attwood RELATIONSHIP Wife ORIGINAL UNIT C.E.F. Toronto, Ont. IF IN P.F. WHAT UNIT? DATE 14/9/19 AUTHORITY D.O. 255

ADDRESS 5 Henderson Ave., Toronto, Ont. TRANSFERRED TO M.A. # 100 DATE 14/9/19 AUTHORITY D.O. 255

DATE OF ATTESTATION 25-5-17 ASSIGNED PAY \$ 15.00 DATE EFFECTIVE 14/9/19

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 14/9/19

TO WHOM PAID as above RELATIONSHIP Wife ANY CHANGE IN ASSIGNEE OR ADDRESS None

ADDRESS 5 Henderson Ave., Toronto, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE 14/9/19 EFFECTIVE 14/9/19

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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		DEBIT	CREDIT
1919																				
April	30	1.15	34.50	10.05 24	30	✓	12.85	4	10	11.28	40	33.55	45	11.85	10		5199699			
May	31	1.15	35.65	10 24.80	30	✓	13.14	5	10	20.24	40	36.45	45	12.14	10		23-20			
June	30	1.15	34.50	10 24	30	✓	12.85	5	11	5201015 144.25/6	40	33.50	45	11.85	10		5200852-40-19/6			
July	31	1.15	35.65	10 24.80	30	✓	13.14	5	11	5201220 64.29/7	40	36.45	45	12.14	10		5201432-57-21/7			
Aug	31	1.15	35.65	10 24.80	30	✓	13.14	5	11	5201780 76.26/9	40	36.45	45	12.14	10		5201922-74-20/8			
Sept	14	1.15	16.10	10 14	30	✓	4.30	8	10	5202169 80.10/8	40	4.50		85	370		5202311-82-18/9/19			
			197.05	360.65	180		732.70			240		176.40	270	686.40	370		50			

J. W. Farmer Capt
PAYMASTER, No. 2 DETACH MT C.M.P.C.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space for the Ch.

CERTIFICATE r

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725113 Army Rank Private

Name Attwood, Frederick
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. C. A. C. 109th Bn. 3/1/16

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge MAR 24 1917

Place of discharge _____

1. Description at the time of discharge.

Age <u>57</u> years <u>4 1/2</u> months	Descriptive marks. <u>2 Ke marks. l. arm</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Grey</u>	
Trade <u>Labourer</u>	
Intended place of residence (To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____
Para. 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good see AFB 122

4. Character awarded in accordance with King's Regulations:— _____

To be filled in on the soldier quitting the Colours.

CANADIAN DISCHARGE DEPOT

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to* _____

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) *Buxton*

(Date) *FEB 6 1917*

CANADIAN DISCHARGE DEPOT,
James Macpherson
Lieut.-Col.,
Commanding _____ Battn. _____ Regiment.
Officer Commanding

8. Certificate to be signed by the soldier on discharge.
I hereby acknowledge that I have received all my pay and allowances, (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____

(Date) _____

F. Atterwood (Signature of Soldier.)
H. B. Ryan (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.
Further service " " _____ (the date of confirmation of discharge) " ..
Total " ..

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *MAR 24 1917* (date)

(Place) _____

(Date) _____

W. Marriott Lt. Col.
Signature **Comd'g. Discharge Depot Quebec.**

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None

F. Atterwood

There is no Permanent Base Duty at which I can profitably employ this Man.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Circulatory Respiratory - Digestive system - normal

Nervous system. see no 11.
no venereal nor skin disease

venereal

14. If the disability is an injury, was caused

not applicable

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

not applicable

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for light duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

yes in Canada

Geard Russell Capt. C.A.M.C.
Officer in medical charge of case.

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

Station Bramshott

A.S. Stewart Maj
Officer in charge of Hospital.

Date 10-12-16

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

725113 Attwood F.
410653 Waite W

W.H. Kewart Lt Col.
Officer Commanding.

Unit. Garrison Duty Battalion

DEPT MILITIA & DEFENCE

MAR 24 1917

H.Q. CANADA

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

1. No
2. No

(b) If due to one of these causes, to what specific condition do the Board attribute it?

not applicable

21. Has the disability been aggravated by

- (a) Intemperance? No
- (b) Misconduct? No

22. Is the disability permanent? Yes.

23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

none as compared with capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

- (a) Fit for duty? Yes in Canada Base duty in Canada.
- (b) Fit for light duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

not applicable

Signatures:—

Station Bramshott

Date 26-12-16

Approved.

Station Bramshott.

Date 27 DEC 1916

M.B. Lofie Capt. President.

J. M. ... Members.

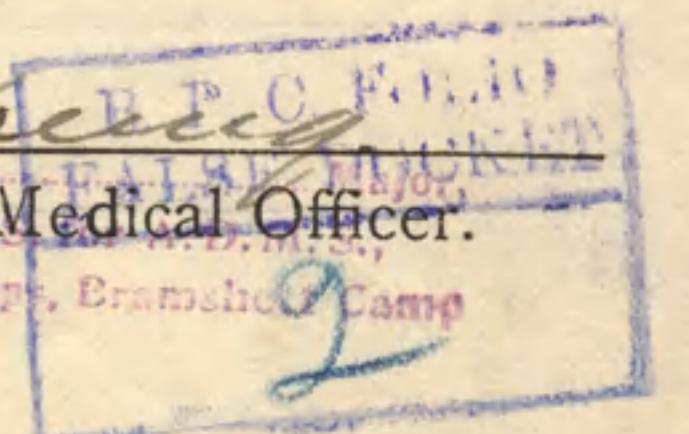
For G.O.C. & Administrative Medical Officer.

Canadian Troops, Bramshott Camp

Discharged: Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment on such duty available, although fit for employment in civil life.

for Col. ...

Director of Recruiting and Organization, C.E.F.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most able information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential in assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian and Allowance Regulations as amended G.O., 57, May 1st, 1915).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from ordinary conditions and disease to which the soldier would have been equally liable in civil life.

13. What is his present weight?
 Weight should be stated if it is likely to progress of it

14. If the disability is an injury, was it caused by—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what?
 17. If not, was an operation advised and declined?
 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend—
 (a) Fit for duty?
 (b) Fit for light duty?
 (c) Invalided to Canada?
 (d) Discharge as permanently unfit?

not applicable

not applicable

not applicable

not applicable

not applicable

DEPT. OF MILITARY AFFAIRS

Geo. Russell Capt. C.A.M.C.
 Officer in medical charge of case.

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

Station Bramshott A. D. Stewart Maj.
 Officer in charge of Hospital.
 Date 10-12-16

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.
 † Delete this word if no exceptions are to be made.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by—
 (a) Intemperance?
 (b) Misconduct?

22. Is the disability permanent?
 23. If not permanent, what is its probable minimum duration?

To be stated in months.
 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
 In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend—
 (a) Fit for duty?
 (b) Fit for light duty?
 (c) Invalided to Canada?
 (d) Discharge as permanently unfit?

1. *No*
 2. *No*

not applicable

No
No

yes

not applicable

none as compared with capacity on enlistment

not applicable

Signatures:—

Station Bramshott Mr. Lofie Capt. President.
 Mr. [Signature] Members.

Date 26-12-16

Approved. Bramshott

Date 27 DEC 1916

MAR 24 1917
 H.Q. CANADA

Discharged: Owing to having been declared by Medical Board as fit for permanent base duty only and no suitable employment on such duty available, although fit for employment in civil life.
 Mr. [Signature] Captain
 Director of Recruiting and Organization, C.E.F.

For G.O.C. & Administrative Medical Officer.
 Canadian Troops, Bramshott Camp

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Folkestone, Kent, England, on the _____ day of _____ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,
Legal Adviser.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

D.M.S. 1312.
Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Braunschott Camp.

Date 10-12-16.

DEPT MILITIA & DEFENCE
MAR 24 1917

- 1. Unit. Can. Duty Bin.
- 2. Regimental No. 725-113.
- 3. Rank Plt.
- 4. Name Attwood, F.
- 5. Age last birthday 5-6.
- 6. Enlisted on Jan 3rd 1916.
at Lindsey Det.
- 7. Former Trade or Occupation Labourer.

8. Disability.

- 1. over age.
- 2. Defective vision

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. 1 when enlisted.
- 10. Place of origin of disability. 2. when enlisted.
Canada.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Spinalist's Report: Brauns. M. H.
dated. 11-10-16,
R. E. 6/10. L. E. 6/8.
with glasses R. E. 6/9 - L. E. 6/8.
J. G. Sutherland Capt. C.M.C.

12. (a) Give your opinion as to the causation of the disability.

not applicable

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

not applicable

B. P. C. FOLIO
FALSE DOCKET

3

1000/24/1917

1

4

10-3-17

_____	<i>President.</i>	_____	
_____	Lt.-Col.	_____	Major.
_____	Lt.-Col.	_____	Major.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Asst. Director Pay Services

Military Dist. 3.

SEP 11 1919

RECEIVED

DEC 11 1919

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 18th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 725113 2. Rank Plt 3. Original C.E.F. Unit 109 Bw
4. Christian Names Frederick 5. Surname Atwood.
6. Address, in full, to which future payments of gratuity are to be forwarded

5 Henderson Ave

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

Table with 4 columns: Enlistment type, Regt. No., Rank on Enlistment, Unit. Includes handwritten entries for 1st, 2nd, and 4th enlistments.

Imp. Enl.

Table with 7 columns: Enlistment type, Date of Enlistment, Date of Discharge, Rank on Discharge, Unit from which discharged, Place of Discharge, Reason for Discharge. Includes handwritten entries for 1st and 2nd enlistments.

M. F. W. 2525 (b) 494-D.P.-100M-6-19. 1772-39-1389.

S.A. & A.P. DEC 11 1919

S.A. & A.P. NOV 11 1919

S.A. & A.P. SEP 15 1919

date of service

MM

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. 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:

109th July 1916

10. 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? No

11. Have you been issued with a War Service Badge? If so, give number and class. Be. 32332

12. 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. No

13. 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, from where paid, and on what dates.

3 months P.D.P.

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service

No

16. (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? No

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. Mary Ann Atwood

18. Relationship of such dependent. Wife.

19. Present address, in full, of such dependent. 5 Henderson Ave Toronto

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Fredrick Atwood

Place of Residence: 5 Henderson Ave

Declared before me at: Toronto
This 29th day of August 19 19

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

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
3087	24-8-17	53 ⁰⁰
2912	24-9-17	53 ⁰⁰ record
2885	24-10-17	54 ¹⁰

our Ledger shows a debit balance of 4⁰⁰ S.A. & P.
REMARKS P.D.P. md. 3 paid to suspension
No records md. 2 J. P. 13-12-19

Certified correct. [Signature] Lt. Col.
Assistant Director Pay Services, Mil. Dist. No. 3

Date Sept 11/19

183 days
420.00
150.00
600.00

243



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.

YES

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.)

YES

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.

CAMP HILL HOSPITAL
HALIFAX
PLACE Halifax, N.S.

E. K. MacLellan Major
President.

DATE 27-10-19

W. J. Henderson 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 _____ President.

DATE _____ Members

APPROVED BY *[Signature]* APPROVED BY _____
Assistant Director of Medical Services. Director-General of Medical Services.

DATE 28-10-19

DATE _____

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

CAMP HILL HOSPITAL
HALIFAX

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Halifax, N.S. DATE 27-10-19

1. 1 (a) Unit C.M.P.C. (b) Regimental No. 725113 (c) Rank L/Cpl

(d) Surname ATTWOOD (e) Christian name Frederick
(f) Home address 5 Henderson Ave. Toronto.
(g) Next of Kin Miss M. Attwood (h) Relationship Wife
(i) Address of Next of Kin As above

2. Age last birthday 60 Date of birth 2-10-59

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont (b) Date 4-1-16

4. Personal description:
(a) Height 5' 6 1/2" (b) Weight 135 (stripped) (c) Complexion Fair
(d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation NIL Bushman

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	296

	PERIODS	
	From	To
Canada	C. E. F. 4-1-16	25-5-17
England	C.M.P.C. 25-5-17	27-10-19
France or other theatres of War		

7. Original disease, or injury Defective Vision

(a) Date of origin Congenital (b) Place of origin England
(c) Cause Congenital.

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.)

Defective Vision both eyes.

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.)

Capt Schwartz' Report: 25-10-19

Rt. Vision 20/100

lt. " 20/80 plus

Appriopic; presbyopic

Not due to service. Category "B".

General condition good.

(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
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

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

Vision always defective, but since 1917 has grown much worse. Has worn glasses for 2 years for reading purposes.

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).)

NIL

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

NIL

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.)

NO

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.)

Glasses for 2 years

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? YES (If not, briefly state why)

17. Recommendations... Category "E"

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

Signature of invalid examined. Rank.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company } Conduct Sheet,	" B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44	(a) Proceedings on Discharge.	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.) MEDICAL DOCUMENTS FORWARDED TO

No.	725113	S. C. B.
Rank	L Corporal.	B. P. C.
Surname	ATTWOOD.	ON 13-11-19
Christian name	FREDERICK.	
Corps (Squadron, Battery or Company)	Special Guard. C. M. P. C.	
Date of discharge	4 th November 1919.	
Place of discharge	Halifax N. S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	49 years 5 months	Descriptive marks Scar above left knee. Moles on Chest.
Height	5 feet 6 1/2 inches	
Complexion	Medium	
Eyes	Grey	
Hair	Black	
Trade	Bushman	
Intended place of residence		
2. The above-named man is discharged in consequence of Unfit for further service. Authority for discharge G.D. 59-A-481 H. HALIFAX. 29-10-19		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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) Halifax N.S. (Date) 4th Nov 1919. Lt. Colonel O. C. special Guard C. M. P. C. 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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. (Date) 4th Nov 1919. F. Atterwood (Signature of Soldier.) G. Lauryanne Capt (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.

F. Atterwood (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to... (the date to which the Record of Service is completed) 2 years 163 days. Total 2 years 163 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S. (Date) 4th Nov 1919. Lt. Colonel O. C. special Guard C. M. P. C. (Signature)

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.)

F. Atterwood