

REGIMENTAL DOCUMENTS

NAME **BARTLEY** *William*

REGT. NO. *108 7261*

UNIT *23rd Inf*

H. Q. FILE NO. *1305*

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
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NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

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Medical

DESERTION

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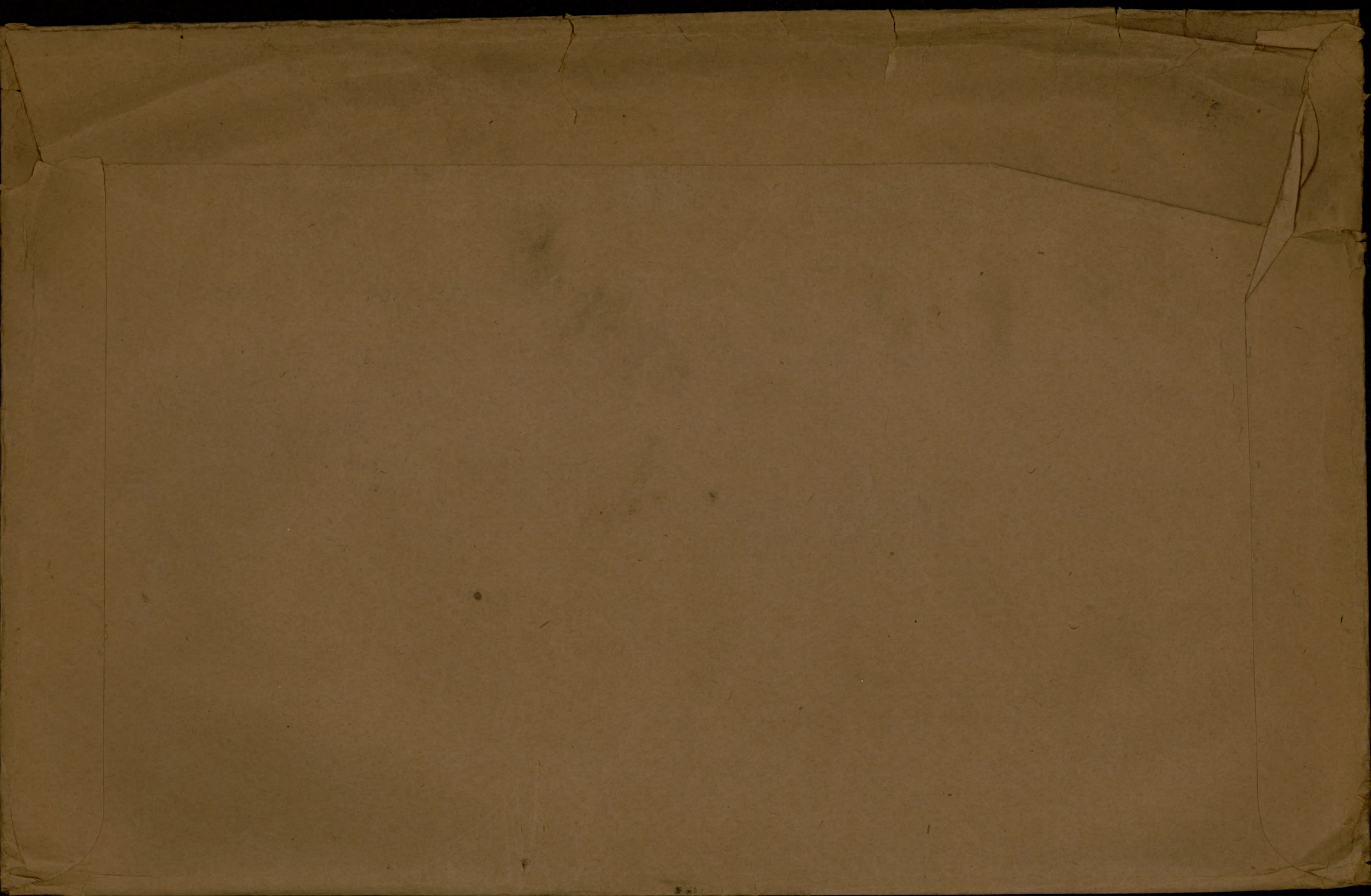
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*12-30
19-30
29-31
2*



ATTESTATION PAPER.

No. 1084261
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Bartley*
- 1a. What are your Christian names? *William Killighan*
- 1b. What is your present address? *Kilmount Ont*
2. In what Town, Township or Parish, and in what Country were you born? *Kilmount*
3. What is the name of your next-of-kin? *Sarah Bartley*
4. What is the address of your next-of-kin? *Kilmount Ont*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *Aug 4th 1898*
6. What is your Trade or Calling? *Laborer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *Yes 1 year 109th Bn*
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 109th Bn*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? *Yes 109th Bn*
14. If so, what was the nature of the disability? *Accident*
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *No*
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Bartley*, 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.

Date *Mar 17th 1917* *William Bartley* (Signature of Recruit)
A. Riches (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Bartley*, 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.

Date *Mar 17th 1917* *William Bartley* (Signature of Recruit)
A. Riches (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 *17th* day of *March* 1917

John A. Knight (Signature of Justice)

Description of Bartley, Wm. on Enlistment.

Apparent Age 19 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 3/4 ins.

Chest measurement { Girth when fully expanded..... 35 1/2 ins.
 Range of expansion..... 3 1/2 ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

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

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

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

scar on palmar surface of 3rd 4th & 5th fingers of right hand

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..... 17th March 1917

Place..... Lindsay

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Bartley.....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.

[Signature] (Signature of Officer)

Date..... 17th March 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1087261 (Rank) Private

Name (in full) BARTLEY, William enlisted in

the 252nd Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 17th

day of March 19 17

HE served in Canada, England & FRANCE

and is now discharged from the service by reason of medically unfit

R.O. 1894.

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

Age 20 years 10 months

Height 5 feet 5 1/4 inches

Complexion Dark

Eyes Grey

Hair Dark Brown

Marks or Scars

Vac. mark left arm. Scars right

elbow

W Bartley
Signature of Soldier

W R [unclear] Captain

O. C. Discharge Section

No. 3 District Depot

Rank

Date of Discharge 26.6.19

Appointment

Signed at Kingston, Ont. this 26th day of June 19 19

in Military District No. 3

File Reference No. 3DD 3. B. 898

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 cer-
tificate will not be com-
pleted.

Reported from Canada
on 29 April 1916
S.A. Olympic
served in England
7 1917

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 253rd B. U. S. BATTALION, C. E. F.
 Regimental No. 1084761 Rank Private Name Bartley William
 Enlisted (a) 12/3/14 Terms of Service (a) 5 years Service reckons from (a) 12/3/14
 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 Military Nil

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				
Transferred to 253rd B. U. S. B. in 24/4/17					
Auth: War Office 24/4/17					
			Embarked Canada	29. 4. 14	
			Arrived England	4. 5. 14	
6. 5. 14	Ob. 253rd	Transferred to 5th Can. Reserve B. U.	W. Sandling	6. 5. 14	253rd B. U. 126. 6. 5. 14 Act. Lett. Capt. Adj.
9. 5. 14	Ob. 5th	Taken on strength	W. Sandling	9. 5. 14	B. U. 123. 9. 5. 14
6/6/17	Ob. 5th Res	S. off. st. on transfer to 164th B. U. Willey	W. Sandling	6/6/17	Bn of 152. Jaunpie Lieut. O./S. Records, 5th Canadian Reserve Division, West Sandling, B. U.
7th 17	164th	Taken on strength of 164th Can. Int. Bn.	Witley	7. 6. 17	R+2 20#9

(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.]

1087261

Bartley, W.

Active Service

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				
8-3-18	164th Bn	Transferred to 5th Canadian Divisional Troops.	Witley	8-3-18	Part 2 DO #12. Lieut. A/Adj. 164th Battalion
29-3-18	164th Bn	Transferred to 21st Bn	Witley	29-3-18	Part 2 DO #20 ✓ <i>W. H. M. G. Jones</i> LIEUT. of ADJUTANT GEN. CAN. INF. BATT.
	2 C.C.B.D.	Arrived & Taken on Strength 21st Canadian Battallon.	2 C.C.B.D.	30-3-18	Part II Ord. 23 of 4-4-18
	2 C.I.B.D.	Left for C.C. Rein. C.	Field	31-3-18	NR
	C.C. Rein. C.	Arrived. Can. Corps. Rein. Camp.	Field	31-3-18	NR
	Do	Left for unit	Field	10-4-18	NR
20/4	21st BATTALION	JOINED UNIT	21st BATTALION	12-4-18	B 213.
	5 C.7.A.	S.W. Shldr. R. leg. R., Arm R. and side R. Adm. & trans to	47 CCS	6-8-18	W. 3391 - G. 6868.
	5 C.C.S.	(6-8-18) Adm & trans	A.T. 19	8-8-18	Do. G. 8370.
	47 Gen.	Adm.	47 Genl.	8-8-18	W. 3034.
8/10	Do.	still a patient at	Do	8-10-18	Letter. (K-2 17/54/2)
	"Fauster Castle"	Invalided. Wounded	England	9-11-18	W. 3083 - 6529. Part II Ord. 98 of 29-11-18
		Posted to Eastern Ontario Regtl. Depot, Seaford			

W. H. G. Jones

Major for Lt.-Col., A.A.G.
Canadian Section, G. H. O. 3rd Echelon B.E.F.

reported from Canada

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 21st Bn in the Field Regimental Number 1087261
*Substantive Rank Pte Surname Bartley Christian Names William
*Acting Rank _____
(* To be entered in pencil to facilitate alteration.)

(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
18-11-18	CORD 719D	286	Posted from 21st Bn. Witley		11-18	
			<p><i>W. D. Yarnall</i> for Col i/c Records, ONIFC</p>			
			24-2-19 Posted to Queens		8-3-19	10572
10-3-19			Granted Leave with Subs to		24-3-19	4872
23-6-19			Transf to Cas Coy			HS 175-
24-5-19			Los from HS Queens		23-6-19	CC 175-
26-6-19			Los Dock Co 1894.			HS 175-

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

William Bartley Lieutenant
For O. C. No. 3 District Depot.

CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston Station.
No. 1687251 Rank. Pte. Name. Bartley, Wm Age. 21
Unit. ~~21st Bn.~~ 3rd Bn. Completed years of service } Where and how long } C 12/12. E 12/12. F 8/12.
Date of admission. 51-3-19. Date of discharge. June 23/19.
Diagnosis. G.S.W. elbow. Place of origin. France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. G.S.W. right elbow injuring ulna, radius & humerus & causing bony interlocking at elbow, allowing only about 3 movement deg., Movement of thigh joint. A number of incisions for infection evident in front of arm. Forearm fixed in a position of 45 degrees from dorsum of arm; X Ray shows - Old fracture of upper thirds of radius & ulna with considerable comminution. There is bony ankylosis of elbow joint. Urinalysis - normal. Pronation & supination right forearm limited to 75% normal. All wrist & hand movements are normal.

FAMILY HISTORY. Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Remedial exercises & massage.

(Especially any specific or special form)

CONDITION ON DISCHARGE. Disability permanent. Recommend discharge on demobilization with pensionable disability.
(and disposal made of case.)

Date. June 23/19.

James Stevenson Capt. A.M.C.
Medical Officer i/c case.
e.g. 339.

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

Proceedings of Medical Board at Discharge Depot.

Number # 426109 Rank Pte. Name and Corps of disabled soldier. Bartley, William James ^{109th Bdn}
 Previous Civilian Occupation. Labour

RECEIVED
 FEB 16 1917
 H.Q. CANADA

Cause of disability -

Undrriage (17) Incontinence of urine (nocturnal) not due to or aggravated by service.

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

Patient complains of passing his water involuntarily at night

Exam: His only disability is the incontinence of urine at night.

Is undrriage (17) Other systems normal.

Is no worse than on enlistment.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

- 1/5 not due to service -

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.

E A Robertson Capt President.

M Hoggan Capt Members.

J Chalpe Capt

Station.

Quebec

Date

Jan Feb. 11, 1917

Approved.

Date

Feb 1/17

W McNeill Major
 Assistant Director Medical Service.

Date

1.3.17

W Llewellyn Capt
 Director General Medical Service.

Noted
14 2-17
WMB

Proceedings of Medical Board at Discharge Depot.

Number _____ Rank _____ Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability -

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

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity?

Signature. _____ President.

Members. _____

Station. _____

Date _____

Approved. _____

Date _____ Assistant Director Medical Service.

Date _____ Director General Medical Service.

726109

MEDICAL HISTORY SHEET

ORIGINAL

Surname Bartley Christian Name William James

Examined { on 7th day of February 1916.
at Lindsay
Birthplace { City or Town Kinmount
County Ontario

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

Apparent age 17 years
Trade or occupation laborer
Height 5 Feet 5 3/4 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 30 inches.
Maximum expansion 33 1/2 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm None Right None Left One
Number One

Date	Result	VACCINATIONS,
<u>7-2-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 7th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26-4-14</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-14</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>12-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 7th day of February 1916 at Lindsay

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. T.E.F.</u>	<u>726109</u>		<u>7. 2. 16.</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>3-11-16</u>	<u>Incontinence (690)</u>	<u>discharge</u>
<u>26 NOV. 1916</u>	<u>26-11-16</u>	<u>Incontinence (690)</u>	<u>Discharged, Class E</u>
APPROVED. <u>W. J. ...</u> Major, D. A. D. M. S. for A. D. M. S., Canadian Troops, Bramshott Camp			<u>C. E. Cooper</u> Major, C.M.S.

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.

ORIGINAL
2524 ORIGINAL C.F.F. ORIGINAL
MEDICAL HISTORY SHEET

1087261

Surname Barstley Christian Name William

Examined { on 17th day of March 1917
 at Lindsay

Birthplace { City or Town Kilmount
 County Ontario

Approved by G. Graham
 Rank Capt. Amc. M.O.

Apparent age 19

Trade or occupation Laborer

Height 5 feet 5³/₄ Inches

Weight 146¹/₂ lbs.

Chest measurement { Minimum 32 inches
 Maximum expansion 3¹/₂ inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
 Number 1

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		13 NOV 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>24/1/17</u>		<u>G. Graham</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/4/17</u>	<u>Good</u>	<u>G. Graham</u> M.O.
<u>14/4/17</u>	<u>Good</u>	<u>G. Graham</u> M.O.
<u>19/4/17</u>	<u>Good</u>	<u>G. Graham</u> M.O.

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

Enlisted on 17th day of March 1917 at Lindsay

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>252nd Batt</u>	<u>1087261</u>	<u>Good</u>	<u>17/3/17</u>
Transferred to	<u>253rd Batt</u>	<u>1087261</u>	"	<u>23/4/17</u>
<u>Auth: Wire from D.A.A. & L.M.G. dated 20/4/17</u>				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>10464th Basingstoke</u>	<u>25-11-18</u>	<u>Calcyloritis Partial Rt Elbow</u>	<u>Disb. EP/eyes Capt come</u>

CANADIAN

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 *Barber* Christian Name *William*

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				
<i>Branshott</i>		<i>8</i>	<i>7</i>	<i>17</i>	<i>12</i>	<i>7</i>	<i>17</i>	<i>Tonsillitis</i>	<i>5</i>	<i>Sub-acute. Recovered</i>	<i>W. W. Wright Capt.</i>
<i>No. 4 Canadian Gen. Hospital Basingstoke.</i>		<i>10</i>	<i>11</i>	<i>18</i>	<i>20</i>	<i>1</i>	<i>19</i>	<i>Low. Rheum.</i>	<i>41</i>	<i>Wd. of 18. Op. of radius ulna. Right elbow partly excised (head radius ulna) in frame. Elbow is now flexed at 90° and partially ankylosed. Supination 45° and pronation to midway only. Wrist hand markedly clubbed with chronic implantation. Invalid to Canada.</i>	
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		20	JAN	1919	24	FEB	1919	<i>do</i>		<i>Invalid to Canada.</i>	<i>H. W. Brown Capt.</i>
H. M. A. T. "ESSEQUIBO"		FEB	24	1919	MAR	8	1919	<i>do</i>	<i>13</i>	<i>No change</i>	<i>W. W. Wright Capt.</i>
<i>Q.W.M.A. Kingston</i>		<i>8</i>	<i>3</i>	<i>19</i>	<i>23</i>	<i>6</i>	<i>19</i>	<i>DO</i>	<i>137</i>	<i>Boarded 17-6-19 Med. unfit</i>	<i>W. W. Wright Capt. A.M.C.</i>

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>3255</u> Year <u>1917</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>1087261</u>	<u>Private</u>	<u>Bartley</u>	<u>W.</u>
	Unit.	Age.	Service.	
	<u>164th Canadians</u>	<u>19</u>	<u>3/12</u>	
Station and Date.	Disease			
<u>July 8</u>	<u>Tonsillitis</u>			
<u>Branslett.</u>	<u>Throat sore two days</u>			
	<u>At present slight redness of tonsils -</u>			
	<u>little or no glandular enlargement or swelling</u>			
	<u>Swab - negative for K. L.</u>			
<u>10</u>	<u>Discharged Olives Cat A II</u>			
	<u>W. W. Wright Capt</u>			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
		Pte	Bartley	
	1st Bn			
	Disease			
	such an extent that they could not be completely flexed.			
	Accepted into service after that, but sent home from England as under age.			
	Re-enlisted in May 1917.			
	To Capt Lewis for electrical reactions.			
	To massage Dept. ^A			
	To X ray.			
	Haw Brown Capt			
	Cock up splint for arm.			
	Wounds have been healed for a month.			
	Has had no massage.			
19/11/18	X ray report - heads of right radius & ulna eroded (somewhat incompletely). Much osteophytic growth (very irregular) type about elbow joint and all lower end humerus, esp. on out. post aspects.			
Nov. 12 th /18	I to Canada by mail of 22 Oct			
5 1/4 14	24-1-19 G. Good 7 sol w. Reddick Capt.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P:38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

MEDICAL CASE SHEET.*

B^u B/4-18

LB

MAT 6006
Year

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1084261	PL	Bartley	W.
Year	Unit.	Age.	Service.	
	21st Bn Camb "A"	# 18	36/12 8/12	

Station and Date: 10-11-18
 Disease: GSW R. Shld R arm A Sidel A Leg
 R. thigh
 Farmer

OCCUPATION

NEXT OF KIN

ENLISTED

ENGLAND

FRANCE

WOUNDED

HOSPITALS

OPERATIONS

REMARKS

SUMMARY OF P.M.C.E.M.H.S.

PRESENT CONDITION

Mother, Mrs Bartley, Rimmont Det
 Lindsay Det. 17/3/17
 May 17
 March 18
 Aug 18/18.
 Nos G.S.S. 6/8/18
 No 7 Gen. 8/8/18. In Depot.

Nos G.S.S.
 6/8/18 - Wds cleaned up. Elbow joint open. Flange. I.B. removed right thigh. Large wds of side exposed B.S.P. Sutured.

No 7 Gen. Hosp
 26/8/18. Excising of upper end of radius and ulna (R) performed. Counter incision in antecubital fossa. Correll tubes. Thomas splint.

26/9/18 - Opened up again on a/c temp being up.

19/10/18 Counter incision.
 6/11/18 Elbow healed. He has some movement at the joint and in wrist and fingers. This was very bad elbow and amputation

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

was considered, & it was only
after much trouble that he was
pulled around.

Present Condition.

- I. Healed scar of wound over right deltoid. No disability.
- II. Healed scar of superficial wd right flank.
- III. Healed scar of wd lower 1/3 Rt thigh. No disability.
- IV. Right Elbow.

Excision of elbow joint was performed 6/8/15 at G. B. S.
All operative wounds are healed.

There are three anterior healed incision scars, in
front of elbow, one in front of antecubital fossa
and one on each side of this, each about 1/2" long.
Two other >" healed scars posteriorly, & over the
olecranon is a broad flat healed scar 4" x 3".

Movements.

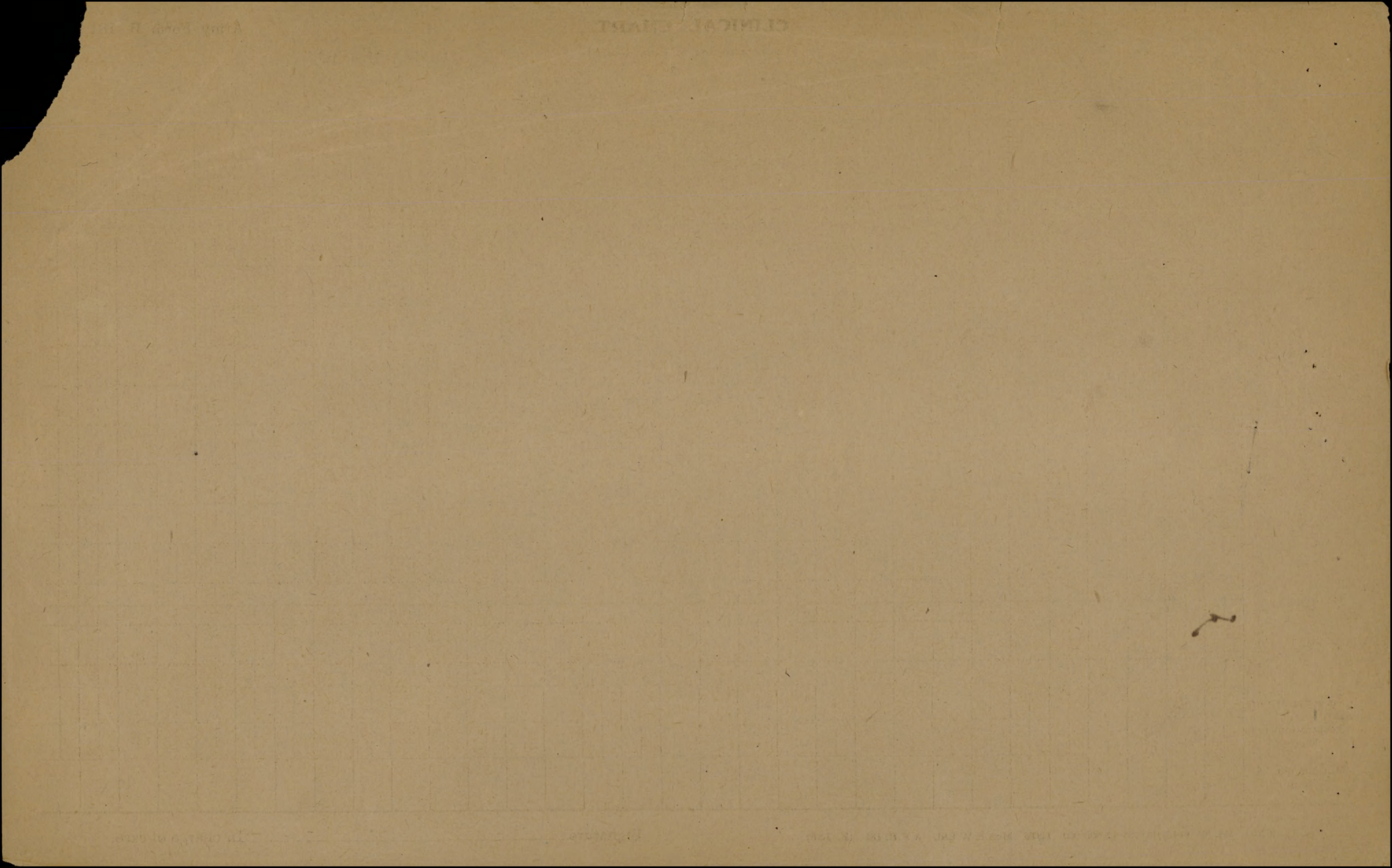
Elbow - Absolutely no active movement at
elbow joint; ~~but~~ muscles are powerless & atrophied. But
passively forearm can be flexed & extended through about
10°-15°. Forearm carried at right angles to arm, in a sling.

Forearm - Lower 1/3 forearm are bowed inward
slightly. Passive pronation only, through about 30° from a
midway position. Supination not past midway.

Wrist - No active movement at wrist. Extension passive
nil past horizontal. Wrist drops to 45° flexion. No power to extend.

Fingers - There is a chronic thickening & clubbing
of all fingers & thumb of right hand: not oedema or
active inflammation. There is about 45° active flexion &
extension of all fingers, but movements are not strong.

NOTE - Middle ring & little fingers right
hand caught in a cog wheel in 1914 & injured to



Handwritten red text, possibly a date or initials, located in the upper left corner.

Handwritten red text, possibly a date or initials, located in the middle left area.

Handwritten red text, possibly a date or initials, located in the middle right area.

Faint, illegible text or markings in the lower middle section of the page.

Faint, illegible text or markings in the bottom section of the page.

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.

(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.

(1) Name of Overseas Unit which Soldier joins..... **253rd (Q.U.H.) BATTALION, C.E.F.**

(2) Regimental Number..... **1087261**

(3) Full Name of Soldier..... **William James Bartley,**

(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.

(4) Place of Birth..... **Kinmount, Ontario**

(17) Are you insured?

(5) Are you married, or not?..... **No**

If so, in what Company?

(6) If married, state,
 (a) Full name of your wife..... **-----**

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.

(b) Present Postal Address..... **-----**

(7) Are you a widower?..... **-----**

(8) Have you any children?..... **-----**

If so, give number of boys and girls..... **-----**

Also their names and ages..... **-----**

(9) Is your Father alive?..... **Yes**

If so, state name and address **Amos Bartley, Kinmount, Ontario.**

(10) Is your Mother alive?..... **Yes**

If so, state name and address..... **Sarah Bartley, Kinmount, Ontario**

(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?..... **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.

..... *P.J. Campbell* *Lieut Col*
..... Officer Commanding.

Date..... **April 23, 1917.**

Enlisted 7/21/16

OK. 5/11/16
D Coy
Kinnmount.

9

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 726/09

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Bartley
- 1a. What are your Christian names?..... William James
- 1b. What is your present address?..... Kinnmount, Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Kinnmount, Victoria Co. Ont. Canada.
3. What is the name of your next-of-kin?..... Miss Bartley
4. What is the address of your next-of-kin?..... Kinnmount, Ont. Canada.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 11th Aug. 1898
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. 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, William James Bartley, 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.

Date February 7th 1916. William James Bartley (Signature of Recruit)
A. R. O'Regan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William James Bartley, 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.

Date February 7th 1916. William James Bartley (Signature of Recruit)
A. R. O'Regan (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 7th day of February 1916.

[Signature] (Signature of Justice)
C. C. 109th Overseas Battalion, C. E. F.

to
RHX

Description of William James Bartley on Enlistment.

Apparent Age.....17.....years5.....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. 5 3/4 ins.

Chest measurement { Girth when fully expanded..... 53 1/2 ins.
 Range of expansion..... 3 1/2 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

*Little finger of both hands crooked.
 Scar on front of 3, 4, & 5th fingers of right hand.*

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..... Fit 7th 1916:

Place..... Sudbury

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

*Insert here 'fit' or 'unfit.'

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William James Bartley 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. [Signature] Lt. Col. (Signature of Officer)
 C. C. 109th Overseas Battalion, C. E. F.

Date..... FEB 7 1916 1916

FORM OF WILL

William James Bartley (Name in full)
.....

..... serving in.....

253rd Queen's University Highland Bn CEF
253rd Queen's University Highland Bn CEF
253rd Queen's University Highland Bn CEF

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

I devise all my real estate unto

no
.....
.....
.....

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

absolutely, and my personal estate I bequeath to

My Mother Sarah Bartley
✓ *Kilmount*
ont
.....
.....

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this *23rd* day of *April* A.D. 191*7*

William James Bartley Signature of Soldier

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness *Muston J. Ringrose*

Address of Witness *Haileybury Ont.*

THE TWO
WITNESSES

Occupation of Witness *Soldier*

MUST
SIGN HERE

Signature of Second Witness *Wood Geo Renaud*

Address of Witness *Parscouves BC*

Occupation of Witness *Soldier*

James M. [unclear]

My will is hereby made
in full view of my mind
and I am of legal age

I hereby declare that I am
of sound mind and memory
and I am not under any

undue influence or coercion
of any person and I am
able to understand the

nature and consequences
of the act I am doing
and I am aware of the

B-1196

1448

CHECKED BY
[Signature]

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 *Williams* 2. Surname *Bartley*
3. Rank *Pte* 4. Original Unit *109th* 5. Reg. No. *1087261*
6. Address, in full, to which future payments of gratuity are to be forwarded
Belleville, Ont.
7. Date of enlistment in the C.E.F. *9/2/16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *not applicable*
10. Present address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
109th Bn. 21st
20/7/16, 10/11/18
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? *no*
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
3 years 4 months
109th Bn 21st Bn
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*

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 ~~not applicable~~ (726109)
109 B.N. 9-2-16 to 7-2-17.
252 B.N. + 21st B.N. 7-3-17 to Discharge

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

not applicable.

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

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? *not applicable.*

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

(b) Reason for discharge *Medically 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 *not applicable*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

21st B.N.
2/3/18, 10/11/18

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: *H. Bartley*

Place of Residence: *Bellefleur, Ont.*

Declared before me at: *Kinston, Ont.*

This *26th* day of *June* 19*19*

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

J. J. Money Capt

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>
.....	<i>18.53</i>
Certified Correct.				
District Paymaster.				

DUPLICATE

H.Q. 54-21-23-53

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 OVERSEAS BN., C.E.F.**

(2) Regimental Number..... **726109**

(3) Full Name of Soldier..... **William James Bartley**

(4) Place of Birth..... **Kinnosauk Ontario**

(5) Are you married, or not?..... **no**

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

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

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? yes
If so, state name and address Amos Bartley Kimmount Ont.

(10) Is your Mother alive? yes
If so, state name and address Sarah Bartley
Kimmount Ont.

(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.
.....
PO 12
.....

(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? 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.

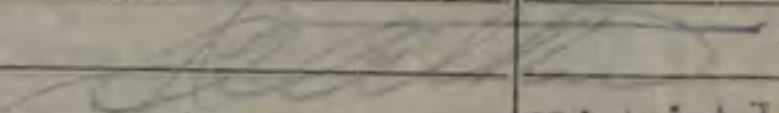
Date..... JUL 11 1916.....

[Signature]
.....
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

No. 108724 Name Barthley William Sqn., Batty., or Company D Corps 21st Bn Date of enlistment 17/3/17 G.C. Badges 1 Service or Proficiency Pay 1
 Date of last entry in Company Conduct Sheet 61 No. and date of last drunk 164th Bn Inf B Period not reckoning towards freedom from extra fine One Sheet No. One Signature O.C. Company, etc. P. J. Campbell Character good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>L Digby Camp</u>	<u>12/5/17</u>	<u>Pte</u>		<u>1) Neglect to obey standing order in that he committed a nuisance by evacuating in his tent & leaving excreta there</u>	<u>Sgt Hayes</u>	<u>14 Days</u>		<u>S' Col</u>	
				<u>(2) Making a falsehood to an I.C.O. in that when asked if he did it he replied "I did not"</u>	<u>Pte Munkley</u>	<u>FP # 2</u>		<u>Christobur</u>	
				<u>(3) Having his person in a filthy condition</u>					
<u>Witley</u>	<u>11/8/17</u>	<u>Pte</u>		<u>When on Active Service unshaven on Parade.</u>	<u>Sgt W. Pulleray</u>	<u>3 days C.B.</u>	<u>12/3/17</u>	<u>Major F. K. House</u>	<u>Y</u>
<u>Witley</u>	<u>2-1-18</u>	<u>Pte</u>		<u>Irregular conduct in the march</u>	<u>C. J. M. Brown</u>	<u>7 days C.B.</u>	<u>3-1-18</u>	<u>Capt F. K. House</u>	<u>Y</u>

Army Form B. 122

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Witley	8-1-18	Pte.		while on active service 1 Dirty on parade 2 Absent from dismissal at parade.	Sgt. Keith	3 days F.P. #2	10-1-18	H. Ballman	R. 15
Kington	17-4-19	Pte.		A.W.H. from 9 ³⁰ pm 17-4-19 until 2 ³⁰ pm 27-4-19.	S/M. Lewis Sgt. Jones E.P.		28-4-19	Sgt. Lt. Stevenson Capt & Adj.	Forfeits 11 days pay by R.W.
Kington	19-5-19	-		A.W.H. from 9 ³⁰ pm 19-5-19 until 1.50 pm 4-6-19.	Mr. Davis Sgt. Caplante	awarded forfeiture of 4 days pay	19-5-19	Sgt. Lt. Stevenson Capt & Adj. D. & M.H.	Forfeits 17 days pay by R.W.
						Certified Correct			
						 for O. C. No. 3 District Depot.		Lient.	

EMW

468

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Amos Bartley.*

Address

Kinnmount, Ont.

Rate *\$15-00*

AUG 7 1916

By Whom Assigned *Bartley, William James*

Regtl. No. *726109*

Rank *Pte.*

Corps *Dbo. 109th Bde.*

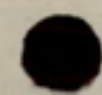
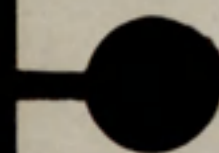
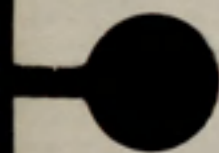
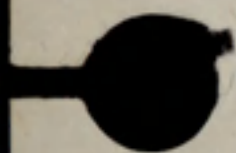
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payment 1 st 1915. Discharge to Canada 3 rd M 9 January 1915 I.N. 14 th 1915
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED
 FOR

 CASUALTIES.

11



1

2

ASSIGNED PAY

Mrs. Amos Bartley

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier

Bartley, William James.

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

PAYMENTS.

723109

Pvt.

D Co 109th Bde

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>15739</i>	<i>15</i>	
Sept.		<i>217073</i>	<i>15</i>	
Oct.		<i>21589</i>	<i>15</i>	
Nov.		<i>25827</i>	<i>15</i>	
Dec.		<i>32816</i>	<i>15</i>	
Jan.	1917	<i>38539</i>	<i>15</i>	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15:00

AUG 7 1916

md

1917

Acc closed Reel-Butagan on 19/1/17

15 (JW) 907 X 24/1/17 JG

HW

P.L.P. 16-6-17. JMB.

md

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.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1920			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

DL.

Rank

Name

BARTLEY William. ✓

Reg'l No. 1087261. ✓

Unit

253rd Bn to 1st Cent. Ont. Regt.

If in perm. Corps,
What Unit? }

Married or Single Single.

Place and Date of Enlistment

Lindsay Mar 17th. 1917. ✓

Place of Birth Kiumount. Ont.

Name and Address, Next-of-Kin

Sarah Bartley. ✓

Kiumount Ont. *Canada*

Relationship Mother, ✓

Assigned Pay Monthly \$

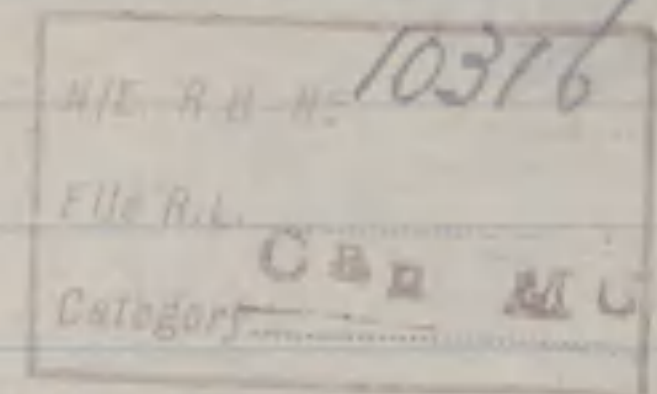
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.				
			Arrived in England	7 5 17.	S/S. OLYMP
6-5-17	253rd	SOS TO 5TH RES	Ditgate	7-5-17	126/123 9-5-17 5 Res Bn
6-6-17	5 Res Bn	SOS to 164 Bn	Wandling	6-6-17	15-2/164 Bn. 009. 7/16/17
26. 7. 17	164th Bn	Adm'd Military Hospital	Branshott	7.7.17	C.L. 12 Tonsilitis
8. 10. 17	2nd COR	Disch'd	"	12.7.17	C.L.C 30. -"
15-3-18	164th Bn	attach to 119th Bn	Witley	8-3-18	DD15 (119 Bn DD14 D/14/3/18)
21-3-18	125 Bn	leave to be attach 119 Bn attach 125 Bn	"	19-3-18	DD45 + 164th Bn per 20 7/19/18
28.3.18	"	leave to be attach 125 Bn	"	28.3.18	DD 50
29.3.18	164 Bn	SOS to 21 Bn	"	29.3.18	DD 20 + Pt. II 23d 44-18. 21st Bn
12-8-18	G.O.R.	"Wounded"	Field	10-8-18	C.L.A 289 F.S.S. multiple.

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.				
18-11-18	Co-A-D	"A" promoted from 21 st Bn	Witley	11-11-18	21st Bn D/098.
27-2-19	EOR.	Invalided to Canada ex N ^o 5 CSH.	Kirkdale	24-2-19	256. d/29-11-18. C R B 455 S W. R Shelv. Side & Leg
3.3.19	EOR D.	405. Inval. to Canada	Seaford	24. 3. 19	D.O. 51 yes.

A.G.R. Rank Name BARTLEY, William James Reg'l No. 726109

Unit 109th Bn. If in perm. Corps, }
What Unit? } Married or Single Single.

Place and Date of Enlistment 7th Feb., 1916. Lindsay, Place of Birth Kinmount, Victoria
Co., Ont., Canada.

Name and Address, Next-of-Kin Amos Bartley,
Kinmount, Ont., Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

6666

N/E. R.B. No.
File R.L. <i>Jan 1917</i>
Category <i>6020</i>

Discharge, Date and Place

Reason

Character

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.				
Arrived in England per H. M. T. 2810 31-7-16					
8.12.16	06109 ⁴ B	SOS on trans to 124 ⁴ B	Dritley	8.12.16	P II AD 343
9.12.16	06.12.16	SOS " " fr 109 th			265.
10.1.17	"	SOS having proceeded to Discharge Depot	"	17.12.16	10 Auth CCAC 1/19.1.17
15.1.17	CCAC	TOS of Com 109 th for E	Hastings	26.11.16	— 24
20.2.17	"	SOS for trans for Dis & case 109 th	"	19.1.17	— 86
19.1.17	CRD	SOS for trans for Dis & case 109 th	"	19.1.17	— 16
	Dis Dep.	Finally Discharged	Quebec.	29-1-17	NR 183.

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) BARTLEY. W.
 REGIMENT 21st Bn RANK Ot No. 1087261
 Date of Examination in England 22/1/49. 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. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 Yes
 (b) In England
 (c) In France

Signature of Dental Officer [Handwritten Signature]

to be out
dividual
of
in

BURLEY W. M.
102221

10/10

[Faint handwritten 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. 426109 Rank Private Name Bartley William James

Enlisted (a) 7.2.16 Terms of Service (a) D. of W. Service reckons from (a) 7.2.16

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>	
<p>DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912. Being no longer physically fit for war service.</p> <p><u>R. M. Hamilton</u> for Commandant, Canadian Casualty Discharge Depot,</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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

*Name **BARTLEY William** Rank **Pte.** Regtl. No. **1087261**
 Original unit **252nd Bn** Present unit **21st Bn.** M/ or S. Age **21** Religion **Pres.** Fyle Depot **3-B-898**
 Ref. H.Q.

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

Next of kin **Mother, Mrs. S. Bartley, Kinmount, Ont.**

Address on leave **Same**

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation **Labourer** Date and place of enlistment **Lindsay, Ont. 17-3-17**

Diagnosis **G.S.W. Right Arm.** Date of Medical Boards **19-6-19 med unfit**

LOCAL CARD
Incl. District Depot

Date.	Remarks	Pt. 2 Order No.
T.O.S.	From Clearing Depot	
8-3-19	Posted to Hosp. Sect: Queen's Mil. Hospital	<i>MS 72</i>
<i>10-3-19</i>	Granted leave with subsistence to <i>24-3-19</i>	<i>MS 72</i>
<i>17-4-19</i>	<i>A.W.L from 9/30 pm 17-4-19 until 2/30 pm 27-4-19 for pay:</i> <i>11 days pay by R.W</i>	<i>MS 120</i>

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

Date.

Remarks.

Pt. 2 Order No.

19-5-19 A.W.L. from 9/30 pm 19-5-19 until 1/50 pm 4-6-19 (4)

awarded portenture & dep pay & grat: 17 days pay by R.W.

HS 158

23-6-19

Transferred to Cas Coy

HS 175-

24-5-19

L.O.S. from H.S. Dennis 23-6-19

cc 175-

26-6-19

~~Transferred to R.O. # 1894~~

HS 175

R.O. 1894. Med. Unit

Surname **Bartley** Christian Name or Names **W.** Reg. No. **I087261**
 Rank **pte** Unit **164th Bn** Co. **2** Troop **b. 10** Batty. **E.O. 21**
 Hospital **Bramshott Mil** Date of Admission **7-7-17**

Transferred **47 G. Le Treport** Hosp. **10-8-18**
4. Can. Gen. Basingstoke. Hosp. **11-11-18.**
5 b. G. H. Kirkdale Hosp. **21. 1. 19**
 Hosp.

Diagnosis **Tonsillitis JR**

- (1) **G.S.W. Multiple**
 (2) **G.W. R. Shoulder Arm. Side & Leg.**
 (3)

Additional Diagnosis: if more than one state present

Invalided to Canada **24. 2. 19**

DISPOSITION

A.M.D. 2 Dept.

Date

C.L.26-7-17 12

Beh. of D.G.M.S. O.M.F.C. London

REMARKS

9. 10. 17 B30.
 12-8-18 A289 Ser. Ill 10-8-18
 26-8-18 @ 322 ① Ser. ill. Improving - 19. 8. 18.
 7. 10. 18 @ 338 ② Removed from Ser. ill list - 4. 10. 18.
 8. 10. 18 A. 339 Removd. from Ser ill list 4. 10. 18
 13. 11. 18 B368 ①
 23. 1. 19 B425-1
 27. 2. 19 B 455 ②.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

42
1
1

Number 426109 Rank Pte. *B*

Surname BARPTLEY

Christian name William James

Units 109th Bn Coy Inf Theatre of War England.

Date of Service 31-7-16

Remarks _____

Latest Address _____

Lindsay, Ont. 7-3-23

Roll No. A Page 3863

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Home address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

..... is your wife on board..... Number of children on board.....

..... Destination.....

(Sgd.)

REGT'L NO 726109
H. Q. FILE NO. 649-

NAME Bartley William James
RANK AND CORPS Pte. 14th Bn.

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
7310	21-1-17	Sailed from Liverpool for Canada per the S.S. Metagama Jan. 19th 1917 Incontinence of Urine.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS



No. 1087261 RANK Pte

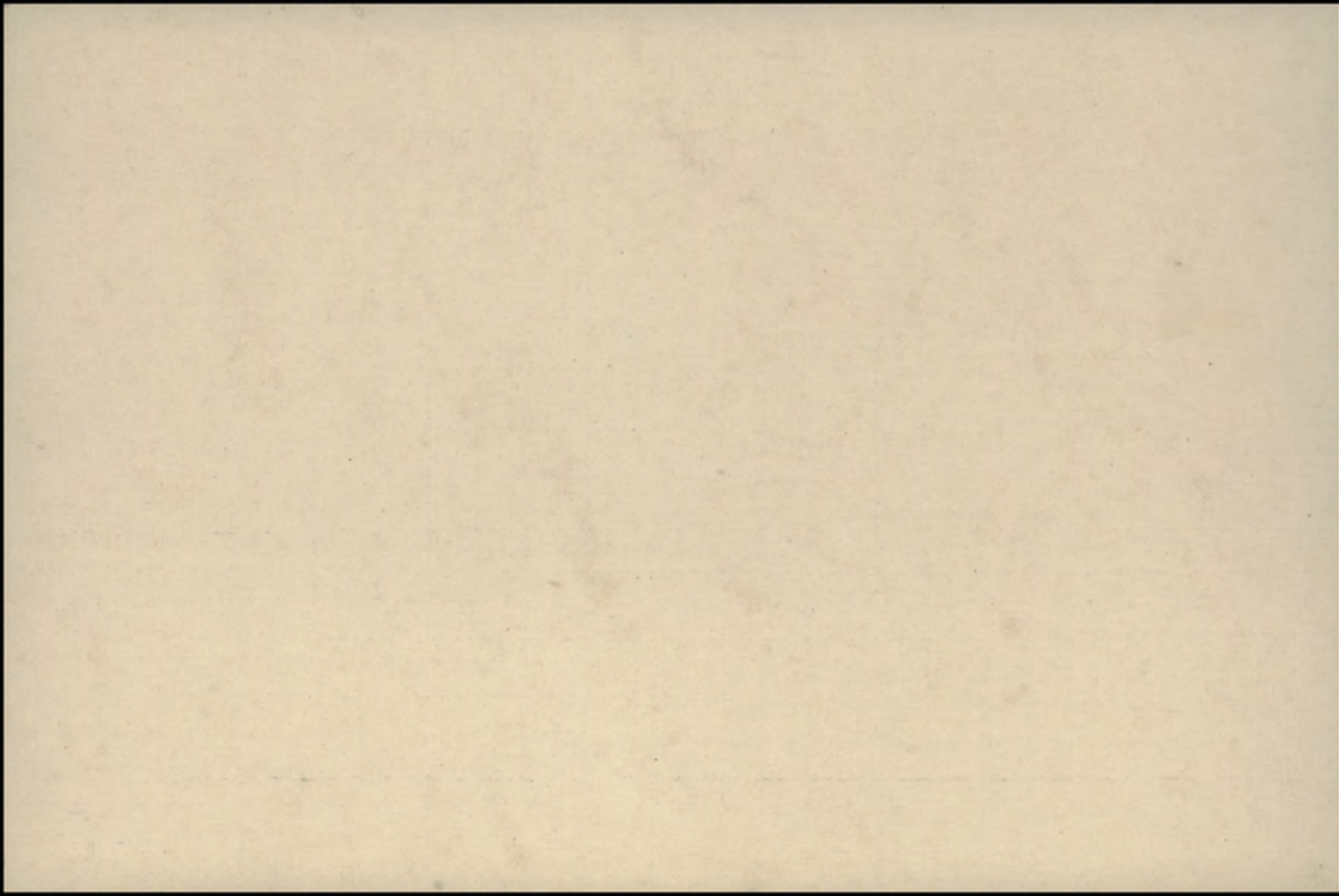
NAME Bartley, W.

T. O. S. 17-3-17
Dd 60 of 17-3-17

UNIT 252nd Battalion

M. D. 3,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. mar 17 apl 1	1917, mar 31 apl 23	L. u	Transfd to 253 rd Bn.	DD 96 of 23-4-17



Ad. 28 - 1



.....HOSPITAL.

AT.....

A. & D. No. *m4T6006* PL. OF ACTION *France*

RANK *Pte.* REG. No. *1087261* UNIT *21st Bn Caus.* SICK OR WOUNDED *a.*

NAME *Bartley W* AGE *18* RELIGION *Pres*

PLACE IN HOSPITAL *Bu*

DIAGNOSIS *Gsw R shldr. R arm. R side R leg.*

ADMITTED *10-11-18* FROM *Hos Gloucester C*

DISCHARGED To.....

TRANSFERRED *20. 1. 19. #5 CGP Kirkdale.*

SERVICE AT HOME *28 months* IN FIELD *8 months*

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

17

YEARS

5

MONTHS

HEIGHT

5

FEET

5 3/4

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

D. Brown.

DISTINGUISHING MARKS

Little fingers of both hands crooked. Scar on front of 3rd, 4th and 5th fingers of right hand.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Feb. 7th, 1916.

SURNAME.

Bartley,

649-B-11519

CARD NO.

CHRISTIAN NAMES

William James

Ad. Dis 21-2-173

REGL. No.

726109

RANK

Pte.

*m.u.
Batt.*

UNIT

109th

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Bartley, Amos

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Kenimount, Ont., Canada

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Kenimount, Ont.

DATE

Aug. 11th 1898

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Feb. 7th 1916.

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

Name **Bartley** **William**
 Rank **Pte.**

Reg. No. **1087261**

Unit **21st Bn.**

Next of Kin
 (Mother) **Sarah Bartley, Kinmount, Ontario, Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
10-8	47 G.H. Le Treport					
19-8	9th Seriously Ill. "GSW" Mult.			2289	Q431	P 182528
19-8	Ser. Ill. Improving.		Do	2302	Q431	H.W. 2205/1
4-10	Removed from Service			2330	Q431	143627
11-11	#69 H. G. B. St. GSW. R Shldr. Arm.					755
21-1-19	#3 Sgt. H. K. Bdale		Do	3368		
24-2	Transferred to Canada		Do	3425 3453		15706 4617

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
12.	Mil. Bramshott.	7-7-17	Lonsillike
C. 30. f.	Discharged	12-7-17	" " ") Sec Gen Gen-R.
A 289-1.	47 Gen. Le. Dupont Rivolsyill	10-8-18	gsw. Multi.
A 302-1.	Per. ill. 47. Gen. " "	19-8-18	" " " "
A 338	2 mem. from riv. ill list & " "	4-10-18	" " " "
A 339-1.	" " " " " " " "	4-10-18	" " " "
B 368-1.	4 C. G. Basingsstoke ^{Hants}	11-11-18.	" " " Rt. shldr. arm, side & leg.
B 425-11)	5 C. G. Kirkcaldie	21-1-19	" " " "
B 455.	Invalided to lean	24-2-19	" " " " " side & leg

NAME

Bartley, William

REGT'L No.

1087261

RANK AND CORPS

Pvt. (164th Bn. Co. Inf) 21st Bn. (Arm 252)

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS
NO.

FOLLOWS

NO.	DATE	NATURE OF CASUALTY
h. of H. Mrs Sarah Bartley. (Mother) Kirmount. Dub.		
Q 431. 1-3-	13-8-18.	Ser. ill 47 Gen. H. Aug 10/18 G. S. D. (Milt.) ✓
Q 470. 1-2.	27-8-18	Coud. impued. 47 Gen. H. Aug 19/18.
Q 612 9-1	10-10-18	Removed from ser ill list 47 Gen H Det 4th 1918 ✓
W. A. M. 195 9-3.	21-10-18	C. R. S. C. reports, imp roving, will be transferred to England shortly.

SURNAME.

Bartley.

CARD NO.

4

CHRISTIAN NAMES

William.

FOLL.

REGL. NO.

110 5261.

RANK

pte

UNIT

Que. Recv. Depot. (258th Bn.)

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bartley, Miss. Alexina.

RELATIONSHIP TO SOLDIER

sister.

ADDRESS

*Chandler, Gaspé Co.
P.Q.*

COUNTRY OF BIRTH

Canada. Chandler, P.Q. DATE Aug. 28th 1897.

PLACE OF ATTESTATION

Valcartier, P.Q. DATE Sept. 18th 1917.

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

20 YEARS

MONTHS

HEIGHT

5 FEET

9 1/2

INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Large scar above and behind right ear.

MEDICAL EXAMINATION.

PLACE

Valcartier Camp

DATE

P.Q. Sept. 18th 1917.

*Present Address - Chandler,
Gaspe Co. P.Q.*

LEDGER No. 1946

SERIAL No. C 9-334 37

REG. No. 1087261, NAME Bartley, W^m

RANK Pte. CORPS D. D. #3 AGE 21 SERVICE C^{12/12} E^{12/12} F^{8/12}

	HOSPITALS	DATE OF ADMISSION
1	<u>Queen's Univ. Mil. Kingston.</u>	<u>8-3-19.</u>
2		
3		

DIAGNOSIS PS G.S.W. rt. elbow.

TRANSFERRED TO _____

DISPOSITION Disch to Cos Co. 23-6-19

CATEGORY _____

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

No. 726109. RANK Pte

NAME Barsby W M

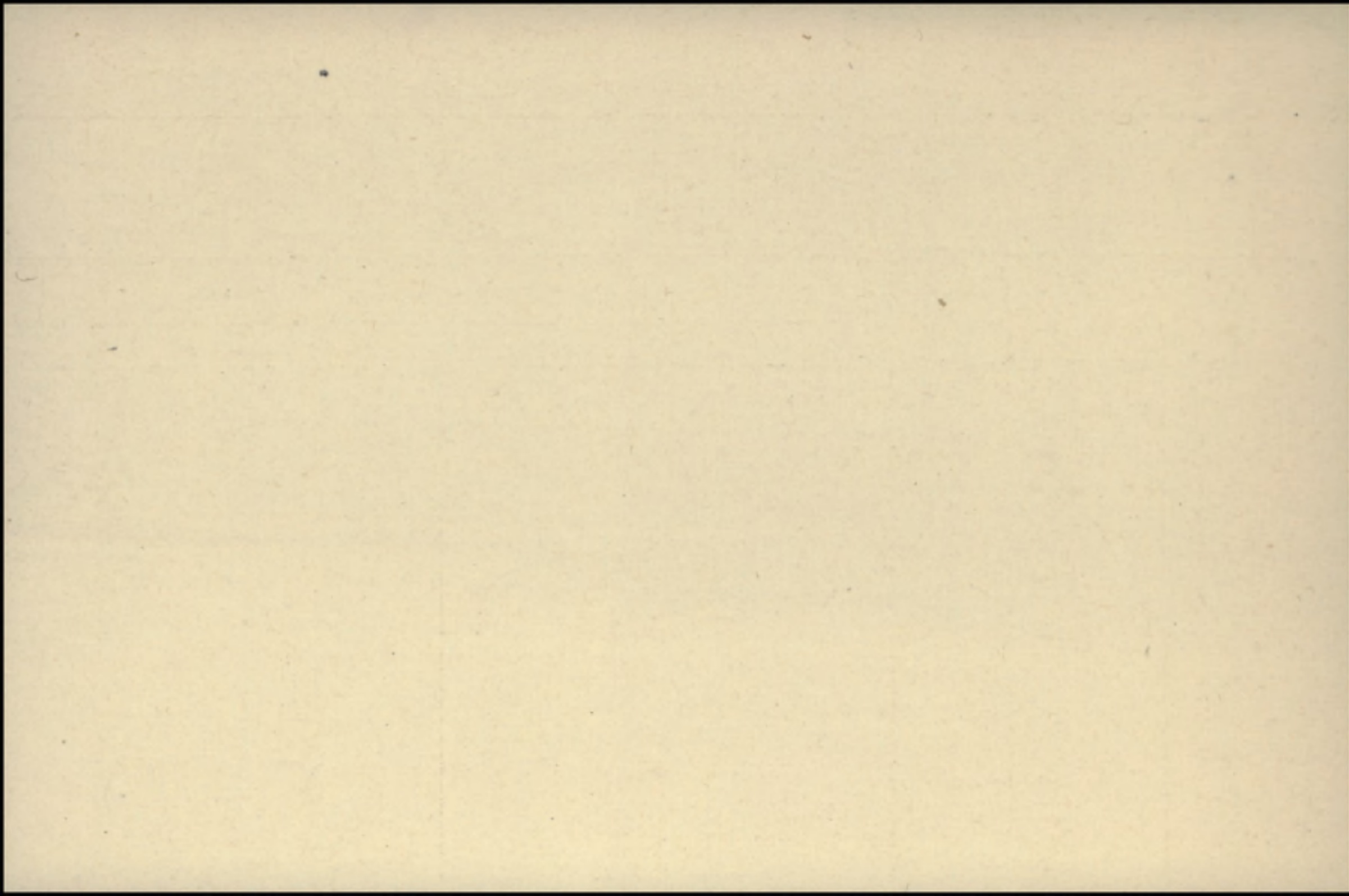
T. O. S. 7-2-16.
D.O.B 8.8-2-16

UNIT 109th Battalion

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Feb. 7	1916. Feb. 29	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



No. 726109. RANK Pte.

NAME Bartley. W. J.

T. O. S.

UNIT Discharge Depot. Quebec

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 9.	1917. Feb. 21	✓	109 di.	



Number

1084261

Rank

Cpl

Surname

BARTLEY

Christian Name

William

Units

2nd Bn Can Inf Theatre of War France

Date of Service

29-3-18

Remarks

20 Harriet St Belleville Out BPC

Latest Address

~~Kimmond, Out~~

153021

Roll No.

B. Page 18663

200m.-6-21

(This form to be filled in by all ranks on voyage to Canada.)

DEPT. JUN 16 1924
REGN. NO. 5-15-5

No.

NUMBER

RANK

SURNAME

INITIALS

UNIT

postal address.....

(Street)

(City or Town)

(Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

Railway.....

Is your wife on board.....

Number of children on board.....

Final destination.....

(Sgd.).....

61-8-91
2815
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

8 219-16/2/17

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

Medical Report on an Invalid.

Station Hitley Camp
Date Nov 7, 1916

RECEIVED
FEB 10 1917
CANADA

- Unit. 109th
- Regimental No. 726109
- Rank PT6
- Name Bartley H. J.
- Age last birthday 17 years
- Enlisted on 7th Dec. 1916.
at Lindsay.
- Former Trade Laborer.
or Occupation

8. Disability.

Continuence of Urine
(nocturnal)

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.

- Date of origin of disability. Onice Birth,
- Place of origin of disability. Linmouth.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Nothing on Medical History Sheet.
Has not been able to retain urine at night as long as he remembers.

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

Not known

(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).

1. No. 2. No

President.
Lt.-Col. _____ Major.

Lt.-Col. _____ Major.

2
Noted
14-9-17
M.B.

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.

all systems working normally, only disability cannot retain urine at night

14. If the disability is an injury, was caused

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

Not applicable

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

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

Not applicable

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

no

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

no

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

H. O. Beach, Capt
Officer in medical charge of case.

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

Station *Bramshott*

P. D. Stewart Maj
Officer in charge of Hospital.

Date *Nov 11th 1916*

* 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.

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 reliable 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 when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay 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 military conditions and disease to which the soldier would have been equally liable in civil life.

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?
- (b) Misconduct?

no

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 compared to capacity necessitated

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?

not applicable

26. Do the Board recommend

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

yes. not desirable

Signatures:—

C. J. Cooper, Col ^{*hon*} President.

Station *Bramshott.*

L. A. Dixon Major
H. Mackaren Capt } Members.

Date *26 NOV 1916*

Approved.

Station *Bramshott.*

Date *27 NOV 1916*

[Signature]
For G.O.C. & Administrative Medical Officer.
Canadian Troop

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.

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.)

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 Kingston
 DATE June 10th 1919

William Capraue President.
Emasuel Capraue 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.....
 APPROVED BY.....
 APPROVED BY.....

W. C. C. C. Captain A. M. P.
 For Assistant Director of Medical Services.
 DATE JUN 24 1919
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

- 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..... DATE.....

1. 1 (a) Unit..... (b) Regimental No..... (c) Rank.....

(d) Surname..... (e) Christian name.....

(f) Home address.....

(g) Next of Kin..... (h) Relationship.....

(i) Address of Next of Kin.....

2. Age last birthday..... Date of birth.....

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

4. Personal description:

(a) Height..... (b) Weight..... (c) Complexion.....

(d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.....

5. Former trade or occupation.....

	PERIODS	
	From	To
Canada	Feb. 7th 1916	Apr. 10/17
England	Nov. 10/16	Feb. 15/17
France or other theatres of War	Apr. 15/17	Dec. 15/17
	Dec. 15/17	Nov. 10/18
	Mar. 6th 1919	

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).

7. Original disease, or injury.....

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

(c) Cause.....

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.)

Right elbow joint, right, has been ankylosed following injury.

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.)

Subj. Has scarcely any movements of elbow joint. (Flexion or extension) from fixed position. He cannot fully supinate or pronate right forearm. All shoulder, wrist & finger movements normal. Sensation normal.

Subj. Elbow ankylosed in position of 45° of flexion. Range of movement about 5°. Pronation forearm limited to 10°. Extension to 50° normal. All shoulder, wrist and hand movements normal. Sensation normal. No atrophy.

X-ray shows - old fracture of upper third of humerus and also with considerable ossification. There is bony ankylosis of elbow joint.

(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).)

Injured August 24th 1918 - R.E. right elbow - G.C.S. No. 5 - operated - 47 General Hospital - further operated - General Hospital - treatment - England (Mar. 19) - wound all healed - Basingstoke - Canada Mar. 8/19 - Queen's Military Hospital - Ottawa - remedial exercises

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).)

Wound August 24th 1918 - R.E. right elbow - G.C.S. No. 5 - operated - 47 General Hospital - further operated - General Hospital - treatment - England (Mar. 19) - wound all healed - Basingstoke - Canada Mar. 8/19 - Queen's Military Hospital - Ottawa - remedial exercises

(c) (Here give a description of wounds, scar, and deformities. Scar 4" long oval-shaped - over olecranon & upper right arm. Three small scars from lacerations on ant. surface of elbow.

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.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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.)
Hospital - surgical treatment in England & France - now in Military (Kingston) since March 25th 1919 - remedial exercises

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)

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

17. Recommendations. Can be discharged on medical certificate with reasonable disability due to service

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.

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



SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

14/8739
 War Service Badge Class. A.B.
 No. 213269-55486 Issued

1. No. 1087261	
2. Rank Private	
3. Name BARTLEY, William	
4. Unit No. 3 District Depot.	
5. Date of Discharge 26.6.19	Place Kingston, Ont.
6. Reason for Discharge Medically unfit	
7. Authority R.O. 1894.	
8. Proposed Residence after Discharge Kingmount, Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39 <div style="text-align: right;"> <i>W. Bartley</i> Signature of Soldier. </div>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Kingston, Ont. Date 26.6.19.	
<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> Medical Documents Forwarded to S.C.R. or B.P.C. on Date JUL 11 1919 </div> <i>W. Bartley</i> Captain (O.C. Discharging Unit) No. 3 District Depot	

* Strike out whichever inapplicable.

ASSIGNED PAY. <i>nil.</i>	ENGLAND or CANADA. * ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA. * ENGLAND or CANADA.
EFFECTIVE DATE: -	EFFECTIVE DATE: -	NAME: BARTLEY <i>William</i>	
AMOUNT: -	AMOUNT: -	NUMBER: 1087261.	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY			PARTICULARS OF RANK OR APPOINTMENT		
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.			AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
					<i>Private</i>

UNIT AND TRANSFERS		
ORIGINAL UNIT: -	<i>253rd Bn</i>	
DATE ACCOUNT FIRST OPENED: -	<i>7/5/17.</i>	
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D
<i>B020</i>	<i>29/3/18</i>	<i>29/3/18</i>
		<i>2574/18</i>
		<i>164th Bn</i>
		<i>21st Btn</i>
		<i>Canada</i>

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
<i>19.11.18</i>	<i>9377</i>	<i>Basinstoke</i>	<i>£1 (15-12-18) 4 37</i>				
<i>2.12.18</i>	<i>9711</i>	<i>✓</i>	<i>£2 (10-12-18) 9 23</i>				
			<i>14 60</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Invalidated to Canada 1.1.19 Basinstoke 22nd 90 d/1.17.18* *L.P.C. 429.05*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar. 31.</i>	<i>Bal. fwd.</i>								<i>168 59</i>	<i>162 50</i>	
<i>Apr.</i>	<i>P.P.</i>	<i>33 -</i>		<i>AR 61 3/4/18 C.R.C.</i>	<i>4 46</i>						
		<i>33 -</i>		<i>Quoos. C.M.O. 23/3/18.</i>	<i>2 03</i>				<i>198 10</i>	<i>177 50</i>	
<i>May</i>	<i>P.P.</i>	<i>34 10</i>		<i>AR 70 3-5-18 21 Ar</i>	<i>8 03</i>						
		<i>34 10</i>		<i>✓ 150 19-8-18</i>	<i>3 97</i>				<i>217 60</i>	<i>192 50</i>	
<i>June</i>	<i>✓</i>	<i>33 -</i>		<i>AR 502 8/6 21 Ar</i>	<i>4 46</i>						
				<i>✓ 20R 9/6</i>	<i>- 32</i>						
				<i>AR 266 23/6</i>	<i>3 57</i>				<i>242 25</i>	<i>207 50</i>	
<i>July</i>	<i>✓</i>	<i>33 -</i>			<i>1 35</i>						
		<i>34 10</i>		<i>AR 13 8/7 21 Ar</i>	<i>4 46</i>						
		<i>34 10</i>		<i>✓ 611 21/7</i>	<i>3 57</i>				<i>268 32</i>	<i>222 50</i>	
<i>Aug</i>	<i>✓</i>	<i>34 10</i>		<i>✓ 20R 26/7/18 21 Ar</i>	<i>- 32</i>						
		<i>34 10</i>		<i>AR. 731 2/8</i>	<i>3 57</i>				<i>298 53</i>	<i>237 50</i>	
					<i>1 35</i>						
<i>Sept</i>	<i>✓</i>	<i>33 -</i>							<i>331 53</i>	<i>252 50</i>	
<i>Oct.</i>	<i>P & A</i>	<i>34 10</i>							<i>365 63</i>	<i>267 50</i>	<i>agreed in 21.10.18</i>
		<i>34 10</i>							<i>78</i>		
<i>Nov</i>	<i>✓</i>	<i>35 -</i>		<i>AR 9377 4 C.G.P. 19/11/18</i>	<i>4 87</i>				<i>442 63</i>		
				<i>" 9711 7/12 4 C.G.P.</i>	<i>9 23</i>				<i>63 27</i>		
				<i>✓ 11032 20/12 (end.)</i>	<i>48 67</i>						
<i>Dec</i>	<i>✓</i>	<i>34 10</i>			<i>63 27</i>						
	<i>Int. on Def Pay</i>	<i>30.11.18</i>	<i>10 90</i>						<i>380 36</i>	<i>312 50</i>	
			<i>78 00</i>						<i>380 36</i>	<i>312 50</i>	

Checked *Spill*
5/14/18

PTO

