

REGIMENTAL DOCUMENTS

3011

NAME *Batchelor Thomas*

REGT. NO. *724251*

UNIT *80th Bn*

H. Q. FILE NO.

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

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1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)

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1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

sent cert.

c.o. 3.

m7w.67.

RM9

casualty

1 AFB 91237

1 AFB 181

2 medical

pay card

Batchelor 9/6/21

M

H

402372

DEATH

Category

DISCHARGE

Category

semit

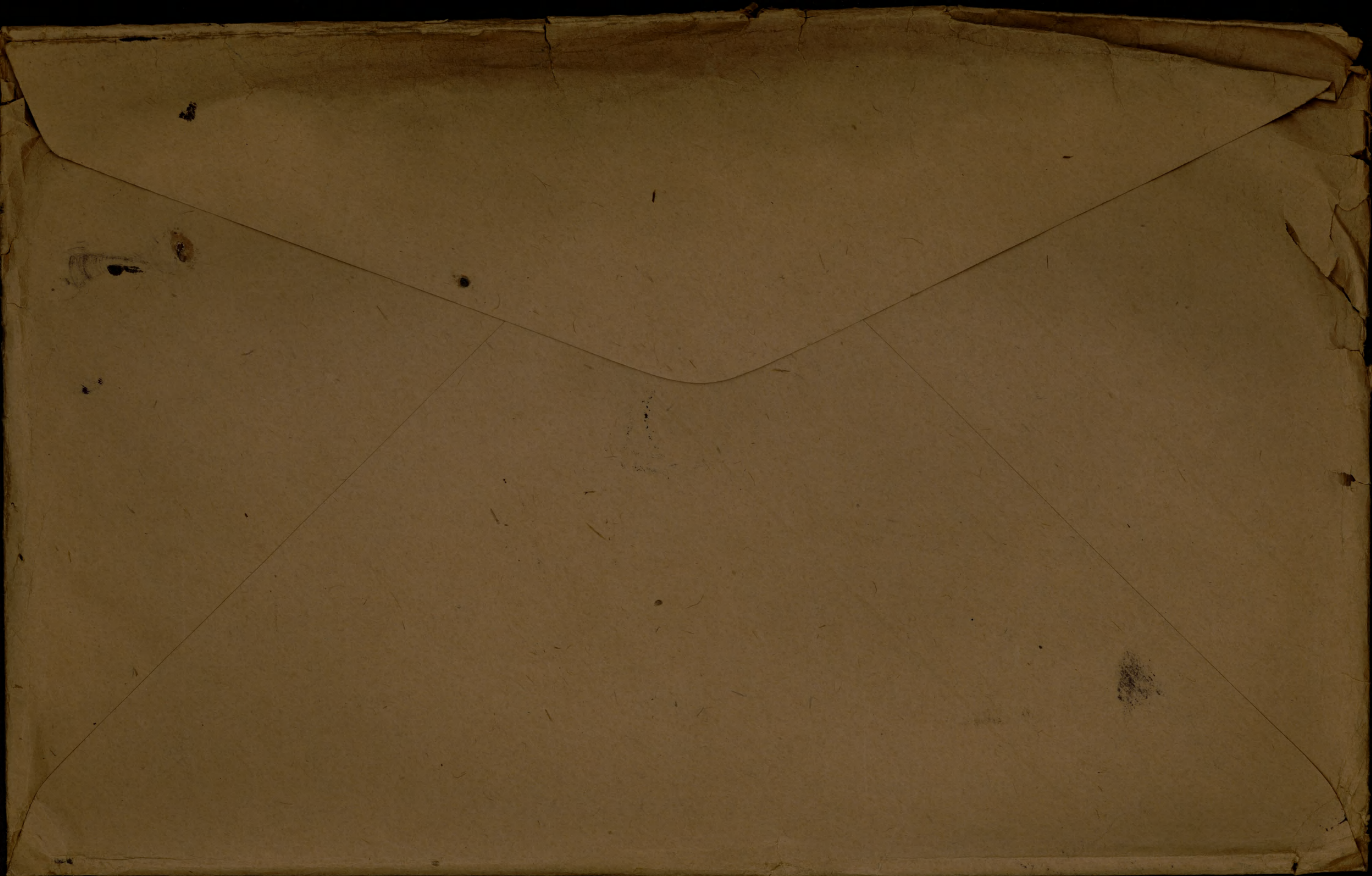
DESERTION

7-30

22-31

26 31

1



ATTESTATION PAPER

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? *Thomas Batchelor*
2. In what Town, Township, or Parish, and in what Country were you born? *Hounslow Middlesex England*
3. What is the name of your next-of-kin? *Father Thomas Batchelor*
4. What is the address of your next-of-kin? *P.O. Haliburton Ont Canada*
5. What is the date of your birth? *April 26th 1891*
6. What is your trade or calling? *Laborer*
7. Are you married? *and unacquainted I do No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *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*

Thomas Batchelor (Signature of Man.)
R. H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thomas Batchelor*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *September 2nd 1915* *Thomas Batchelor* (Signature of Recruit.)
R. H. Anderson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Batchelor*, 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 *September 2nd 1915* *Thomas Batchelor* (Signature of Recruit.)
R. H. Anderson (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 *2nd* day of *September* 1915.

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
[Signature] (Approving Officer.)

DESCRIPTION OF Thomas Bachelor ON ENLISTMENT.

Apparent Age 24 years 4 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 10 1/2 ins.

Scar on left index finger

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Blue

Hair Black

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

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 August 30th 1915

J McCulloch

Place Lindsay

Lieut
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

W G Hutchinson (Signature of Officer.)

Date OCT 6 1915

COLONEL
O.C. 80th Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724251 (Rank) Sqr.

Name (in full) Thomas Batchelor enlisted in
the 70th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 2nd
day of Sept. 19 15

HE served in France with 124th Bn.

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 28

Height 5' 10 1/2"

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars Scar front of
lt wrist, lt palm
& middle finger
tip. lt

T. Batchelor
Signature of Soldier

G. J. Reid
Issuing Officer

Date of Discharge
8-8-19

Capt
Rank

Date 7-8-19

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.

CASES FOR "X" RAY.

Military Hospital, Chatham.
Chatham

| Regtl. No. | Name. | Rank. | Regiment. | Views. | Exact Region. | Suspected Injury. |
|------------|---------|--------|-----------|--------|---------------|-------------------|
| 72425 | Bateman | 1st Lt | Canad. | | Wrist. Sept. | S.S. W. A |

"X" Ray Report:— 5908 *Sept. 12/17*

Slight damage to outer surface of lower end of radius. Minute fracture of capsule decalcified but no fracture seen

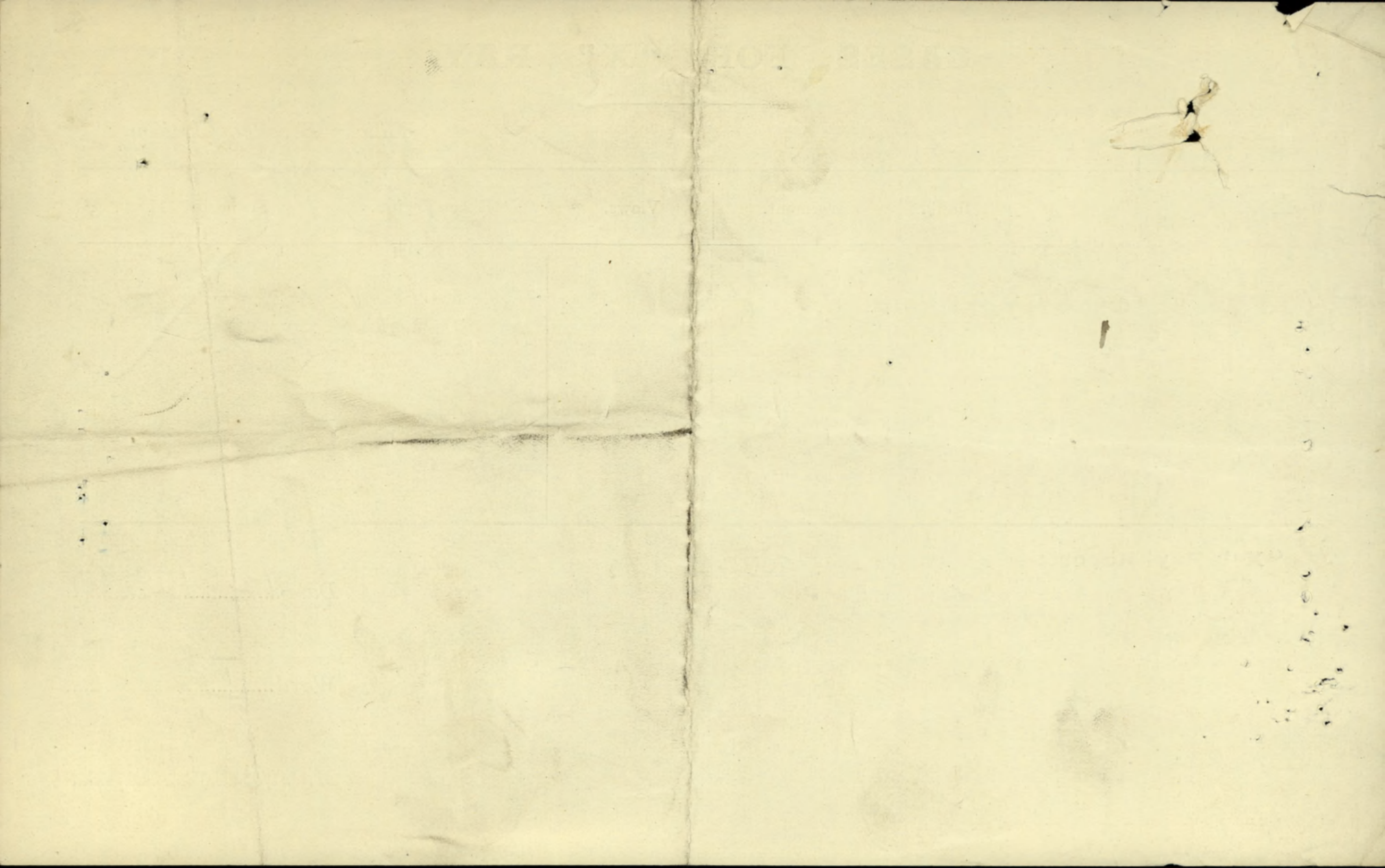
Date *12. 12. 17*

Ward *I*

M.O. i/c *Capt. Phillips*

12-12-17

H. Brown
12/12/17



Casualty Form—Active Service.

Regiment or Corps.....

Rank Sapper Surname BATCHLER Christian Name Thomas

Religion..... Age on Enlistment..... years..... months.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and Rate.....

Signature of Officer.....

| Report | | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|----------------|--------------------|---|-------------------|------------------|--|
| Date | From whom received | | | | |
| | | Embarked | | | |
| | | Disembarked..... | | | |
| <u>25-3-18</u> | <u>C.E.R.D.</u> | <u>T.O.S. of the C.E.R.D.</u> | <u>Seaford</u> | <u>9-3-18</u> | <u>PT.II.DO.84</u> |
| | | <u>Adm to CMH. Orpington.</u> | | | |
| <u>25-3-18</u> | <u>C.E.R.D.</u> | <u>Discharged from CMH.</u> | <u>Seaford</u> | <u>22-3-18</u> | <u>PT.II.DO.84</u> |
| | | <u>Orpington. Shewn on sick</u> | | | |
| | | <u>furlough from 22-3-18 to</u> | | | |
| | | <u>1-4-18.</u> | | | |
| <u>2-4-18</u> | <u>C.E.R.D.</u> | <u>Ceases sick furlough On</u> | | | |
| | | <u>Comm C.E.T.D.</u> | <u>Seaford</u> | <u>1-4-18</u> | <u>PT.II.DO. 91</u> |
| <u>26-4-18</u> | <u>C.E.R.D.</u> | <u>Ce ses On Comm CETD Detailed</u> | | | |
| | | <u>to Depot Company</u> | <u>Seaford</u> | <u>26-4-18</u> | <u>PT.II.DO. 115</u> |

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

| Report | | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---------|--------------------|---|-------------------|------------------|--|
| Date | From whom received | | | | |
| 30-4-18 | C. E. R. D. | Ceases Depot Company On Comm CETD | Seaford | 30-4-18 | PT. II. DO. 119 |
| 15-6-18 | C. E. R. D. | Ceases On Comm ETD On Comm 2nd CERB | Seaford | 25-5-18 | PT. II. DO. 164 |
| 3-7-18 | C. E. R. D. | Ceases On Comm 2nd CERB Detailed to Depot Coy | Seaford | 30-6-18 | PT. II. DO. 181 |
| 13-7-18 | C. E. R. D. | Ceases Depot Company On 14th CGH, Eastbourne | Seaford | 11.7.18 | PT. II. DO. 191 |
| 11-7-18 | C. E. R. D. | att'd to No. 14 Can Gen. Hosp Eastbourne | | 11-7-18 | SOPRO No 331/12/7/18 |
| 14-4-19 | #14 C. G. H. | Ceases to be attached. on return to C. E. R. D. | | 14/4/19 | Do. Pt II #16 |
| 16/4/19 | C. E. R. D. | ceases to be shown in comm to No. 14 C. G. H. and is detailed to depot Coy. | Seaford | 14/4/19 | PT II DO. 106 |
| 120 MAY | | On Command to C. D. D. Buxton | Seaford | 20 MAY 1919 | PT II DO. 148 |

[Handwritten signature]
Lieut
of O.C. GERD

[Handwritten signature]
Capt
O.C. No 14 Canadian Gen. Hospital
Eastbourne, Sussex

[Handwritten signature]
Lieut
of O.C. GER

| (A) Report | | (B) Authority of Part II. of Orders | (C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be known, 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 | (D) Place of casualty | (E) Date of promotion, reduction, reversion, casualty, &c. | (F) Remarks, and initials and rank of an officer |
|---------------|-----------------------|---|---|-----------------------------|---|---|
| Date | From whom received | | | | | |
| 5-8-16 | OC. 109 th | Pt II DO 2185 DO 285 | Arrived in England Captd Prov Sgt Oxney | Oxney | 31-7-11 5-8-16 | J.M. 2810. |
| 8-12-16 | " | Pt II DO 343 | S.O.S. on tfr to 124 th Bn | Witley | 8-12-16 | |
| 9-12-16 | OC. 124 th | " 365 | J.O.S. " " fr 109 th | " | " | |
| 9-8-17 | 124 Bn | Pt II DO 68 | Emb. for France | Witley | 9-3-17 | |
| 14-11-17 | ✓ | 81 | Confirmed Sgt | Field | 9-3-17 | |
| 13-11-17 | 1 COR (124) | | Went Field Amb. | | 6-11-17 | CA 62 |
| 15-11-17 | ✓ | | Central Mil Hosp. | Chatham | 12-11-17 | CA 64 S.H. 124 Bn Rec 0 124 d 80-11-17 |
| 18-11-17 | 1 COR D. | Pt II DO 254 | J.O.S. from 124 | Handling | 12-11-17 | |
| 30-3-18 | ✓ | Pt II DO 88 | S.O.S. to C.E.R.D. Pt | Witley | 10-3-18 | |
| 25-3-18 | C.E.R.D. | DO 84 | J.O.S. from 1 st C.E.R.D. | Seaford | 9-3-18 | |
| 2-4-18 | " | DO 91 | from to C.E.T.D. Sgt | " | 1-4-18 | |
| 16-4-18 | " | DO 115 | Ceases of C to C.E.T.D. Sgt | " | 16-4-18 | |
| 30-4-18 | " | DO 119 | of Com. to C.E.T.D. Sgt | " | 30-4-18 | |
| 15-6-18 | " | DO 164 | of Com. to 21 C.E.R.B. | " | 25-5-18 | |
| 3-7-18 | " | DO 181 | ceases of C to 21 C.E.R.B. Sgt | " | 30-6-18 | |
| 13-7-18 | " | DO 191 | of Com. to 14 C.E.R.B. Sgt | " | 11-7-18 | |
| 13-2-19 | " | DO 44 | Granted permission | " | 12-2-19 | |
| 27-3-19 | 11 | DO 81 | Married with permission at Christ Church Numsgrove | Seaford | 7-3-19 | |

Nothing to be written in this margin.

Howe Capt
LIEUT
FOR LT: COL I/O RECORDS, C.O.M.F.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

Temporary
A.F. 103

| | | |
|--|--|--|
| (1)*Substantive rank <i>Pte</i> *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Batchelor</i> (5) Christian Names <i>Thomas</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a) | (2) Regiment or Corps <div style="font-size: 1.5em; text-align: center;"><i>109th Bn.</i></div> | (3) Regtl. No. <div style="font-size: 1.5em; text-align: center;"><i>724251</i></div> |
|--|--|--|

| | |
|---|--|
| (10) Enlistment (b) | (11) Engagement (c) |
| (12) Service reckons from (date) | (13) Special conditions (if any) of enlistment (d) |
| (14) Any subsequent variations (if any) } of conditions of service } | |

Initials and Rank of
an Officer.

(Authority)

(date)

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

| | |
|-------------------------|------------------------------|
| (17) Next of Kin | |
| (18) Demobilizer (f) | (Place) |
| (19) Pivotal-man (f) | (Date) |
| (20) Qualifications (g) | or (21) Corps trade and rate |

(Signature of
Posting Officer)

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

(24) Miscellaneous entries:—

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

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

Nothing to be written in this margin.

Forms/B. 103/8

HWV(R1460)

3/19

100,000

P2151

W10416

(6 28 19)

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 724251

*Substantive Rank Sgt Surname BATCHELOR Christian Names _____

*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. |

To be folded on this line.

Nothing to be written in this margin.

(26363.) Wt. W. 9593-P. 2068. 500,000. 3/19/19 S. & S., Ltd. E. 4602.

21
28

21-5-19 Attached C.D.D. Buxton for return to Canada, Part II Order No. 118.

~~21-5-19 Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part II Order No. 178~~

ARRIVE HALIFAX
R M S ← ATLANTIC →

5 AUG 1919
Commanding Canadian Discharge Depot

Lt. for Lt. Col

T. O. S. of Halifax Depot clearing services command
part II Order No. 218 Dated 6-8-19

T. O. S. of Halifax Depot clearing services command
part II Order No. 218 Dated 6-8-19

..... Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

| (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. |
| 9-8-19 | O/p Rec. | A.O. 3 | S.O.S. of O.M. Co. to Canada | London | 28-7-19 | EdA. Personnel J.P. Langman For Draft. |

Nothing to be written in this margin.

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) BATCHELOR, T.

REGIMENT C. E. R. D. RANK SGT No. 724251

Date of Examination in England 7 MAY 1919 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 | 5 8 9 10 12 16 32 |
| 2. EXTRACTIONS | 1 |
| 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 *Stewart Cap...*

THE NATIONAL ARCHIVES

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

1001

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. 24251 Rank Private Name Batchelor Thomas

Enlisted (a) 2/9/15 Terms of Service (a) C.E.F. D of W. Service reckons from (a) 2/9/15

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Labourer

| Report | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents. |
|--------|---|-------|------|--|
|--------|---|-------|------|--|

Embarked Canada
Disembarked England

Halifax
Liverpool

24.7.16
31.7.16

5/8/16

Appointed A/Serg't
109th Bn

Osney

5.8.16

Part II Order 216.

8.12.16

OC 109th transferred to 124th Bn. Witley

8.12.16

O.O. Part II #43

A. W. Selby
CAPTAIN,

ADJUTANT,
109th OVERSEAS BATTALION, C. E. F.

9-12-16 124th Bn.

Taken on strength of 124th Bn., C.E.F.

Witley Camp

8-12-16

Part II Orders 265

A. E. Antmore
MAJOR ADJUTANT,
124th BATTALION C.E.F.

9-3-17 124th Bn.

Proceeded for Overseas Service.

Witley Camp

13-3-17

Part II Orders No. 69

A. Munn
LIEUT. ASST. ADJUTANT (P.T.O.)
124th. CCBC (Pionrs)

CERTIFIED CORRECT,
7 MAR 1917
CAN. RECORDS, LONDON.

(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.

| 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 | | | | |
| 11-3-17 | M.L.O. | Disembarked | Boulogne | 11-3-17 | N.R. |
| 14/4/17 | O.G. 124 Bn. | Confirmed in Rank of Sgt. | Field | 9-3-17 | D.O. P. 11 No. 81 d. 14/4/17 |
| 22.9.17 | do. | To Course Can. Corps Gas School | Field | 16.9.17 | B. 213 |
| 22.9.17 | do. | Rejoined Unit | Field | 22.9.17 | B. 213 |
| 6.11.17 | 6 C.F.A. | W. Wrist & Hand Lt. adm. 6 C.F.A. | 6.11.17 | 6.11.17 | A. 36/B. 3415 |
| | | To C.C.R. | 6.11.17 | | |
| 10.11.17 | O.G. 124 Bn | Wounded war. | Field | 6.11.17 | B. 213 |
| 7.11.17 | 53 Gen. | W. Wrist & Hand Lt. adm. 53 Gen. | 7.11.17 | 7.11.17 | W. 3034/B. 3761 |
| 12.11.17 | do. | do. do. do. | do | 12.11.17 | W. 3034/B. 5563 |
| 12.11.17 | O.G. A.T. "St. Denis" | do. do. To England Posted to 1st. Gen. Det. Regt. Depot, Shorncliffe. | 12.11.17 | 12.11.17 | W. 3083/4389 D.O. 149 d. 30.11.17 |
| <p>Warrant Officer Lt. Col. A.A.G. Jan. Dec. 9. H.Q. 3rd. Ech.</p> | | | | | |
| 18-11-17 | 16000 | T.O.S. from 124 Bn | Sandring | 12.11.17 | P. 110 264 |

25
for Colonel i/c Records
R. Hooper
Lieut. Col.

To be made out in duplicate.

H.Q. 51-21-20-33

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 BATTALION, C. E. F.

(2) Regimental Number.....

724251

(3) Full Name of Soldier.....

Thomas Batchelor,

(4) Place of Birth.....

Hounslow, Middlesex,
England.

(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?.....

No

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

No

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 *Thomas Batchelor, Haliburton, Ont.*

(10) Is your Mother alive? *Yes*

If so, state name and address *Annie Batchelor,*

Box 13, Haliburton, Ontario

(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.

(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.

Mrs. Annie Batchelor,
Box 13, Haliburton,
Ontario

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

(15) Are you insured? *Yes*

If so, in what Company? *Canadian Order of Merchants*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

Date *July 13th 1916*

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

724251

40th Battalion, C.E.F.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Batchelor Christian Name Thomas

Examined on 30th day of August 1915
at London
Birthplace { City or Town Barnsley
County West Yorkshire

Approved by J. McCulloch
Rank Lieut M.O.

Apparent age 24 years
Trade or occupation Laborer
Height 5 Feet 10 1/2 Inches.
Weight 143 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 37 inches.
Physical development good
Small-Pox Marks

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|------|--------------|-----------------------------|
| | | <u>16 NOV 1917</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

Vaccination Marks { Arm Right None Left five
Number five
When Vaccinated last Sept 9th 1915

| Date | Result | VACCINATIONS. |
|---------------|-------------|--------------------------|
| <u>9-9-15</u> | <u>good</u> | <u>J. McCulloch</u> M.O. |
| | | M.O. |
| | | M.O. |

(a) Marks indicating congenital peculiarities or previous disease None

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

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|-----------------|-----------------|---------------------------------|
| <u>29/11/15</u> | <u>good</u> | <u>H. H. Alger</u> M.O. |
| <u>9/12/15</u> | <u>good</u> | <u>H. H. Alger</u> M.O. |
| <u>14/3/16</u> | <u>Not good</u> | <u>Dr. O'Connell</u> M.O. |

Enlisted on 30th day of August 1915 at London

| CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|---------------------------------|---|---------|----------------|
| <u>Overseas Conty</u> | <u>45th Vict Regt 724251</u> | | <u>30.8.15</u> |
| 124th OVERSEAS BATTALION C.E.F. | | | |
| P O-S | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|--|-------------------|---------------------------------------|-------------------|
| <u>ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.</u> | <u>6 MAR 1918</u> | <u>G.S.M. left forearm & hand</u> | <u>Amputation</u> |
| <u>Seaford</u> | <u>5/5/19.</u> | <u>G.S.W. lt forearm & hand.</u> | <u>Amputation</u> |

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

CANADIAN

Surname *Bakhetor* Christian Name *Thomas* 219746

| 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 | | | | |
| Fort Pitt Hoop Chatham | | 12 | 11 | 17 | | | | | 3.6. wrist & hand. | Came in with S.W. Left wrist & hand - present condition. good but would need further treatment. | J.P. Huggan M.D. |
| V.A.D. KENT T. 53 CHIPSTEAD HOSPITAL, SEVENOAKS. | | 2 | 1 | 18 | 25 | 1 | 18 | " " " | " " " | Hand & fingers very stiff but are improving rapidly with massage. | J.P. Huggan M.D. |
| 16 Ban Gen Hosp Orpington | | 12 | 2 | 18 | 22 | 3 | 18 | S.S.W. wrist & hand. | 39 | Wounds healed. Good movement at elbow and wrist. Limited flexion of fingers left hand at 2nd and distal Phalangeal joints. Limited movement of thumb at Metacarpal Phalangeal joint. no movement at distal Phalangeal joint. gripping power of hand weak. May 12-12-17 Slight damage to outer surface lower end of Radius. Minute F.B's Bones of Carpus decalcified but no fracture Res. B. III | H.W. Martin's Capt C.A. M.C. |

Duty
22-3-18

Box 13

Haliburton P.O.,

Ontario,

MEDICAL CASE SHEET.

Canada.

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|--------------|-----------|-----------------|
| 275091 Year 1918 | 424251 | Sgt | Batchelor | Thomas |
| | | Unit. | Age. | Service. |
| | | 124 Ban Puss | 26 | 23/2 |
| Station and Date. | Disease <u>G.S. Lt. left hand flesh cover</u> | | | |
| 12th Feb | Boarded on 5th August 1915 at Lindsay, Ontario. To France, 5th March 1917. | | | |
| | Wounded on 2nd Nov. 1917, by shrapnel at Ypres. To No. 6 Bom. Field Ambler, 6th November 1917. Thence to No. 41 C.S.S. same day. | | | |
| | "Operation by Capt. Allan. Excision B. & E. wds. Lt. wrist anterior surface of forearm & hand. Damage to Radius scapel joint. Small wound of finger excised B.I.P.P. paraffin gauge. Torn radial artery ligated To No. 53 Gen. Hq. Hq., 7th November. | | | |
| | To Fort Pitt Mil. Hq., Batham, 12th November. | | | |
| | Thence to Shipstead V.D.D., 2nd January 1918. | | | |
| | Back again to Fort Pitt Mil. Hq., 27th Jan. 1918. | | | |
| | To No. 16 Bom. Gen. Hq., 12th Feb. 1918. | | | |
| 13th Feb | <u>L.D.D.</u> | | | |
| | 1/2" square scar Lt. wrist, anterior surface, radial side. Small scar palmar surface of hand, near thumb. Good movement at wrist. Limited flexion of fingers of Lt. hand. Limited extension and flexion of thumb. | | | |
| | Small scar at distal phalanx of second finger, inner surface. | | | |
| 6th March | Boarded and Reclassified B.III | | | |
| 22nd March | To Fudlough & Duty. <u>Sto Martin Coast</u> | | | |
| 19-3-18 | 1/2" scar ant. surface left wrist radial side. Small scar palmar surface of hand near thumb, good movement at wrist. Limited flexion of fingers. Limited movement | | | |

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

Station
and Date.

of thumb, gripping power of hand weak. General condition
good. H.W. Martin Craft

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 134 Cavalry Div

No. 424251

Rank and Name 1st Lt Bachelor Thomas

Age 26

Military Hospital _____

Service 23/00

Disease _____ Date of admission 12. 2. 18

Date of discharge _____ Result _____

| Dates of Observation | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | 12 | | 13 | | 14 | | 15 | | 16 | | | | | | | | | | | | | | | | | | | |
| Days of Disease | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | |
| | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| Temperature, Fahrenheit | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center; width: 100px;"> 107°8642 106°8642 105°8642 104°8642 103°8642 102°8642 101°8642 100°8642 99°8642 98°8642 97°8642 </div> <div style="display: flex; flex-direction: column; align-items: center; width: 20px;"> 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 8642 </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center; width: 100px;"> 78787878 </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center; width: 100px;"> 18181818 </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Discontinued

Signature E. E. Grainger J.S. In charge of case.

CLINICAL CHART.
(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____

Rank and Name _____

Age _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

| Dates of Observation | Days of Disease | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. |
| Temperature, Fahrenheit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature _____

In charge of case. _____

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names Thomas 2. Surname Batchelor.
- 3. Rank Sgt 4. Original Unit 45th V R 5. Reg. No. 724251
- 6. Address, in full, to which future payments of gratuity are to be forwarded
GPO Haliburton Ont.
- 7. Date of enlistment in the C.E.F. 30th. Aug. 1915. *W.M.Z.*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs T Batchelor
- 9. Relationship of such dependent Wife
- 10. Address, in full, of such dependent 68 Buchan Rd Peckham S E 15
- 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:—
.....
.....
- 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?~~.....
- 14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.~~.....
- 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 Aug 1915 Still Serving.
45th V R...109th Batt...124th. Battt.; 1st C O R D...
C E R D.... *Total Service 48 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

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

No

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.....

No

~~20. Have you been issued with a War Service Badge? If so what class?~~

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.....

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?.....

~~24. Are you now serving in the C.E.F.? If not, give: (a) Date of discharge~~

~~(b) Reason for discharge~~

DISCHARGED

8/8/19

~~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.....~~

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

~~27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~

~~(b) If so, are you in receipt of full pay and allowances from that Department?~~

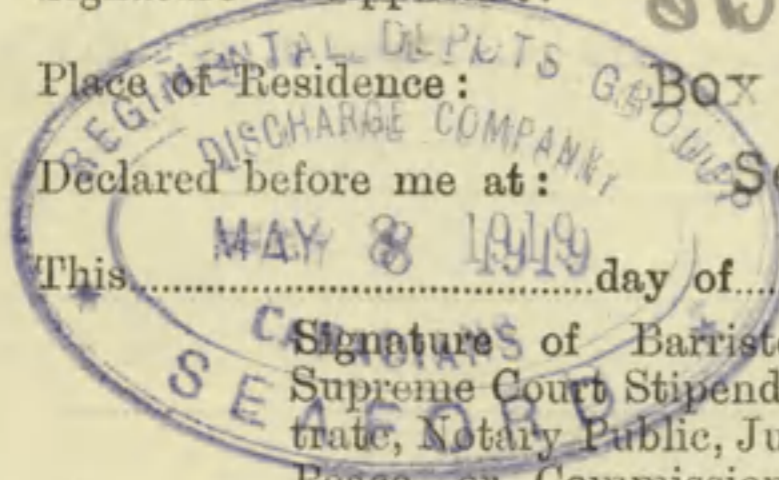
And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Y Bakula*

Place of Residence: *Box 13 Haliburton P O Ont*

Declared before me at: *Seaford England*

This *MAY 8 1919* day of..... 19.....



Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Y Bakula

QUESTIONS 12, 13, 14, 20, 24, 25, 26, 27, ARE UNANSWERED.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

G.R. Rank *Act/Sgt* Name **BATCHELOR, Thomas** Reg'l No. **724251**

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

Place and Date of Enlistment **Lindsay, 2nd Septr., 1915.** Place of Birth **Hounslow, Middlesex, England.**

Name and Address, Next-of-Kin **Thomas Batchelor, P.O., Haliburton, Ont., Canada.** Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. **24540**
File R.L.
Category **CAN. OR**

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>6</i> Arrived in England per H. M. T. 2810 | | 31-7-16 | |
| 5. 8. 16 | DC 109 th App'd Prov. Sgt. | Osney | 5. 8. 16 | Pt II D.O. 218. + D.O. 285 |
| 8. 12. 16 | " S.O.B. on transf. to 124 th Bn. | Witley | 8. 12. 16 | Pt II DD 343. |
| 9. 12. 16 | DC 124 th S.O.B. on transf. to 109 th | | | 265 |
| 9-3-17 | 124Bn Emb for France | Witley | 9*3*17 | Pt II DQ68 |
| 14-4-17 | Confirmed Sgt | Field | 9.3-17 | -81 |
| 13-11-17 | ICOR (124) 6 Can Field Amb. | | 6-11-17 | C.L. A. 62. |
| 15-11-17 | Central Mil Hosp | Chatham | 12-11-17 | C.L. B. 64 S.W. West |
| 18. 11. 17 | ICOR'D T.O.S from 124 | W. Sandling | 12 17 | Pt II O. 254 |
| 30-3-18 | S.O.B. to C.L. R.D. | W. Witley | 30-3-18 | Amend. in 0096/87 Pt F 88 |

A.F.B. 103 CHECKED
21 MAR 1917

07. CERD
Begins 124

1600
110
bas

| 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. | | | | |
| 25.3.18 | C.E.R.O. | T.O.S from 1 st C.O.R.D. | Sgt. Seaford | 9.3.18 | DO. 84 |
| 2.4.18 | " | Of com. to C.E.T.D. | Sgt. " | 1.4.18 | DO. 9/4 C.E.T.D. 80/3 ⁴ / ₁₈ |
| 26.4.18 | " | Ceases of b. to C.E.T.D. | Sgt. " | 26.4.18 | DO. 115 + C.E.T.D. 101/27 ⁴ / ₁₈ |
| 30.4.18 | " | Of com. to C.E.T.D. ceases of b. to C.E.T.D. + of com. to 2 ^d C.E.R.B. | Sgt. " | 30.4.18 | DO. 119 + C.E.T.D. 104/1 ⁵ / ₁₈ |
| 15.6.18 | " | ceases of b. to of C.E.R.B. | Sgt. " | 25.5.18 | DO. 164 + 2 ^d C.E.R.B. 1/22 ⁹ / ₁₈ |
| 3.7.18 | " | ceases of b. to of C.E.R.B. | Sgt. " | 30.6.18 | DO. 181 + 2 ^d C.E.R.B. 33/28 ⁶ / ₁₈ |
| 13.7.18 | " | Of com. to 14 th C.S.N. Eastbourne | Sgt. " | 11.7.18 | DO. 191 |
| 13.2.19 | " | are granted permission to marry marrill with permission at Christ Church Num. Head. | " | 12.2.19 | DO. 44 |
| 22.3.19 | " | at Christ Church Num. Head. | Seaford. | 7.3.19 | DO. 91 |
| 16.4.19 | " | Ceases of b. to 14 th C.S.N. Eastbourne | " | 14.4.19 | DO. 106. |
| 2.5.19 | " | A.W.L. from 23.5.19 27.4.19 until 18.00 30.4.19 (3 days) Reprimanded. Forfeit 3 days pay by 1 st Lt. Key. | Sgt. " | 1.5.19 | DO. 122 |
| 21.5.19 | " | To 1 st C.O.D. Box. | " Witley | 20.5.19 | " 141 |
| 9.8.19 | C.R.O. | S.O.S. to Canada | " London | 28.7.19 | D.A.O. 3. |

D 27-I-9 28-7-19.

ASSIGNED PAY

Mrs. Thos. Batchelor
Sheet No. 2.

OVERSEAS CONTINGENTS

Name of Soldier

Batchelor
Sgt. 109th Bde

"Mother"
PAYMENTS.

724257

\$15.00

Remarks. AUG 1 1916

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

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|-----------------|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | J 15244 | 15 | |
| Sept. | | 2 17209 | 15 | |
| Oct. | | Q 21739 | 15 | |
| Nov. | | Q 25968 | 15 | |
| Dec. | | N 32950 | 15 | |
| Jan. | 1917 | A 38717 | 15 | |
| Feb. | | Q 43691 | 15 | 15 (AW) |
| March | | B 48695 | 15 | 15 L |
| April | | B 780 | 15 | 15.25 |
| May | | Z 6829 | 15 | |
| June | | N 12992 | 15 | 15.00 |
| July | | B 21556 | 15 | B. |
| Aug. | | D 27371 | 15 | W |
| Sept. | | D 34376 | 15 | B \$210.00 AW ✓ |
| Oct. | | M 47422 | 15 | Q |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

H.M.S.

W.A.E.

ENGLISH

210

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. | | | | |

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

"Mother"

To Whom *Mrs. Thos. Batcher,*

By Whom Assigned *Batcher, T.*

Address *Haliburton, Ont.*

Regtl. No. *724251*

Rank *Sgt.*

Corps *109th Batt.*

Rate *\$15.00* **AUG 1 1916**

PAYMENTS

ENGLISH

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



111

1000

111

111

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| Aug. | 1918 | B 31909 | 25 | |
| Sept. | | B 36738 | 25 | |
| Oct. | | B 41713 | 25 | |
| Nov. | | A 57946 | 25 | |
| Dec. | | B 67743 | 25 | |
| Jan. | 1919 | D 69412 | 25 | |
| Feb. | | D 77584 | 25 | |
| March | | D 88626 | 25 | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

*Acct. trans. to Eng.
 Eff. 1-4-19.*

*checked found
 correct with ledger
 14.6.19. HS*

C. E. R. D.
 Canadian Pay Office
 Received by Pay II.
MAY 6 1919
 Date
 and passed for action to
 Sub-Div. A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.
 AUCTIONEER
 JUNIOR
 P. P. S.
 P. I. S. S.
 S. O. P. / C.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 25m.—10-17.
 1772—39—319.

Sheet No. 2. _____
 (Assignee)

Name of Soldier Batchelor J

PAYMENTS.

L. L. 22013—M. & D. 8368.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | J 15244 | 15 | |
| Sept. | | Q 17209 | 15 | |
| Oct. | | Q 21739 | 15 | |
| Nov. | | Q 25968 | 15 | |
| Dec. | | D 32950 | 15 | |
| Jan. | 1917 | A 38717 | 15 | |
| Feb. | | A 43691 | 15 | |
| March | | B 48695 | 15 | |
| April | | B 780 | 15 | |
| May | | L 6829 | 15 | |
| June | | D 12992 | 15 | |
| July | | B 21556 | 15 | |
| Aug. | | D 27371 | 15 | |
| Sept. | | D 34376 | 15 | |
| Oct. | | M 47422 | 15 | |
| Nov. | | B 54328 | 15 | |
| Dec. | | E 51614 | 25 | |
| Jan. | 1918 | 673007 | 25 | |
| Feb. | | B 97791 | 25 | |
| March | | A 94121 | 25 | |
| April | | J 8862 | 25 | |
| May | | B 12274 | 25 | |
| June | | B 20533 | 25 | |
| July | | J 33606 | 25 | |

Handwritten scribble

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom

Address

By Whom Assigned

Regtl. No.

Rank

Corps

Batchelor T.

724251

Sgt.

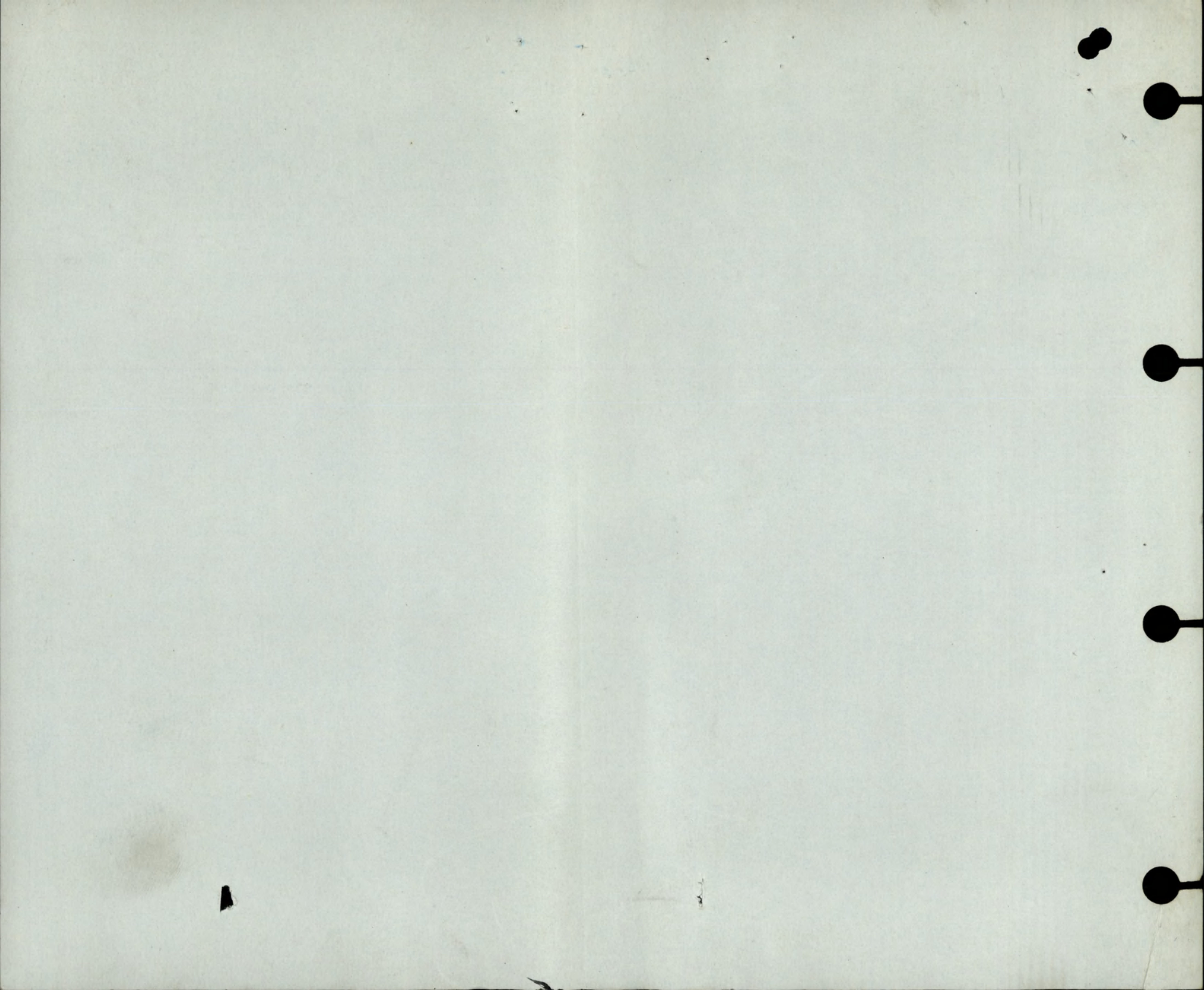
109th Batta.

Rate

\$7.5 Aug 1st 1916.
\$9.5 Dec 1st 1917.

PAYMENTS

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



SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

BATCHELOR

T.

724251.

RANK

Sgt.

UNIT

1CO. 124P.

Co.

Engrs.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

6 C.F.AMB. 6-11-17.

Cent. Mil. Fort Pitt & Chatham

HOSP. 12.11.17.

2. 16 Ban Gen Ovington

HOSP. 13.2.18

3.

HOSP.

4.

HOSP

DIAGNOSIS

SW. Wrist & Lt. Hand. 40

1.

2.

3.

DISPOSITION

DATE

CL. 14-11-17 A62-6.

" 16.11.17 B. 64 (2)

15. 2. 18 B140

27. 3. 18 B174.

Dis. 22. 3. 18.
REMARKS

A.M.D. 2 DEPT.

Dep. of D.G.M.B., O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

2912

Dec 1/17
Aug 4/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|------------------|------------------|--|--|
| 15 ⁰⁰ | 25 ⁰⁰ | | |
|------------------|------------------|--|--|

RM

PARTICULARS OF SEPARATION ALLOWANCE

No. 724251
 Rank Sgt. Promoted
 Soldier's Name T. Batchelor
 Battalion 109th Batta
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mrs Batchelor
 Address Haliburton Ont.
 Change of Address
 1
 2
 3
 4

ENGLISH

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---------------|------------|------------|------------|-------|---------|
| Sept. 30/1917 | | | 210 ✓ | 210 ✓ | |
| Oct | MH7422 | | 15 ✓ | 15 ✓ | |
| Nov. | 54328 B | | 15 ✓ | 15 ✓ | |
| Dec. | 56653 F | | 15 | 15 | M |
| Dec. 1918 | E51614 | | 25 | 25 | |
| Jan - 1919 | C13007 | | 25 | 25 | D |
| Feb. | 97791 B | | 25 | 25 | |
| Mar | 94121 A | | 25 | 25 | ✓ |
| Apr | 8862 J. | | 25 | 25 | 8 |
| May | 12274 C | | 25 | 25 | K |
| June | 20533 B | | 25 | 25 | K |
| JUL | 33606 Y | | 25 | 25 | L |
| Aug | 31909 B | | 25 | 25 | 8 |
| Sept | 36738 B | | 25 | 25 | ✓ |
| Oct | 41713 B | | 25 | 25 | |
| Nov. | 57946 A | | 25 | 25 | |
| Dec. | 67743 B | | 25 | 25 | |
| 1919 | 69412 D | | 25 | 25 | |
| Jan | 77584 D | | 25 | 25 | |
| 25th | 88626 J | | 25 | 25 | |
| MAR | | | | | |
| APR | | | | | |
| | | | 640 | 640 | |

1029-T-1

78653 Cancelled

0 Cable P5490-4-12-17 ASR 6-12-17

Mailed 9/12/17

A.P. closed. 1-4-19 per A2M

Saver. 2-4-19

mno 83274

AUDITED.

We Closed
 Ret'd per Adriatic
 Date 5/19 M.F.W. 187 178/19
 W.D. 2 Gallus

W.B.

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22220-M. & D. 7683.



J Number ~~724251~~ 724251 Rank Sgt

Surname BATCHELOR

Christian Name Thomas

Units ~~24th Bn. Cavalry~~ Theatre of War ~~France~~

Date of Service 9-3-17

Remarks

Latest Address P.O. Haliburton
Cub

Roll No. Page 18884

DESP NOV 16 1922
REGAN. NO. 8A637

No. 724502. RANK
424251.

Pvt.
Sergt.

NAME Batchelor J.

T. O. S.

UNIT

Transferred from 80th. Co.
24-12-15. D.O. 33. 29. 12-15.

109th. Battalion.

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|----------------|---------------|---|---------------------|
| | | | PARTICULARS | AUTHORITY |
| 1915 Dec 24 | 1915 Dec 31 | ✓ | | |
| 1916 Jan. | 1916 Feb. | ✓ | Prom. Cpl. 1-1-16. | D.O. 47. 14-1-16. |
| | Mar. | ✓ | | |
| | April | ✓ | Pto. Sergt. 11-4-16. | D.O. 122 of 11-4-16 |
| | May | ✓ | | |
| | June | ✓ | | |
| | July | ✓ | | |

UNIT SAILED
JUL 23 1916



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| | | | |
|--------------------|------------------------------------|----------|---------------------|
| A 62. ⁶ | No 6 Can Fld Amb | 6-11-14. | SW. Wrist & L Hand. |
| B 64-2 | Crew. Mil Fort Pitt Chas. | 12-11-17 | " " " " " 10-12-17 |
| B 140-1 | ^{Ca} 16 Can Gen. Orington | 13-2-18 | " " " " " 11-3-18. |
| B 174 | Discharged | 2-2-18 | " " " " " |

NAME *Batchelor Thomas*

REGT'L No. 724251
H. Q. FILE NO. 649.

RANK AND CORPS *Sgt. 124th Bu Form 80th Bu*

FOLLOWS
No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

136-9
Mo 351.

15-11-17

C
Adm. #6. Fld. Amb. report Nov. 6th/17
Glw left Hand, wrists

H. Q. Reference

No. 724251 Rank SERGT. Unit 124TH BATTN.

Surname BATCHELOR.

Christian names THOMAS.

Kindly forward Medals, to which I am entitled by reason of my
service in FRANCE

(Theatre of War)

with 124TH BATTALION

(Unit with which served in Theatre of War)

No. BOX 35.

Street.....

Town BRADFORD

County SIMCOE

Thomas Bachelor

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O.H.M.S.

POSTAGE
FREE



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

T. ~~Thomas~~

Name *Batchelor* Rank *SGT* Reg. No. *724251*
 Unit *124 il Pwr BN*
 Next of Kin *Canada*

RCK

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|----------------|---------------------------|---------------------|-------------|-------------|-----------------|--------------|
| <i>1917</i> | | | | | | |
| <i>6-11</i> | <i>Hobbs T-amb</i> | <i>SW Wrist - L</i> | <i>Hand</i> | <i>A62</i> | <i>M6351</i> | <i>4677</i> |
| <i>12-11</i> | <i>Cent Mil Fort Pitt</i> | <i>Chatham</i> | <i>do</i> | <i>B64</i> | | <i>5829</i> |
| <i>13-2-18</i> | <i>16 Co. G H.</i> | <i>Orpington</i> | <i>do</i> | <i>B140</i> | | <i>12501</i> |
| <i>22 8</i> | <i>Exchequer</i> | | | <i>B134</i> | | <i>3964</i> |
| | | | | <i>RCK</i> | | |

SURNAME.

Batchelor

| | |
|----------------|-------------------------|
| <i>92</i> | CARD NO. 3228 |
| FOLL. <i>X</i> | |

CHRISTIAN NAMES

Thomas

REGL. No.

~~*219746*~~ *724251* RANK *pte*

UNIT

~~*80th*~~ *109th*

Batt.

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Batchelor, Thomas

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Haliburton Ont.

CHANGE OF ADDRESS

*Mrs. G. E. Batchelor
(R.N.S) Box 13. G.P.O
Haliburton, Ont*

mar 20/8/19

COUNTRY OF BIRTH

England, Hounslow

DATE

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Sept. 2-15.

*Sailed from Halifax 23/7/16 per S.S. Olympic
9/6 4-8-19383*

488/5

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

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 |

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. ...

Group..... C

Checked by No. O.T.N.

Date. 25/7/19

No. Dep. 1.

CANADIAN DISCHARGE OFFICE
BUXTON, DERBYSHIRE
MAY 21 1919
SHORT FORM.
PROCEEDINGS ON DISCHARGE.

Military District. I. 2

Reg. Meth.

(Demobilization.)

Next of Kin. Wife

| | |
|---|--|
| 1. No. | <u>724251.</u> |
| 2. Rank. | <u>Serqt.</u> War Service Badge Class "A" No. <u>3465</u> |
| 3. Name. | <u>BACHELOR. Thomas</u> |
| 4. Unit. | <u>6. C. B. P. D. 80th Batta</u> |
| 5. Date of Discharge | <u>JUL 8 1919</u> Place |
| 6. Reason for Discharge | <u>Laborer</u> Occupational Group <u>7</u> |
| 7. Authority. | |
| 8. Proposed Residence after Discharge | <u>G. P. O. Haliburton Ont.</u> <u>Toronto Ont.</u> |
| 9. CERTIFICATE TO BE SIGNED BY SOLDIER. | I hereby acknowledge that at the undernoted place and date I received my discharge Certificate <u>HALIFAX</u> <u>28/7/19</u> <u>ARRIVED HALIFAX</u> <u>5 AUG 1919</u> <u>R M S ← ADRIATIC →</u> <u>J Bachelor</u> Signature of Soldier. |
| 10. CONFIRMATION. | The discharge of the above named man is hereby confirmed. Place <u>HALIFAX DEPOT</u> <u>August</u> Date <u>JUL 8 1919</u> <u>HALIFAX DEPOT</u> <u>CLEARING SERVICES COMMAND</u> Signature <u>[Signature]</u> Lt. Col. (O. C. Discharging Unit.) |

* Strike out whichever inapplicable.

~~ENGLAND~~ *Not ENGLAND sent to Can Oct until further advice from Capt. Thomas*

| | | | |
|--|---|---|------------------------------------|
| ASSIGNED PAY: EFFECTIVE DATE: <i>1/2/19</i> AMOUNT: <i>25⁰⁰</i> | SEPARATION ALLOWANCE: EFFECTIVE DATE: <i>13/19</i> AMOUNT: <i>30⁰⁰</i> | NAME: <i>BATCHELOR Thomas</i> NUMBER: <i>724351</i> | PARTICULARS OF RANK OR APPOINTMENT |
| NAME, ADDRESS, RELATIONSHIP & AUTHORITY | | AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT | |
| <i>Mr Thomas Batchelor Haliburton on leave Mother</i> | | <i>2081 14/4 9.8.17 Sgt</i> | |
| <i>Mrs Grace E. Batchelor A.M. 68 Buchan Road. <i>9/1/19</i> Wife. Beckham S.E. 15. <i>auth. Ottawa letter 28/4/19</i> </i> | | UNIT AND TRANSFERS | |
| <i>1.8.19</i> <i>Stopped effective 1-6-19</i> <i>Worms to Harry - DO. 144 12/2/19 L&R.D.</i> | | ORIGINAL UNIT: <i>109 BN</i> DATE ACCOUNT FIRST OPENED: <i>1 Aug 1916</i> | |
| EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | | AUTHORITY DATE EFFECTIVE DATE LOGGED SHEET T'S'D UNIT TRANSFERRED TO | |
| <i>AD. 254 1.1.18 1 CORPS</i> <i>NR 14/18/14/18 C&T D K</i> | | | |

| DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT | DAILY RATES OF PAY AND ALLOWANCES | | | | | |
|-----------------|----------------|----------------|-----------------------|-----------------|----------------|---------------|-----------------------|--|------------|-----------|--------|---------------|--|
| | | | | | | | | AUTHORITY | PAY | F.A. | P.F.A. | SUBSCE ALL'CE | |
| <i>2-11-19</i> | <i>69</i> | | <i>975</i> | <i>2/6/19</i> | <i>9537</i> | <i>Bunton</i> | <i>975</i> | | | | | | |
| <i>15-11-19</i> | <i>785</i> | <i>Desford</i> | <i>975</i> | | | | | | <i>135</i> | <i>15</i> | | | |
| | | | | | | | | <i>Trans. to Can. 11/1/19 K. 10664 12/19 Bunton - Berlin 14/19 M.O.T 1700 D. Bal 3.16.</i> <i>Cancelled auth. P.M. Berlin 30/4/19</i> <i>Trans. to Can. 15/1/19 K. 7150 16/1/19 Desford 20/1/19 Berlin 27/1/19</i> | | | | | |

| PARTICULARS OF RENDERING NON-EFFECTIVE | | | | | | | | | | | |
|--|------------------|--------------|------|---|----------------|------|------|-----------|---------------|-----------|------------|
| 1918 | PARTICULARS | CR 1 | CR 2 | PARTICULARS | DR 1 | DR 2 | DR 3 | DR 4 | BALANCE | DEFERRED | SEPARATION |
| <i>Mar 31</i> | <i>Bal Forth</i> | | | | | | | | <i>228 41</i> | <i>80</i> | |
| <i>April</i> | <i>Sgt Pay</i> | <i>45</i> | | <i>Cap</i> | | | | <i>25</i> | | | |
| | | | | <i>AR. 28 - B&R.D. 15/4/18</i> | <i>9 73</i> | | | | | | |
| | | | | <i>AR. 428 " 29/4/18</i> | <i>9 73</i> | | | | <i>228 95</i> | | |
| | | <i>45</i> | | <i>Cap</i> | <i>19 46</i> | | | <i>25</i> | | | |
| <i>May</i> | <i>Sgt. Pay.</i> | <i>46 50</i> | | <i>AR. 69 250 6.7.18 Berlin. 9/5/18</i> | <i>50 -</i> | | | | | | |
| | | | | <i>AR. 791 C&D 15/9/18</i> | <i>9 73</i> | | | | | | |
| | | | | <i>9 400 & 290 other types. C&D 30/4/18</i> | <i>2 59</i> | | | | | | |
| | | | | <i>AR. 121 2 B&R.D. 28/5 -</i> | <i>9 73</i> | | | | <i>178 40</i> | | |
| <i>June</i> | <i>Sgt Pay</i> | <i>46 50</i> | | <i>Cap</i> | <i>72 08</i> | | | <i>25</i> | | | |
| | | <i>45</i> | | <i>AR. 343 " 14/6</i> | <i>9 73</i> | | | | | | |
| | | | | <i>- 550 " 27/6</i> | <i>9 73</i> | | | | <i>178 94</i> | <i>80</i> | |
| | | <i>45</i> | | | <i>19 46</i> | | | <i>25</i> | | | |
| <i>July</i> | <i>Sgt Pay</i> | <i>46 50</i> | | <i>Cap</i> | | | | <i>25</i> | | | |
| | | | | <i>AR. 1330 14 C.A. H. Eastbourne 17/7</i> | <i>7 30</i> | | | | | | |
| | | | | <i>- 1449 14 " " 22/7</i> | <i>29 20</i> | | | | <i>163 94</i> | | |
| | | <i>46 50</i> | | | <i>36 50</i> | | | <i>25</i> | | | |
| <i>Aug</i> | | <i>46 50</i> | | <i>B.A.P.</i> | | | | <i>25</i> | | | |
| | | | | <i>1758 13 2/8</i> | <i>3 19 47</i> | | | | | | |
| | | | | <i>1984 27 8/8</i> | <i>5 9 73</i> | | | | <i>156 24</i> | | |
| | | <i>46 50</i> | | | <i>29 30</i> | | | <i>25</i> | | | |
| <i>Sept</i> | | <i>45</i> | | <i>Cap</i> | | | | <i>25</i> | | | |
| | | | | <i>A.R. 2089 " 6.9.18</i> | <i>24 33</i> | | | | | | |
| | | | | <i>" 2412 " 26.9.18</i> | <i>68 13</i> | | | | <i>83 78</i> | <i>50</i> | |
| | | <i>45</i> | | | <i>92 40</i> | | | <i>25</i> | | | |
| <i>Oct</i> | | <i>46 50</i> | | <i>Cap</i> | | | | <i>25</i> | | | |
| | | | | <i>A.R. 2636 " 15.10.18</i> | <i>9 73</i> | | | | | | |
| | | | | <i>" 2833 " 29.10.18</i> | <i>9 73</i> | | | | <i>85 82</i> | | |
| | | <i>46 50</i> | | | <i>19 46</i> | | | <i>25</i> | | | |

Compuer by
A. H. Hancock

NUMBER 724251

RANK

Sgt.

NAME BATCHELOR T.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|-------|---------------------|--------|--------|---|-------|-------|--------|--------|---------|----------|------------|
| NOV | Bal. for Sgt. P. | H5 | | Cap. | | | | 25 | 85 82 | | |
| | | | | AK 3014 14 Gen Hosp 14-11-18 | 9 73 | | | | | | |
| | | | | " 3202 " 27-11-18 | 9 73 | | | | | | |
| Dec | | H6 50 | | Cap. | | | | 25 | | | |
| | | | | " 3395 " 11-12-18 | 9 85 | | | | | | |
| | | | | " 3580 " 19-12-18 | 14 60 | | | | | | |
| Jan | | H6 50 | | Cap. | | | | 25 | 104 91 | | |
| | | 138 | | | | H3 91 | | 75 | | | |
| FEB | | H2 | | Cap. | | | | 25 | | | |
| | | | | AK 3767 CRD. 4-1-19 | 9 73 | | | | | | |
| | | | | " 4041 14 Gen Hosp. Exd. 27-1-19 | 14 60 | | | | | | |
| | | | | " 4169 " 13-2-19 | 9 73 | | | | | | |
| | | | | CP. 42154 Lond. 28-2-19 | 73 00 | | | | | | |
| | | | | AK. 4213 14 Gen Hosp. 23-2-19 | 7 30 | | | | | | |
| Mar | | H6 50 | | Cap. | | | | 25 | | | |
| | | | | " 4476 " 13-3-19 | 9 73 | | | | | | |
| | | | | Pub. cl. 14.13.19 - 31.3.19 26.34 | | | | | 19 32 | | 30 |
| | | 88 50 | | | | 12 49 | | 50 | 100 40 | | 30 |
| Apr | | H5 | | A 49067 ap. | | | | | 119 72 | | 30 |
| | Int on Defd Pay | 890 | | A 49068. May | | | 25 | | 117 05 | | 30 |
| | | | | Cap. ap. | | | | | | | |
| | | | | AK 4630 14 Gen Hosp 25-2-19 | 9 85 | | | | | | |
| | | | | (N.E. admiss) " 7-4-19 | 9 73 | | | | | | |
| | | | | Int cancelled. Int on Defd Pay debited | | | | | 890 | | |
| | | | | AK. 785 CRD. 15-4-19 | 9 73 | | | | | | |
| | | | | A.W.L. 2359 27 th - 1800 30 th = 3 days pay | | | | | 450 | | |
| | | | | (20.12.2.5.19. CRD) | | | | | | | |
| | | | | AK. 1984 CRD. 8-5-19 | 4 87 | | | | | | |
| | | | | " 3097. " 12-5-19 | 19 47 | | | | | | |
| May | | A6 50 | | A 87866 ap. 12-5-19 | | | 25 | | 2 67 | | |
| | | 100 40 | | | | 53 65 | 13 40 | 60 | | | 60 |
| June | | H5 | | A 30480 June | | | 25 | | | 84 | 30 |
| | Int on Defd Pay | 890 | | A 30519 July | | | 25 | | | | 30 |
| | | | | 9537 Duesden 2/6/19 | 9 73 | | | | | | |
| | | | | 2270 - | 9 73 | | | | 12 89 | | |
| | | 53 90 | | | 19 46 | | 50 | | | | 60 |
| Aug | | | | 8355 - 15/4/19 | 9 73 | | | | | | |
| | | | | 5543 - 3/7/19 | 9 73 | | | | | | |
| | | | | 109 - 24/4/19 | 9 73 | | | | 42 08 | | |
| | | | | | 29 14 | | | | | | |

has up of 1921.

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) | Yes Bill |
| (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 not 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.)

Boarded for return to Canada.

Auth. A.G. Tel. 9083, 11-11-18.

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.

(Sgd.) G.R. MacTavish, Capt. President.

PLACE Seaford. (Sgd.) D.P. Byers, Capt. Members
 DATE May 5/19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

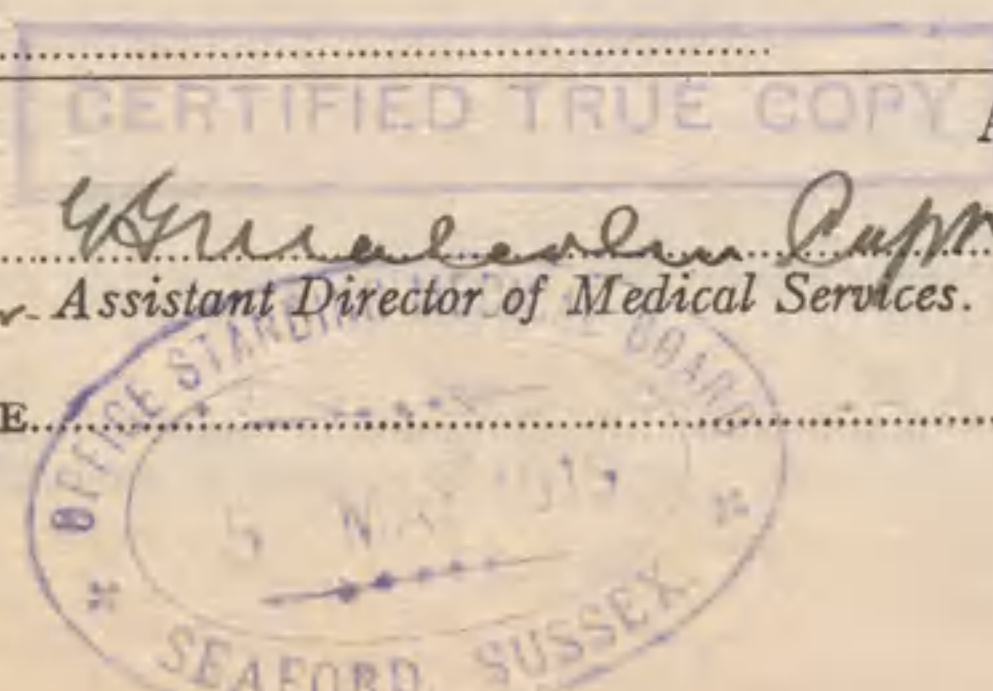
 President

PLACE _____ Members
 DATE _____

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

DATE _____ DATE _____

M.P.



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 Seaford. DATE 5-5-19.

1. 1 (a) Unit C.E.R.D. (b) Regimental No. 724251 (c) Rank Sgt.

(d) Surname Batchelor (e) Christian name Thomas

(f) Home address Haliburton, Ont.

(g) Next of Kin Mrs. G. Batchelor (h) Relationship wife

(i) Address of Next of Kin (Same as above)

2. Age last birthday 28 Date of birth 26-4-91.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date 30-8-15.

4. Personal description:

(a) Height 5' 11" (b) Weight 150 est. (c) Complexion Med.
(stripped)

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

Scar front of L. wrist, L. palm and middle finger tip, L.

5. Former trade or occupation Labourer.

| 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). | PERIODS | |
|---|---------|------|
| | Years | Days |
| | 3 | 247 |

| | PERIODS | |
|---------------------------------|--------------------------------|------------------------------|
| | From | To |
| Canada | 30-8-15 24-7-16 13-11-17 | 24-7-16 13-3-17 5-5-19 |
| England | | |
| France or other theatres of War | 13-3-17 | 13-11-17 |

7. Original disease, or injury Lacerating wd of left wrist and palm involving radial artery.

(a) Date of origin 6-11-17 (b) Place of origin Paschendale

(c) Cause Shrapnel wd.

M. F. B. 227.
 4004.-11-18.
 1772-59-117.

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

Partial loss of function and weakness of L. hand.

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.)

Obj. 1" circular scar palmar surface of L. wrist.
1" scar L. Palm at heel of thumb.
1/2" scar tip of 2nd finger L. hand.
Scar on wrist is over radial side.
Radial pulse not felt.
Flexion of wrist limited by 40%.
Abduction of thumb limited by 80%.
Flexion of thumb and adduction limited by 30%.
Flexion of fingers at metacarpal-phalangeal jts normal.
flexion of fingers at interphalangeal joints limited by 80%.
Grip of L. hand 30% of Rt. hand.

Subj. Left hand and wrist are weak and awkward, sensitive to cold weather.

(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).)

Cas. Form "Wd L. wrist and hand". 6-11-17.
M.H.S. 12-11-17 S.W. "wrist and hand.
On 12-2-18 M.H.S. says, good mov't of elbow and wrist. Limited flexn.
of fingers of L. hand and at 2nd distal phalangeal jts. Limited mov'ts
of thumb. No mov't of it at distal phalangeal jt. Grip of L. hand weak.
X-ray 12-12-17 slight damage to outer surface lower end of radius.
Minute F.S.'s Bones of carpus decalcified but no fract. Rec. Bill.
Previous Board of 2-3-18 says, Torn Radial Artery ligatured after
wounding.

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.)

As in 4-f.

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.)

N.A.

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? May improve in 6 mos.

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

In several hosps. Wds excised, dressed. Rad. art. ligatured.

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)

N.A.

16. Can the former trade or occupation be resumed? Yes, but will be appreciably handicapped by weak awkward left hand. (If not, briefly state why)

17. Recommendations.

(Sgd) Jos. C. Copp, Lieut. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Thos. Batchelor, 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.

(Sgd) T. Batchelor, Sgt. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

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) | Yes B111 |
| (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.)

Boarded for return to Canada.
 Auth. A.S. Tel. 9083, 11-11-18.

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.

(Sgd.) C.E. MacLavish, Capt. President.

PLACE Seaford. (Sgd.) D.P. Lyero, Capt. Members
 DATE May 5/19.

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.

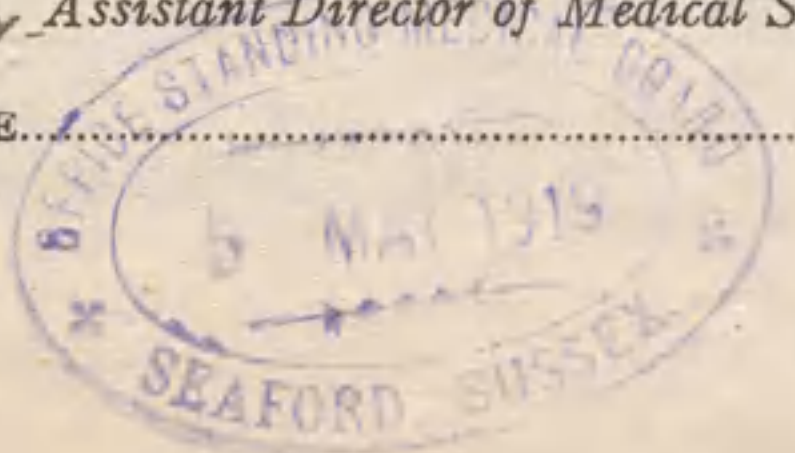
Witness Signed. Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE DATE APPROVED BY CERTIFIED TRUE COPY APPROVED BY

Assistant Director of Medical Services. Director-General of Medical Services.

DATE DATE

M.P.



THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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1. 1 (a) Unit G.E.R.D. (b) Regimental No. 724251 (c) Rank Sgt.

(d) Surname Batchelor (e) Christian name Thomas
 (f) Home address Haliburton, Ont.
 (g) Next of Kin Mrs. G. Batchelor (h) Relationship wife
 (i) Address of Next of Kin (Same as above)

2. Age last birthday 28 Date of birth 26-4-91

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date 30-8-15

4. Personal description:
 (a) Height 5' 11" (b) Weight 154 lbs. (c) Complexion Med.
 (d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
 Scar front of L. wrist, L. palm and middle finger tip, L.

5. Former trade or occupation Labourer.

| | | |
|---|-------|------|
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| | 3 | 247 |

| | PERIODS | |
|---------------------------------|--------------------|--------------------|
| | From | To |
| Canada | 30-8-15 24-7-16 | 24-7-16 13-3-17 |
| England | 13-11-17 | 5-5-19 |
| France or other theatres of War | 13-3-17 | 13-11-17 |

7. Original disease, or injury Lacerating wd of left wrist and palm involving radial artery.

(a) Date of origin 6-11-17 (b) Place of origin Passchendaele
 (c) Cause Shrapnel wd.

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

Partial loss of function and weakness of L. hand.

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Obj: 1" circular scar palmar surface of L. wrist.
1" scar L. Palm at heel of thumb.
1/2" scar tip of 2nd finger L. hand.
Scar on wrist is over radial side.
Radial pulse not felt.
Flexion of wrist limited by 40%.
Abduction of thumb limited by 80%.
Flexion of thumb and adduction limited by 30%.
Flexion of fingers at metacarpal-phalangeal jts normal.
Flexion of fingers at interphalangeal joints limited by 30%.
Grip of L. hand 30% of R. hand.

Subj: Left hand and wrist are weak and awkward, sensitive to cold weather.

(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.)

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Osseous and Joint Systems NO Any other general condition NO

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

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X-ray 12-12-17 slight damage to outer surface lower end of radius. Minute F.B.'s Bones of carpus decalcified but no fract. See Bill.
Previous Board of 2-3-18 says, Torn Radial Artery ligatured after wounding.

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.

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As in 4-f.

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In several hoops. ds excised, dressed, and art. ligatured.

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)

N.A.

16. Can the former trade or occupation be resumed? Yes, but will be appreciably handicapped by weak awkward left hand. (If not, briefly state why)

17. Recommendations

(Sgt.) Jos. C. Capp, 1st Lt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Thos. Batchelor, 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

(Sgt.) T. Batchelor, Sgt. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

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.)

yes Biii

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.)

*Boarded for return to Canada.
Cenchr. O.C. tel 9083 2 11/11/18.*

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*C. P. Macdonald Capt President.
D. P. Dyer Capt*

PLACE *Seaford* DATE *May 5/19* 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

General Capt
For Assistant Director of Medical Services.

Director-General of Medical Services.



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MEDICAL HISTORY OF AN INVALID

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5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *Seaford* DATE *5/5/19*

1. 1 (a) Unit *C. E. R. D.* (b) Regimental No. *724251* (c) Rank *Sgt*
 (d) Surname *BATCHELOR* (e) Christian name *THOMAS*
 (f) Home address *Haliburton, Ont.*
 (g) Next of Kin *Mrs. G. Batchelor* (h) Relationship *WIFE*
 (i) Address of Next of Kin *(same as above)*
 2. Age last birthday *28* Date of birth *26/4/91*
 3. Enlistment, or Appointment (if an Officer) (a) Place *Sindsay Ont.* (b) Date *30/8/15*
 4. Personal description:
 (a) Height *5' 11"* (b) Weight *150* (c) Complexion *Med*
 (d) Colour of hair *Dark* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc. *scar front of L. wrist, L. palm & middle finger tip*
 5. Former trade or occupation *Labourer.*

| | PERIODS | |
|---|----------|------------|
| | Years | Days |
| 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). | <i>3</i> | <i>247</i> |

| | PERIODS | |
|---------------------------------|-----------------|-----------------|
| | From | To |
| Canada | <i>30.8.15</i> | <i>24.7.16</i> |
| England | <i>24.7.16</i> | <i>13.8.17</i> |
| France or other theatres of War | <i>13.11.17</i> | <i>5.3.19</i> |
| | <i>13.3.17</i> | <i>13.11.17</i> |

7. Original disease, or injury *Lacerating w.d. of Rgt wrist & palm involving radial artery*
 (a) Date of origin *6.11.17* (b) Place of origin *Passchendele*
 (c) Cause *Shrapnel w.d.*

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

Partial loss of function, and weakness, of L. hand.

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.)

Obj: 1" circular scar palmar surface of L. wrist. 1" scar L. Palm at heel of thumb. 1/2" scar tip of 2nd finger L. hand. Scar on wrist is over radial side. Radial pulse not felt. Flexion of wrist limited by 40%. Abduction of thumb limited by 80%. Flexion of " + adducted limited by 30%. Flexion of fingers at metacarpal phalangeal jts normal. Flexion of " " interphalangeal joints limited by 80%. Grip of L. hand 30% of rt. hand. Subj: - Left hand + wrist are weak + awkward. sensitive to cold weather.

(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... Cardio-Vascular System... Genito-Urinary System... Special Senses... Respiratory System... Integumentary System... Disturbances of Mentality... Digestive System... Muscular System... Osseous and Joint Systems... Any other general condition...

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

Cas. 7 arm "Wd. L. wrist + hand" 6. 11. 17. In U.S. 12. 11. 17. SW. Wrist + hand. On 12. 2. 18. In U.S. says. Pain wrist + elbow + wrist limited flexion of fingers of hand wrist 2nd distal phalangeal jts. limited most of thumb. No most of it at distal phalangeal jt. Grip of L. hand weak. Xray 12. 12. 17. Slight damage to outer surface lower end of radius, minute I. B's. Bone of Carpus decalcified but no fract. Rec. B III. Previous Board of 2. 3. 18 says Tom Radial artery ligatured after wounds.

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.)

as in 4 f.

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.)

n. a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? @ no @ 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? May improve in 6 mos.

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

In several hosp. - Wds exercised, dressed, Rad. ast. ligatured.

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)

n. a.

16. Can the former trade or occupation be resumed? Yes - but will be appreciably handicapped by weak and hand left hand. (If not, briefly state why)

17. Recommendations... appreciably handicapped by weak and hand left hand.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Thos Batchelor, 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...

Thos Batchelor, Sgt. Rank. Signature of invalid examined.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

- 14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and ordinary constitution?
15. THE RESPONSIBLE DISABILITY.—What part of the entire disability estimated next above is due to the soldier's own fault?
16. Permanency of the Pensionable Disability estimated next above in (15)
17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
18. Remarks.

19. Recommendation:—(a) Fit for duty? No. (b) Fit for home duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?
Dated at _____ this _____ day of _____ 191____

Signatures of the Board: A.H. Macfarlane, Capt. C.A.M.C., D.W. Davis, Capt. C.A.M.C., T.L. Towler, Capt. C.A.M.C.
Signature of the President: [Signature]
Signature of the Secretary: [Signature]

Reserved for M.H.C.

Regt. No. 72425I Rank...Sgt. Surname...Bachelor Christian Name...Thomas

Unit or Corps—(a) Overseas from United Kingdom...134th Cans. (b) In United Kingdom...109th Cans.

Born at—Town...Hounslow County or Province...Middlesex Country...England

Date of Birth—Day...26 Month...April Year...1891 (Age...26 yrs. 10 months)

Joined at...Lindsay, Ont. Date...Sept. 20/1915

Former Trade or Occupation...Farm Hand

Permanent marks or peculiarities that will serve for future identification: Small scar ant. surface left forearm 1" scar dorsal surface index finger left hand

Height—feet...6 inches Colour of eyes...Blue

Signature of Soldier (for identification purposes)...T. Bachelor

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.) (Follow the official nomenclature as far as possible.)

- Disabilities Group (a) Partial Loss Function Left Hand.
Disabilities Group (b)
Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: G.S.W. Left Forearm and Hand, Ypres, 6-II-17.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. (ii) As to Group (b) above? (iii) As to Group (c) above?

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? Yes. (ii) As to Group (b) above? (iii) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? Yes
(ii) While off duty?
(iii) Was a Court of Inquiry held? No
(iv) Where?
(v) When?
(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient states he was wounded at Ypres 6-II-17 by fragment of shrapnel, left forearm, sent to No. 5 F. Amb., wounds dressed then to 41st C.C.S. 6-II-17, A.F.S. injected and operation, wounds excised damage to Radio carpal joint. BIP torn, Radial artery ligated, then to No 53 Gen. Hosp. 7-II-17 wounds dressed. Sent to Fort Pitt Mil. Hosp., Chatham 12-II-17, daily dressings and massage, then to Chipstead V.A.D. 2-I-18 massage then to Fort Pitt Hosp. 27-I-18. Arrived at No 16 Can. Gen. Hosp., Orpington 12-2-18.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

1 1/2" scar irregular, on anterior surface left wrist Radial side. Small scar Palmar surface hand near thumb. Good movement of elbow and wrist. Limited flexion of fingers at 2nd and distal phalangeal joints. Limited movement of thumb at metacarpal phalangeal joint. No movement at distal phalangeal joint. Gripping power left hand weak. All other systems normal. X-Ray report 12-12-17: slight damage to outer surface of lower end of radius minute F.B. Bones of carpus decalcified, but no fracture.

8. OPERATION. (i) Was one performed? Yes
(ii) If so, state what. Excision of wounds and ligating torn radial artery.
(iii) Was one advised and declined? No

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

9. (i) Is there loss or decay of teeth attributable to Active Service? No

Table with 3 columns: (i) Place or places, (ii) Disease or injury to which the disability is due, (iii) Date of onset or date when disability began.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? No
(b) Fit for base duty? Yes. Bill three months.
(c) Invalid to Canada? No.
(d) Discharge from the Service as permanently unfit? No

Date of Report: Mar. 2/18 1918 Signed: H.W. Martin, Capt. C.A.M.C. Officer in medical charge of case.

Station: ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

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

(Signed) D.W. McPherson, Col. C.A.M.C. Officer i/c Hospital

Ontario Military Hospital 6 MAR 1918 Orpington, Kent.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? Yes.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier
Caused? No. Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)
Not App.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (Not App.) causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? Not App.
(ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not App.

18. Remarks.

19. Recommendation:—(a) Fit for duty? No.
(b) Fit for base duty? Bill, likely to be raised in Category within 6 mos.
(c) Invalid to Canada? No.
(d) Discharge from service as permanently unfit? No.
Classification for the Military Hospitals Commission: G

Date of Board: Ontario Military Hospital 6 MAR 1918 Orpington, Kent.

Signatures of the Board: A.H. Maclaren, Capt. CAMC, President. D.W. Davis, Capt. CAMC. T.L. Towars, Capt. CAMC.

Approved: [Signature] Major, C.A.M.C. Dated at: [Signature] Major, C.A.M.C. A.D.M.S. CANADIANS LONDON AREA 1 MAR 1918 LONDON 191

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? *yes*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *no*
- (iv.) Where? *no*
- (v.) When? *no*
- (vi.) Opinion of the Court? *no*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records). Patient states he was wounded at Ypres 6-11-17 by fragment of shrapnel left forearm, sent to no 6 Can. Field Ambulance, wounds dressed, then to 41st H.Q. D. 6-11-17 A.T.S. injected and operation, wounds excised, damage to Radio carpal joint. B.P. Tom Radial artery ligated, then to no 53 Gen. Hosp. 7-11-17 wounds dressed, sent to Fort Pitt military Hosp. Chatham 12-11-17 daily dressings and massage, then to Chipstead V.A.D. 2-1-18 massage then to Fort Pitt mil. Hosp. 27-1-18. Arrived at no 16 Can. Gen Hosp. Orpington 12th February 1918.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)
 1/2" scar irregular, on anterior surface left wrist Radial side
 small scar palmar surface hand near thumb. Good movement of elbow and wrist. Limited flexion of fingers at end and distal Phalangeal joints. Limited movement of thumb at metacarpal Phalangeal joint. No movement at distal Phalangeal joint, gripping power left hand weak. all other systems normal.
 X-ray report 12-11-17 slight damage to outer surface of lower end of radius, minute FB end of corpus decalcified but no fracture.

8. OPERATION. (i.) Was one performed? *yes*
 (ii.) If so, state what. *excision of wounds & ligating torn radial artery*
 (iii.) Was one advised and declined? *no*

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?
 (ii.) If so, describe. *no applicable*

10. DO YOU RECOMMEND:—

| | |
|--|-----------------------|
| (a) Fit for duty? | <i>no</i> |
| (b) Fit for base duty? | <i>yes Bill 3 mos</i> |
| (c) Invalid to Canada? | <i>no</i> |
| (d) Discharge from the Service as permanently unfit? | <i>no</i> |

Date of Report *March 2nd 1918* Signed *H.W. Martin Capt*
 Station *16 Can. Gen Hosp. Orpington* Officer in medical charge of case. *G.A.M.C.*

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

Ontario Military Hospital O.G. ONTARIO MILITARY HOSPITAL
 Dated at *8 MAR 1918* Station, on *Orpington, Kent.*
 * Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensioning Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
 If not, indicate it. *yes*

12. Is the cause of the disability fully indicated in Part I. (2)?
 If not, indicate it. *yes*

13. Was the disability caused or aggravated by—
 (a) Negligence of the Soldier { Caused? *no*
 Aggravated? *no* }
 (b) Misconduct of the Soldier { Caused? *no*
 Aggravated? *no* }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
 (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
 What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
 (Estimate at none, 1/2, 2/3, 3/4, or all.) *all*

16. Permanency of the Pensionable Disability estimated next above in (15).
 (i.) Is it permanent?
 (ii.) If not permanent, what is its probable minimum duration (in months)? *not*

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no*
 (b) Fit for base duty? *Bill likely to be raised in category within 6 months*
 (c) Invalid to Canada? *no*
 (d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

C

Date of Board *6 MAR 1918* Station *Orpington, Kent.*
 Signatures of the Board: *Asmaclaw Capt President*, *Gibson Capt*, *Thompson Capt*

Approved *[Signature]* Major, C.A.M.C. A.D.M.S.
 Dated at *Orpington, Kent.* Station *Orpington, Kent.*
 for A.D.M.S., Canadians, London Area. *11 MAR 1918*

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the 191 day of

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and ordinary activities? (Rate at 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%)

THE PENSIONABLE DISABILITY.—As Part I (8). Application on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (16) is caused by Active Service?

16. Permanency of the Pensionable Disability estimated next above in (16). (a) Is it permanent? (b) If not permanent, what is its probable minimum duration (in words)?

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

18. Remarks

13. Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board: A.H. MacLaren, Capt. C.M.C., D.W. Davis, Capt. C.M.C., E.L. Towson, Capt. C.M.C. Ontario Military Hospital, Ovington, Kent. President.

Reserved for M.H.C.

Regt. No. 724251 Rank... Sgt. Surname Bachelor Name Thomas Christian

Unit or Corps—(a) Overseas from United Kingdom... 124th Cans. (b) In United Kingdom... 109th Cans.

Born at—Town Hounslow County or Province Middlesex Country England

Date of Birth—Day 26 Month April Year 1891 Age 26 yrs 10 months

Joined at Lindsay, Ont. Date Sept. 20/1915

Former Trade or Occupation Farm Hand

Permanent marks or peculiarities that will serve for future identification: Small scar ant. surface left forearm I" scar dorsal surface index finger left hand.

Height—feet 6 inches Colour of eyes Blue

Signature of Soldier (for identification purposes) T. Bachelor

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Disabilities Group (a) Partial Loss Function Left Hand. Disabilities Group (b) Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Disease or injury to which the disability is due: G.S.W. Left Forearm and Hand VIII - I severe. Place of origin: Ypres. Date of origin: 6-II-17.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. (ii) As to Group (b) above? (iii) As to Group (c) above?

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? Yes. (ii) As to Group (b) above? (iii) As to Group (c) above?

Ontario Military Hospital, Ovington, Kent. MAR 18

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Yes**
- (ii.) While off duty? **No**
- (iii.) Was a Court of Inquiry held? **No**
- (iv.) Where? **Orpington**
- (v.) When? **12-2-18**
- (vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records). Patient states he was wounded at Ypres 6-II-17 by fragment of shrapnel, left arm forearm, sent to No F. Amb., wounds dressed then to 41st C.C.S. 6-II-17, A.T.S. injected and operation, wounds excised damage to Radio carpal joint. BIP torn, Radial artery ligated, then to No 53 Gen. Hosp. 7-II-17 wounds dressed. Sent to Fort Pitt Mil. Hosp., Chatham 12-II-17. daily dressings and massage, then to Chipstead V.A.D. 2-I-18 massage. Then to Fort Mil. Hosp. 27-I-18. Arrived at No 16 Can. Gen. Hosp., Orpington 12-2-18.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.) **1 1/2"** scar irregular, on anterior surface left wrist Radial side. Small scar Palmar surface hand near thumb. Good movement of elbow and wrist. Limited flexion of fingers at 2nd and distal phalangeal joints. Limited movement of thumb at metacarpal phalangeal joint. No movement at distal phalangeal joint. Gripping power left hand weak. All other systems ~~normal~~. X-Ray report 12-12-17: slight damage to outer surface of lower end of radius minute F.B. Bones of carpus decalcified, but no fracture.

8. OPERATION. (i.) Was one performed? **Yes**
 Excision of wounds and ligating torn radial artery.
 (ii.) If so, state what.
 (iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**
 (ii.) If so, describe:

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No**
- (b) Fit for base duty? **Yes. Bill three months.**
- (c) Invalid to Canada? **No.**
- (d) Discharge from the Service as permanently unfit? **No**

Date of Report: **Mar. 2/18** Signed: **H.W. Martin, Capt. C.A.M.C.**
 Officer in medical charge of case.

Station: **ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT**

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

(Sgnd.) **D.W. McPherson, Col. C.A.M.C.** (Officer i/c Hospital) Strike out one of these.

Ontario Military Hospital
6 MAR 1918
Orpington, Kent.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**
 If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes**
 If not, indicate it.

13. Was the disability caused or aggravated by—
 (a) Negligence of the Soldier **Caused? No. Aggravated? No.**
 (b) Misconduct of the Soldier **Caused? No. Aggravated? No.**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
 (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%). **Not App.**

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
 What part of the entire disability estimated next above in (14) is caused arising during Active Service?
 (Estimate at none, 1/2, 2/3, 3/4, or all.) **Not App.**

16. Permanency of the Pensionable Disability estimated next above in (15).
 (i.) Is it permanent? **Not App.**
 (ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not App.**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No.**
 (b) Fit for base duty? **Bill, likely to be raised in Category within 6 mos.**
 (c) Invalid to Canada? **No.**
 (d) Discharge from service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

G

Date: **Ontario Military Hospital**
6 MAR 1918
 Station: **Orpington, Kent.**

Signatures of the Board:
A.H. Maclaren, Capt. CAMC, President.
D.W. Davis, Capt. CAMC.
T.L. Towens, Capt. CAMC.

Approved: *[Signature]*
 Dated at: **Major, C.A.M.C.** Station: **LONDON**
 For A.D.M.S. Canadians, London Area.

11 MAR 1918