

8/2/16

OK. Mrs.

SPECIAL

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 725 bob.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Bell
- 1a. What are your Christian names?..... William
- 1b. What is your present address?..... Victoria Road
- 2. In what Town, Township or Parish, and in what Country were you born?..... Eldon Ontario
- 3. What is the name of your next-of-kin?..... Maggie Bell
- 4. What is the address of your next-of-kin?..... Victoria Road
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 31st July 1891
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. No
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

William Bell (Signature of Recruit)

Date February 8 1916 James Daniel (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Bell, 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.

William Bell (Signature of Recruit)

Date February 8 1916 James Daniel (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 Victoria Road on the county of Victoria this 8th day of February 1916.

Ab Graham (Signature of Justice)

b
A

1710 192

Description of William Bell on Enlistment.

Apparent Age 25 years 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. 7 ins.

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

Complexion fair

Eyes hazel

Hair dark

None.

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date..... Feb. 12th 1916.

Place..... Victoria Road.

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date..... FEB 14 1916 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3057507 (Rank) PTE

Name (in full) BELL William enlisted in the 1st Dep Bn E.O. Regt.

CANADIAN EXPEDITIONARY FORCE at Kingston on the 16th day of April 1918.

HE served in Can. Rwy. Troop's (England)

Demobilization.

and is now discharged from the service by reason of Medical Unfitness.

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

Age 27 years 1 mth

Height 5-7"

Complexion Dark

Eyes Grey

Hair Dark

W Bell Signature of Soldier.

Marks or Scars Tendons in right wrist to 3rd & 4th fingers cut

Issue [Signature] Issuing Officer.

For O.C. No. 2 District Depot

Rank

AUG 7 1919

Date 19

Date of Discharge

No. 2 District Depot Toronto, Ont. AUG 7 1919

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

ATTESTATION PAPER.

No. 1102264

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

DEPT. MILITIA & DEFENCE
MAR 28 1917
H.Q. CANADA

1. What is your surname?..... **Bell**
- 1a. What are your Christian names?..... **William**
- 1b. What is your present address?..... **Victoria Road, Post Office.**
2. In what Town, Township or Parish, and in what Country were you born?..... **Eldon Township, Victoria County.**
3. What is the name of your next-of-kin?..... **John Bell**
4. What is the address of your next-of-kin?..... **Victoria Road Post Office.**
- 4a. What is the relationship of your next-of-kin?..... **Father**
5. What is the date of your birth?..... **30th July 1891**
6. What is your Trade or Calling?..... **Farming, - Teamster.**
7. Are you married?..... **Single**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
9. Do you now belong to the Active Militia?..... **No**
10. Have you ever served in any Military Force?..... **109th Bn. 8 months**
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... **Yes**
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date **January 30th 1917** 1917 . *William Bell* (Signature of Recruit)
J. D. Bell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William Bell**, 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 **January 30th 1917** 1917 . *William Bell* (Signature of Recruit)
J. D. Bell (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 **30th** day of **January** 1917.
R. S. Porter (Signature of Justice)

A Commissioner in H. C. J.

Description of William Bell on Enlistment.

Apparent Age 25 years 6 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. 7 ins.
 Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 33 ins.
 Complexion Dark
 Eyes Blue 20'
 Hair Black

1 scar left arm

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

Contraction

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Jan 30th 191 7

Capt. W. C. Jeffers

Place Lindsay

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:—

REJECTED AS MEDICALLY UNFIT
 BECAUSE OF Wrist injury right hand
 BY MEDICAL BOARD.
 TORONTO RECRUITING DEPOT
Robt. W. Stewart M. O.
 PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....(Signature of Officer)

Date.....191 .

No. 3

ORIGINAL

M. D. Depot Battalion 1st Depot Bn., E.O. Regt., C.E.F. Regiment
Regtl. No. 5057807

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname..... Bell
- 2. Christian name..... William
- 3. Present address..... Victoria Road, Ont.
- 4. Military Service Act letter and number..... P.C. 556703
- 5. Date of birth..... 21st July 1891
- 6. Place of birth..... Eldon, Ont.
(town, township or county and country)
- 7. Married, widower or single..... Single
- 8. Religion..... Presb.
- 9. Trade or calling..... Farmer
- 10. Name of next-of-kin..... John Bell
- 11. Relationship of next-of-kin..... Father
- 12. Address of next-of-kin..... Victoria Road, ~~Ont.~~ *Near Lindsay Ontario. HOWL:*
- 13. Whether at present a member of the Active Militia..... ~~No.~~ Yes
- 14. Particulars of previous military or naval service, if any..... 109th Bn. C.E.F.
- 15. Medical Examination under Military Service Act:—
(a) Place..... ~~Kingston, Ont.~~ Lindsay, Ont. (b) Date..... 23rd Oct. 17 (c) Category..... B2

DECLARATION OF RECRUIT

I, William Bell, do solemnly declare that the above particulars refer to me, and are true.

William Bell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs..... 3 mths.
 Height..... 5 ft..... 7 ins.
 Chest measurement } fully expanded..... 37 ins.
 } range of expansion..... 5 ins.
 Complexion..... Dark
 Eyes..... Grey
 Hair..... Dark

Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Tendons in rt. wrist to 3rd & 4th fingers cut

[Signature]
O. C. 1st Depot Bn., E.O. Regt., C.E.F.
O. C. Depot Btl. Regt.

Place..... Kingston, Ont. Date..... 16th April 18

DATE OF DEPOSIT: _____ DATE OF RECEIPT: _____

Name of the party: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Name of the party: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

DESCRIPTION OF CUTTING OF

Handwritten signature or scribble

DESCRIPTION OF RECORD

1. Name of the party
2. Address of the party
3. City of the party
4. State of the party
5. Zip of the party
6. Name of the cutting
7. Position
8. Name of the party
9. Address of the party
10. City of the party
11. State of the party
12. Zip of the party
13. Name of the party
14. Address of the party
15. City of the party
16. State of the party
17. Zip of the party
18. Name of the party
19. Address of the party
20. City of the party
21. State of the party
22. Zip of the party

(Class)

DETAILED UNDER MILITARY SERVICE ACT 1916
PARTICULARS OF RECORD

M D

Date of receipt

Handwritten note or signature

"J" WING, C.O.C.
ORDERLY ROOM
OVERSEAS
CANADA

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3057807 Rank Pte Surname Bell
(Given name in full) William
Unit or Corps 1st CORAL Birthplace Lindsay Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 9 in. Colour of Eyes Blue
Nutrition Good
Pulse 74
Condition of arteries soft
Vision Rt. 4/20 Left 6/12
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar at wrist 1916
rudd left in the army

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System yes
Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Constipation April 1918 Recovered
rumps { in chest } no
measles { in chest } no

Soldier's statement only
M.H.S.V. casualty form
not available

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 29-6-1919

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Dad 14-1-48 of 12/6/19

[Handwritten initials]

MEDICAL HISTORY SHEET

Surname Bell Christian Name William

Examined { on 30 day of January 1917
 at Lindsay, Ontario.
 Birthplace { City or Town Eldon Tp.
 County Victoria

Approved by W. C. Jeffers
 Rank Captain H.Q. M.O.
 CANADA
 MAR 28 1917

Apparent age 25 years 6 months
 Trade or occupation Farming - Teamster
 Height 5 feet 7 Inches
 Weight 150 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 37½ inches

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		REJECTED AS MEDICALLY UNFIT BECAUSE OF <u>Atrophic fingers of right hand</u> BY MEDICAL BOARD, TORONTO RECRUITING DEPOT <u>W. A. Sheard</u> Capt. <u>PRESENT</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development
 Small-pox Marks

Vaccination Marks { Arm Right Left /
 Number

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection

Enlisted on 30 day of January 1917 at Lindsay, Ontario

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps Ray Cav.

Hospital Station Hamilton Det

No. 305-7807 Rank and Name Bell William J. Ph. Age 26 Service _____

X-ray exam of appendix Date of Admission 20-15-18 Date of Discharge 4/6/18 Result Unimproved Case Book _____ Folio _____

Dates of Observation	20		21		22		23		24		25		27		28		29		30		31		June 1st		2		3		4			
	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	TIME			
Temperature Fahrenheit	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.	a.m.	p.m.		
107°	8	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	
106°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
105°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
104°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
103°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
102°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
101°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
100°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
99°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
98°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
97°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2
Pulse per Minute	80	60	60	64	68	68	76	76	72	80	64	60	68	72	68	72	66	72	72	68	72	68	72	66	72	72	68	72	72	68	72	
Respirations per Minute	20	18	20	18	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
Motions																																

Signature William J. Bell In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Hospital Station

Service

Age

Rank and Name

No.

Corps

Folio

Case Book

Result

Date of Discharge

Date of Admission

Time	Temp	Pulse	Respiration	BP	Sp. Grav.	Stool	Urine	Notes
7:00	100.0	80	18	120/80	1.020	Normal	Normal	
8:00	100.0	80	18	120/80	1.020	Normal	Normal	
9:00	100.0	80	18	120/80	1.020	Normal	Normal	
10:00	100.0	80	18	120/80	1.020	Normal	Normal	
11:00	100.0	80	18	120/80	1.020	Normal	Normal	
12:00	100.0	80	18	120/80	1.020	Normal	Normal	
1:00	100.0	80	18	120/80	1.020	Normal	Normal	
2:00	100.0	80	18	120/80	1.020	Normal	Normal	
3:00	100.0	80	18	120/80	1.020	Normal	Normal	
4:00	100.0	80	18	120/80	1.020	Normal	Normal	
5:00	100.0	80	18	120/80	1.020	Normal	Normal	
6:00	100.0	80	18	120/80	1.020	Normal	Normal	
7:00	100.0	80	18	120/80	1.020	Normal	Normal	
8:00	100.0	80	18	120/80	1.020	Normal	Normal	
9:00	100.0	80	18	120/80	1.020	Normal	Normal	
10:00	100.0	80	18	120/80	1.020	Normal	Normal	
11:00	100.0	80	18	120/80	1.020	Normal	Normal	
12:00	100.0	80	18	120/80	1.020	Normal	Normal	
1:00	100.0	80	18	120/80	1.020	Normal	Normal	
2:00	100.0	80	18	120/80	1.020	Normal	Normal	
3:00	100.0	80	18	120/80	1.020	Normal	Normal	
4:00	100.0	80	18	120/80	1.020	Normal	Normal	
5:00	100.0	80	18	120/80	1.020	Normal	Normal	
6:00	100.0	80	18	120/80	1.020	Normal	Normal	
7:00	100.0	80	18	120/80	1.020	Normal	Normal	
8:00	100.0	80	18	120/80	1.020	Normal	Normal	
9:00	100.0	80	18	120/80	1.020	Normal	Normal	
10:00	100.0	80	18	120/80	1.020	Normal	Normal	
11:00	100.0	80	18	120/80	1.020	Normal	Normal	
12:00	100.0	80	18	120/80	1.020	Normal	Normal	

In charge of case

Signature

Time for meals
Time for meals
Meals

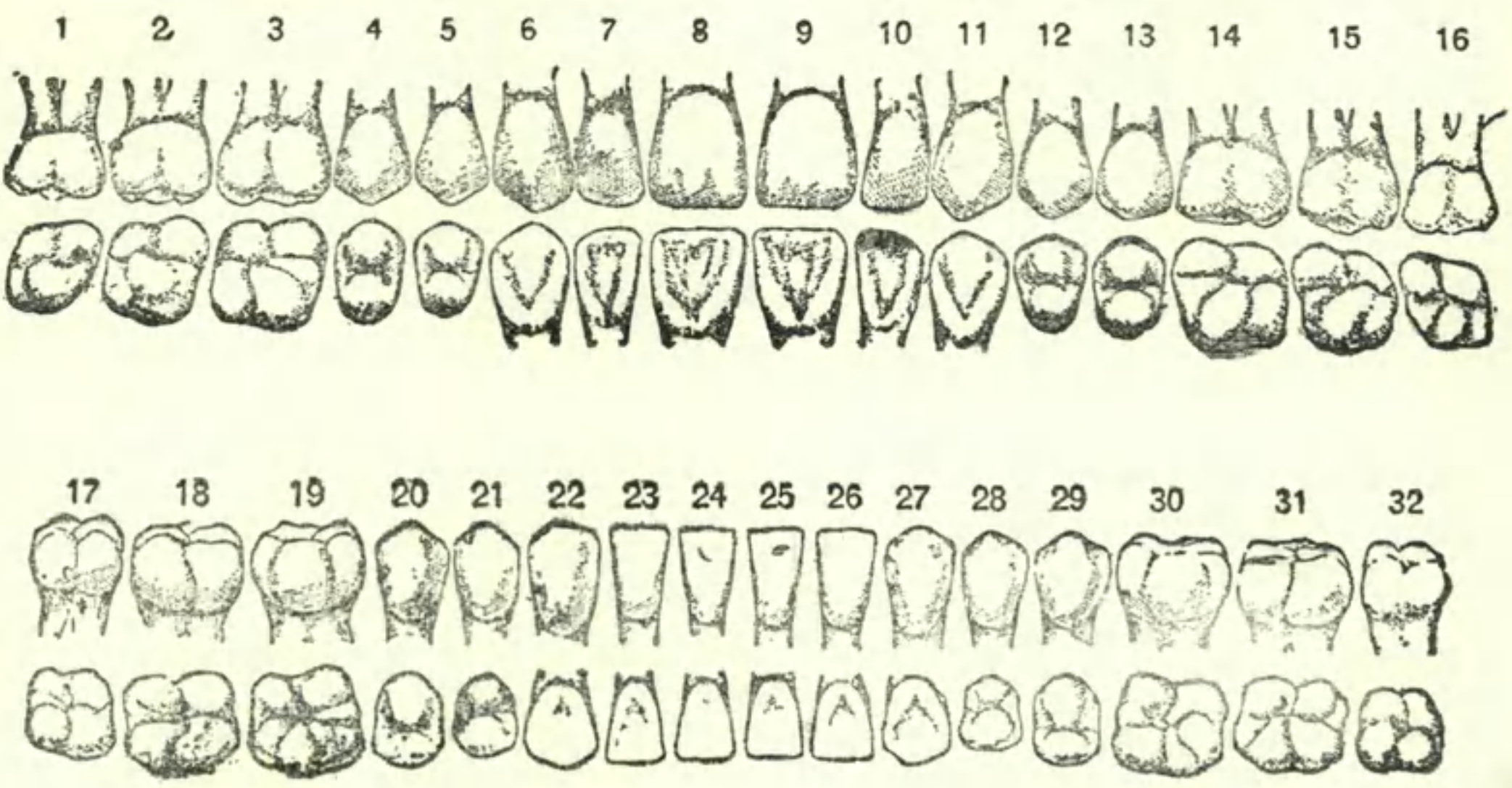
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

"J" WING, C.C.C.
ORDERLY ROOM
DIRECTIONS TO
DENTAL OFFICERS
OVERSEAS
MILITARY FORCES OF CANADA

NAME OF SOLDIER (Block Letters) BELL William
REGIMENT 1st CORPS RANK Pte No. 3057807
Date of Examination in England 29/6/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? Yes

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

Signature of Dental Officer _____

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Bell Christian name William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule PR 556703
3. Consecutive number on schedule of men reporting for service (if he appears) on it
4. Address (including street and number, if any) Victoria Road, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of Oct. 1917, by the undersigned medical board sitting at LINDSAY

- 5. Age as stated 26 Years 3 Months
6. Apparent age 26 Years 3 Months
7. Height 5 Feet 7 Inches
8. Weight 143 Pounds
9. Chest measurement { Minimum 32 Ins. Maximum 37 Ins.
10. Complexion Dark
11. Physical development good
12. Smallpox marks 0
13. Number of vaccination marks { Right arm 0 Left arm 1
14. When vaccinated last 1915

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Tendons in rt. wrist to 3rd. & 4th. fingers cut.

16. Slight defects but not sufficient to cause rejection --
The man denies having had Rheumatism Tuberculosis Syphilis Yes We find no evidence of past Rheumatism Tuberculosis Syphilis No

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B II.

Janke Capt. A.M.C. Member. M'Alpine Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for dates like 23/4/18 and results like M.O.

Joined 16th day of April 1918 at Kingston

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 1st Depot Bn., E.O. Regt., C.E.F., 3rd Bn B, 27-9-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries: Kingston 16/4/18, Hamilton, Ont 12/5/18, Hamilton, Ont 17/6/18, unpaired grip in right hand, B II, FEB 1 9 1918

Signature of Man W Bell

N.B.—This sheet is 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.
Wagare Camp July 12/18
Discharged Aug 20.8.18 A all... Capt... B.

SPECIAL ORIGINAL
MEDICAL HISTORY SHEET.

DEPT
 MILITIA & DEFENCE
 OCT - 2 1916

Surname Bell Christian Name William

Examined { on 9th day of February 1916
 at Victoria Road
 Birthplace { City or Town Ship of Eldon
 County Victoria Ont.

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

Apparent age 25 years.
 Trade or occupation Farmer.
 Height 5 Feet 7 Inches.
 Weight 141 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 inches.
 Physical development Good
 Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left One
 Number One

Date	Result	VACCINATIONS.
<u>27.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last February 27th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23.6.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>27.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>30.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 8th day of February 1916 at Victoria Road

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>725606.</u>		<u>8.2.16.</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Barrfield</u>	<u>Sept 27 1916</u>	<u>Injury to right hand</u>	<u>Recommended for discharge</u>

D/ A.D.M.S. Mil. District No. 3
 For A.D.M.S. Mil. District No. 3
 Captain, A.M.C.
 all Districts of right hand

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 CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725606 Rank Pte Name Bell W.

Corps Special Service Co. M.D.3 who was* Discharged, Medically unfit.

On October 12th 1916, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st 1916, to Oct. 12th 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'tl Pay <u>12</u> days at \$ <u>1 00</u>	<u>12</u>	<u>00</u>
by } No.			Field Allow. <u>12</u> days at \$ <u>c 10</u>	<u>1</u>	<u>20</u>
Assigned Pay No.			Other Allowances*		
Other Charges* <u>Q.M. charges</u>	<u>1</u>	<u>41</u>	Other Credits*		
Payment on transfer or discharge No.	<u>11</u>	<u>79</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	13	20	Total	13	20

*Give Particulars.

A monthly stoppage of \$ Nil. (†) has (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee).....
 (Address).....

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Medically unfit. M.D.3-44-110.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date October 12th 1916.

Place Barriefield Camp.

W. J. Thorn
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

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 Number725606.....

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

(4) Place of Birth.....Kirkfield, Ontario, Canada.....

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

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

(b) Present Postal Address.....Nil.....

(7) Are you a widower?.....No.....

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

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

Also their names and ages.....Nil.....

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

If so, state name and address John Bell, Victoria Road, Ontario, Canada.....

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

If so, state name and address Margaret Bell, Victoria Road,.....

Ontario, Canada.....

(11) If your Mother is a widow..... No.....

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

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

Nil.....

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

Nil.....

(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.

Nil.....

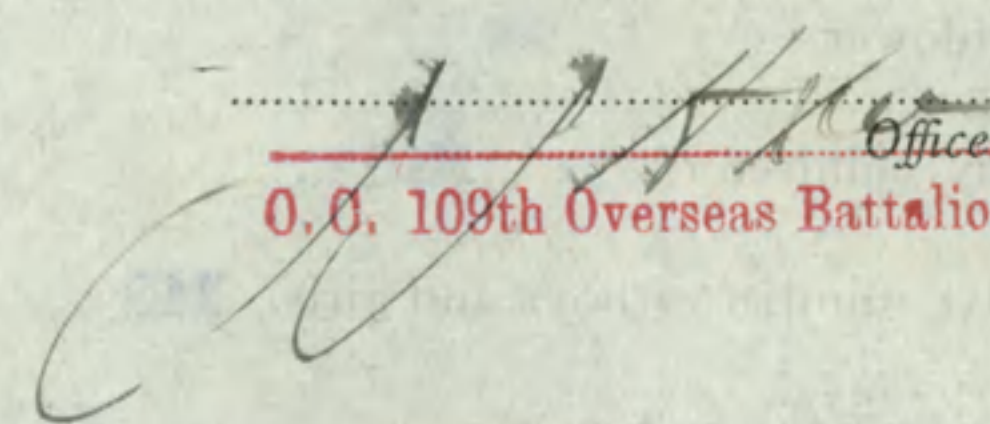
(15) Are you insured?..... No.....

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

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

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

Date..... 5th July 1916.....


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

95th Dft. C. R. T, to, C. R. T, D

BT.

Rank Name BELL, ~~xx3057807~~ William. Reg'l No. 3057807
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Kingston, 16th April 1918 Place of Birth Eldon, Ont.
 Name and Address, Next-of-Kin John Bell,
 Victoria, Rd, Nr. Lindsay, Ontario. Relationship father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

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

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
MISCELLANEOUS.		Arrived in England		15-8-18	S/E CAISSANDRA
16.8.18.	<i>BR 19.</i>	<i>S.O.S. awarded in England Sp. P. 15.8.18</i>			<i>pt II 226</i>
27.9.18	"	<i>S.O.S. Transfd. to 3rd Prs. Bn</i>	"	27.9.18	<i>pt II 268. 3rd Prs. pt II 271. 29/9/18.</i>
31-3-19	3 Res.	<i>S.O.S. to J. Wing C.C.C.</i>	Ripon	1-4-19	- 90 <i>(J wing DO 1877 19)</i>
10.7.19	<i>G.M.P. Witley</i>	<i>J.O.S. from J wing</i>	<i>pt Witley</i>	11.6.19	- 18 <i>(J wing DO 1877 19)</i> <i>cancelled by J wing DO 33</i>
				<i>SL 99-1-53</i>	<i>25-7-19</i>
4.8.19	<i>OMP.</i>	<i>S.O.S. to J wing.</i>	<i>pt Witley</i>	24.7.19	- 34.
29.7.19.	<i>"J" Wing</i>	<i>J.O.S. to CANADA.</i>	"	24.7.19.	D.O. 34.

miss

1608

1 COR

PL 19

SPECIAL

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425606 Rank _____ Name Bell. William
C. E. F.

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

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

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

Original not available
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
 500M.—9-16
 H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps. 257th Bn

Regimental No. 1102244 Rank Pte Name Bell William

Enlisted (a) 30/1/17 Terms of Service (a) DofW Service reckons from (a) 30/1/17

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

Extended. Re-engaged. Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>1/2/17</u>	<u>257th</u>	<u>SOS Medically Unfit.</u>	<u>Ottawa</u>	<u>1/2/17</u>	<u>Pt II D.O. #24</u>
<u>14-11-21</u>	<u>257th Bn.</u>	<u>Pt II D.O. 24, d/7-2-17. Amended to read: S.O.S. on discharge under Prov. K.R. + O. Can. Mil. para 322 (2)(c). (Within 3 mos. of enrol. found med. unfit. for further service.)</u>	<u>Ottawa</u>	<u>1-2-17</u>	<u>after Order #2</u>

[Signature] Capt.
[Signature] for Det R

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. [P.T.O.]

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

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

500M.—9-16

H. Q. 1772-39-5

M.S.A.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., E.O. Regt, C.E.F.

Regimental No. 3057807 Rank Pte Name Bell William

Enlisted (a) 16/4/18 Terms of Service (a) C.E.F. 1st Depot Bn. Service reckons from (a) 16/4/18

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) Harmer

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case			
20-4-18	1st Depot Bn. E.O.R.	Transferred to Railway Const. Battalion - Hamilton, Ont.	Kingston, Ont.	19-4-18	Daily Order No. 110. <i>[Signature]</i> Capt. & Adjt. 1st Depot Bn., E.O. Regt, C.E.F.
		EMBARKED CANADA			
		DISEMBARCKED ENGLAND			
		Embarked	Montreal	29-7-18	
		Disembarked	Liverpool	15-8-18	
16-8-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	15-8-18	Part 2 D.O. 226.
27-9-18	C.R.T. Depot.	S.O.S. on transfer to the 3rd Willey Res. Battn.	Purfleet.	27-9-18	Part 11 D.O. 268. <i>[Signature]</i> Liout. for O.C. Canadian Railway Troops Depot.
28.9.18	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	27.9.18	<i>[Signature]</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1-4-19	J. Wing	T.O.S. on transfer from 3rd. Res.	Witley	1-4-19	D.O. 90

S. 88 Wing, Canadian Corps camp, Witley,
on proceeding to Canada 25 17 1919, D.O. No. 34

A.O. Swank Sr.
for Officer Commanding

Sail "99 Saturnia Glasgow Montreal
25/1/19 4/8/19

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

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

500M.—9-16
H. Q. 1772-30 '10.

Casualty Form—Active Service.

Unit, Regiment or Corps 3rd 80th
 Regimental No. 307 Rank plc Name Bell Brw
C. E. F.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JUL 25 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO	1919	PART II D 224
AUG 7 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II L 224

W. Roberts
 ut.
 For O. C. No 2 District Depot.

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

No. 725606 RANK Pte

NAME Bell, W.

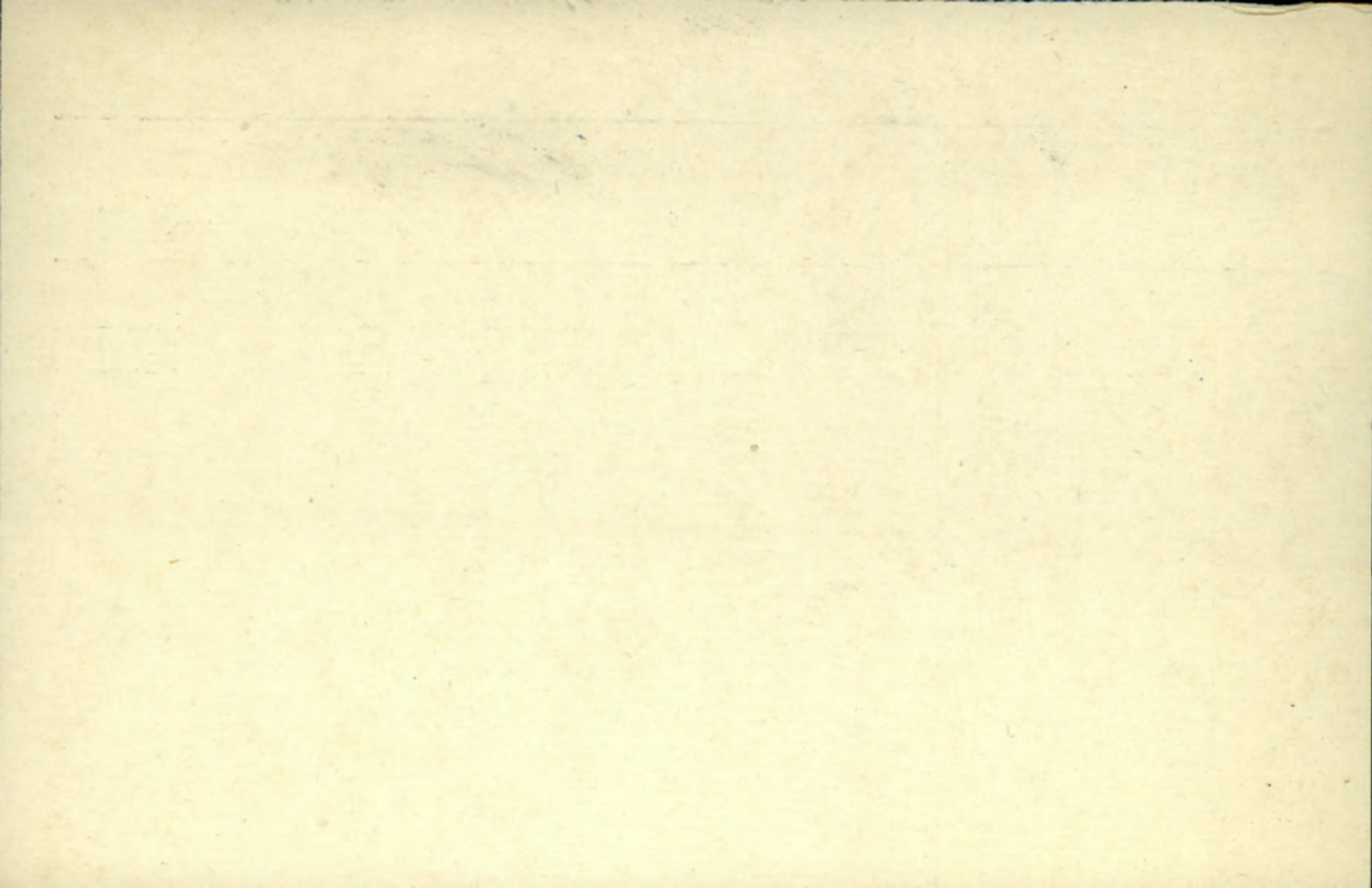
T. O. S.

UNIT Special Service Battalion
#355604

Trans from 109th Bn.
21-7-16 DO 1 of 21-7-16

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. CR REC'T	PARTICULARS	AUTHORITY
1916 July 21	1916 July 31	-		
Aug		-		
Sept		-		
Oct 1	Oct 12	-	Reduced down request. 25-9-16 Disch'd M.U. 12-10-16	Do. 57 of 25-9-16 Do 71 of 12-10-16
closed by payment S.				



649-B-6257

CARD NO. ✓

SURNAME.

Bell

CHRISTIAN NAMES

William

REGL. NO.

725606

RANK

Pte.

UNIT

109th

FORMER CORPS

Nil.

S.O.S. Form 12-10-16 3

Batt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bell, Mrs. Maggie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Victoria Road, Ont.

COUNTRY OF BIRTH

Canada, Eldon, Ont.

DATE

July 31st 1891.

PLACE OF ATTESTATION

Victoria Road

DATE

Feb. 8th 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

25 YEARS

— MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

~~*4*~~ INCHES

COMPLEXION

Fair

EYES

Hazel

HAIR

Dark

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Rindsay

DATE

Feb. 12th 1916.

No. 725606 RANK Pte

NAME Bell, Willie.

T. O. S. 8-2-16.
D.O. 73.14-2-16

UNIT 109th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 8	1916. Feb. 29	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
July. 1.	July. 20.	✓	Transfd. to Casualties	D.O. 207.



No. 1102264 RANK

Pte

NAME

Bell Wm

T. O. S. 30-1-17

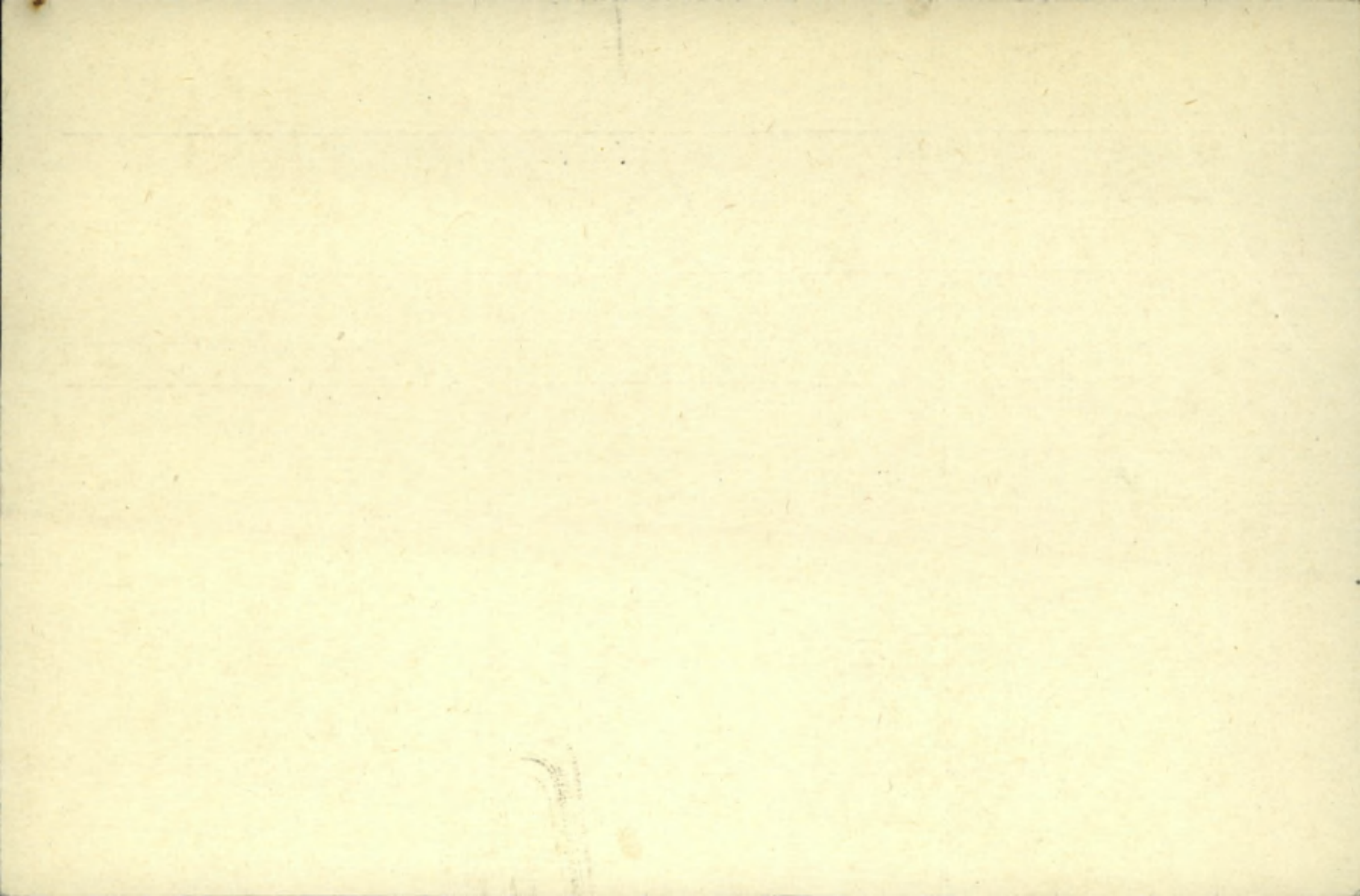
UNIT 25

7th Battalion Railway Construction

(N.O. 22.6-2-17)

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Jan 30</i>	<i>1917 Feb 1</i>	<i>n.</i>	<i>Dischgd: 1-2-17</i>	<i>N.O. 24. 7-2-17.</i>
			<i>is not closed n.</i>	



H. Q. 649-B-12236

M. D. No. 2

Surname *Bell* T. O. S. 19

Christian names *William* D. O. Pt. II of

Regtl. No. *1102264* Rank *Pte* S. O. S. *Dis 1-2 1917*

Unit *257th* *Bn* Reason *med unfit.*

Auth. *Or*

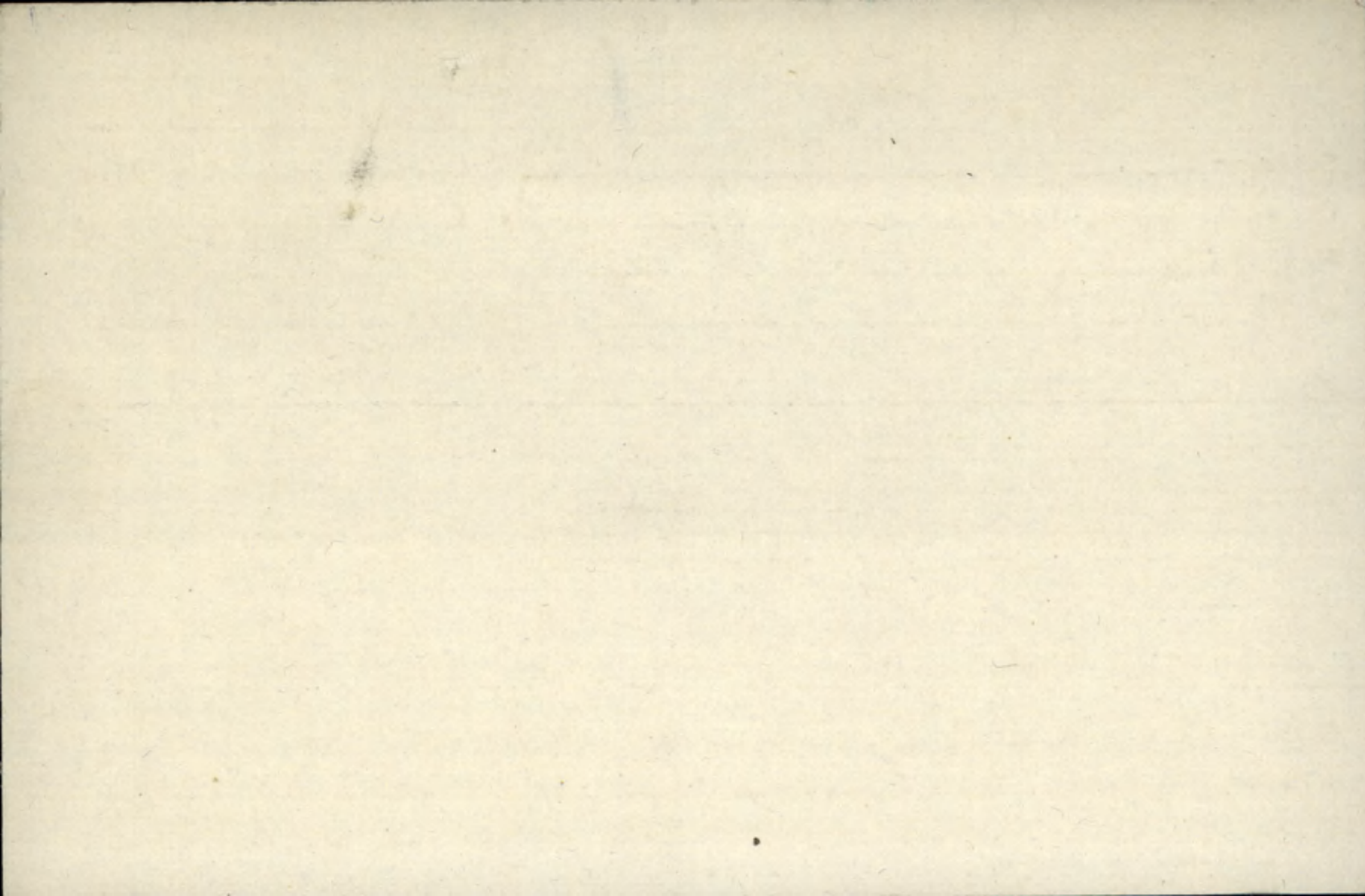
Next of kin *Bell, John* Relationship *father*

Address *Victoria Road PO* Also notify:
Ont

BORN—Place *Canada* *Eldon Township* *Victoria* Date *July 30th 1891*

ATTESTED—Place *Lindsay* Date *January 30th 1917*

O/S R/C



No. 3057807 RANK Pte.

NAME Bell, William

T. O. S. 16-4-18

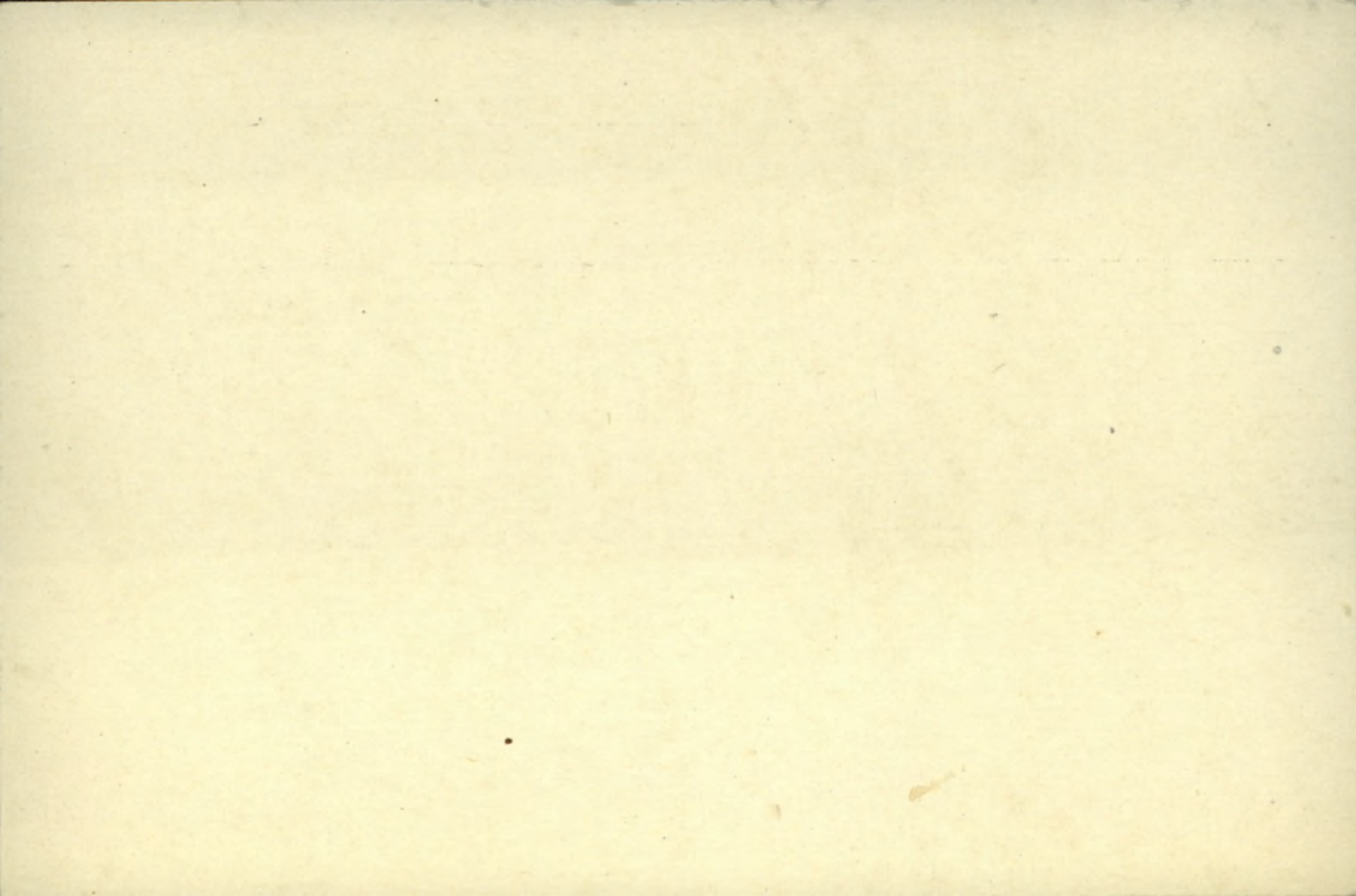
UNIT

1st. Depot, Battalion E. Regt

D.O. 105 Apr. 1918

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr 16	1918 Apr 20	w	Transferred to "F" Depot Hamilton	D. O. 110 Apr. 1918



REG. NO. 3057807 NAME Bell, William J. 1822
(SURNAME FIRST) .32
RANK Private CORPS P. C. & F.
AGE 26 SERVICE 1/2
NAME OF HOSPITAL Hamilton Mil. PLACE Hamilton
DATE OF ADMISSION 20, 5, 18,
DISEASE X-Ray. Con. of Appendix
DISCHARGE June, 24, 18,
OPERATION
DISCHARGED TO DUTY Yes,
TRANSFERRED TO
DISCHARGED BY MEDICAL BOARD

Remond
Whitman

(l) Surname of Wife and Recruit differ. Please verify.

All queries requiring attention are marked X

NOTE.—All corrections must be initialled by Officer Commanding or Adjutant.

Where street number and name is not given in address of next-of-kin, the address given must be supported by the initials of O.C. or Adjutant.

Attached Attestation Paper should be completed and returned to representative, or forwarded to Officer I/C Records, Canadian Record Office, Westminster House, 7, Millbank, London, S.W., without delay.

SURNAME.

Bell

CHRISTIAN NAMES

William

REGL. NO.

3057807

RANK

Pte.

UNIT

East. Ont. Regt. 1st. Dep. Bn.

FORMER CORPS

109th Bn.

32

CARD NO.

32

FOLL.

with 29. to 114-24/118 20/1/18

T. O. S. *Apr. 16 1918*

D. O. Part II No. *105*

NEXT OF KIN.

NAMES IN FULL

Bell, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Victoria Rd. Ont.

CHANGE OF ADDRESS

*W/O Dis 7-8-19
Renew
no 224 7/12/19
20/19*

COUNTRY OF BIRTH

Canada Eldon, Ont

DATE

July 21st 1891

PLACE OF ATTESTATION

Kingston, Ont

DATE

Apr. 16th 1918

0/5-29-7-18

*1352
2.*

*R/C 6-8-19 381
48*

MARRIED

SINGLE

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

Date of Enlistment *16 April 1918*

MILITIA AND DEFENCE

B. 18714

Date of Assignment

Separation and Assigned Pay Branch

12th August 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20.00</i>			
--------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Rank	Promoted	Reverted	Discharge
Soldier's Name				
Battalion	<i>Canadian Railway Troops Depot Det 95</i>			
Beneficiary				
Relationship				
Address				

Name			
Address			
Change of Address			
1	<i>MRS. MAGGIE BELL,</i>		
2	<i>VICTORIA RD.,</i>		
3	<i>ONT.</i>	<i>20</i>	<i>20.00</i>
4	<i>% 3057807 PTE WM. BELL</i>		
	<i>TWENTY DOLLARS</i>		

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
AUG	X 37909		20	20	
SEP	B 39013		20	20	
OCT	B 43987		20	20	
NOV	A 60193		20	20	
DEC	C 62455		20	20	
JAN	D 71481		20	20	
FEB	D 79507		20	20	
MAR	D 90413		20	20	
APR	E 1847		20	20	
MAY	B 6774		20	20	
JUN	B 9966		20	20	
JUL	B 11343		20	20	
AUG	D 13347		20	20	
			<i>260</i>	<i>260</i>	

M. F. W. 126
4004-17-1772 39-1141
L. L. 22320-M. & D. 7993.

3187 AUDITED *20113749*
 A/c Closed
 Ret'd per. *Dalmonia*
 Date *19/8/19*
 Clerk *Javer*
NI 1010 8815 NI 12

AUTHORITY FOR NEW ACCT. *M.D. 2 B 11*
Yode 23/8/18

CASE HISTORY SHEET.

No. 3057807 Rank Pte Name Beoe William J. Age 26
 Unit Reg Co Completed years of service Can 4 1/2 Where and how long }
 Date of admission 20-5-18 Date of discharge 4/6/18
 Diagnosis X-ray Exam of appendix Place of origin Hamilton Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Compl.: Achy pain over umbilic radiating to McBurnie's point and sometimes up to costal margin on same side
History: Came on one week ago
Exam: (general) - normal.
 (local) - Tenderness over McBurnie's point, no rigidity, vomiting, no diarrhoea, no palpable mass. Sent here by board for X-ray examination.
Progress note: Exam still neg.
 X-ray reports 8/6/18.
 Shows negative of the Croonian mass, meal in cecum in 6 hrs and in haustrum descendy colon and sigmoid in 24 hrs.
 W. J.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

negatives

TREATMENT

(Especially any specific or special form.)

Rest
Diet
Ice bag

CONDITION ON DISCHARGE

(and disposal made of case.)

Unimpaired
Other systems normal.
(X-ray report neg.)

Date

4/6/18

6
7322

W. J. ...
Medical Officer i/c case.

THE HISTORY OF

1848

1849

1850

1851

1852

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1870

Man's Address. - W J Bell, Victoria Rd.
Next of Kin. - (Mother) Mrs. M. Bell, Same Address

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

First Medical Examination. - Lindsay, Ont.
FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN
First Medical Examiners. - S E Porter. - J. Mc. Alpine.

MEDICAL HISTORY OF AN INVALID

STATION Hamilton, Ont. DATE May. 13th. 1918

1. (a) Unit Ry. Const. Depot. M.D. #2 (b) Regimental No. 3057807 (c) Rank Pte.
(d) Surname BELL. (e) Christian name WILLIAM
2. Age last birthday 26 years. Date of birth Aug. 30th. 1892
3. Enlisted at Kingston, Ont. on April. 16th. 1918

4. Personal description :-
(a) Height 5ft. 6in. (b) Weight 151 lbs. (c) Complexion Dark.
(d) Colour of hair Dark. (e) Colour of eyes Gray. (f) Identification marks
Transverse scar on right wrist.

5. Address after discharge (for the use of the Board of Pension Commissioners.)
Victoria Road, Ont.

6. Former trade or occupation Farmer.

7. (a) Service

	PERIODS	
	From	To
<u>1st. Depot. E. O. Regt.</u>	<u>April. 16th. 1918</u>	<u>April. 23rd. 1918</u>
<u>Railway Construction Depot. M.D. #2</u>	<u>April. 23rd. 1918</u>	<u>Date.</u>

(b) Has he been Overseas? No.
8. Present disease or disability (use authorized nomenclature if possible). (1) Impaired grip in right hand.
(2) Chronic Appendicitis
(a) Date of origin (1) 1916 (2) 1915 (b) Place of origin (1) Victoria Road.
(2) Woodville, Ont.
(c) Cause* Injury. * (Here include original disease or injury) (2) Unknown.

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
(1) "Subjective" Some swelling at nights, pain around the inner condyle of elbow. Cannot grip anything firmly. There is a sore spot below scar.
(2) "Objective" Scar of an old incision possibly severing outer three tendons of Flexor Sublimis Digitorum. Very little grip in hand. There is some atrophy of muscles of left hand.
(3) "Subjective" Pain is complained of mostly just below short ribs. There is a great deal of gas on stomach about one to two hours after meals. Easily tired out, especially in hot weather. Patient is somewhat constipated.
(2) "Objective" Pain and marked tenderness upon pressure over McBurneys point. This seems to be a retrocaecal appendix with adhesives. A quick twist on right side causes pain.
All other systems: - Normal
Incapacity is due to impairment of right hand and general weakness from chronic appendicitis.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

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 W. S. Suggard Capt. Signed William Bell
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Three years ago this man had his right wrist cut with a piece of glass severing sublimis flexor tendons to three smaller fingers. Heart condition seemed to develop since he had measles

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? (1 & 2) Off duty

13. Was a Court of Inquiry held? (1 & 2) Not applicable

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

-Yes- No. (1 & 2) No.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1 & 2) No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1 & 2) Permanent.

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

(1 & 2) None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(1 & 2) No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations Discharge.

J. C. Hayward Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Pte. W. J. Bell, #3057807 have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. J. Bell Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur, except

9. (1) Objective Signs:-

Muscles respond well to electrical stimuli, closing fist, showing tendons intact and muscles strong. Strength of this hand probably 75% of normal.

(2) X-ray report from Military Hospital, of gastro-intestinal condition:- "Shows negative after bis-muth meal. Meal in cecum in 6 hours and in transverse descending colon and sigmoid in 24 hours."

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
(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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Fit, Category B.

James Roberts Capt. Members.

STATION Hamilton, Ont.

DATE 7th June, 1918.

APPROVED BY

DATE 14/6/18.

APPROVED BY

DATE

J. P. Rustad Capt. Assistant Director of Medical Services.

Director-General of Medical Services.

"SATURNIA" 4.8.19

B7550

DISPERSAL "I"

AUDITOR PAYMASTER
[Signature] *[Signature]*
9

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

M. OR S.

REGT. NO. 3057807 RANK Pte NAME (IN FULL) BELL, Wm.

Form with columns: NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY. Includes fields for IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, and DISCHARGED.

Form with columns: ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

BALANCE FROM PREVIOUS ACCOUNT

Main accounting table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT). Includes handwritten entries for 31-7-19, 9-8-19, 122 days, and various cash payments.

T.O.S. 25.7.19 D.O. 2.3.4
SUB. PARTICULARS OR REMARKS

2096 credit L.P.L. small tabling boat chg heat ch. & train

a.p. Aug 2 days P.M. paid by #2 3.0

W.S.G. PAID IN FULL
[Signature] CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

LIST OF DISCHARGE DOCUMENTS.

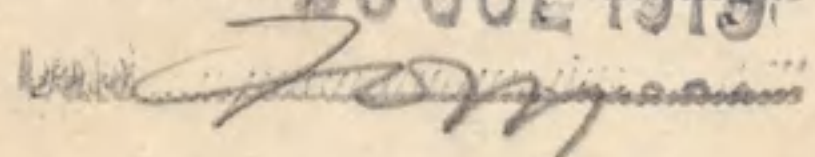
Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents 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. 5000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 33) (enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 33a).
10. Discharge Certificate (C.D.S.).
11. Equipment Statement Q.M.G. Form (D.C.S. 2) (Clothing).
12. Last Pay Certificate (P. 651) + Dup
13. Service Book (A.B. 64).
14. Service Gratuity (Form M.F.W. 2595).
15. Miscellaneous Documents.


 SHORT FORM.
PROCEEDINGS OF DISCHARGE.
 (Demobilization.)

0.8-1
Pa-J

1. No. <u>3057807</u>	
2. Rank. <u>Pfc</u>	
3. Name. <u>BELL WILLIAM</u>	
4. Unit. <u>1st CO RD</u>	
5. Date of Discharge	Place
<u>AUG 7 1919</u>	<u>Toronto Ontario</u>
6. Reason for Discharge..... <u>Demobilization</u>	
7. Authority. T.O.S. No. 2 District Depot, Part II, D.O. No. <u>274</u>	
8. Proposed Residence after Discharge..... <u>Victoria Road P.O. Ont</u> <u>W Bell</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?..... <u>W Bell</u> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 10px;"> No. 2 District Depot Toronto, Ont. AUG 7 1919 </div> Signature <u>Lucas Thompson</u> (O. C. Discharging Unit.)	

23 JPB 1919
 Group
 checked by No.
 23 JUL 1919


ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: BELL William
 EFFECTIVE DATE: 1. 8. 18 EFFECTIVE DATE: / NUMBER: 3057807
 AMOUNT: 20.00 AMOUNT: / PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs. Maggie Bell (Mother)
Victoria Road Ont.
 Authority: L.P.C. Cav DATE EFFECTIVE: 1. 8. 18 RANK OR APPOINTMENT: Spr

UNIT AND TRANSFERS
 ORIGINAL UNIT: Off 95. C.R. Dep.
 DATE ACCOUNT FIRST OPENED: 1. 8. 18
 AUTHORITY: 71 DATE EFFECTIVE: 27.9.18 DATE LEDGER SHEET T'37'D: 11078 UNIT TRANSFERRED TO: 6 R 38 3 Res "A"

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<u>26/4</u>	<u>1281</u>	<u>Tiding</u>	<u>7.30</u>	<u>1-10-0</u>			
<u>28/5</u>	<u>5124</u>	<u>✓</u>	<u>7.30</u>	<u>1-10-0</u>			
<u>9/6</u>	<u>9044</u>	<u>✓</u>	<u>14.60</u>	<u>7-0-0</u>			
<u>26/6</u>	<u>10776</u>	<u>✓</u>	<u>7.30</u>	<u>1-10-0</u>			
			<u>36.50</u>				

DAILY RATES OF PAY AND ALLOWANCES
 AUTHORITY: L.P.C. Cav PAY: 1. 10 F.A.: / P.F.A.: / SUBS'CE ALL'CE: /

PARTICULARS OF RENDERING NON-EFFECTIVE: Discon 1/8/19 Schott 11443 4/7 weekly T wing M.D. 2.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>31-7-18</u>	<u>Bal from Can</u>								<u>33.10</u>		
<u>Aug</u>	<u>PP</u>	<u>34.10</u>		<u>ban ap</u>				<u>20</u>	<u>47.20</u>		
<u>Sep</u>		<u>33.</u>		<u>ban ap</u>				<u>20</u>	<u>60.30</u>		
				<u>04005 23/8 CRTK</u>	<u>39</u>						
				<u>1732 4/9</u>	<u>3893</u>						
				<u>2269 26/9</u>	<u>243</u>				<u>28.45</u>		
		<u>33.</u>			<u>31.75</u>			<u>20</u>			
<u>Oct</u>		<u>34.10</u>		<u>ban ap</u>				<u>20</u>	<u>42.55</u>		
				<u>2199 11/10/18 3 Res</u>	<u>4.87</u>						
				<u>2387 29/10/18</u>	<u>4.87</u>				<u>32.81</u>		
		<u>14.10</u>			<u>9.74</u>			<u>20</u>			
<u>Nov</u>	<u>Nov & Dec</u>	<u>67.10</u>		<u>ban ap</u>				<u>40</u>			
				<u>2560 14/11/18</u>	<u>4.87</u>						
				<u>2728 26/11/18</u>	<u>7.20</u>						
				<u>2929 21/2/18</u>	<u>4.87</u>						
				<u>3050 17/12/18</u>	<u>12.17</u>						
<u>Jan</u>		<u>34.10</u>		<u>ban ap</u>				<u>20</u>	<u>44.80</u>		
		<u>101.20</u>			<u>29.21</u>			<u>60</u>			
<u>Feb</u>		<u>64.90</u>		<u>ban ap</u>				<u>40</u>			
				<u>3376 10/1/19 3 Res</u>	<u>4.87</u>						
				<u>3712 23/1/19</u>	<u>9.70</u>						
				<u>4181 13/2/19</u>	<u>4.87</u>						
				<u>4478 26/2/19</u>	<u>4.87</u>						
				<u>4752 12/3/19</u>	<u>4.87</u>				<u>40.49</u>		
					<u>29.21</u>			<u>40</u>			

Forward 64.90

NUMBER 3057807 RANK

NAME Bell, William

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Prnt Feb								40 49		
Apr		33		170 10 ³ / ₄ gwites	4 87						
				5041 26 ³ / ₄ 36	7 30						
May		34	10	bal. apr May	12 19			40			
				Warrin Repr 29 ¹ / ₄ Wainloo - Milford	- 73				54 69		
		67	10		12 90			40			
June		33	-	bal				20			
July		24	10	bal				20			
				4639 13 ³ / ₄ glding	24 33						
				9044 9/6	14 60						
				Prnt 5124 27/5	7 30				35 56		
		67	10		46 23			40			
				Prnt 10796- 26/6 - fccc	7 30				28 26		
Aug				Prnt 1281 20/4/19	7 30				20 96		

5469
 6710
 121 79
 64 33
 57 46
 36 50
 20 96

P.O. d. bon ana 27/19 - 5/99 - 1000 - MD 2

MEDICAL HISTORY OF AN INVALID.

1. Station. **Barriefield Camp, Ont.** 8. General remarks on his :—
 2. Regiment or Corps. **Special Service Co.,** (a) Conduct.
 3. Regimental No. and Rank. **M.D. #3.** (b) Habits.

pte. #725606.

4. Name. **William Bell.** (c) Temperance.
 5. Age last Birthday. **25.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **February 8th/16.**
 at **Victoria Road.**

7. Former Trade or Occupation. **Farmer.** Date. **Sept. 27th/16.**

9. Service.	Years.	Days.	
		FROM.	To.
109th. Battalion, C.E.F.	8/2/16.	19/7/16.	
Special Service Co., MD #3.	19/7/16.	27/9/16.	

10. (a) Disease or disability. **Deformity of right wrist and hand.**
 (b) Date of origin. **April 16th/16.**
 (c) Place of origin. **Victoria Road.**
 (d) Cause. **Put hand through window glass.**

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
Scar over flexor tendons of right wrist caused by deep cut through flexor tendons with a window pane of glass. Tendons of middle, third and first finger have been cut preventing flexor movements. Wrist movement impaired. Contraction of flexors causes pain. Operative interference deemed inadvisable.

12. (a) Is the disability the result of service or climate? **No.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

M. F. B. 227.
 150 M-5-16.
 1772-39-117.

*Carded
6-10-16
Bl*

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.	
Station	Rank
Corps	
Regimental No.	
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of Invalids.

Militia Form B. 227.
 150 M-5-16.
 H. Q. 1772-39-117.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)
 Scar over cut on right wrist.

Does the Board concur with the preceding report? If not, give differing opinion.

DEPT MILITIA & DEFENCE
 OCT -2 1916
 H.G. CANADA

10. Yes.

11. Yes.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?
 See Court of Enquiry of August 5th., 1916.

12. Yes.

15. Yes.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.
 Not applicable.

16. Yes.

17. Yes.

14. Treatment Wound dressed by Dr. Ross of Kirkfield, Ont.

18 Is he unfit for Military Service. Yes.

Recommendations :

on account of injuries to wrist while on service, causing deformity and loss of function of three fingers of right hand and stiffness of the wrist, recommend discharge in accordance with sect.17 of this Board.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?
 Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?
 Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.
 25 %.

Signatures :-

[Signature] Capt. A.M.C. President.

18. State if for discharge on account of unfitness for Service.
 Yes.

[Signature] Capt. A.M.C. }
[Signature] Capt. A.M.C. }
 Members.

Station. Kingston.

Date. Sept. 27th/16.

Date. Sept. 27th/16.

Approved.

Date. 5, 10, 16

[Signature] Captain, Lt.-Col. A.M.C.
 D/ A.D.M.S. Asst. Director of Medical Services.
 For A.D.M.S. Mil. District No. 3.

[Signature]
 Director-General of Medical Services.

[Signature]
 Medical Officer by whom the case is brought forward.
 Capt. A.M.C.

Assistant Adjutant-General., M.D.No. 3.

Forwarded

I concur in this report.

Captain, A.M.C.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. Dist. Lt.-Col. A.M.C.
Assistant Director Medical Services,
Military District No. 3.

The Secretary Militia Council.

Forwarded.

G.O.C.
Brig-General.
G.O.C., Military District No. 3.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Court of Inquiry,

assembled at Kirkfield Camp, Ont.

on the Fifth day of August, 1916.

by order of The Assistant Adjutant-General, M.D.No. 3,

for the purpose of Enquiring into and reporting upon

the circumstances surrounding the accident to

#725606, Pte. W. Bell of the 109th Overseas Bn.

C. E. F.

PRESIDENT.

Lieut. D. F. Bissomette.

MEMBERS.

Lieut. A. M. Scott.

Lieut. J. A. MacQuarrie.

The Court having assembled pursuant to order, proceed to take evidence:

FIRST WITNESS:

#725606, Pte. W. Bell, having been duly warned gives evidence as follows:
I, #725606, Pte. W. Bell, enlisted at Victoria Road on the 8th day of February, 1916. I was stationed at Victoria Road from February 8th, 1916, until May 19th, 1916, and was billeted at my home. On Sunday, April 16th, 1916, about 6 o'clock in the morning I was playing with a pup on the verandah of my home. In so playing I lost my balance and in trying to save myself from a fall I reached out and my hand went through a pane of glass in a window on the verandah.

I had the wound dressed by Dr. Ross of Kirkfield, Ont.

W Bell Pte.

FINDING.

The Court having heard the evidence finds that the injury occurred to #725606, Pte. W. Bell while he was playing with a pup on the verandah of his home on April 16th, 1916, about the hour of 8 o'clock in the morning; that such injury was the result of an accident and did not occur in following out his military duties and that such injury was not the result of an attempt on the part of Pte. W. Bell to unfit himself for military service.

W. H. Bissonnette Lieut. () PRESIDENT.
Special Service Bn }
A. M. Scott Lieut. () MEMBERS.
Special Service Bn. }
J. A. MacQuarrie Lieut. ()
Special Service Bn. }

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.	
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 726606 725606	
Rank Private .	
Name Bell, W. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) No 3 Special Service Coy C.E.F.	
Date of Discharge October 12th 1916.	
Place of Discharge Barriefield Camp	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....25.....years.....2.....months. Height.....5.....feet.....7.....inches. Complexion Fair Eyes Hazel Hair Dark Trade Farmer Intended place of residence } Victoria Road. <small>(To be given as fully as practicable.)</small>	Descriptive Marks None .
2. The above-named man is discharged in consequence of being medically unfit. Authority 3 MB 44-B-110.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Good. N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company: 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer .

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

noted
 21-10-16
 B.H.

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

N o n e .

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

6. Medals and Decorations.....

N o n e .

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

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

(Place) Barriefield Camp.....

W. J. Thom

Capt.

(Date) October 12th 1916.....

Commanding No 3 Special Service Coy C.E.F.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Barriefield Camp *Willie Bell*..... (Signature of Soldier.)

(Date) October 12th 1916 *W. J. Thom Capt*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Willie Bell..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years 2 years 45 days.

Total..... years 2 years 45 days.

11. Confirmation of Discharge.

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

(Place) Barriefield Camp.....

(Signature) *W. J. Thom*..... Capt.

(Date) October 12th 1916.....

O.C. No 3 Special Service Coy C.E.F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

N o n e .

Willie Bell