

C.E.F. REGIMENTAL DOCUMENTS

NAME BERRY, WM.

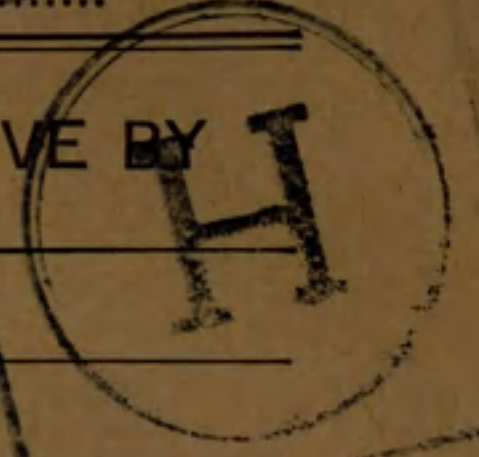
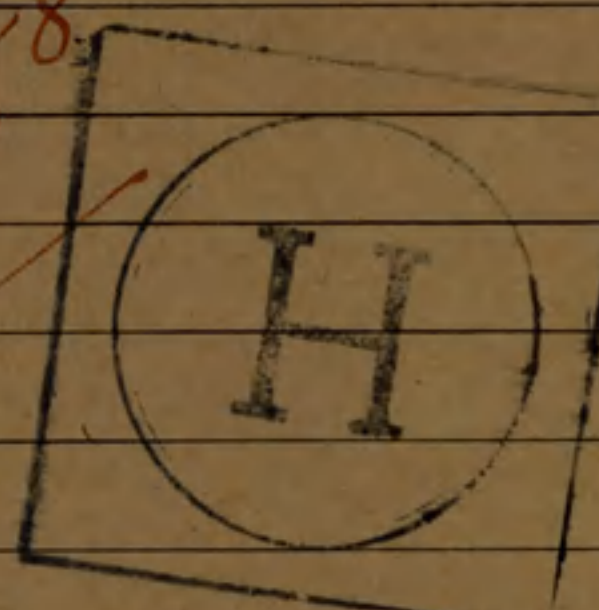
REGT. No. 724262

UNIT 109 BN

H. Q. FILE No. 16474

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 485)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					M.U.
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

Deceased 15-9-58





APR 24 1916

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 72426²

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Berry*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Lindsay, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Victoria County, Ont. Canada*
- 3. What is the name of your next-of-kin?..... *William Berry*
- 4. What is the address of your next-of-kin?..... *Lindsay, Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *April 7th 1889*
- 6. What is your Trade or Calling?..... *farming*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Berry*, 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 Berry (Signature of Recruit)

Date *APR 24 1916* 191 *C. A. Henry Lunt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Berry*, 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 Berry (Signature of Recruit)

Date *APR 24 1916* 191 *C. A. Henry Lunt* (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 *24* day of *APR 24 1916* 191

Geo. A. Balfour (Signature of Justice)

Description of William Berry on Enlistment.

Apparent Age.....27.....yearsmonths.
 (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. 4 1/2.....ins.

Chest measurement { Girth when fully expanded.....38.....ins.
 Range of expansion.....3 1/2.....ins.

Scar on left shin

Complexion.....Dark.....

Eyes.....Blue.....

Hair.....Black.....

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.....APR 24 1916.....191 .

J. McClelland Capt.
 Medical Officer

Place.....Sunday.....

109th Overseas Battalion C.E.F.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....William Berry.....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.

Date.....APR 24 1916.....191 .

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724262 (Rank) Private

Name (in full) William Berry enlisted in
the 10th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ontario on the 24th
day of April 19 16.

HE served in Canada, England and France

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

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

Age 28 yrs. 4 mos.
Height 5 ft. 7 ins.
Complexion Fair
Eyes Blue
Hair Black

Marks or Scars
Scars on dorsum of left wrist,
2 scars left leg, 5" below patella.

W Berry
Signature of Soldier

Mr R Clarke Lieut.
for O. C. Discharge Section
No. 3 District Depot

Date of Discharge 22-8-18

Rank

Appointment

Signed at Kingston, Ontario this 22nd day of August 19 18.

in Military District No. 3

File Reference No. MD3-88-B-451, dated 19-8-18.

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.

RECORDED
NO. 3 DISTRICT DEPOT
KINGSTON, ONT.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 724262 (Rank) Private Name H. Berry

Unit #3 District Depot

Address on Discharge 48 Logie St., Lindsay, Ontario

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life Farmer

Medals and Decorations nil

Remarks nil

Signed at Kingston, Ontario this 22nd day of August 1918.

S. R. Clarke Lieut.
for O. C. Discharge Section
No. 3 District Depot
Rank

Appointment

724262 pte Berry Wm. 109th. Battn. C.E.F.

Will removed by Regt. paymaster.

J. J. Williams CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

74487

Perforated sheet for Will from Pay Book of Reg.

No. 724262

Name Pte Wm Berry.

Unit 109 Batt. C.E.F. A Co

Military Will.

In the event of my death I
give the whole of my property
and effects to my sister.

Mrs Mary E. Lincombe

48 Logie St Lindsay

Witness

B. W. Lancaster

Capt

Signature *Wm Berry* Pte 724262

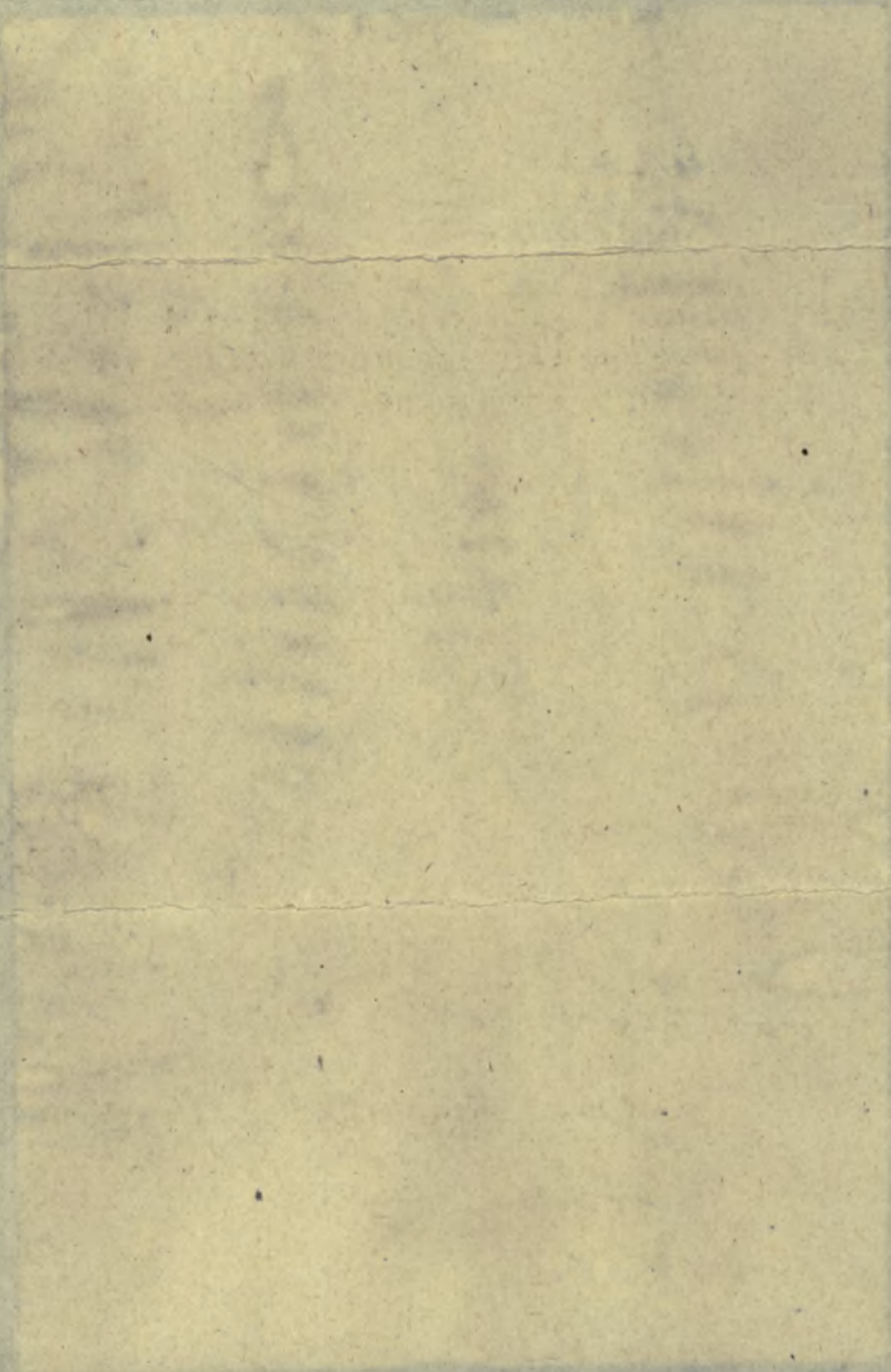
Rank and Regt. Pte Wm Berry.

Date Oct 10 / 1916

Will receive of the Bank of New York
the sum of \$1000.00

of the Bank of New York

James



CONFIDENTIAL INFORMATION

Pink

Report No. *18268*

Category *D*

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Berry N.
48 Logue St
Lindsay Ont.

No. *724262* Rank *Private* Original Unit *109th* Present Unit *20th.*
Age *30* Height *5 ft. 7 ins.* Complexion *Fair* Eyes *Blue* Hair *Brown* Character
Date of enlistment *24/4/16* Where enlisted *Lindsay* Where seen service *France*
Ship returned by *Laudovoy Castle* Date of arrival *7/4/18* Port of arrival *Halifax*
Birthplace *Lindsay* Religion *meth.*
Name and address next of kin *Mrs E. Liscomb, Lindsay 48 Logue St.*
Notification of return to be sent to
Cause of disability **Disability:- Partial loss of function left hand.**
Cause:- C.S.W. L. wrist.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Condition in detail which prevents the soldier from earning a full livelihood
Man is unable to flex, extend, invert, evert, his left hand at wrist joint
Fingers:- Can only extend or flex through a radius of about 5%. Thumb
extention and flexion about 100% Rotation of wrist about 8% Xray shows
badly Comm. Fracture of radius 1" above wrist joint. Extending upwards
1" Considerable callus has formed. Position of fragments good. Massage
has given very little improvement. Hand is blue and local circulation
is poor Digest Gen. Urin. Nervous and Resp. systems normal.
Circ. System Normal except Hand.

Disability due to service. English Board.

Degree of incapacity (Please state in fractions) Eng. Board

Canadian Board

Probable duration of incapacity **Permanent**

Does it render him permanently unfit for Military Service? *yes*

Would operation, Special treatment, or use of appliances etc., lessen incapacity? *Queen Wil Has*

Destination to which transportation issued

Members of Board **A.H. Maclaren Capt. AMC. A.B. Greenwood Capt. AMC.**

O.M.H. Orpington Kent.

INFORMATION TO BE FURNISHED BY SOLDIER

16-1-18

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment *Labourer*

Regular trade or profession

Average earnings previous to enlistment *\$50 per month.* Any other income?

Name and address of last employer *Mr Riley, Lindsay Ont.*

Rent per month _____ If purchasing property amount due and annual payment, \$ _____

Taxes _____ If Homestead, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$

If unable to follow previous occupation, name preference _____

At what age soldier left school? _____ What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References *A Gayley, Bros Lindsay Ont.*

Witness *J.D. Wilson* I declare that the above statement is correct,

Date *Nysson Ont. 4/5/18* Signature *Wm Berry*

Recommendation by interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L. P. C. leaving Depot, \$ _____

Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____

PENSION—Class..... Amount per year, \$ Period granted for Dating from.....

First payment date.....

C. Service in Canada.
D. Treatment.
A. General Service.
B. Service abroad, not general.

13-3-18

CONFIDENTIAL INFORMATION

Report No. 1

Category

No. of Local & In. F. 1/2

W. H. ...

No. 22457 Rank *Private*

Age *30* Height *5' 10"* Eyes *Blue* Hair *Brown*

Date of enlistment *1/15/18* Where enlisted *...*

Ship returned by *...* Port of arrival *...*

Barber *...* Name and address next of kin *...*

Disability: - Partial loss of function left hand.
 Cause: - O.S.T. wrist.

Condition in detail which prevents the soldier from earning a full livelihood:
 Man is unable to flex, extend, invert, evert, his left hand at wrist joint.
 Fingers: - Can only extend or flex through a radius of about 5°. Thumb
 extension and flexion about 100°. Rotation of wrist about 80°. X-ray shows
 badly comm. fracture of radius "above wrist joint. Extending upwards
 1". Considerable callus has formed. Position of fragments good. Massage
 has given very little improvement. Hand is blue and local circulation
 is poor. Digest Gen. Urin. Nervous & Resp. systems normal.

Disability due to service. English Board.

Canadian Board

Degree of incapacity (Please state in fractions) Ear, Hand

Probable duration of incapacity Permanent

Does it render him permanently unfit for Military Service?

World operation, special treatment, or use of appliances etc., lessen incapacity?
 Destination to which transportation issued
 Members of Board
 A.H. Macfarlan Capt. AMC. A.B. Greenwood Capt. AMC.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					

Occupation prior to enlistment
 Regular trade or profession
 Average earnings previous to enlistment
 Name and address of last employer
 Rent per month
 Taxes
 If covered by accident insurance, annual premium
 If in force of sick benefits or other insurance—name of society
 If unable to follow previous occupation, name of practice
 At what age entered last school?
 Has he been any Technical or Commercial Classes? If so what?
 Where given Vocational Training while in the field in England, if so what subject?
 References
 Witnesses
 Date
 Signature
 Recommended by interviewers as to classes likely to be of use, and general remarks

Amount forwarded to H. Q. Unit \$
 Credit Clothing Allowance
 Amount paid at Dept. H. Q. \$
 Trans'd Class 1 - Date
 Trans'd Class 3 - Date
 Unit - Date
 Amount per year \$
 Form 20-20

1. Discharge with claim for benefits
 2. Discharge with no claim for benefits
 3. Discharge with no claim for benefits

1. Discharge with claim for benefits
 2. Discharge with no claim for benefits

1. Discharge with claim for benefits
 2. Discharge with no claim for benefits

724262 ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

1364
724262
1307
MQ

Surname Berry Christian Name William

Examined { on 24 day of April 1916.
at Lindsay.

Approved by J McCulloch Capt.
Medical 1
Rank 109th Overseas Battalion M.C.F.

Birthplace { City or Town _____
County Victoria Ontario

Apparent age 27 years

Trade or occupation Farmer

Height 5 Feet 4 1/2 Inches.

Weight 141 Lbs.

Chest measurement { Minimum 34 1/2 inches.

Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { A r m Right None Left One
Number One

When Vaccinated last April 24th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>20 AUG 1917</u> M.O.
		<u>INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT</u> M.O.
		<u>J. J. J. J. J.</u> M.O.
		<u>MAJOR, HOSPITAL REPRESENTATIVE, ORPHOTOM.</u> M.O.
		<u>NO. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL</u> M.O.

Date.	Result.	VACCINATIONS.
<u>24.4.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>8.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>17.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.

Enlisted on 24 day of April 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.F. 7.</u>	<u>724262.</u>		<u>24 4. 16</u>
Transferred to	<u>20th. Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.</u>	<u>16 JAN 1918</u>	<u>G.S. or L. Mast</u>	<u>Invalid & Canada as usual class. Res. Capt leave</u>

CANADIAN

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

Christian Name *William*

Surname *Burny*

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				
W.A.D. HOSPITAL, ST. ANSELM'S, WALMER.		14	8	17	17	11	17	G.S.W. mult. cp. frac. left Rad. & ulna cp. frac. left Tib. & fib.	95		
No. 9 Canadian General - Shorncliffe		16	11	17	19	11	17	" "	3 days	To Off Orpington for Canada.	<i>R. Walcott</i>
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		19	11	17				G.S.W. Wrist left. (fract. radius)		Fract lower end radius - Compound, involuntary ankylosis of wrist joint. Boarded for Canada	<i>J. Patterson</i> <i>R. Coates</i>
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		21	FEB	1918	8	MAR	1918	"	4	no movement supination or pronation Drop wrist Slight movement anteflexion of wrist no dorsiflexion fingers in position of 1/2 flexion Has very slight movement of abduction flexion of fingers Slight movement of abduction & adduction thumb also slight movement of flexion of, at wrist, thumb flexion could good	<i>J. P. Shea</i> Capt

MEDICAL HISTORY SHEET

Surname Christian Name

Examined { on day of 191.....
 at

Approved by

Birthplace { City or Town
 County

Rank M.O.

Apparent age M.O.

Trade or occupation M.O.

Height feet Inches M.O.

Weight lbs. M.O.

Chest measurement { Minimum inches M.O.

{ Maximum expansion inches M.O.

Physical development M.O.

Small-pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number

Date	Result	VACCINATIONS
------	--------	--------------

When Vaccinated last M.O.

(a) Marks indicating congenital peculiarities or
 previous disease M.O.

..... M.O.

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

(b) Slight defects but not sufficient to cause rejection M.O.

..... M.O.

..... M.O.

Enlisted on day of 191..... at

	CORPS	REG'T L 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.

Surname *Berry* Christian Name *W.*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Queen's University Medical Hospital - Kingston</i>		<i>11</i>	<i>4</i>	<i>18</i>	<i>17</i>	<i>8</i>	<i>18</i>	<i>G.S.W. Ulcer</i>	<i>118</i>	<i>Disch to #3 class</i>	<i>H. Stevenson Capt. A.M.C.</i>

To be made out in duplicate.

DUPLICATE

H.Q. 51-21-22-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....109th Battalion.C.E.F.....

(2) Regimental Number724882.....

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

(4) Place of Birth.....Victoria Ont. C.n.
A.....

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

(6) If married, state,
(a) Full name of your wife.....No.....

(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 William Perry
If so, state name and address Lindsay Ont. Can.

(10) Is your Mother alive? No
If so, state name and address.....

(11) If your Mother is a widow No
Are you her sole support, or not? No

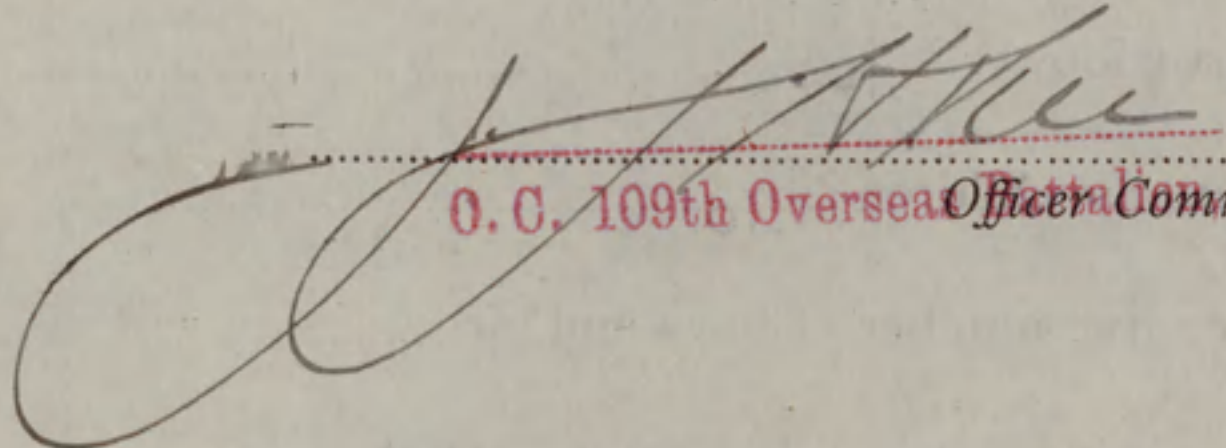
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
No

(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.
No

(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.
No

(15) Are you insured? No
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date JUL - 8 1916

 Lt. Col.
O. C. 109th Overseas Officers Commanding.

CLINICAL CHART.

Army Form B. 181

Corps 20 Canadian Bn

(To be attached to Case Sheet.)

Military Hospital 22 General

No. 724262

Rank and Name Pte Berry, W.

Age _____

Service _____

Disease Swollen Head, 1/2 Sec

Date of admission Aug 11 1917

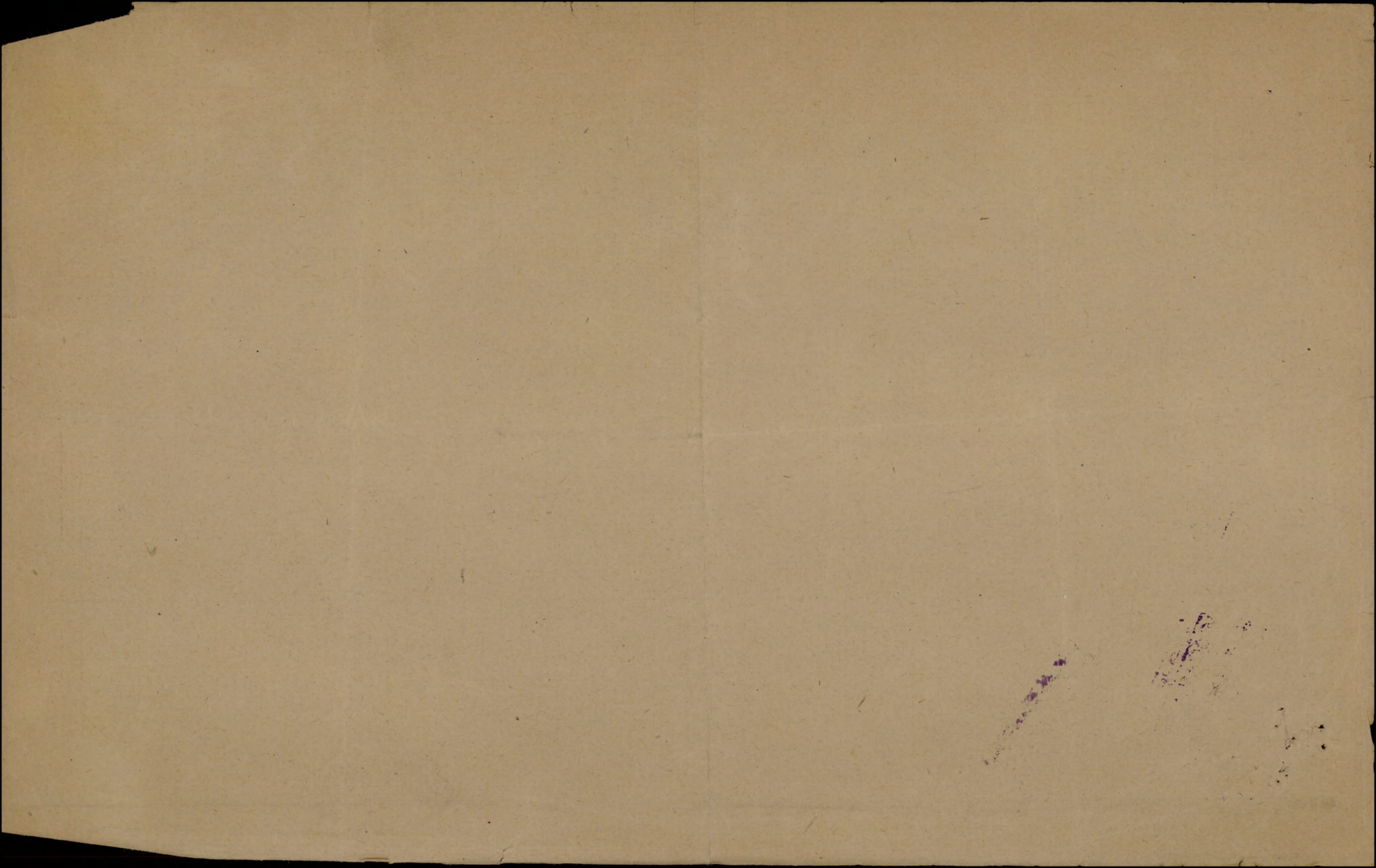
Date of discharge _____

Result _____

Dates of Observation	Days of Disease																															
	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	
Temperature Fahrenheit	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.	A.M.	P.M.	A.M.	P.M.
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98°																																
97°																																
Pulse per Minute	94	84	72	88	88																											
Respirations per Minute	24	20	20	18	24																											
Motions per 24 hours																																

Signature _____

In charge of case _____



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

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	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
	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.
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.

CLINICAL CHART
(To be attached to Case Sheet.)

ORPINGTON, KENT.

Military Hospital

Corps 20th Can. Div.

No. 724262

Rank and Name

Geo. Barry Esq.

Age 27

Service

1912 8/12

Disease Ess. Arterio Sclerosis

Date of admission

Nov. 15th 17.

Date of discharge

Result

Dates of Observation

Days of Disease

Temperature, Fahrenheit

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
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.	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°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Normal

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature

In charge of case.

25
92

VICAN' CEN W W

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No. 924262.	Rank. Plt.	Surname. Deery.	Christian Name. W.
Year	20 th Cav Ball. Co	Unit.	Age. 29.	Service. 12.
Station and Date.	Disease <u>Is w L' Arm L' Leg Head.</u>			
19. 11. 17.	<p>Went to France Nov 1916. Wounded at Lens Aug 9-9-17 9-9-17. L sw left forearm, left leg, right arm hand and head.</p> <p>To 7. A. B. 7. A. B. 9-8-17 and wounds dressed.</p> <p>To CC 23 #? 10-9-17 and inoe same day</p> <p>To Hospital Chaples 11-8-17, To St Anselm and Walmer Aug 14-17. To Shorncliffe Military Hosp 17-11-17. Adm 16 Can Genl 19-11-17.</p> <p>Exam on adm shows two scars left wrist both healed one anter 1 1/2" above styloid process of ulna and 1 in medial to it, ^{wound 1/2 x 1/2} also was scar radial border 1 in by 1 in one inch above wrist joint. Extension of wrist limited to 10 degrees anter to the axis of the radius all joints in the region including the fingers & thumb are stiff. Treatment, massage and passive movements.</p>			
30. 11. 17	<p>Orthopaedic Clinic</p> <p>This man will take a long time to be fit right. I would suggest his being boarded & in the mean time we will carry on with splints, massage & passive & active movements. Radiant heat</p> <p style="text-align: right;">Inspirator</p>			
30-11-17	X-Ray report attached.			

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

Station
and Date.

30-11-17

message daily

31-12-17

Awaiting board.

20-2-18.

To Canada

W. Patterson
Capt. R.N.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724262		Berry	W
Year	Unit.	Age.	Service.	
	20th San Bn Co	27	1912	
Station and Date.	Disease			
	L arm. L leg & Head			
	W. S. H. Hosp Dec 1917			
21/2/18	Enlist 4 Apr. 1916			
	Eng. July 16 - 1916			
	France Nov 1916			
	W. 9 Aug - 1917			
	W. 11 Nov. Canadian Ad Amb 9/8/17			
	W. 23 Oct 10/18/17			
	Corp. } 830th			
	altipine } 830th			
	Theater 10 8/19			
	Coco Troop hd of T. B. Co			
	Patella tendon torn BTP sutured			
	wd. of scalp excised Coco Troop			
	Radius & ulna at Lt wrist excised BTP			
	no further Cox's splint ex End.			
	Rt Hypoth em. Division BTP. at \$1500			
	9/8/17			
	W. 24 Gen Hospital 11/8/17			
	Head wd sutured clean OK			
	L wrist T x T wd been wiped clean			
	Corp. come from both radius & ulna			
	Rt hand grazed T x T flesh outside			
	L tibia & fibula foot wd been excised			
	wiped & sutured fairly wd been excised			
	but good position on foot w/ splint			
	V. A. D. Walter. 14 Aug 17. Moore. Bk. Home.			

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

slip 16/11/17

Britain Mill Hoop

19/11/17

Ex on arm shows two scars left - must both
healed one $1\frac{1}{2}$ " above styloid process
of ulna and, in ^{wound $\frac{1}{2} \times \frac{1}{2}$} medial to it also scar radial
border. 1 in by 1 in. one inch above wrist
joint Extension of wrist limited to 10 degrees
anterior to the axis of the radius. all joints
in the region including the fingers and
thumb are stiff. Treatment

20/11/17

massage & Passive movement -
arthro paedic clinic

This man will take a long time
to be put right I would suggest
he being boarded & in the mean time
we will carry on with splints, massage
passive & active movement &
radiant heat

20/11/17

X Ray comminuted part of the Radius
 $1\frac{1}{2}$ " above the wrist joint extending
upwards 1" Position good Considerable
callus has formed numerous particles
of foreign matter, apparently dressing
in the region

massage Daily
No bandage

2054 Hoop
Liverpool 21/2/18

no movement Supination or pronation
Prop wrist. Slight movement Anteflexion
of wrist no Dorsi flexion - fingers in
position of $\frac{1}{2}$ flexion Has very slight move-
ment of flexion Slight movement of abdu-
ction & adduction thumb also slight
movement flexion of 1st joint of thumb
seen could good I pushed cap

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE

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. 724262 Rank Pte. Name Berry, W.

Corps 109th Battalion who was* Discharged

On August 22nd, 1918, to Category "E".

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1st 1918, to August 22nd 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Pr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>Clothing 8179</u> <u>35</u> <u>00</u>			Regt'l Pay <u>22</u> days at \$ <u>1</u> c. <u>22</u> <u>00</u>		
by } No.....			Field Allow. <u>22</u> days at \$ <u>10</u> c. <u>2</u> <u>20</u>		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No. <u>8180</u> <u>10</u> <u>00</u>			Other Allowances*		
Other charges			Other Credits* <u>Clothing</u> <u>35</u> <u>00</u>		
Payment on transfer or discharge No. <u>8181</u> <u>14</u> <u>20</u>			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total..... <u>59</u> <u>20</u>			Total..... <u>59</u> <u>20</u>		

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has Pro rata (‡) been paid on account of Assigned Pay for the month of August 1918 and Sep'n Allee. for month of 1918 (to) Assignee Manager Victoria, Loan & Saving Co., Lindsay, Ont.

(†) 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 April 24, 1916.
- (2) if married and if a Separation Allowance Card has been submitted No.
- (3) cause of discharge..... authority 3rd. 88-B-451, 19/8/18
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date August 20th, 1918.

Place Kingston, Ont.

W. Peter Captain.
 Demobilization Pay Div. M.D. Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

Cheque #8181 attached.

CASE HISTORY SHEET.

Queen's Military Hospital. Kingston, Ont. Station.
No. 724262 Rank Private Name Berry, W. Age 30
Unit 20th. Bn. C. E. F. Completed years of service } 24th. Apr. 1916. 10 mos. France.
Date of admission 6th. May 1918. Date of discharge Cas. Co., Aug. 17th/18.
Diagnosis G.S.W. left wrist. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Man was wounded in left hand
9th. August 1917. Shrapnel entering inner border left wrist 1"
above and 1" from styloid process of left ulna. Exit of fragment
on anterior surface of wrist 1½" above lower end of radius. Man
has wrist drop and hand is markedly atrophied. Grip of hand 10%
No supination possible, slight lateral movements. Some degree of
flexion possible. No abduction of left thumb active. Fingers
cannot be extended are in form of a curve 30% flexion. Flexion poss-
ible to 40% normal.

Movements at left elbow. Flexion and extension
normal.

General condition otherwise normal.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

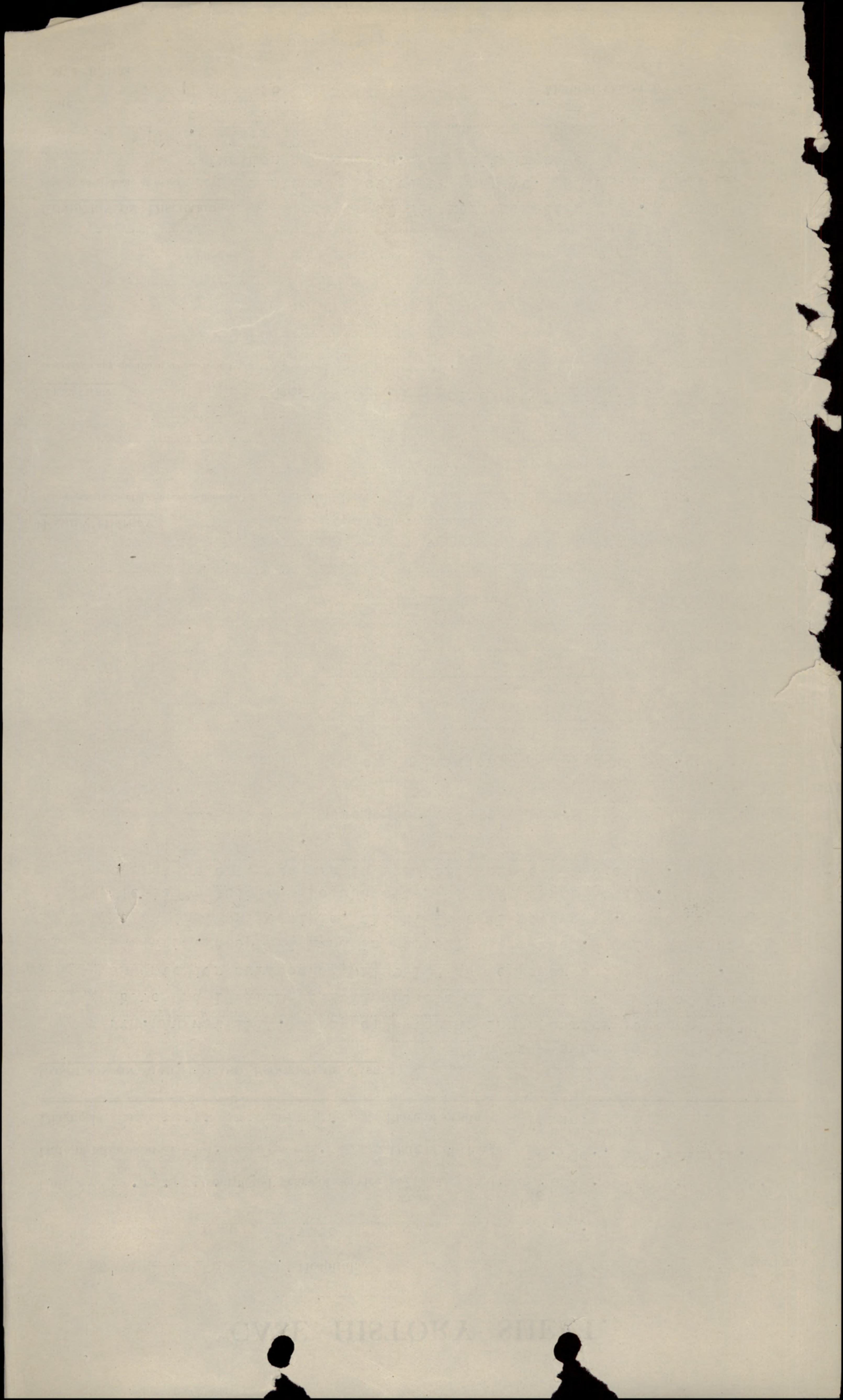
TREATMENT X-ray-massage. Passive movements

(Especially any specific or special form.) Remedial gymnastics.

CONDITION ON DISCHARGE, Extension of fingers almost normal. Thumb move-
(and disposal made of case.) ments 40% active or passive. Grip of hand 10%
No supination of forearm. Man will improve slightly in civil
life. Otherwise normal.

Date Aug. 20th/18.

L. N. Armstrong, Capt. A.M.C.
Medical Officer i/c case.



Regtl. No. 724562 Rank Pfc Name Berry W.

FREE ISSUES ONLY. CLOTHING AND NECESSARIES.

Date of Attestation _____

537

DESCRIPTION OF ARTICLES.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.	DESCRIPTION OF ARTICLES.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.	Date of Issue.	Soldier's Initials.
Badges, Cap ...									Gloves, Woollen ...	25/1/8	WNB						
Badges, Shoulder ...									Great Coats ...	16/1/4	WNB						
Badges, Collar ...									Hats, Sou'wester ...								
Bands, Body ...									Holdalls ...	25/1/8	WNB						
Boots, Ankle Cal.	16/1/4	WNB							Housewives ...	25/1/8	WNB						
Boots, Ankle R. ...									Jackets, Oilskin ...								
Boots, Knee Rubber									Jackets, Reefer ...								
Braces, Pairs ...	16/1/4	WNB							Jackets, S.D. ...	16/1/4	WNB						
Breeches, D.C. ...									Knife, Clasp ...								
Brushes, Hair ...	25/1/8	WNB							Lanyards ...								
„ Cloth ...		WNB							Knife, Table ...	25/1/8	WNB						
„ Shaving ...	25/1/8	WNB							Laces, 30-in., Pairs	16/1/4	WNB						
„ Tooth ...	25/1/8	WNB							Pantaloon, Service								
Caps, Balmoral ...									Puttees, Pairs ...	16/1/4	WNB						
Caps, Comforter ...									Razor and Case ...	25/1/8	WNB						
Caps, S.D. ...	16/1/4	WNB							Shirts, Flannel ...	16/1/4	WNB	25/1/8	WNB				
Cloaks, Drab ...									Shirts, Service ...								
Coats, Oildressed ...									Shirts, Winter ...	25/1/8	WNB	25/1/8	WNB				
Coats, Warm M.S.									Socks, Pairs ...	16/1/4	WNB	25/1/8	WNB	25/1/8	WNB		
Combs, Hair ...	25/1/8	WNB							Spurs, Jack ...								
Disc Identity, Red...									Towels, Hand ...	25/1/8	WNB						
„ „ Green									Trousers, Oildressed								
„ „ Cords									Trousers, S.D. ...	16/1/4	WNB						
Drawers, Winter ...	16/1/4	WNB	25/1/8	WNB					Trousers, Service ...		WNB						
Dressings, 1st F. ...									Spoon, Table ...	25/1/8	WNB						
Fork ...	25/1/8	WNB							Waistcoats, Cardigan	16/1/4	WNB						
Gauntlets, Pairs ...									Bag, Kit	16/1/4	WNB						
Glengarries ...									Bag, Kit	25/1/8	WNB						

Free issues only will be accounted for on this card

[Handwritten Signature]

LIEUT & QUARTERMASTER
N. CAN GEN HOSP.

Signature of Soldier Wm Berry

Signature of Quartermaster _____

M. F. B. 440.
200m-10-20.M.

MILITIA AND DEFENCE

In reply please quote

No.

Ottawa, *23-11-20*

From:

The Adjutant-General,
Canadian Militia.

To:

*724262 Wm Berry
48 Logie St.
Lindsay Ont.*

Sir:

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

Blair

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

D-1
EBM.

MILITIA AND DEFENSE

Illinois

The Adjutant-General
Illinois Militia

Enclosed herewith is a copy of the
all exempted by you while in the U.S.A. and
returned, the same being your own property.

Yours,
Adjutant-General
Illinois Militia

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

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

Casualty Form—Active Service.

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

Regimental No. 24262 Rank Private Name Berry William
C. E. F.

Enlisted (a) 24.4.16 Terms of Service (a) 1 of 10 Service reckons from (a) 24.4.16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report Date	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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
-------------	--------------------	--	-------	------	--

*Embarked Canada
Disembarked England*

*Halifax 24.7.16
Liverpool 31.7.16*

*W. Aseltine Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.*

CERTIFIED CORRECT.
 28 DEC. 1916
 CAN. RECORDS, LONDON.

*Witley
oc. 109*

Proceeded overseas for service with 20th. Btn.
~~Transf'd to 20th Bn.~~

Witley Overseas

28-11-16; D.O. 333-28-11-16.
*W. Aseltine CAPTAIN,
ADJUTANT,
109th BATTALION CAN. INFANTRY.*

29/11/16	CB Depot	Arrived taken on strength 20Bn		29/11/16	NR PT.2.ORD.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20th Bn	Joined Unit	do	4/12/16	B213	
16.6.17.	<i>63rd Sanitary Sect.</i>	<i>Temporarily Abs. for duty.</i>	<i>Houdain</i>	10.6.17	B213	
u	<i>20th Bn</i>	<i>ARR 63rd Sanitary Sect.</i>		9.6.17	B213 Pt 2. 46d 30/6/17.	
7-7-17	<i>63rd Sanitary Sect.</i>	Ceases to be att on return to Unit		1-7-17	B213 Pt 2 49d/16-7-17.	

(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. I.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				
11-8-17	20th Bn	Wounded	Fld	9-8-17	B213 313.
14-8-17	22 Genl	S Wd Lt arm, Lt leg & head Lt leg fract. Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe		14-8-17	W3083. 3706. Pt 2 57 d/57d/20-8-17.
			<i>Hoogan</i>		Major for Lt.-Col. A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.
<i>24-8-17</i>	<i>CORD.</i>	<i>T.O.S. from 20 Bn</i>	<i>Sanating</i>	<i>14-8-17</i>	<i>M-#0168</i> <i>R Hooper</i> for Colonel i/c Records <i>ADJ</i>
<i>18/4/18</i>		<i>From Overseas</i>		<i>18/4/18</i>	<i>N.O. 1</i>
<i>21/8/18</i>		<i>#38 Depot.</i>		<i>21/8/18</i>	<i>N.O. 1217</i>
					<i>Mr Clarke</i> Lieut. for O. C. Discharge Section No. 3 District Depot

Orth. military Hospital.

Ward 25-

No. of Bed 32

Date Nov 20/1917

Regt No.	Rank and Name	Corps.	Part to be X-Rayed
724262	Berry P/E W.	20th Ban	Left wrist & hand

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

4th Brig -
2nd Division

wounded at Lens 9-8-17
 sev. l. forearm, left leg, r. hand
 & head. To 7th D.A. 9-8-17 To
 CC #23 10-8-17 To Hosp Staples
 11-8-17. To Staveland road
 water 14-8-17. To Staveland 17-11-17
 Adm 16th Ban Genl 19-11-17

Signature of M.O.

Patterson

Date

Nov 20/1917



REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

L 1697 2 8x6 P.A.L

Communicated fracture of the
 Radius 1/2" above the wrist -
 joint extending upwards 1".
 Position good. Considerable
 Callus has formed. Numerous
 particles of foreign matter, apparently
 dressing, in the region.

Signature of Radiographer

W. J. Johnson

Date

Nov 27/17

Cap



R. Rank Name **BERRY, William** Reg'l No. **724262**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } **Married or Single** **Single.**
 Lindsay,
 Place and Date of Enlistment **24th April, 1916.** Place of Birth **Victoria Co.,**
Ont., Canada.
 Name and Address, Next-of-Kin **William Berry,**
Lindsay, Ont., Canada. Relationship **Father**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship

N/E R.B. No. **12.807**
 File R.L. **Lawson**
 Category **Lawson**

Keasler

Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
28.11.16	O.C. 109 th	S.O.S. on Trans to 20 th Bn	Witley	28.11.16	P ^{II} D.V. 333
11.12.16	20 th Bn	<i>Taken on strength.</i>	Field	29.11.16	95
30.6.17	20-	Attch for duty with 63 Sanitary Sec	do	9-6-17	46
16.7.17	20.	cease to be attch to 63 rd San Sec do.		1.7.17	P ^I 49
15.8.17	20.	11023 Gas Co. Stat	Field	10-8-17	Ch 14578
21-8-17	20.	22. Gen Hosp.	Sanaries	11-8-17	Ch 14582
22.8.17	20.	Military Hosp.	Stoncliffe	14-8-17	Ch 13416
20-8-17	-	Inv. & Post to 1000.	Field	14-8-17	P ^I 57. (CORD PT 00 1682/24-8-17)
23-11-17	1601/20	26 Gen Hosp	Lepton	20-11-17	Ch. B. 71. Sh. Plans

A.F.B. 103 CHECKED
 11 Dec 1916

n.g.d.

(In Pads of 100)
 p. of Message
 Recd. at m.
 Date. p. of
 From.
 By (er.)
 A A A

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.				
4-4-18	20.	Invalided to Canada Pt Kirkdale		28-3-18	C.R. B179
10-4-18	ICORD	S.O.S. to Canada Para Pt Witley 392 Sec 16 R.R. 1912		28-3-18	PT 898
	Dis Dept	For Further Treatment	MD 3 Kingston	7-4-12	NR 442

POST DISCHARGE PAY OFFICE

8380/168

Three months pay and allowances after discharge.

Handwritten initials

Name Berry, Wm. Surname Christian Name
 Regimental Number 724262 Rank P.e. Address (in full) 48 Logie St.,
 Unit 109th Bn. Lindsay, Ont.
 Original Unit _____
 District where paid M.D.3.
 Date of Discharge _____
 P. D. P. Filing Number 18-161-3.
 Rates:—Regimental pay \$ _____ per diem: Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	3182	22-8-18	33 00	3028	22-9-18	33 00	2618	22-10-18	34 10		100 10
2125	<i>1st 8400431</i>	<i>28-3-19</i>	<i>70 00</i>								
1913	<i>2nd 448762</i>	<i>27-3-19</i>	<i>70 00</i>								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

8500/168

Dec'n No. 8500/168 W. S. G. File No. 14-W-31

Award days at \$ 70.00 day \$ 350.00

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

Less F, D. P. Credited \$ 100.10

Less further debit balance \$

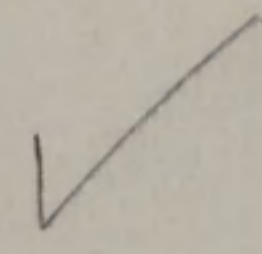
Net due paid as below 249.90

TO SOLIDERS				AMOUNT
0	12	34	56	Amount
	2125	400431	70.00	
	1413A	48762	70.00	
	1747B	435388	70.00	
	578C	452934	39.90	

28-3-19
27-3-19
19/4/19
7-5-19

48 Logie St
Lindsay
Ont.

GEN'L AUDITOR
Posting checked by
Webster
Date... 14.7.19



John

ASSIGNED PAY

Manager Victoria Loan & Savings Co.
OVERSEAS CONTINGENTS
PAYMENTS.
credit 724262

Name of Soldier Berry, Wm.
Pvt. Co 109 Bata

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				AUG 1 1916
April	1915			
May				
June				
July				
Aug.		<i>15315</i>	<i>15</i>	
Sept.		<i>W 16240</i>	<i>15</i>	
Oct.		<i>V 21477</i>	<i>15</i>	
Nov.		<i>P 27760</i> <i>224954</i>	<i>15</i>	<i>cancelled P.B.</i>
Dec.		<i>I 34588</i>	<i>15</i>	
Jan. <i>Ch</i>	1917	<i>K 32593</i>	<i>15</i>	
Feb.		<i>K 42832</i>	<i>15</i>	<i>15</i>
March		<i>L 48644</i>	<i>15</i>	<i>15</i>
April		<i>L 486</i>	<i>15</i>	<i>15</i>
May		<i>K 6543</i>	<i>15</i>	
June		<i>O 13201</i>	<i>1.5</i>	
July		<i>L 20518</i>	<i>15</i>	
Aug.		<i>O 27521</i>	<i>15</i>	
Sept.		<i>y 33808</i>	<i>15</i>	
Oct.		<i>y 49639</i>	<i>15</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15.00

cancelled P.B.

15.00

15 B.
15
15
210 W.P.

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.				

Bank Account.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Manager Victoria*
Address *Loan & Savings Co.*

By Whom Assigned *Berry, Wm*

Regtl. No. *724262*

Rank *Plt.*

Corps *"A. Co" 109th Batt.*

Lindsay, Ont.
Rate *\$ 15.00*

AUG 1 1916

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				



2. 145 1/2

.

1. 1. 1. 1.

14
15

176
14

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

Bank Account

PARTICULARS OF SEPARATION ALLOWANCE

No. 724262
 Rank pte Promoted Reverted Discharge
 Soldier's Name Wm Berry
 Battalion A. Co. 109 B atten
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

for credit, Name Manager Victoria Loan & Savings Co.
 Address Lindsay, Ontario
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sep			210 ✓	210 ✓	
Oct	y. 44639		15	15	
Nov	C 54618		15	15	
Dec	D 59260		15	15	
Jan 18	A 55132		15	15	c
Feb	y. 95480		15 ✓	15 ✓	
Mar	A 97112		15	15	✓
Apr	C 1040		15	15	✓

#315⁰⁰ A.P. A/c Closed 30/4/18 M.R.O.Z. 19/4/18 J.S.
 Ret'd per. Handover castle
 Date 10/4/18 F.X. 12-4-18.
 Clerk J. Spittal



Surname **Berry.** Christian Name or Names **W.** Reg. No. **724262**
 Rank **-Pte.** Unit **20th. Bn.** Co. **160.** Troop **160.** Batty. **160.**
 Hospital **23. C.C. Stn.** Date of Admission **10-8-17.**

Transferred **No. 22 Gen. Hosp. Larniers** Hosp. **11-8-17.**
Shorncliffe Mil. Hosp. **14-8-17.**
16. Can. Gen. Orpington Hosp. **20-11-17.**
5 Can Gen Kirkdale Hosp. **22-2-18**

Diagnosis **S.W. Lt. Arm. Lt. Leg. Head. ¹⁴¹⁰**
 (1) Later Diagnosis (if changed) **S. S.W. Comp. Frac. h. leg &**
 (2) **h. arm. B**
 (3) **S.S.W. L. Arm L. Leg. & Head. Comp. Frac.**
 Additional Diagnosis: if more than one state present

↓ cut out

DISPOSITION	Date	REMARKS
C.L. 15-8-17. A578		
" 20-8-17. A. 582		
" 22-8-17. B 416,		Ino. to Canada
" 20-11-17. B. 71(3)		28. 3. 18.
26-2-18 B149 (1)		
4.4.18. B149. 3.		

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

Dis. to Canada per H.D. Lland-
 overy Castle from Lpool.
 28-3-18.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name *Berry William* Rank *PTE* Regtl. No. *724262*
 Original unit *09th* Present unit *20th Bⁿ* M. or S. Age *28* Religion *Pres* Fyle Depot *3-B-318*
 Ref. H.Q. *3MDPT-B-451*
 Port, ship, and date of arrival *Halifax, Llandoverly Castle 8-4-18*
 Next of kin *Father - W^m Berry Lindsay Ont*
 Address on leave
 Address on discharge
 Transportation issued Yes No Date..... Character on discharge *Good*
 Previous occupation *Farmer* Date and place of enlistment *24-4-16 Lindsay*
 Diagnosis *G.B.W. L. wrist* Date of Medical Boards *12-8-18 CATÉ*

Date.	Remarks	Pt. 2 Order No.
<i>18-4-18</i>	<i>Posted to Hospital Sec'n Queens</i>	<i>H.S. I</i>
<i>10-6-18</i>	<i>Granted leave with subsistence to 17-6-18</i>	<i>HS 56</i>
<i>17-8-18</i>	<i>Transferred to Casualty Coy</i>	<i>HS 122</i>

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

Date.

Remarks.

Pt. 2 Order No.



M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

No. 724262. RANK Pte.

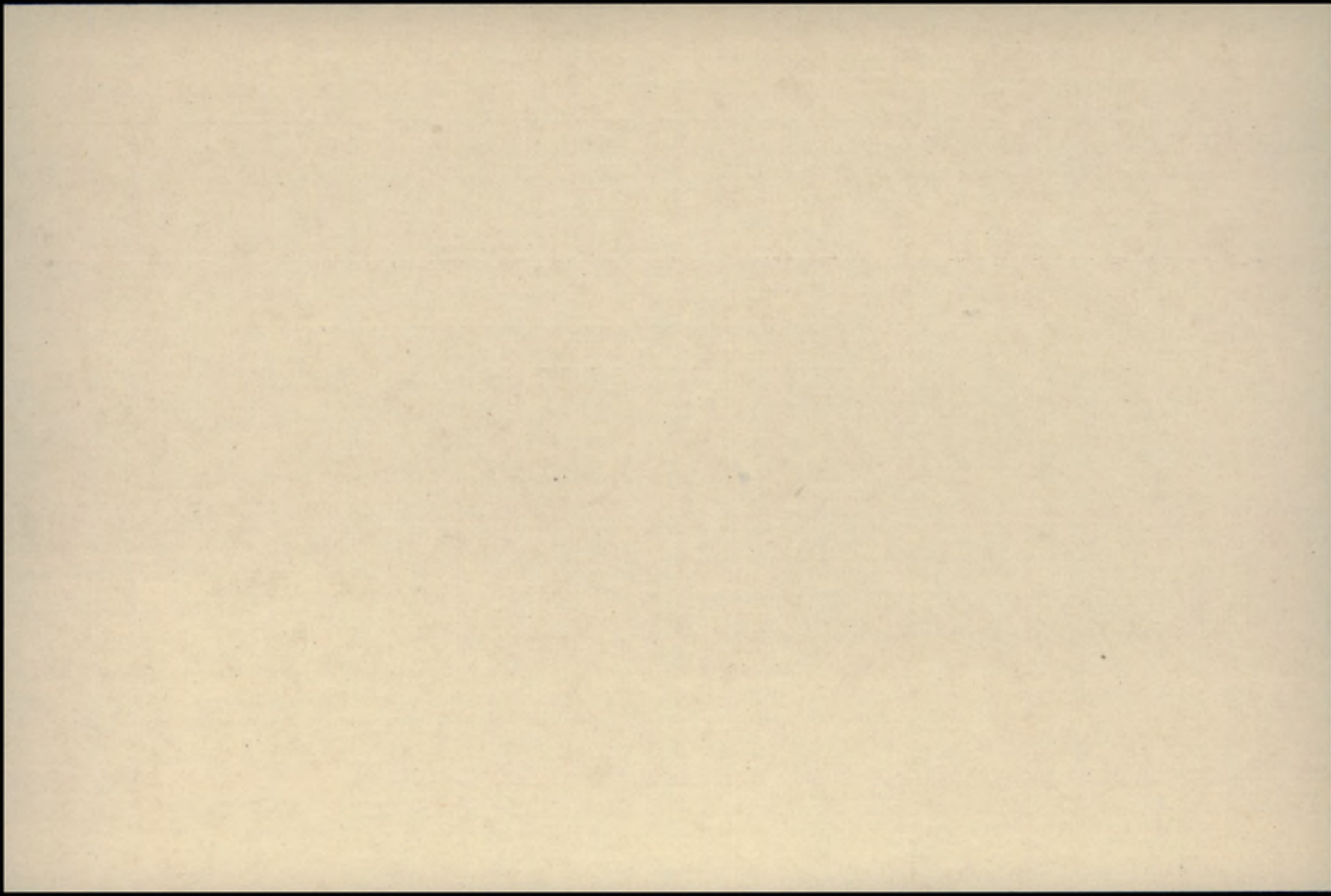
NAME Berry, W.

T. O. S. 24-4-16. UNIT 109th Battalion.
(S.O. 135 of 26-4-16).

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. April 24.	1916. April 30.	N.		
May.		V.		
June.		V.		
July.		V.		

UNIT SAILED
JUL 23 1916



Name **BERRY William** Rank **Pte.** Reg. No. **724262**
 Unit **20th Bn.**
 Next of Kin **Canada.**

Date	Movement	Place	Casualty & Head.	List No.	Notified N/K O.	W.O. List
1917						
10-8	23 C.C.S.	SW L. Arm,	L. Leg	A578	M5889	15-8
11-8	No. 22 Gen. Hosp. Carriers			A582		
14-8	Mil. Hosp. Shorncliffe	Comp. Frac.	do	B416		
20-11	No 16 Can G. H. Orpington	(6577)	do	B71		
22.2.18	56 Lt. Kirkdale		do	B144		13131
28-3-18	invalided to CANADA		do	B174		6265

LEDGER NO.....

SERIAL NO. *a783739*

REG. NUMBER *724262* NAME *Berry W.*

RANK *Pte.* CORPS *20 Bn B.E.F.*

AGE *30* SERVICE *2 years C ⁶/₁₂ E ¹²/₁₂ F ¹⁰/₁₂*

NAME OF HOSPITAL *Queen's Mill* PLACE *Keegston.*

DATE OF ADMISSION *11-18-18*

DISEASE *GSW Lt. Wrist*

TRANSFERRED TO OTHER HOSPITALS.....

.....

OPERATION.....

DISCHARGED TO *Bas Co 17-7-18* IN CATEGORY.....

.....

12 12 12

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

NAME *Berry, William*

REGT'L No. *724262.*

RANK AND CORPS *Pte.*

20th Bn. Form. 109th Bn.

H. Q. FILE No. 649.

FOLLOWS
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

*M. 5889
19-3*

16-8-17

*b. Adm. to 23 Cas. Cle. Station.
Aug. 10th 1917 G.S.W. Head. Arm. +
leg. ✓*

1st Com. Dist. Regt.

REMARKS

DATE OF
ADMISSION

HOSPITAL

LIST NO

Sw. & arm & leg & head

10-8-17.

23 Cas. Ch. Ala

A578

Sw. arm leg & head

11-8-17.

22 Gen Carriers

A.582

Sw. arm & leg & arm
"head"

14-8-17.

21 #9 m. Shreveport La.
26 Car. Gen Carriers

B3416

15-12-17

11-11-17

276 Car. Gen Carriers

B71-3

Sw. arm & leg & head

22-2-18

22-2-18 Sw. arm & leg & head

B1491

Sw. arm & leg & head

58-3-18

23-3-18 Sw. arm & leg & head

B1793

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

27

YEARS

—

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

dark

EYES

blue

HAIR

black

DISTINGUISHING MARKS

scar on left shin.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

April 24th, 1916

present address.

Lindsay, Ont.

649-03-18258.

CARD NO.

SURNAME. *Berry.*

CHRISTIAN NAMES *William.*

REGL. NO. *724 262*

RANK *Pte.*

UNIT ~~*109th*~~ *3 W/D*

FORMER CORPS *Nil.*

#3 Pte. 1107 17/4/18 C unit M.H.C.
S.D. No 22-8-18
FOLL.
200127722-5-18 #3

In.

NEXT OF KIN.

~~CHANGE OF ADDRESS~~ *also notify*

NAMES IN FULL *Berry William*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Lindsay Ont*

Mrs E. Luskombe (sister)
48 Logan St.
Lindsay Ont.

auth Letter 21-8-77

COUNTRY OF BIRTH *Canada. Victoria C. Ont.*

DATE *April 4th 1889.*

PLACE OF ATTESTATION *Lindsay, Ont.*

DATE *April 24th, 1916.*

Sailed from Halifax 23/7/16⁴⁸⁸ per S.S. "Olympic"

R/O 7-4-18 10a 3

H.C. ✓

Number 724262. Rank Pte. ✓

Surname BERRIS ✓

Christian Name William ✓

Units 20th Br. Can Div Theatre of War France ✓

Date of Service 29-11-16. ✓

Remarks 760 King St West Toronto 1924 ✓

Latest Address ~~not available~~ 10/8/21 ✓

Roll No. B. Page 19231.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DEP. JAN 17 1924
REGN. NO. 914

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(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. 724262	
Rank Private	
Surname Berry	
Christian Name William	
Corps (Squadron, Battery or Company) 109th Battalion	
Date of Discharge 22-8-18	
Place of Discharge Kingston, Ontario.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 28 years 3 months.	Descriptive Marks
Height 5 feet 7 inches.	Scars on dorsum of left wrist
Complexion Fair	2 scars left leg, 5" below patella.
Eyes Blue	
Hair Black	
Trade Farmer	
Intended place of residence 48 Logie St., (To be given as fully as practicable.) Lindsay, Ontario	
2. The above-named man is discharged in consequence of medically unfit for further war service, authority MD3-88-B-451, dated 19-8-18	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc. — Very Good —	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) — Farmers —	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

W.S. G. Comp

1/2/19

BIB

DEPT. OF MILITARY AFFAIRS
AUG 21 1918
H.C. CANADA

K.C.A.

17-23-20910

(OFFICER)

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

Nil

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

6. Medals and Decorations.....

Nil

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) Kingston, Ontario.

M. R. Clarke

(Date) 22-8-18

for O. C. Discharge Section
No. 8 District Depot
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Kingston, Ont. *W. Berry* (Signature of Soldier.)

(Date) 22-8-18 *W. J. Sturrock* (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.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) 2 years 120 days.

Total..... 2 years 120 days.

11. Confirmation of Discharge.

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

(Place) Kingston, Ontario.

(Signature) *M. R. Clarke* Lieut.

(Date) 22-8-18

for O. C. Discharge Section
No. 8 District Depot

Reservations referred to at Para. 8.

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

none
W. Berry

Reg. Conduct Sheet, Militia Form B. 303	Attestation Paper, Militia Form B. 312
Statement of Man's Account on Transfer and Last Pay Cert. B. 317	(f) Attestation
Medical Report for Invalids, B. 315	(a) Proceedings on Discharge
Medical History Sheet (in the event of such having been required), B. 317	(c) Medical History Sheet, B. 313
Copies of Contributions by C.F. in MS.	Proceedings on Discharge, B. 318
Conduct Sheet, B. 303	Militia Form B. 312

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

with disability acquired on service

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Kingston

DATE Aug. 13/18

W. H. Gibson Captain President.
E. C. Macbain Major Members.

APPROVED BY [Signature] Captain A. M. G.
For A. D. M. S. Mil. District No. 3.
Assistant Director of Medical Services.

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

DATE AUG. 17 1918

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President.
Members.

MEDICAL HISTORY OF AN INVALID

ORIGINAL

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the 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. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed 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 8, 9 and 10 be communicated to the soldier, 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 Q.M.F. Kingston DATE Aug. 12/18

1. 1 (a) Unit 20th Bn C.E.F. (b) Regimental No. 724262 (c) Rank Pte.

(d) Surname Barry (e) Christian name William

2. Age last birthday 28 Date of birth Apr. 7th 1890

3. Enlisted at Lindsay Ont. on Apr. 24/16

4. Personal description:—

(a) Height 5'7" (b) Weight 138 (c) Complexion fair

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks

Scars on dorsum of left wrist - 2 scars left leg 5" below patella

5. Address after discharge (for the use of the Board of Pension Commissioners)

48, Logie St. Lindsay Ont.

6. Former trade or occupation Farmer

7. (a) Service

Table with columns: Service, Years, Days. Rows: 109th Bn C.E.F., 20th Bn C.E.F. with dates Apr. 24/16 to Nov. 1916.

(b) Has he been overseas? Yes 10 mos. France Original disease or disability G.S.W. left wrist and compound fracture of left leg

(a) Date of origin Aug. 9th 1918 (b) Place of origin Lens

(c) Cause* H.E. Shell & M.G. Bullet

(d) Present disease or disability 1. Effects of G.S.W. left wrist

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

1. Man complains of weakness with partial deformity of left hand following G.S.W. left wrist. Obj. There are healed shrapnel scars left wrist - Exit, scar on posterior surface of lower end of radius 1" above styloid process. Scar of entrance along ulnar border of

M. F. B. 227. Forearm 1 1/2" above line of joint.

9. Present condition.—(Continued.)

Man has partial wrist drop and pseudo ankylosis at wrist joint. Full flexion possible and extension to line of axis of forearm active or passive. Hand is deflected to radial side. Lateral movements almost nil. Extension of all fingers with fingers in a slightly curved position. Flexion of all fingers 60% in form of a curve, active or passive. Adduction and abduction of thumb 30%. Styloid process of ulna very prominent. Free movements at left elbow. Pronation not impaired but no supination past the mid-position. ^{Hand} fairly well nourished but slightly atrophied from disuse. Cutaneous sensation almost normal over surface of hand & wrist. Grip of hand normal. Functionally hand is practically useless.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous.....Yes.....Digestive.....Yes.....Respiratory.....Yes.....Cardiac.....Yes.....Genito-Urinary.....Yes.....Skin, Middle Ear, Eye or any other part.....

X-Ray of left wrist shows: Comminuted fracture of lower third of radius about 1 1/2" above the wrist-joint. There are many minute fragments of shrapnel visible in the lower end of the radius (opposite the site of the fracture)

Fracture of the styloid process of ulna.

10. History: (a) of Condition referred to in "a" section 9.

Man was wounded by shrapnel at Lens Aug. 9th 1917 injuring left wrist also compound fracture of left tibia from M.G. bullet 5" below patella. Union good, no disability at present from injury to left leg.

(b) 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.

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

Not app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Probably permanent - slight improvement with use.

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

Hospitals in France & England

Q.M.H. since Apr. 10/18

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No

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

No

17. Recommendations That this soldier be discharged from the service

Pensionable disability due to service

L. N. Armstrong Capt. M.C. 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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.

Wm Berry Signature of soldier examinee.

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 criticized.

YES

19. Is the soldier 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 "E"

20. It is certified that the soldier

(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).

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:

THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened at present for

THE PENSIONABLE DISABILITY—(see Part I (b)) Is the soldier on Active Service or Active Service of a disability existing previous to joining

16. Permanency of the Pensionable Disability—estimated next above in (15).

(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?

18. Remarks.

19. 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

Date of Board

Signatures of the Board

President.

Signatures of the Board

Approved

Date of Board

Reserved for M.H.C.

Regt. No. 724262 Rank PFE Surname BERRY Christian Name WILLIAM.

Unit or Corps (a) Overseas from United Kingdom 20. Batu (b) In United Kingdom 109th Batu

Born at—Town LINDSAY County or Province ONT. (VICTORIA) Country CANADA

Date of Birth—Day 7th Month April Year 1890 Age 27 yrs. 9 months.

Joined at Lindsay Ont. Can. Date 24th Apr. 1916

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification:—

(a) Scar 1 1/2" x 1" Radial border left wrist, "about line of joint. (b) Scar 3/4 x 1/2 antero-lateral surface left wrist 1 1/2" above styloid process of ulna. (c) Two scars left lower leg 5" below patella one 1 1/2 x 1 1/2 over superficial area of tibia other 2 1/2 x 3/4 just lateral to lateral border tibia.

Height—feet 5 inches 7 Colour of eyes slate

Signature of Soldier (for identification purposes) William Berry

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.)

Table with 3 rows for Disabilities Group (a), (b), and (c). Group (a) contains 'PARTIAL LOSS OF FUNCTION LEFT HAND'. Group (b) contains 'OPERATION'. Group (c) contains 'WAS ONE ADVISED AND DECLINED?'

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: DUN SHOT WOUND WRIST LENS, AUG-9-17.

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

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

- (i) As to Group (a) above? yes.
(ii) As to Group (b) above? —
(iii) As to Group (c) above? —

5. 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? **not applicable**

(v.) When? **not applicable**

(vi.) Opinion of the Court? **not applicable**

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 that he was wounded at Lens, on Aug. 9-1917 in left wrist, causing compound fracture of Radius 1 1/2" above lower end tibia. Sent to C.P.S. # 1 day. To Gen Hosp. # 4 days. To St Anselmus V.P.D. at Walsley, Aug. 14-17. To Sporncliffe Military 17-11-17. To #16 Can. Gen. Hospital 17-11-17.

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

patient is unable to use, extend, invert, or evert his left hand at wrist joint. 7 fingers. Can only extend or flex through a radius of about 5°. Shows extension and flexion about 100°. Rotation of wrist about 8°. X-ray shows badly comminuted fracture of radius, 1" above wrist joint, extending up towards Considerable callous has formed. Positions of fragments good. Motion of hand is very little improvement. Hand is blue and circulatory local circulation poor. Digestive, Gen. Urinary, Circulatory, Nervous and Respiratory systems - normal.

8. OPERATION. (i.) Was one performed? **yes, one in France.**

(ii.) If so, state what. **Curettage of small area of tibia**

(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? **none**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **no.**

(b) Fit for base duty? **no.**

(c) Invalid to Canada? **yes.**

(d) Discharge from the Service as permanently unfit? **no.**

Date of Report **4-1-18**

Signed **J. P. [Signature]**

Officer in medical charge of case.

Station **#16 Can. Gen. Hosp. Sporncliffe Kent.**

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

COL. G.A.M.C.

{ Officer i/c Hospital } Strike out one { S.M.O. Brigade } of these.

Dated at **ORPINGTON, KENT.**

Station, on **16 JAN 1918**

* 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 Pensions 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%)

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 due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, or all.) **not applicable**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? **not applicable**

(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?

18. Remarks.

INVALID TO CANADA FOR FURTHER MEDICAL TREATMENT
Anna Quinn
MAJOR, HOSPITAL REPRESENTATIVE,
No. 16 CANADIAN GENERAL HOSPITAL ORPINGTON

19. Recommendation:—(a) Fit for duty? **no**

(b) Fit for base duty? **no**

(c) Invalid to Canada? **yes**

(d) Discharge from service as permanently unfit? **no**

Classification for the Military Hospitals Commission. **G**

Date of Board **16 JAN 1918**

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

Signatures of the Board

Anna Quinn Capt. President.
[Signature] Capt. A.D.M.S.

Approved **[Signature]** Major, G.A.M.C. A.D.M.S.

Dated at **For A.D.M.S., Canadians, London Area.** Station

21 JAN 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 day of 191

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 present for

THE PENSIONABLE DISABILITY—(see Part I. (3).) Approximate or definite Service of a disability relating to joining

Permanency of the Pensionable Disability estimated next above in (16).

If not permanent, what is its probable minimum duration (in months)?

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

Remarks

INVALIDATED TO CANADIAN MILITARY HOSPITAL

Classification for the Military Hospital Commission.

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, A B Greenwood, President.

Reserved for M.H.C.

Regt. No. 724262 Rank Pte Surname Berry Christian Name Wm

Unit or Corps—(a) Overseas from United Kingdom 20th Bn (b) In United Kingdom 109 Bn

Born at—Town Lindsay County or Province Ont. Victoria Country Canada

Date of Birth—Day 7 Month April Year 1890 27 9

Joined at Lindsay Ont. Can. Date 21 April 1916

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification: Scar 1 1/2 X 1 1/4 Radial border L wrist 1" above line of joint. Scar 3/4 X 1/2 ant lateral surface L wrist. 1 1/2" above styloid process of Ulna. 2 scars L lower Leg 5" below Patella, one 1 1/2 X 1 1/2 over superficial area of Tibia, other 2 1/2 X 5/8 lust lateral to lateral border tibia.

Height—feet 5 inches 7 Colour of eyes Slate

Signature of Soldier (for identification purposes) Wm Berry

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.)

Table with 3 columns: Disabilities Group (a), (b), (c). Group (a) contains 'Partial loss Function L hand'. Includes checkboxes for 'Was one performed?' and 'Was one advised and declined?'.

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: GSW L.Wrist, Lels Aug 9/17.

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

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

5. 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?
(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)

Right hand extended lens, Aug 9/17 in Left wrist causing Cpd Frac. Radius 1 1/2 above lower extremity. Sent to CBS?, One day. To Gen Hosp?, at Etaples 4 days. To St Anselmo VAD at Walmer Aug 14/17, Shornecliffe Mil. 17.11.17 To 16 Can Gen Hosp. Orpington 19.11.17

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

Pt is unable to flex, extend, invert, evert, his L hand at wrist joint. Fingers; Can only extend or flex through a radius of about 5 degrees. Thumb extension and flexion about 100 degrees. Rotation of wrist about 80 degrees. X Ray shows badly comm. Frac of Radius 1 inch above wrist joint. Extending upwards 1 inch. Considerable callus has formed, position of fragments good. Massage has given very little improvement. Hand is blue and local circulation poor. Digest. Gen, Urin., Nervous and Resp systems Normal. Circ. system Normal except for hand.

8. OPERATION. (i) Was one performed? Yes One in France

(ii) If so, state what. Curetting of small area Tibia

(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? None

(ii) If so, describe:

10. DO YOU RECOMMEND:—

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

Date of Report 4.1.18 Signed Sd. J.R.Patterson Lt CAM

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT. Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Sd. D.W.McPherson Col. CAMC

Dated at ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT. Station, on 16 JAN 1918

* 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 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

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 due to causes arising during Active Service? (Estimate at none, 1/3, 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)? not app

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? No

(c) Invalid to Canada? Yes

(d) Discharge from service as permanently unfit? YES NO

Classification for the Military Hospitals Commission. G

Date of Board 16 JAN 1918

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

Approved Major, C.A.M.G. A.D.M.S.

Dated at A.D.M.S., Canadians, London Area. Station

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT. Major J. J. ... HOSPITAL REPRESENTATIVE, HOSPITAL, ORPINGTON.

A H MacLaren Capt CAMC President. A B Greenwood Capt CAMC.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

21 JAN 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 day of 191

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 in his capacity lessened as present for

THE REMOVAL OF THE SOLDIER FROM ACTIVE SERVICE:—(See Part I. (4).) Application on Active Service of a disability existing previous to joining

PERMANENCY OF THE PENSIONABLE DISABILITY:—(See Part I. (5).) Estimated next above in (15).

IF AN OPERATION WAS ADVISED AND DECLINED, DO YOU CONSIDER THE RETINAL TO HAVE BEEN UNNECESSARY?

REMARKS:

Handwritten signature and stamp: "INVALIDATED FOR CANADA FOR FURTHER MEDICAL TREATMENT"

Classification for the Military Hospitals Commission.

Dated at this day of 191

Signatures of the Board: A H Macdonald, A H Greenwood, President.

Reserved for M.H.C.

Regt. No. 724262 Rank Pte Surname Berry Christian Name Wm

Unit or Corps—(a) Overseas from United Kingdom 20th Bn (b) In United Kingdom 109 Bn

Born at—Town Lindsay County or Province Ont. Victoria Country Canada

Date of Birth—Day 7 Month April Year 1890 Age 27 yrs 9 months

Joined at Lindsay Ont. Can. Date 21 April 1916

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification:—

Scar 1 1/2 X 1 1/4 Radial border L wrist 1" above line of joint. Scar 3/4 X 1/2 ant lateral surface L wrist. 1 1/2" above styloid process of Ulna. 2 scars L lower Leg 5" below Patella, one 1 1/2 X 1 1/2 over superficial area of Tibia, other 2 1/2 X 3/4 lust lateral to lateral border tibia.

Height—feet 5 inches 7 Colour of eyes Slate

Signature of Soldier (for identification purposes) Wm Berry

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.)

Table with 2 columns: Disabilities Group (a), (b), (c) and corresponding descriptions. Group (a) is Partial loss Function L hand.

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: GSW L.Wrist, Lens, Aug 9/17.

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

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

- (i.) As to Group (a) above? Yes
(ii.) As to Group (b) above?
(iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—
 (i.) While on duty? **No** (ii.) While off duty? **No**
 (iii.) Was a Court of Inquiry held? **No** (iv.) Where? **London** (v.) When? **1918**
 (vi.) Opinion of the Court? **None**

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.)
Radius 1 1/2" above lower extremity. In left wrist causing Cpd Prac.
Sent to CBS ? , One day. To Gen Hosp ?, at Etaples 4 days.
To St Anselmo VAD at Walmer Aug 14/17, Shornecliffe Mil. 17.11.17
To 16 Can Gen Hosp. Orpington 19.11.17

7. PRESENT CONDITION. (Give previous and present weight if applicable, or other details of disability.)
Pt is unable to flex extend in wrist joint. Fingers; Can only extend or flex through a radius of about 5°. Thumb extension and flexion about 100°. Rotation of wrist about 8°. X Ray shows badly comm. Prac of Radius 1" above position of fragments good. Considerable callus has formed, improvement. Hand is blue and local circulation poor. Digest. Gen. Urin. Nervous and Resp systems Normal. Circ. system Normal except for hand.

8. OPERATION. (i.) Was one performed?
Curetting of small area Tibia
 (ii.) If so, state what. **No**
 (iii.) Was one advised and declined?
Yes One in France

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? **None**
 (ii.) If so, describe.

10. DO YOU RECOMMEND:—
 (a) Fit for duty? **No**
 (b) Fit for base duty? **No**
 (c) Invalid to Canada? **Yes**
 (d) Discharge from the Service as permanently unfit? **No No**

Date of Report **4.1.18**
 Station **ORPINGTON, KENT.**
 Signed **Sd. J.R. Patterson Lt CAMC**
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
 Signed **Sd. D.W. McPherson Col. CAMC**
 Officer in Charge of Hospital
 Station, on **16 JAN 1918**

* 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 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. (8). 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, 1/3, 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)? **not app**
17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
18. Remarks.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
W. J. Lewis
 MAJOR, HOSPITAL REPRESENTATIVE, HOSPITAL ORPINGTON

19. Recommendation:—(a) Fit for duty? **No**
 (b) Fit for base duty? **No**
 (c) Invalid to Canada? **Yes**
 (d) Discharge from service as permanently unfit? **Yes NO**

Classification for the Military Hospitals Commission. **C**

Date of Board **16 JAN 1918**
 Station **ORPINGTON, KENT.**
 Signatures of the Board:
A H MacLaren Capt CAMC President.
A B Greenwood Capt CAMC.
 Approved **Major, C.A.M.C.**
 Station **A.D.M.S. CANADIANS, LONDON AREA, LONDON.**
 Dated at **21 JAN 1918**