

AS 15-7-19

REGIMENTAL DOCUMENTS

21528

NAME BLACK JAMES

REGT. NO. 726139

UNIT #3 D.D.

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

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

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No. 7 W 192

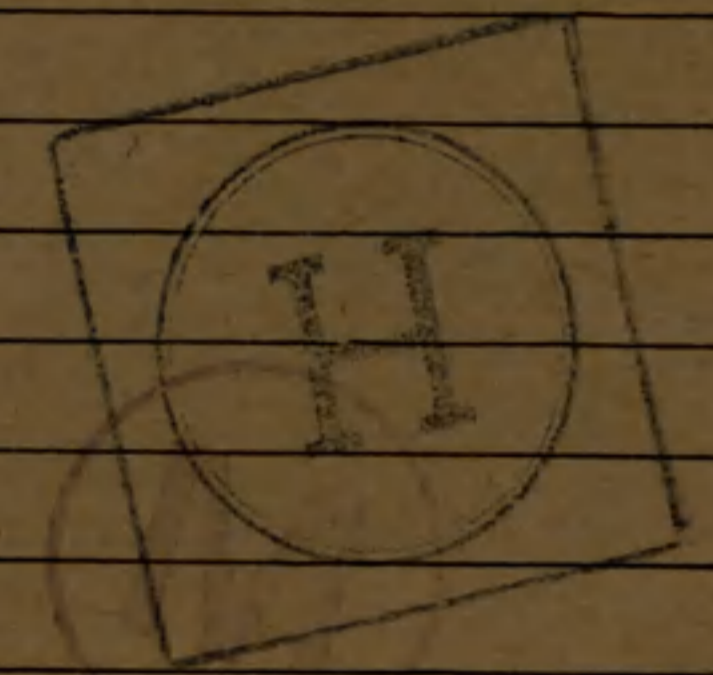
10-10-5009

10-11-1375

10-12-13

10-12-13

10-12-20



DEATH

Category

DISCHARGE

Category

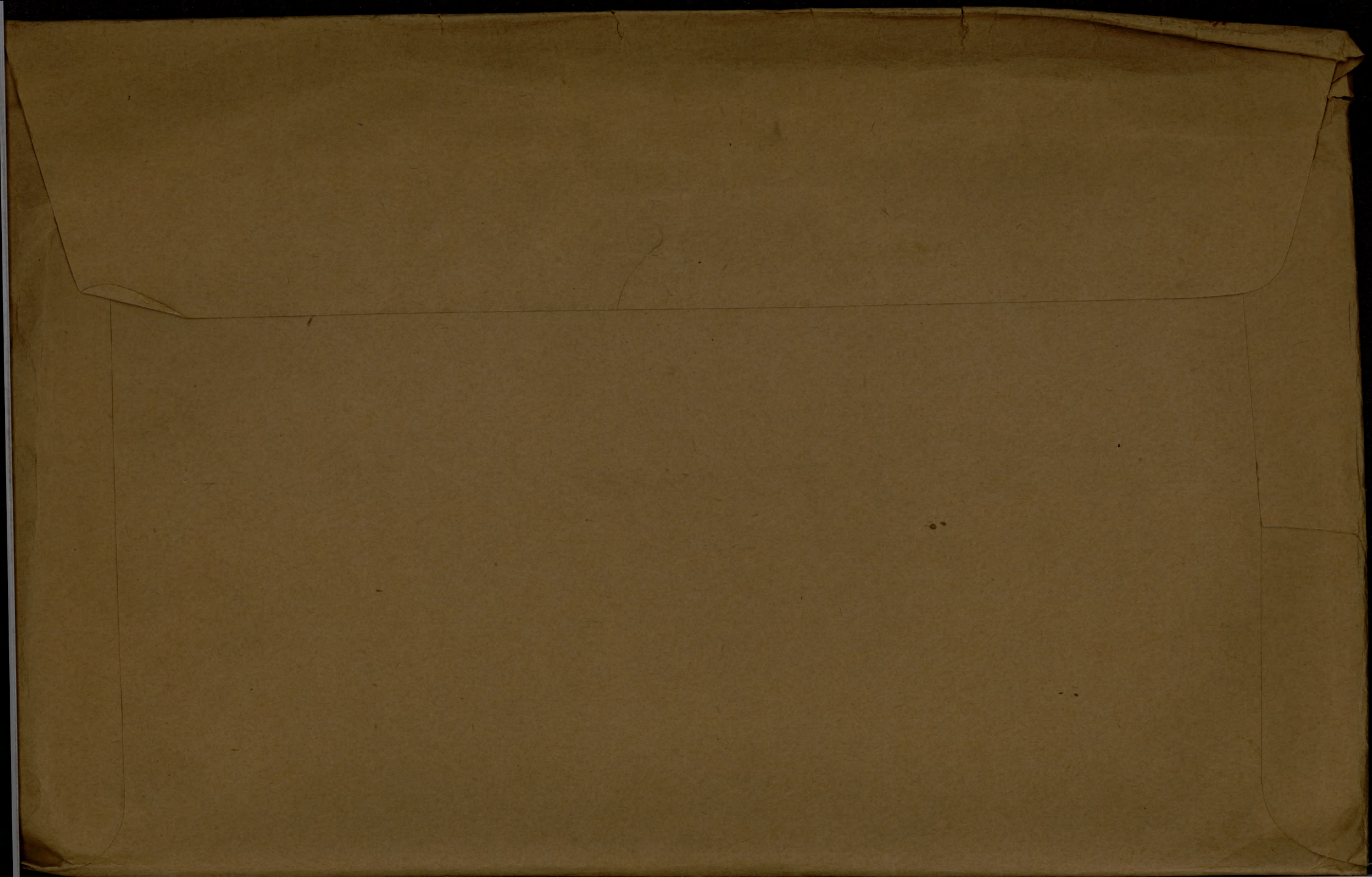
Med Unfit on Dec 10

DESERTION

13-23

20-23

28-24



ATTESTATION PAPER.

No. *426139*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUADRUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|--|---|
| <p>1. What is your surname?.....</p> <p>1a. What are your Christian names?.....</p> <p>1b. What is your present address?.....</p> <p>2. In what Town, Township or Parish, and in what Country were you born?.....</p> <p>3. What is the name of your next-of-kin?.....</p> <p>4. What is the address of your next-of-kin?.....</p> <p>4a. What is the relationship of your next-of-kin?.....</p> <p>5. What is the date of your birth?.....</p> <p>6. What is your Trade or Calling?.....</p> <p>7. Are you married?.....</p> <p>8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....</p> <p>9. Do you now belong to the Active Militia?.....</p> <p>10. Have you ever served in any Military Force?..
If so, state particulars of former Service.</p> <p>11. Do you understand the nature and terms of your engagement?.....</p> <p>12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }</p> | <p><i>Black</i></p> <p><i>James</i></p> <p><i>Victoria Road</i></p> <p><i>Glenora Eldon Ship Ontario</i></p> <p><i>John Black</i></p> <p><i>Kirkfield Jennie Doreen Black</i></p> <p><i>Father Wife</i></p> <p><i>18 August 1883</i></p> <p><i>Barber</i></p> <p><i>Yes</i></p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>Yes</i></p> <p><i>Yes</i></p> |
|--|---|

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Black*, 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.

James Black (Signature of Recruit)

Date *February 23* 1916. *Lieut Frank Webster* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Black*, 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.

James Black (Signature of Recruit)

Date *February 23* 1916. *Lieut Frank Webster* (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 *Kirkfield* this *23rd* day of *Feby* 191*6*.

H. W. Lewis (Signature of Justice)

Description of James Black on Enlistment.

Apparent Age 30 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

Chest measurement { Girth when fully expanded..... 39 ins.
 Range of expansion..... 4 ins.

Complexion Dark

Eyes Blue

Hair Dark

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

None.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb 23rd 1916

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

Place Widdfield

*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.

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

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

Date FEB 25 1916 1916

CANADIAN EXPEDITIONARY FORCE

7746

Discharge Certificate

This is to Certify that No. 726139 (Rank) Private

Name (in full) BLACK, James enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Kirkfield, Ont. on the 23rd
day of February 19 16

HE served in Canada, England, and FRANCE

and is now discharged from the service by reason of On Demobilization, Medically
unfit for General Service R.O. 1894

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

Age 35 years 8 months
Height 5 feet 4 inches
Complexion Dark
Eyes Blue
Hair Dark

Marks or Scars
.....
.....
.....
.....

J. Black
Signature of Soldier

W. B. Clarke Lieut
Issuing Officer
for O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 24.6.19

Signed at Kinston, Ont. this 24th day of June 19 19

in Military District No. 3

File Reference No. 3DD 3.D.905.

Appointment

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

INSTRUCTIONS.

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

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

(2) Regimental Number 726139

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

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

(5) Are you married, or not? Yes

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

(b) Present Postal Address..... Victoria Road, Ontario, Canada

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls..... One boy one girl

Also their names and ages..... John Lewis age 1 year

..... Gertrude Eloise 3 years

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

If so, state name and address John H. Black, Kirkfield, Ont.....

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

If so, state name and address Margaret Black, R.R. No. 2 Kirkfield,.....

Ontario, Canada.....

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

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

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

Nil.....

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

Nil.....

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

Yes.....

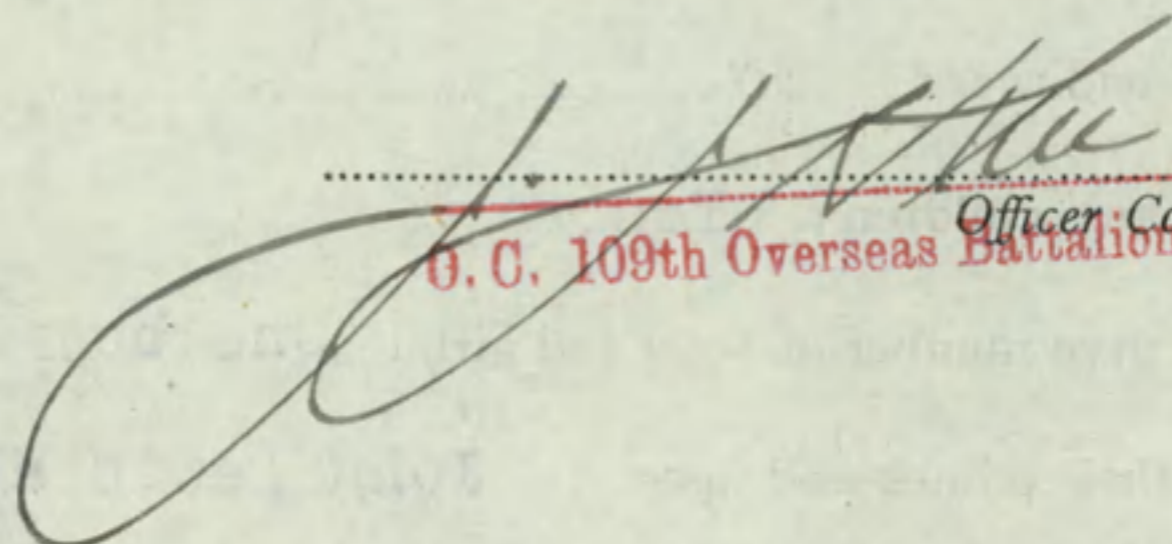
15) Are you insured? No.....

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

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

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

Date 6th July 1916.....


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

7746

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pte* Name *James* Surname *Black*
Unit or Corps *4th Inf. Wps Gen. Dept* (If a soldier) Regtl. No. *726139*
Born at *Glenarm, Nt. Can.* on, date *14-8-1882*
Signature (for identification) *J. Mad*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight
145 lbs.
Height
5 ft. *4* ins.

2. NUTRITION AND DIATHESIS?

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

4. RESPIRATORY SYSTEM.

5. HEART?

Abnormal Sounds?
Abnormal Size?
Pulse Rate? Intermittence or irregularity?

6. ARTERIES.—Any hardening?

7. DIGESTIVE SYSTEM?

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? *1020* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE
or any other part?

V.R.E 6/6 *Ears and hearing normal*
V.R.E 6/6
J. S. Halperin
M.D. C.A.M.C.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

11. Opinion as to the health and physical condition of the one examined?

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Examined at *Witley* Signed..... M.O.
Date *5/2/1917* Signed..... M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

of an Officer in the regular service of a Soldier in the

The following information should be furnished to the Medical Officer

1. Name of the Soldier

2. Grade

3. Branch of Service

4. Date of Examination

5. Name of the Medical Officer

6. Name of the Hospital

7. Name of the Surgeon

8. Name of the Assistant Surgeon

9. Name of the Hospital Steward

10. Name of the Hospital Cook

11. Name of the Hospital Nurse

12. Name of the Hospital Pharmacist

13. Name of the Hospital Chaplain

14. Name of the Hospital Musician

15. Name of the Hospital Carpenter

16. Name of the Hospital Blacksmith

17. Name of the Hospital Saddler

18. Name of the Hospital Shoemaker

19. Name of the Hospital Tailor

20. Name of the Hospital Barber

21. Name of the Hospital Baker

22. Name of the Hospital Painter

23. Name of the Hospital Signaller

24. Name of the Hospital Interpreter

25. Name of the Hospital Messenger

26. Name of the Hospital Porter

27. Name of the Hospital Janitor

28. Name of the Hospital Cook

29. Name of the Hospital Steward

30. Name of the Hospital Nurse

11/11

W. R. E. P. / C. R. E. P.

W. R. E. P. / C. R. E. P.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

NAME OF SOLDIER **Black j**

REGIMENT

RANK

pte

No. **726139**

360.N.8-20-B1-2



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>March 26th</i>	<i>1919</i>										<i>4</i> <i>15-16</i> <i>19-30</i>						<i>2</i> <i>6-8</i>	<i>1</i> <i>6-8</i>	<i>D. H. Pyle</i> <i>Lt</i>	<i>3</i>	<i>In complete</i>	

DENTAL HISTORY SHEET
CANADIAN ARMY DENTAL CORPS

Richard J. [unclear]

1952

1951

TOOTH	EXAMINATION	TREATMENT	REMARKS
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INSTRUCTIONS
This form is to be filled out by the dental officer or a qualified dental technician. It should be filled out at the time of the dental examination. The dental officer should fill out the 'EXAMINATION' column and the dental technician should fill out the 'TREATMENT' column. The 'REMARKS' column should be filled out by the dental officer. The form should be filled out for all teeth, including the upper and lower arches. The form should be filled out for all teeth, including the upper and lower arches. The form should be filled out for all teeth, including the upper and lower arches.

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7746
CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston Station.
No. 726139 Rank. Pte. Name. Black, Jas. Age. 36
Unit. D.D. Completed years of service ^{Where and how long} Feb. 1916. to date.
Date of admission. March 22/19. Date of discharge. June 20/19.
Diagnosis. Bunions Place of origin. Overseas.

CONDITION ON ADMISSION AND PROGRESS OF CASE..... Man has hallux valgus both feet which has developed ~~with~~ while wearing heavy boots overseas. There are two tender areas each foot where boot presses on base of great toe also on planter surface. Recommend operation. Urinalysis - normal.

FAMILY HISTORY..... Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT..... Urinalysis - 1030 acid - normal. Sputum analysis. 31-3-19-
(Especially any specific or special form)..... Clean Ricine, ~~preparation~~ preparation for operation & G.A. 1-4-19 - Operation for ~~excision~~ of bunions, straightening joints of great toes (meta-carpal phalangeal) 7-4-19 - Stitches removed, scar touched with Tr. Iodine.

CONDITION ON DISCHARGE,..... Fit for discharge from hospital.
(and disposal made of case.)

Date..... June 20/19.

L. S. Stevenson Call-A.M.C.
Medical Officer i/c case.

D39664

426139

DUPLICATE MEDICAL HISTORY SHEET.

DUPLICATE

Surname Black Christian Name James

Examined { on 23 day of February 1916
 at Kirkfield

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

Birthplace { City or Town Glenasmole, Eldon St.
 County Victoria

Apparent age 30

Trade or occupation Barber

Height 5 Feet 4 Inches

Weight 145 Lbs.

Chest measurement { Minimum 35 inches

{ Maximum expansion 39 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left On

{ Number On

When Vaccinated last March 13th 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,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>13.3.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>15/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>24/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 23 day of February 1916 at Kirkfield

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>726139</u>		<u>23.2.16.</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISCASE.	RESULT.
Bramshott Camp. Approved Bramshott, C.H. Young, Major.	28-4-16	Flat feet. Hallux	Vulgus, Per. Base. P.D. Stewart, Major.
Bramshott Camp. Approved Bramshott, P.D. Stewart, Major.	28-11-16	do.	Class C iii G.E. Cooper-Cole Major. C.A.M.C.
<u>Beneficial</u>	<u>21.3.19</u>	<u>do</u>	<u>Rebuilt up. One</u>

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



CANADA

WAR VETERANS' ALLOWANCE BOARD
(WIDOWS' ALLOWANCE DIVISION)

IN YOUR REPLY REFER TO FILE NO.
THE FULL NAME AND REGIMENTAL
NUMBER OF DECEASED VETERAN

DALY BUILDING,
OTTAWA,.....February 8th, 1949.

Mrs. Mary A. Black,
Lindsay, Ont.

Director of Records,
Department of National Defence.

.....BLACK, James H. Regt. No. 726139

(Surname)

(Christian Names)

Dear Sir:

109th. Batt.

To enable the War Veterans' Allowance Board to determine the eligibility of the widow of the above named for Widows' Allowance, will you kindly furnish the following particulars concerning his service during the Great War, 1914-1918.

Secretary,
War Veterans' Allowance Board.

- 1. Did the veteran serve in the C.E.F.? Yes
- 2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918? N.A.
- 3. Field of service in Great War. FRANCE
- 4. If in France, unit and period of service. 4th C.L. Bn., 22 Mos.
- 5. Rank on discharge. Pte.
- 6. Domestic status, and if married, wife's name in full. Married-Jennie Doreen Black

for H.M. Jackson,
Director,..... Colonel,
Director of Records,
War Service Records.

No. 530/PS 11-2-49

WAR VETERANS' ALLOWANCE BOARD

BY ORDER ALLOWANCE ON

Director of Records,
Department of National Defence

Regt. No.

(Christian Name)

(Surname)

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the widow of the above named for Widow's Allowance, will you kindly furnish the following particulars concerning his service during the Great War, 1914-1918

Secretary,
War Veterans' Allowance Board

1. Did the veteran serve in the C.E.F.?
2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1583 dated June 22, 1918?
3. Field of service in Great War.
4. If in France, unit and period of service.
5. Rank on discharge.
6. Domestic status, and if married, wife's name in full.

Colonel

Director of Records

Casualty Form—Active Service.

Regiment or Corps.....
 Rank..... *Pte* Surname..... *Black* Christian Name..... *James*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
		Designation changed to <i>2nd</i> Cdn Inf Works Bn (Auth: War Office letter 121/Overseas/4840 (A.G.12) d/11-3-18.			<i>Reg. No 24 d/31.3.18</i>
<i>22.6.18</i>	<i>A 25</i>	<i>Class B1.</i>	<i>Field</i>	<i>22.6.18</i>	<i>W3339/578</i>
	<i>6dus</i>				<i>NO. 65. d/3.7.18</i>
<i>19.9.18</i>	<i>do</i>	<i>classified "B1"</i>	"	<i>19.9.18</i>	<i>W3338/727</i>
		S.O.S. of <i>2</i> Cdn. Inf. Wks. Bn. on	<i>13-9-18</i>	<i>D.O. 99 d/</i>	<i>25.9.18</i>
		Transfer to <i>4</i> Cdn Inf. Works Coy			
		T.O.S. of <i>4</i> Cdn. Inf. Works Coy.	<i>14-9-18</i>	<i>D.O. 1 d/</i>	
		(Authy. War Office 121/O'seas/5940. (S.D. 2) d/27-8-18. & O.B. 1189/5 d/3-9-18. Ref. Cdn. Sec., K. R. 29995.			

(4) 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.
 (5) Signaller, Shoeing-Smith, &c

7746

Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks
Taken from Army Form B.213, Army Form A.36, or other official documents.

Date

From whom received

6-1-19 Q. S. B. D. transf. to Eng. to and posted to Q. S. D. Willey 7-1-19 Lt. 1919

Has B. Chapell
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

22-1-19 Gen Depot T. O. S. Gen Depot Willey 7-1-19 Lt. 1919

17-2-19 Us S.C.S. C.C.C. Rhyl Willey 15-2-19 D.O. 58

J. P. Rouse LIEUT.
OFFICER VC RECORDS,

Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. _____. Ceases to be attached C.C.C. Kimmel Park on embarking for Canada. Part II Order No: 56 7/3/19

16 FEB 1919

for *Roy Benguessa* Lieut
Commanding Wing,
Kimmel Park Camp.

SLT IVF 1 FEB 23/19
ARR 1: 1: 1: 1:
1 M 1: 1: 1: 1:

SLT IVF 1 FEB 23/19
AB MFX MAR 2 10
H. M. T * BELGIC *

T. O. S. Casualty Company No. 3 District Depot
for Disposal, Part Two D.O. 80 6 3 19

J. P. Williams LIEUT.
for O.C. Casualty Co., No. 3 District Depot

21
3
19

7746

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

M. F. W. 54. (A. F. B. 193.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *# 3 Dist Depot*

Regimental No. *126137* Rank *Lt.* Name *Black James*
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>24/6/19</i>	<i>Sgt J. R. O. 1894</i>		<i>Deben Kingston</i>	<i>Aug 1916</i>	<i>Lieutenant</i> <i>For O. C. No. 3 Dist. Depot</i>

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

7746

WJR

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 26139 Rank Private Name Black, James

Enlisted (a) 23. 2. 16 Terms of Service (a) D of W. Service reckons from (a) 23. 2. 16.

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>22/9/16.</u>	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24. 7. 16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31. 7. 16</u>	
	<u>Transferred to C. C. A. C.</u>		<u>Bramshott</u>	<u>28/8/16</u>	<u>Part II Order 266. Capt.</u>
					<u>ADJUTANT</u> <u>109th Overseas Battalion, C. E. F.</u>
8/12/16	Oct 109	Transferred to 124th Bn.	Witley	8/12/16	Part II Order No. 443.
					ADJUTANT 109th Overseas Battalion, C. E. F.
<u>18-1-17</u>	<u>124th Bn.</u>	<u>(Ceases to attach to 105th Bn.)</u>	<u>Witley Camp</u>	<u>18-1-17</u>	<u>Part II Order No. 18</u> <u>Adj. 124th Bn. C. E. F.</u>

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

7746

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				
	104th	Transferred to Labour Bn. B. Shott	Witley		P.D.O. II
					<i>George Millett</i> ADJUTANT 104th "OVERSEAS" BATTN. C.E.F.
11.2.17		Reattached. Garr. D. Bn	Bramshott	11.2.17	P11 D.O. Captain. C.C.A.C. SUB-OFFICE, BRAMSHOT
		Trans: to 4 th Labour Bn. 17/2/17. (Auth: Alg. 21-3-14 / 13-2-17)			<i>Geoff Colson</i> Captain, Adjutant, The Garrison Duty Battalion, Canadians. (Bramshott, Hants.)
18 FEB 1917 14 MAR 1917	P. C. H. B.	J. O. S. 4 th Lab. Bn	Seaford	17.2.17	Part 2 D. O. 5
	"	Proceeded Overseas	"	14 MAR 1917	Part 2 D. O. P. No 29. Seaford P.O. 1201 J.A. Pope for Lt. + Adj. 4 th Labour Bn
22/9/16 16/9/16	109 th Bn	attached from C.C.A.C. for P.B.O. Taken on strength + on Com to 109 th Bn.	Bramshott	28/8/16	P. No 266
	C.C.A.C.		Folkestone	28/8/16	P. No 400.B.
15-3-17	M.L.O.	DISEMBARKED	FRANCE	HAVRE	15-3-17. Nom. Roll.
2.12.17	4 th Lab	Granted 14 days leave	Field		30.11.17. B213. 16.11.20. No 105.
23.12.17	80	Retd from leave	"		19.12.17 B213
10.3.18	80	Awarded Good Conduct B.A.			19. B213. 16.11. No 20d/19.3.18.

CERTIFIED COPY
26 APR. 1917
WAR RECORDS, LONDON.

FOR LT. COL. I/C RECORDS. C.O.M.F.

7746

MP 2

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

BLACK

REGIMENT

Gen Depot

RANK

Plt

No.

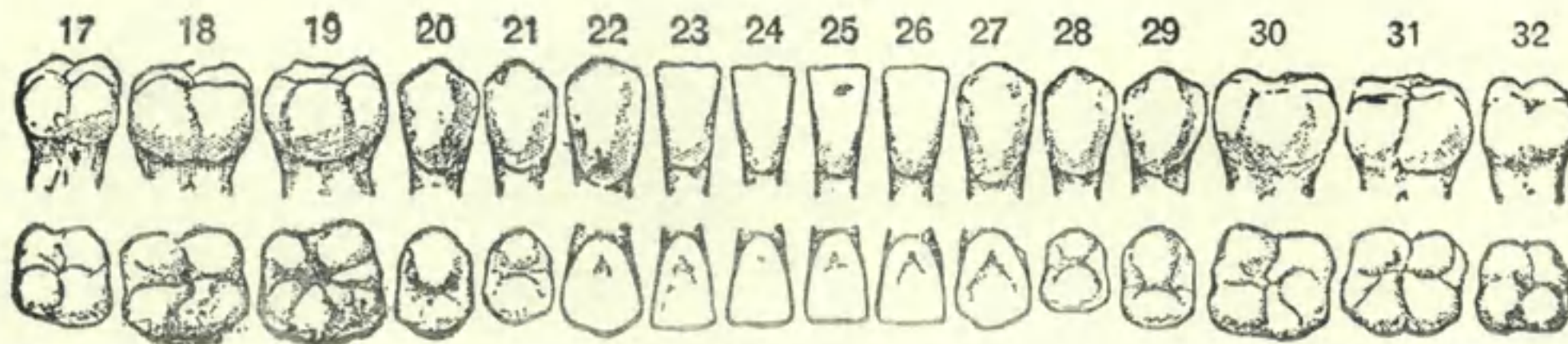
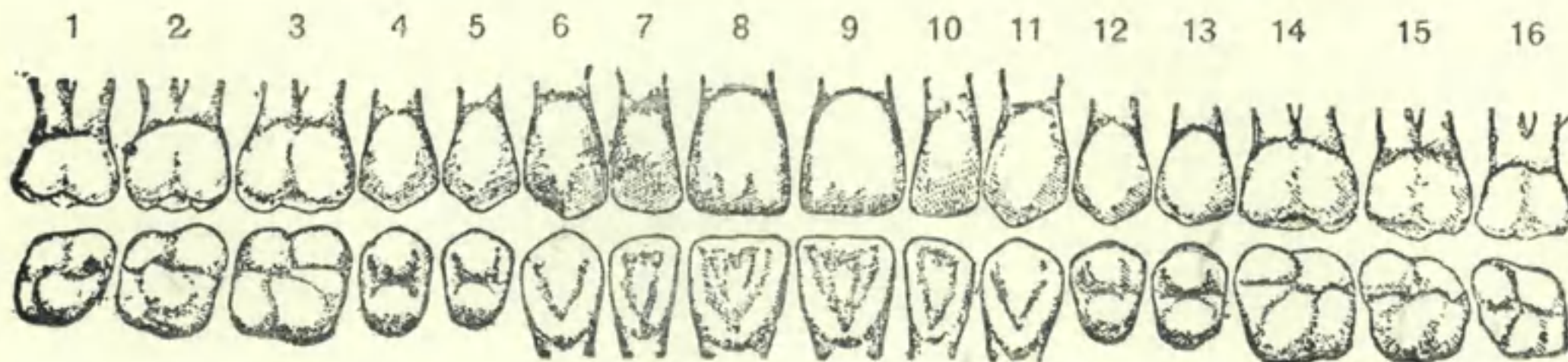
726139

Date of Examination in England

9/2/9

Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS / 2

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

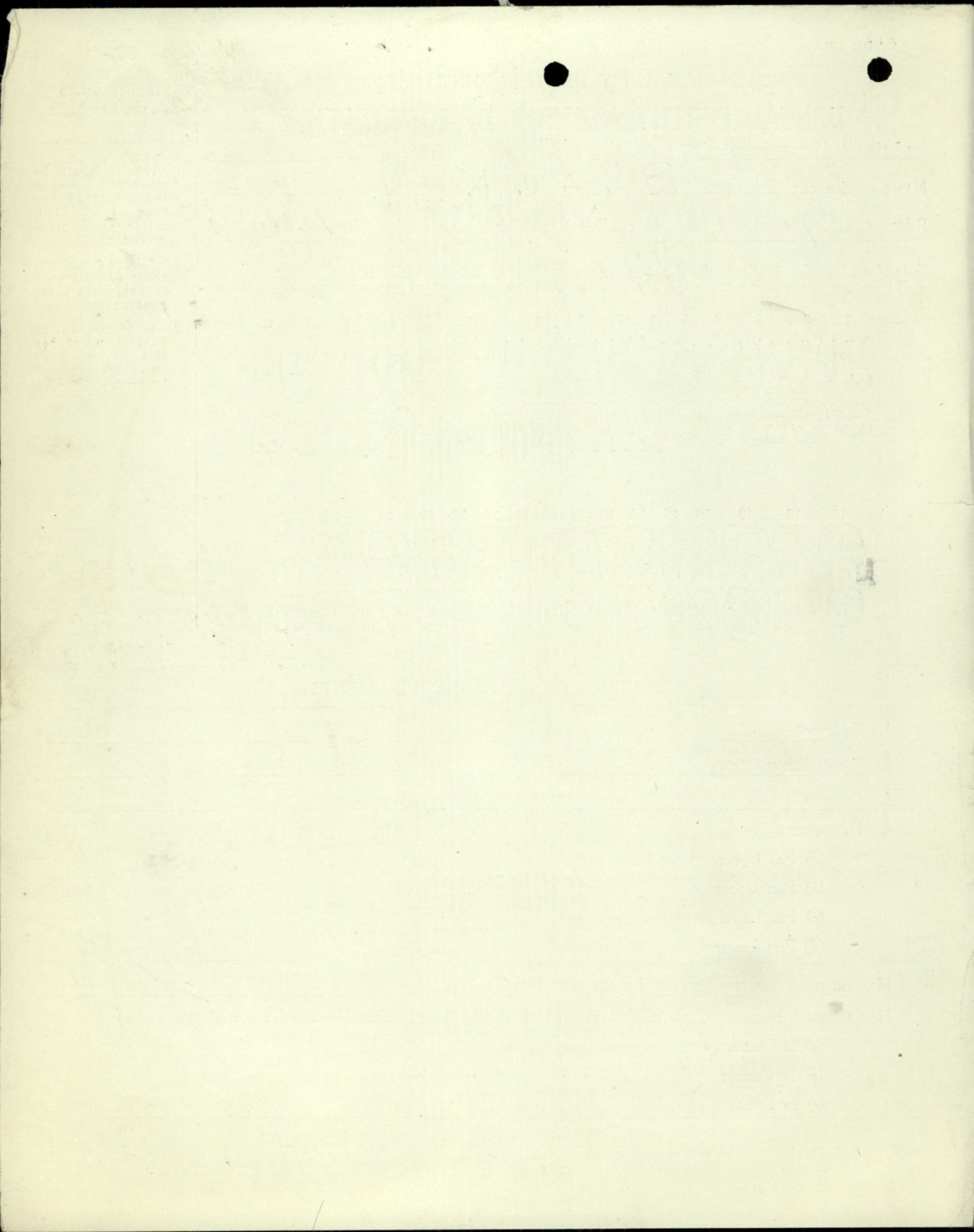
no

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

- (a) In Canada
- (b) In England *yes*
- (c) In France

Signature of Dental Officer

[Handwritten Signature]



7746

A.G.R. Rank **7746** Name **BLACK, James^M** Reg'l No. **726139**
 Unit **109th Bn.** If in perm. Corps, What Unit? **Kirkfield,** Married or Single **Married**
 Place and Date of Enlistment **23rd Feb., 1916.** Place of Birth **Glenarno, Eldon Township, Ontario.**
 Name and Address, Next-of-Kin **Jennie Doreen Black,**
Kirkfield, Ont., Canada. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

N/E R.B. No. **7754**

Separation Allowance \$ Payable to

Relationship

File R.L.

Category **OR-can**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

28916

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					
22-9-16	109 th Bn	Trans as Loc. Cos. C.C.A.C.	Braunholt	28-8-16	PT II. D.O. 266 } PT II. D.O. 400 + 50.293 } C.C.A.C.
22-9-16	do	all from C.C.A.C. for P.B.D. for. Rat. Ins. Pay. Equip. Clo. & Quarters	"	28-8-16	PT II. D.O. 266 } 16-9-16
16-9-16	bbab	Taken on strength.	Zelkestone	28-8-16	400/B.
16-9-16	—	on board to 109 th Bn P.B.D.	—	28-8-16	400/B.
20-2-17	—	Ceases to be Att'd. to 104 th Bn on com at	Hastings	18-1-17	87/B.
9-12-16	06124 th	Att'd for all purposes	Witley	8-12-16	PT II. D.O. 265
18-1-17	"	ceases to be att'd. to 105 th	"	18-1-17	18
21-1-17	oc. 105 th	Att'd from 124 th for P.B.D.	"	18-1-17	21
26-1-17	"	Ceases to be att'd. / att'd 105 th	"	26-1-17	26

7746

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.				
3-2-17	104 th M ^{ns}	Attached from 105 th M ^{ns}	Witley	29-1-17	Pt II Jo 92
24. 2. 17	"	leaves to be att'd with 4 th D. Bn	"	11. 2. 17	"
12 2 17	4 th D Bn	att to 4 th D Bn for BAAR 96P	B Sholt	11-2-17	"
19. 2. 17	"	leaves att 4 th D Bn and att to 4 th Gen Labour Bn.	"	17 2 17	"
7-3-17	66 a Co.	leaves att to 104 th M ^{ns} & S.O.S. to 4 th Lab Bn	Hastings	17-2-17	" 113 7.
18. 2. 17	4 th C.L.B	Taken on strength.	Seaford	17. 2. 17	" 5
14. 3. 17	4 th Lab.	Embarked for France	Seaford	14-3-17	Pt/2, O. 25 WSR.
19-3-18	Lt Col	awarded one St. George	M ^{ns}	23-2-18	Reg 20
<p>St. G. 18, 4th Can, Lab, Bn, Designated, 2, nd, Can. Inf. Wks. Bn, DO Pt 2. 24</p>					
<p>25 9 18 4 CIWC TONEX 2C1WB 14/18 Pt O*1 & 2CIWB Pt O 99 D/25-9-18.</p>					
7-1-19	4 CIW Coy	Trfd to Eng posted to Gen Def	the Field	7-1-19	203 Gen Defct 2013 22-1-19.
24-1-19	Gen Def.	amended to leave com 6 Mes TS from 4th CIW Bn	Witley	22-1-19	2023 1/4-2-19.
20/2/19	2 M.D.C.W.	To Spending ret leave	KPR	15/2/19	1805 Gen Def 20 to 2/18. 2. 19.
7. 3. 19	- do -	S.O.S. to Canada.	- do -	22. 2. 19	Pt II O. 56

CHECKED
 113
 5
 WSR

Official Documents.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Mary Aldora Black wife

Name of Soldier *Black, James*

L. L. Job 95618—M. & D. 6555.

PAYMENTS.

Plc. 726139

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>P1798</i>	<i>40</i>	<i>40</i>
May		<i>Q6058</i>	<i>20</i>	<i>20</i>
June		<i>R2243</i>	<i>20</i>	<i>20</i>
July		<i>Z 7561</i>	<i>20</i>	<i>20</i>
Aug.		<i>E11929</i>	<i>20</i>	<i>20</i>
Sept.		<i>V14965</i>	<i>20</i>	<i>20</i>
Oct.		<i>W 18229</i>	<i>20</i>	<i>20</i>
Nov.		<i>X 21401</i>	<i>20</i>	<i>20</i>
Dec.		<i>X 24444</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>W 27893</i>	<i>20</i>	<i>20</i>
Feb.		<i>W30783</i>	<i>20</i>	<i>20</i>
March		<i>W33661</i>	<i>20</i>	<i>20</i>
April		<i>W 1</i>	<i>20</i>	<i>20</i>
May		<i>N 3253</i>	<i>20</i>	<i>20</i>
June		<i>X 6653</i>	<i>20</i>	<i>20</i>
July		<i>W 9694</i>	<i>20</i>	<i>20</i>
Aug.		<i>Y 13573</i>	<i>20</i>	<i>20</i>
Sept.		<i>Q 16841</i>	<i>20</i>	<i>20</i>
Oct.		<i>R 22548</i>	<i>20</i>	<i>20</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Return Cert.

380⁰⁰

20

400

B

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*Pl. Geo. Black
 wife. Isabella Black
 sheets sent Aug
 1/9/16
 W. R. M.*

SEPARATION ALLOWANCE

Name *Mrs Mary Aldora Black*

Name of Soldier *Black, James*

Address ~~*Kirkfield*~~
Zurich *Ont.*

Regtl. No. *726139*

Rank *Pte.*

Corps *109th Battⁿ*

Relation to Soldier }
wife, child or mother } *wife*

To what Corps belonging }
when called out }

PAYMENTS

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



10

THE UNIVERSITY OF CHICAGO
LIBRARY

100

10

100



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. May Black*
 Address ~~*Victoria Road*~~
Zurich *Ont.*
RR # 3
 Rate *15⁰⁰ Aug 1st 16.*

By Whom Assigned *Black J.*
 Regtl. No. *726139*
 Rank *Private*
 Corps *109th Btn.*

2 M. 8⁹/₁₆ W.B. 26¹⁰/₁₆

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				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

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

Mrs. May Black.

PAYMENTS.

Pte. *Black J.*
 Name of Soldier

726139. 109th Bn

15⁰⁰ Aug 1st Remarks *16.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>023849</i>	<i>45</i>	
Nov.		<i>429312</i>	<i>15</i>	
Dec.		<i>134452</i>	<i>15</i>	
Jan.	<i>6</i> 1917	<i>036651</i>	<i>15</i>	
Feb.		<i>022779</i>	<i>15</i>	
March		<i>079164</i>	<i>15</i>	<i>15-15</i>
April		<i>N. 749</i>	<i>15</i>	<i>15-B.</i>
May		<i>06500</i>	<i>15</i>	
June		<i>513663</i>	<i>15</i>	<i>15-W.</i>
July		<i>220160</i>	<i>15</i>	<i>B. Zurich ent. RR #3.</i>
Aug.		<i>S 27700</i>	<i>15</i>	
Sept.		<i>R. 34145</i>	<i>15</i>	<i>210⁰⁰</i>
Oct.		<i>T 47563</i>	<i>15</i>	<i>1/22</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
 ASSIGNED PAY AUDITED
 DATE *28/1/19*

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.				

*Name BLACK James Rank Pte Regtl. No. 726139

Original unit 1093 Present unit M. of S. Age 26 Religion Fyle Depot 3-B-905 Ref. H.Q.

Port, ship, and date of arrival Belgic Halifax 2-3-19

Next of kin W/ Jennie Black Kirkfield Ont.

Address on leave Same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Barber Date and place of enlistment 23-2-16 Kirkfield

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>21-3-19</u>	<u>T.O.S. Casualty Company No. 3 District Depot from ^{of S.} for Disposal Part Two D.O. 80 ^{Effy} 21-3-19 Leaves & Sub. 7-3-19 to 20-3-19</u>	
<u>22-3-19</u> Food	<u>T.O.S. from Casualty Coy & posted to Hoop Sect: Queen's Mt. St</u>	<u>HS 91</u>

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

Date.

Remarks.

Pt. 2 Order No.

15-5-19 Granted leave with subsistence to 29-5-19 HS 138

20-6-19 Transferred to Causally Coy HS 172

21-6-19 To S from H.S. Lucas 20-6-19 cc 172

24/6/19 Sgt Des P.O. 1894 ^{W.L.O.} J.D.D. Debra. No. 76

at E.
H.H.

13
W

Number 726139

Rank Pte

Surname BLACK

Christian Name James

Units ~~Hth Can Lab Bn~~ Theatre of War France

~~2nd Can Inf Wks Coy.~~
Date of Service 14-3-17

Remarks

Latest Address Kirkfield, Ont

Roll No. Page 19571

DEPT

NOV 18 1922

REGAN. NO 4122083.

No. 726134

RANK

Pvt

NAME

Black, J.

T. O. S. 23-2-16.

UNIT

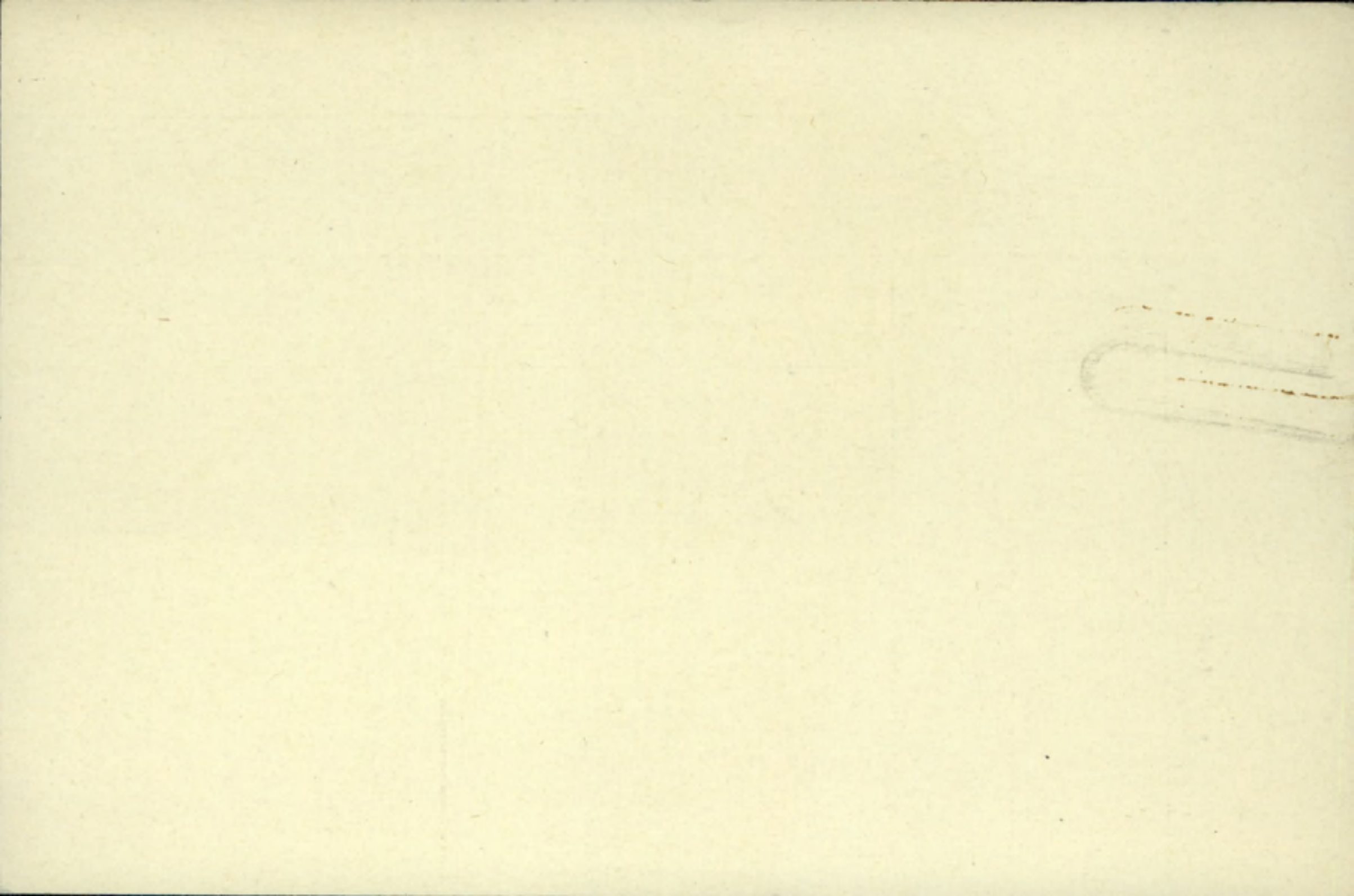
109th Battalion

D. O. S. 25-2-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 23	1916. Feb. 29	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

7504

Aug. 1/16

L-3-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰	30	
----	------------------	----	--

RATE OF ASSIGNMENT

15			
----	--	--	--

1/12/17
 PE 3257
 1-9-18
 PE 2753
 NO 20555

ANOTHER ACCOUNT IN
Special Revaluation
 Ledger
 Ledger
 Ledger

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 726139
 Rank Pte Promoted Reverted Discharge
 Soldier's Name J. Black
 Battalion 109 Battr.
 Beneficiary Mrs Mary Aldora Black
 Relationship wife
 Address Jurick R.R. #3 Ont Recd ²⁵⁵⁴ 25 9/18
 Oct 31-17 400 225 625

Name Mrs Mary Black
 Address Jurick R.R. #3. Ont
 Change of Address
 1 P.O. Victoria Road. Ont 5-6-18
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Nov	C 57555	20	15	35	
Dec.	A 50778	20	15	35	Pro
Jan/18	N 66265	30	15	45	D
Feb	6 91008	25	15	40	φ
Mar	A 98308	25	15	40	✓
Apr	Q 2200	25	15	40	
May	E 8913	25	15	40	8
June	D 17012	25	15	40	
July	X 51338	25	15	40	
Aug	6 28761	25	15	40	
SEP	D 34743	25	15	40	
OCT	B 46505	25	15	40	
NOV	B 50114	25	15	40	
DEC	a 66432	45	15	60	
Jan 19	D 73800	30	15	45	
FEB	S 81644	30	15	45	✓
MAR	7 82477	20	15	35	φ
		455	440		

97504

REMARKS 1576-V-1

CANADIAN
 ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE 28/19

AUDITED.

M. F. W. 128
 4004, 6-7-17-238-114
 L. L. 2320-M. & D. 1993.



31-3-19
 Berquin MRO 75609
 M.D. #12 1/3/19 8/3/19
 A. Q. Roch

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

7746

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

War Service Badge Class. *P.F.F.*
 No. *213261-55779* Issued

17-2

1. No. 726139		
2. Rank Private		
3. Name Black, James.		
4. Unit No. 3 District Depot.		
5. Date of Discharge	24.6.19.	Place Kingston, Ont.
6. Reason for Discharge <i>On Demobilization</i> <i>medically unfit for general service</i>		
7. Authority <i>R.C. 1894</i>		
8. Proposed Residence after Discharge Kirkfield, Ont.		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? <i>39</i>		
<i>Recd Dec 21-36</i> <i>for 22301</i> <i>J. Black</i> Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place XXXXXXXXXXXX Kingston, Ont. Date 24.6.19.		
Signature <i>M. J. [unclear]</i>		<div data-bbox="2282 1635 2632 1892" data-label="Text"> <p>Medical Documents Forwarded to S.C.R. or B.P.C. on Date JUL 11 1919</p> </div>
for O. C. Discharge Section No. 3 District Depot E. R. J.		

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- ~~(a) Does require treatment.~~
~~(b) Does not require treatment.~~
~~(c) Should pass under his own control.~~
~~(d) Should not pass under his own control.~~
 (Strike out condition not applicable.)

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

~~(1) That he be supplied at public expense with (a) arch supports (b) proper fitting~~

~~orthopaedic boots. (2) Some disability due to service.~~

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Barrie, Ont.

DATE 21-3-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

PLACE _____

DATE _____

APPROVED BY _____ APPROVED BY _____

[Signature] Assistant Director of Medical Services
 DATE 21-3-19

[Signature] Director-General of Medical Services
 DATE _____

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Barrie, Ont. DATE 21-3-19

1. 1 (a) Unit 3rd CCDD (b) Regimental No. 226139 (c) Rank Pte.

(d) Surname BLACK (e) Christian name James
 (f) Home address Victoria Road, Ont.
 (g) Next of Kin Mrs. Mary Black (h) Relationship wife
 (i) Address of Next of Kin Victoria Road, Ont.

2. Age last birthday 36 Date of birth 18-8-82

3. Enlistment, or Appointment (if an Officer) (a) Place Kirkfield, Ont. (b) Date 25-2-16

4. Personal description:

(a) Height 5' 6" (b) Weight 145 (c) Complexion fair
(stripped)
 (d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc.

Nil

5. Former trade or occupation Barber

	PERIODS	
	Years	Days
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).		

	PERIODS	
	From	To
Canada <u>109th Batt. 3rd CCDD</u>	<u>23-2-16</u> <u>1-3-19</u>	<u>1-8-16</u> <u>Present</u>
England <u>109th Battn (2) 6th Res. Batt.</u>	<u>20-2-18</u> <u>1-8-16</u>	<u>22-2-19</u> <u>8-3-17</u>
France or other theatres of War <u>2nd Inf. Batt.</u>	<u>8-3-17</u>	<u>20-1-19</u>

7. Original disease, or injury (1) Flat Feet.

(2) Hallux Valgus

(a) Date of origin (1) 1899 (2) Do (b) Place of origin Glenora, Ont.

(c) Cause (1&2) Unknown.

M. F. B. 227.

300M.-8-18,
1772-39-117.

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

(1) Flat Feet

(2) Hallux Valgus.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(1) R Foot slightly flat while left foot is markedly so.

(2) There is a large Hallux Valgus both feet. Both are somewhat inflamed but are not very tender on digital pressure. Hallux Valgus right foot is ~~larger~~ particularly large the great toe being very much abducted. Man is otherwise fit.

Subjective. 1 & 2-Complains of pains in anterior surfact of leg and ~~in~~ in toes.

also in ankles. Says ~~feet~~ feet swell up at times. Says his toes become very

"bad" ~~and~~ at times. Cannot walk very far without considerable pain.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... no Cardio-Vascular System..... no Genito-Urinary System..... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... no Respiratory System..... no Integumentary System..... no

Disturbances of Mentality..... no Digestive System..... no Muscular System..... no

Osseous and Joint Systems..... as stated Any other general condition..... no

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

Had both Hallux Valgus when he enlisted and says they were very small and that the right Hallux Valgus is three (3) times as large as when he enlisted.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

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

11.—(a) Did the disabling condition have its origin before enlistment? yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling causation at time of enlistment.)

yes

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

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

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

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

nil

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)

(1) no (2) Questionable.

16. Can the former trade or occupation be resumed? no (If not, briefly state why)

17. Recommendations.....

(1) That he be supplied at public expense with (a) arch supports (b) Proper fitting orthopaedic boots (2) Some disability due to service.

W. J. Black
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

P. J. Black Rank.
Signature of invalid examined.

426139 Pte Black James

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	1	2				3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.																						1	2	3
June 30	10		33															17 02																		
July 10	10		11																																	
Aug 31	21		23	10																																
Sept 30	31		34	10																																
Oct 31	31		33																																	

Trans. 4 Lab. Bn. 11-7-17 all rolls

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
-------	-------------	-------	-------	-------------	-------	-------	-------	-------	---------	------------	------------------	-------	-------------	-------	-------	-------------	-------	-------	-------	-------	---------

									116 88																																											
Oct	P. Pay		34 10						15																																											
			34 10	AR 432					15																																											
Nov	Manr		33 00	AR 505																																																
				AR 557																																																
				AR 474																																																
Dec	OP		34 10	band																																																
Jan	OP		34 10	OP																																																
Feb	OP		30 80	Can Cafe																																																
Mar	OP		34 10	Can Shop																																																

ASSIGNED PAY ACCREDITED
 T. B. [Signature]
 CLERK
 28/19

* Strike out whichever inapplicable.

ASSIGNED PAY. <i>ENGLAND or CANADA.</i>	SEPARATION ALLOWANCE. <i>ENGLAND or CANADA.</i>
EFFECTIVE DATE: 1-8-16 <i>2/1/19</i>	EFFECTIVE DATE: <i>1-3-19</i>
AMOUNT: 18.00	AMOUNT: --

NAME: **BLACK James**

NUMBER: **726139**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Mary Black Victoria Rd Ont

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *109 Bn*

DATE ACCOUNT FIRST OPENED: *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S/D	UNIT TRANSFERRED TO
			<i>109 Bn</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>0-1-19</i>	<i>1111</i>	<i>held 25 2rs</i>	<i>4.66</i>				
<i>16-1-19</i>	1112	<i>Wiley 12-0-0</i>	<i>9.73</i>				
<i>27-1-19</i>	18009	<i>Wiley 1-1-0-0</i>	<i>4.87</i>				
			<i>19.26</i>				
<i>25/12/18</i>		<i>LPC Bal Credit 183.86 (Cumulative 8/2/19)</i>					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Can Canada 1-2-19 Amis RA 2728 5-2-19 Wiley Wmiley Personal No 22*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Bal from Canada</i>								<i>75.72</i>		
<i>April</i>	<i>P Pay</i>	<i>33</i>		<i>Can Cash</i>				<i>15</i>	<i>93.72</i>		
		<i>33</i>						<i>15</i>			
<i>May</i>	<i>"</i>	<i>31/10</i>		<i>Can Cash</i>				<i>15</i>	<i>112.82</i>		
		<i>31/10</i>						<i>15</i>			
<i>June</i>	<i>"</i>	<i>33</i>		<i>Can Cash</i>				<i>15</i>	<i>130.82</i>		
				<i>Gen Remit 100 27/6/18</i>	<i>75.00</i>				<i>55.82</i>		
		<i>33</i>			<i>75</i>			<i>15</i>			
<i>July</i>	<i>W.P.</i>	<i>31/10</i>		<i>A.P.</i>				<i>15</i>	<i>44.92</i>		
		<i>31/10</i>						<i>15</i>			
<i>AUG</i>	<i>P.P.</i>	<i>31/10</i>		<i>A.P.</i>				<i>15</i>	<i>91.02</i>		
		<i>31/10</i>						<i>15</i>			
<i>SEP</i>	<i>P.P.</i>	<i>33</i>		<i>A.P.</i>				<i>15</i>	<i>112.02</i>		
		<i>33</i>						<i>15</i>			
<i>Oct</i>	<i>"</i>	<i>31/10</i>		<i>"</i>				<i>15</i>	<i>131.12</i>		
		<i>31/10</i>						<i>15</i>			
<i>Nov</i>	<i>"</i>	<i>33</i>		<i>bal</i>				<i>15</i>	<i>168.32</i>		
<i>Dec</i>	<i>"</i>	<i>31/10</i>		<i>"</i>				<i>15</i>	<i>187.52</i>		
<i>Jan</i>	<i>"</i>	<i>31/10</i>		<i>"</i>				<i>15</i>	<i>203.12</i>		
		<i>10/30</i>									
<i>Feb</i>	<i>"</i>	<i>30.80</i>		<i>"</i>				<i>15</i>	<i>198.46</i>		
				<i>AA 1111. CAN 6.1.19 A66</i>					<i>188.73</i>		
				<i>78.4 bal 16.19 973</i>							
				<i>14.39</i>				<i>15</i>			
<i>Mar</i>		<i>30.80</i>		<i>Bn R 18009 27/11/19 Wiley 4.87</i>					<i>183.86</i>		
				<i>SSS. to Can 22/2/19 S-L. 23 92</i>							

CANADIAN ASSIGNED PAY AUDITED

28/19

mm

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

REGT. No. 726139 RANK *Plt* NAME (IN FULL) *Black James*

M. OR S. *Mrs May Black*

NEXT OF KIN *Mrs May Black* RELATIONSHIP *Wife*

ADDRESS *PO Victoria Ra Ontario*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *1-4-19*

TO WHOM PAID *As above* RELATIONSHIP *Wife*

ADDRESS *Paid to the 31-3-19 & to be continued by New Unit*

PARTICULARS *8/10*

EFFECTIVE DATE

AUTHORITY *Plt James Black*

ORIGINAL UNIT C.E.F. *Lab Pool*

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *10-5/10* DATE EFFECTIVE *1-4-19* *Tole*

PAYABLE TO *Mrs May Black* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Victoria Road Victoria Road/1/2 Ontario* *P.O. Victoria Ra Ontario*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED *Kingston Ont June 24/19* REASON *Rev M-F.W. 197* AUTHORITY *312-905* IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REG. MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3						DEBIT	CREDIT			
Feb					183	86	183	86									183	86				
March	31	10/10	34 10	11 20	30	75	30	272	69	5 50	20 50	10					302	69	498	40	<i>CR 7201 Redupside Discharge Cancelled 7201</i>	
April	30	10	33		272	69	305	69	117	29	15						147	29	60		<i>301-247 of W.S. Unit's sp for apr 9/19 23135 23189</i>	
May	31	11	34 10	30	12	76	10	60	21	10							136	10			<i>23189 23189 23189 23189</i>	
June	24	10	26 40	30	35	00	91	40	46	40							97	40	600		<i>On 30 dets 15 apr 23189 22691 22691 22691 223897</i>	
					732	35											732	35	600			
																						<i>War Service Gratuity</i>
																						<i>Other chgs 6.00</i>
					183		428	180										200		100		<i>Soldier Dep 7000 2400 100 250 100</i>
																		280		120		<i>Soldier Dep 70 30 200 280 120</i>
																		210		80		<i>70 30 300 210 80</i>
																		160		60		<i>70 30 400 160 60</i>
																		70		30		<i>70 30 500 70 30</i>
																		600				<i>70 30 600</i>