

DISCHARGE DOCUMENTS

R. O. No. 28461
H. Q. No.

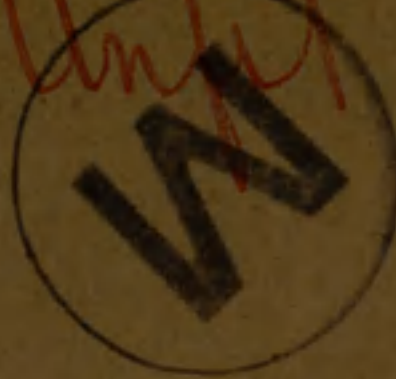
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report ^{on an} for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

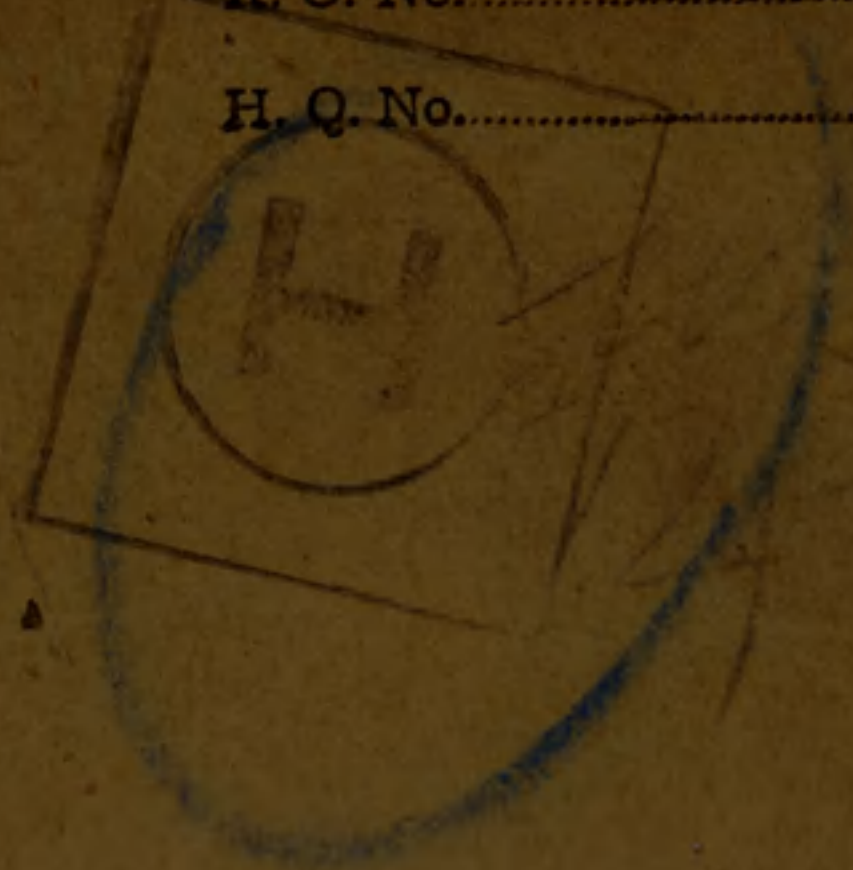
R 142
20

Name Boldt, William Henry

Regt. No. 796,085 Rank Pte

Corps 20th Bn. Form. 109th Bn.

Physically Unfit




ALSO KNOWN AS.



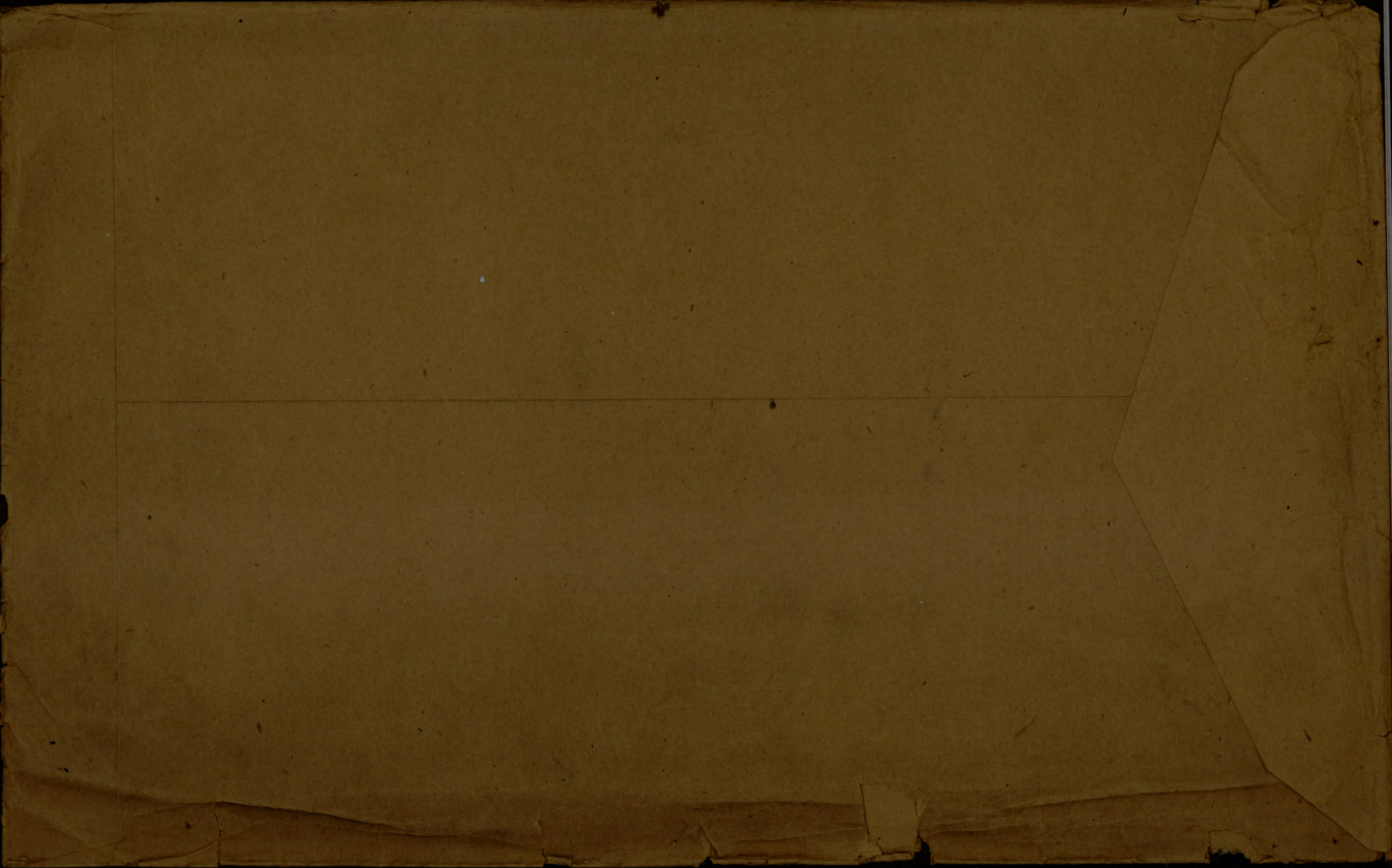
BOLT, WM. HENRY

AUTH. STAT. DECL
d/31-5-55

A-7-B-122
A-F-21237-1
A-F-101

4-9
4-9
11-10

99-1-12



20/12/15

ATTESTATION PAPER.

No. 726085.

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

ALSO KNOWN AS BOLT WM HENRY

AUTH. STAT. DECL. d 31-5-55

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Bolt
- 1a. What are your Christian names?..... William Henry
- 1b. What is your present address?..... Morden
2. In what Town, Township or Parish, and in what Country were you born?..... Luttworth Tp. Haliburton Co. Ont. Canada
3. What is the name of your next-of-kin?..... Adolphus Bolt
4. What is the address of your next-of-kin?..... P.O. Morden Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... Jan'y 19. 1892
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... 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 Henry Bolt, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date..... Dec 20 1915..... Wm Bolt (Signature of Recruit)
..... George Jilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Henry Bolt, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date..... Dec 20 1915..... Wm Bolt (Signature of Recruit)
..... George Jilly (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 Morden this 20th day of December 1915.

..... R.D. Baker (Signature of Justice)

6
188

Description of William Henry Boldt on Enlistment.

Apparent Age 23 years 11 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 6 ft. ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion fair

Eyes blue

Hair brown

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

cut on knuckle of index finger of right hand

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date JAN 17 1916 191

Place

J. M. Cullach Capt.
H. Boyd Medical Officer
 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 Henry Boldt having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. H. Miller (Signature of Officer)

Date FEB 2 1916 191

STATUTORY DECLARATION

Reference No.....

CANADA
PROVINCE OF ONTARIO
COUNTY OF SIMCOE

IN THE MATTER OF DUAL SPELLING OF
SURNAME

BOLDT - corrupted to BOLT.

TO WIT

I, William Henry BOLDT (BOLT) of the Town of Midland
in the County of Simcoe in the Province of Ontario.

DO SOLEMNLY DECLARE:

That my true Birth name was William Henry Boldt - born to
Adolphus Boldt - at Lutterworth Township Haliburton Co. on the 19/1/92.

That, I enlisted in the C.E.F. at Minden, Ont. under the name
of Wm. Henry Boldt #726085.

That, I was first married at Toronto, Ont. on or about 1920
under the name of Wm. Henry Boldt.

That, on or about 1925 or 1926 I commenced to use the spelling
of Bolt for my surname in place of the spelling Boldt, and with this
spelling of Bolt I was married on the second occasion at Dundalk, Grey
Co. Ontario on the 7/10/28.

That, I continued to use this latter spelling in my workaday
and domestic life and when my daughter Marjorie May was born at MacTier,
Muskoka District, that the surname spelling of Bolt was used in the
registration of her birth for April 23, 1941.

That, the other children born to this same union were likewise
registered under the name of Bolt.

That, in registering for employment and for subsequent U.I.C.
Benefits I used the spelling of Bolt in place of the original spelling
of Boldt.

That, as the person and soldier William Henry Boldt #726085
and as the person known since 1925 - 26, as William Henry Bolt, I am
one and the same.

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

DECLARED before me at the Town
of Midland

(sgd) William Henry Bolt
(sgd) William Henry Boldt.

in the Province of Ontario

this 31st day of May

A.D. 1955

(sgd) Robt. Welland
.....
A Commissioner, etc.

STATUTORY DECLARATION

Reference No.....

CANADA

IN THE MATTER OF

PROVINCE OF ONTARIO

SURNAMES

COUNTY OF SIMCOE

BOULT - corrupted to BOLT.

TO WIT

I, William Henry BOLT (BOLT) of the Town of Midland

in the County of Simcoe in the Province of Ontario.

DO SOLEMNLY DECLARE:

That my true birth name was William Henry Bolt - born to
Alphus Bolt - at Lutterworth Township Huron Co. on the 19/1/22.

That I enlisted in the C.E.F. at Windsor, Ont. under the name
of Wm. Henry Bolt W25085.

That I was first married at Toronto, Ont. on or about 1930
under the name of Wm. Henry Bolt.

That on or about 1925 or 1926 I commenced to use the spelling
of Bolt for my surname in place of the spelling Bolt, and with this
spelling of Bolt I was married on the second occasion at Dundas, Grey
Co. Ontario on the 7/10/28.

That I continued to use this latter spelling in my workday
and domestic life and when my daughter Marjorie was born at Lattier,
Muskegon District, that the surname spelling of Bolt was used in the
registration of her birth for April 23, 1941.

That the other children born to this same union were likewise
registered under the name of Bolt.

That, in registering for employment and for subsequent U.I.C.
benefits I used the spelling of Bolt in place of the original spelling
of Bolt.

That, as the person and soldier William Henry Bolt W25085
and as the person known since 1925 - 26, as William Henry Bolt, I am
one and the same.

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

DECLARED before me at the Town
of Midland
(and) William Henry Bolt
(and) William Henry Bolt.

in the Province of Ontario

this 31st day of May

A.D. 1955

(and) Robt. Weiland

.....
A Commissioner, etc.

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 Boldt Surname William H.
Unit or Corps 20th. Battalion. (If a soldier) Regtl. No. 726085
Born at Kinmount, Ont. on, (date) January 19th, 1892
Signature (for identification) W H Boltz

MILITARY DEFENCE
SEP 18 1917
H.Q. CANADA

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

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

Weight lbs. Colour of eyes Grey
Height 6 ft. 1 in. Identification Marks Scar 2" long across rt. shin.
3 vaccination marks on left arm.

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

Epilepsy since 9 years of age.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No.

5. HEART?

Abnormal Sounds? No.
Abnormal Size?
Pulse Rate? Intermittence or Irregularity? Muscular Tone?

6. ARTERIES.—(a) Any hardening or nodulation?

No.

(b) Blood Pressure.

Systolic 119 Diastolic 59.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

No.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1.025 Reaction? acid Albumen? None Sugar? None

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

No.

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

No.

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

Examined at Kingston, Ont. Signed SM Asselstine Capt M. O.
Date Sept. 6th, 1917. Signed W H Boltz M. O.

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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.

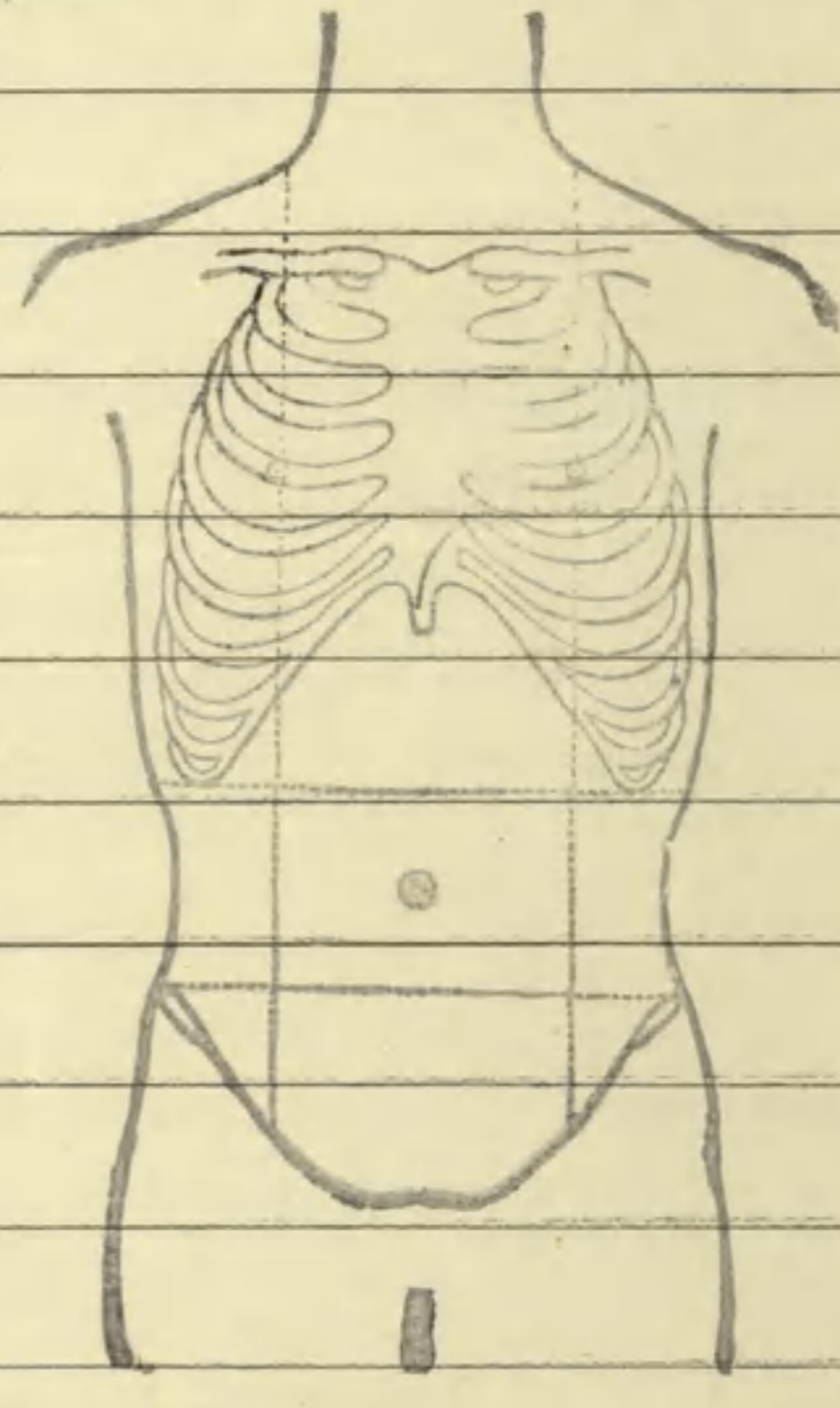
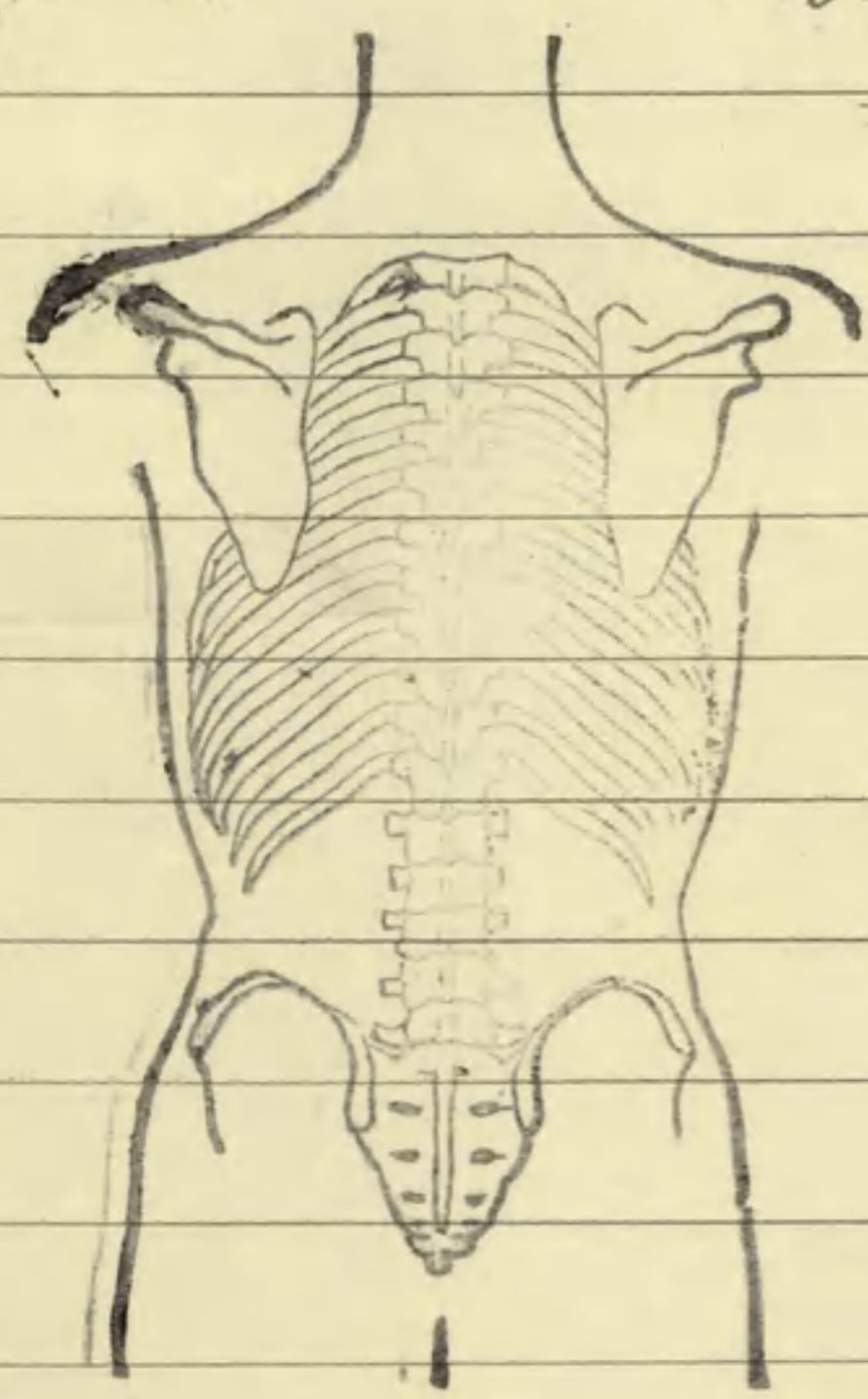
4/12
Overseas
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 26720	Regimental No. 726085	Rank. Pte	Surname. Boett	Christian Name. Wm A.
Year 1917	Unit. 20th Bn		Age. 23	Service. 24/12

Station **MOOREHEADS**
Command Date. **MODURABROOKS**
CANADIAN HOSPITAL, SHORNCLIFFE
Pers. Hist.

Disease **Epilepsy**
Duration: Started at age of 9 yrs.
P.H. Pneumonia 1914, Pleurisy, *Wald. Aug. 1916 on the Somme*
blown up, Jan. 19th 1917.
F.H. M & B. take fits

Fam. Hist. **H.P.I.** Fits occur when under excitement chiefly.
Fits start with pain in cardiac region, sharp pain in head, gives an initial cry & loses consciousness.
18.4.17 *2 fit* Struggles violently, bites tongue, incontinence of



19-4-17 urine occasionally. After fit feels fit, weak & has severe headache. Sleeps poorly. Memory bad. Good urine normal, about one a yr. until he arrived in Eng., here took one fit in Bramshott. About 3 in

Exam. **Heart + Lungs: Neg.** *Insurance before being*
Reflexes normal. *Wald. several before then*
& the time he was blown up.
Sent to Eng. in Feb. 1917 on
acc. of fits. Memory getting
worse.

Wassermann. **Negative**

Station
and Date.

2-5-17

Look fit last night, certificate furnished
by orderly medical officer.

Board papers prepared recommending
"invaliding to Canada."

Went on 9 days leave
Returned.

11-6-17

Left for Canada.

Jewickham.
Capt. R.F.M.C.

MEDICAL HISTORY SHEET ORIGINAL

Surname Boldt Christian Name Wm. Henry

Examined { on 17th day of Jan 1916
at Minden
Birthplace { City or Town Minden
County Haliburton

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

Apparent age 23
Trade or occupation farmer
Height 6 Feet Inches
Weight 170 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 38 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>1 MAR 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right no Left one
Number one

Date	Result	VACCINATIONS.
<u>26.1.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 26th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.14</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>3.6.14</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>11.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>"</u>	<u>H. B. Boyd</u> M.O.

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

Enlisted on 20 day of December 1915 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C.E.F.</u>	<u>726085</u>		<u>20.12.15</u>
Transferred to.....	<u>21st Bn</u> <u>should be</u> <u>20th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>M.B.C. Hosp.</u>	<u>7-5-17</u>	<u>Epilepsy.</u>	<u>Invalided to Canada</u> <u>H.B. Thomson</u> PRESIDENT, STANDING MEDICAL BOARD, FOR A.D.M.S. CANADIANS, SHORNCLIFFE

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

CANADIAN

Vertical stamp: Streets of all men proceeding overseas, must be Medical History Cards completed. In Charge of Records, Canadian Contingent, Lieut.-Col. J. B. Thomson.

Christian Name *Wm Henry*
 Surname *Bald*

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>National Hospital</i>		<i>20</i>	<i>2</i>	<i>17</i>					<i>Epilepsy</i>	<i>Fits of a functional nature. no incontinence or biting of the tongue</i>	<i>Dealland</i>
<i>THE LONDON GENERAL HOSPITAL</i>		<i>2</i>	<i>4</i>	<i>17</i>	<i>13</i>	<i>4</i>	<i>17</i>	<i>11</i>	<i>Epilepsy</i>	<i>No fits while in 1st London Genl Hptl</i>	<i>J.C. Underwood</i>
<i>CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.</i>		<i>13</i>	<i>4</i>	<i>17</i>	<i>18</i>	<i>4</i>	<i>17</i>	<i>6</i>	<i>Do</i>	<i>Has not had a fit for two weeks, believing to have had several attacks. Transferred to Moore Hts.</i>	<i>W. H. Lee am. comm.</i>
<i>Moore Barracks Hpt. Shorncliffe.</i>	<i>26720</i>	<i>18</i>	<i>4</i>	<i>17</i>					<i>Do</i>	<i>Look fit & was seen by H.O. Wassermann. Negative. Boarded for "invaliding to Canada."</i>	<i>J. Wickham Capt. R.M.C.</i>

E. A. Thomas

HOSPITAL REPRESENTATIVE
 FOR ADJUTANT GENERAL CANADIANS,
 MOORE BARRACKS HOSPITAL,
 SHORNCLIFFE.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

MOORE BARRACKS,

Corps

20th Bn

Military Hospital

CANADIAN HOSPITAL,

SHORNCLIFF

No. 726085

Rank and Name

Pt Bolt, Wm H.

Age 23

Service

24/12

Disease

Epilepsy

Date of admission

18.4.17

Date of discharge

Result

Dates of Observation

15 19 20 21

Days of Disease

1 2 3 4

Temperature Fahrenheit

Time Time

267.20

Temperature grid with Fahrenheit scale from 97° to 107° and 24 columns for time slots.

Pulse per Minute

76

Respirations per Minute

20

Motions per 24 hours

Signature

In charge of case.

100
101
102
103
104
105
106
107
108
109
110

СНИМКИ ЧУВСТ

УМБ ИЛИ ИЛИ

33682 *lw*

P.M. 3.3-B-944

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY DEMOBILIZATION

APR 14 1919

OTTAWA CANADA War Service Gratuity KINGSTON, ONT.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *William Henry* 2. Surname *Bolt*
3. Rank *Private* 4. Original Unit 5. Reg. No. *726085*
6. Address, in full, to which future payments of gratuity are to be forwarded
Munden, Ont.
7. Date of enlistment in the C.E.F. *23rd December 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
On active service in France
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *from 23rd December 1915 to July 1916 in Canada with 109th Bu. went overseas with 109th Bu. served in France in October 1916 to July 23rd 1917 with 20th Bu. Discharged in Canada 31st October 1918*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

Received 3 months pay @ 33⁰⁰ - #99⁰⁰ from Dominion of Canada

20. Have you been issued with a War Service Badge? If so, what class? *War Service C.P.F.*

21. Have you, during the present war, served in the Imperial Forces? *No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Yes - from Sergeant to Private in order to get to France*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

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

31st October 1918

(b) Reason for discharge

"Unfit for active service"

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*

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

20th Bn. in Battle of Lens, 17th January 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *No*

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

Signature of Applicant: *Wm J. Balogh*

Place of Residence:

Declared before me at:

This *5th* day of *April* 19*17*

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

[Signature]
Notary Public

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Dec 5th 18</i>	<i>33</i>			
<i>Jan 5</i>	<i>33</i>			
<i>Feb 5</i>	<i>34¹⁰</i>			
<i>Total</i>	<i>\$100.10</i>			

Certified Correct.
District Paymaster.

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. **726085** Rank _____ Pte. Name **Boldt, W. Hy.**

Corps **109th Battalion** who was* **discharged**

On **October 31st** 191**7**, to **Class 3rd Medically Unfit.**

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **October 1st** 191**7**, to **October 31st** 191**7**, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'tl Pay 31 days at \$ 1 c	31	00
by } No.			Field Allow. 31 days at \$ c 10	3	10
Cheques } No.			Other Allowances* Clothing	13	00
Assigned Pay No.			Other Credits* D.O. 290. Subs.	53	00
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No 405	80	10			
Balance Cr. (to be paid by the new unit)					
Total	80	10	Total	80	10

*Give Particulars.

A monthly stoppage of \$ **15.00** (†) has _____ (‡) been paid on account of Assigned Pay for the month of **June** 191**7** to (Assignee) **Adaphe Boldt.**
 (Address) **7 Wyatt St.,**
Toronto, 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:—

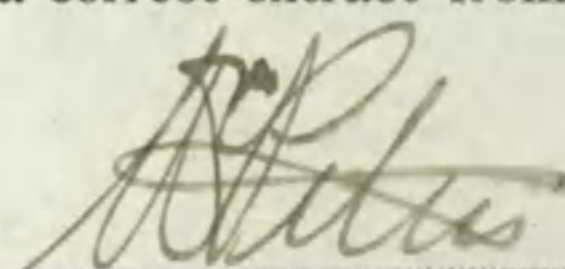
- State (1) date of enlistment _____
- (2) if married and if a Separation Allowance Card has been submitted **No.**
- (3) cause of discharge and authority **3MD -88-B-148.**

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

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

Date **October 16th, 1917.**

Place **Kingston, Ont.**


 _____ Capt.
 Paymaster, "C" Unit M.H.C.C.
 Paymaster

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

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

M. F. W. 44.

cheque # 405 attached.

EAST AFRICA CERTIFICATE

I hereby certify that the undersigned is a member of the Canadian Contingent Expeditionary Force, and is entitled to the benefits of the provisions of the War Measures Act, 1914, in respect of the said member.

This certificate is valid for the period of twelve months from the date of issue, and is subject to the provisions of the War Measures Act, 1914.

Dated this _____ day of _____ 19____

On application of an Officer of the Canadian Contingent Expeditionary Force, I have issued this certificate in accordance with the provisions of the War Measures Act, 1914.



DUPLICATE

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

INSTRUCTIONS.

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

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

(2) Regimental Number..... 726085-

(3) Full Name of Soldier..... William Henry Boldt

(4) Place of Birth..... Minden Ont.

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

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

(b) Present Postal Address.....

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

(8) Have you any children?..... No

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

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address *Adolphus Boldt, Minden Ont.*

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(15) Are you insured? *Yes*

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

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

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

Date *JUL 11 1916*

[Signature]
O. C. 102th Officer Commanding, E. F.

Report No. 8108

Class II. D
Boldt, Wm. H.
Minden Ont.
Haliburton Co.

No. of M. H. C. File
No. of Local File
No. of H. Q. File

649-12-16954

No. 726085 Rank Pte. Original Unit 109th Present Unit 20th
Age 23 Height 6 ft. ins. Complexion Fair Eyes Blue Hair Brown Character Good
Date of enlistment 20-12-15 Where enlisted Minden, Ont. Where seen service France 9249
Ship returned by Araguaya Date of arrival 23-6-17 Port of arrival Halifax, N.S.
Birthplace Canada Religion Pres.
Name and address next of kin Sister:- Mrs. G. Kellett above address MAY 28 1920

Cause of disability Epilepsy temporarily aggravated by service.

Condition which prevents the soldier from earning a full livelihood Epileptic attacks at ~~year~~ 9 yrs of age and once monthly for two yrs. Then 3 or 4 times yearly until he got to France when fits were more frequent F.H. Mother & one brother Epileptic. ~~Pres. Cond. Pt. has tremors of hand. Memory very poor Does not remember year of enlistment or age Wounded right thigh Aug. 1916 & had several attacks between then & Jan. 1917 when he was blown up in mine explosion. Pt. is very nervous & condition had been aggravated by service. Circ. sys. pulse 168 otherwise neg. Resp. sys. neg. Last attack about one month ago. There should be no pensionable disability.~~ M.O. certifies to having see a pt. in true ep. fit. Pres. Cond. Pt. has tremors of hand. Memory very poor Does not remember year of enlistment or age Wounded right thigh Aug. 1916 & had several attacks between then & Jan. 1917 when he was blown up in mine explosion. Pt. is very nervous & condition had been aggravated by service. Circ. sys. pulse 168 otherwise neg. Resp. sys. neg. Last attack about one month ago. There should be no pensionable disability.

Degree of incapacity (Please state in fractions) Eng. Board 1/4 all of which is due to aggravated Canadian Board 3/4 due to service & decreasing
Probable duration of incapacity Permanent

Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board Convalescent Home
Destination to which transportation issued Kingston, Ont.
Members of Board K.C. Cairns Capt. A. Haig. Capt. F.J. Coughlin Lt. W.M. Carriok Maj.

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment Farmer
Regular trade or profession Farmer
Average earnings previous to enlistment Own business Good living Any other income
Name and address of last employer Own Minden Farm.
Rent per month --- If purchasing property amount due and annual payment, \$ --- \$
Taxes \$45.00 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? N.A.
Whether given Vocational Training while in Hospital in England. If so, what subjects?
References N.A.
Witness W.T. Byrne I declare that the above statement is correct.
Date Quebec, 6-7-17 Signature W. H. Boldt.

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

Notify sister above address

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.....

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with view to pension.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Name and address next of kin
Birthplace
Ship returned by
Date of arrival
Where enlisted
Date of enlistment
Height
Complexion
Eyes
Hair
Present Unit
Original Unit
Rank
Where seen since
Port of arrival
Religion
Cause of disability

Condition which prevents the soldier from earning a full livelihood
Degree of incapacity (Please state in fractions) Eng. Board
Probable duration of incapacity
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board
Destination to which transportation issued
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment
Name and address of last employer
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
If unable to follow previous occupation, name preference
At what age soldier left school? What grade, standard, etc., 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
Witness
Date
Signature
I declare that the above statement is correct.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
Trans'd to Unit—Date
Trans'd Class 1—Date
Trans'd Class 3—Date
Amount forwarded to H. Q. Unit \$
Credit Clothing allowances \$
Last Pay Cert. C. \$
Dt. \$
Amount paid at Depot H. Q. \$
L. P. C. leaving Depot \$
PENSION—Class
Period granted for amount per year \$
First payment \$
Dating from

Form No. 52
 (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. 726085 (Rank) Private
(Name in full) BOLDT, William Henry
Enlisted in 109th Battalion
Canadian Expeditionary Force, on the 20th day
of December 19 15
He served in CANADA ENGLAND & FRANCE
with the 20th Battalion
and was discharged at Kingston, Ontario
on the 31st day of October 1917
by reason of being no longer physically fit for war service

His conduct and character while in the Service were Good

Medals and Decorations, etc. BRITISH WAR & VICTOR MEDALS

Description on Discharge

Age 25 Years

Height 6' 1 $\frac{1}{2}$ "

Complexion Medium

Eyes Blue

Hair Brown

H.Q. 649-B-16954

(W.E.L. Coleman) Major,

Officer i/c Records,
for Adjutant-General.

Ottawa 7th day of May 1934

NOTE—This Certificate of Service if lost will not be replaced.

CERTIFICATE OF SERVICE

I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Court.

Given under my hand and the seal of the Court at the City of New York, this _____ day of _____, 19____.

Clerk of the Court

Notary Public

NOTE: The Government of New York is not responsible for the contents of this document.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 426085 Rank Private Name Boldt William Henry

Enlisted (a) 20-12-15 Terms of Service (a) D of W Service reckons from (a) 20-12-15

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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				

Embarked Canada Halifax 24.7.16
Disembarked England. Liverpool 31.7.16
Appointed As Sgt. Oxney 5.8.16 Part II Order 216.
Reduced at own request Oxney 7.8.16 Part II Order 218.
Appointed As Corporal Bramshott 19.8.16 Part II Order 232.
 Transferred for Overseas Service with 20th Bn OCT 5 1916 D.O. Pt. 11. No. 279

CERTIFIED CORRECT.
 18 OCT. 1916
 CAN. RECORDS LONDON.

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	SR Pt 20's 5811/10/16
do	do	Left for	do	20/10/16	SR Pt 20's 5811/10/16
27/10/16	20th Bn	Arrived	do	23/10/16	B215 ADJUTANT,
14-2-17	St John Etaples	A.B. Epilepsy adm	St John A.B. Etaples	14-2-17	109th BATTALION CAN. INFANTRY. W3034.
17-2-17	do	do.	do	17-2-17	W3034
17-2-17	do	do To ENG. per	HS Dieppe	17-2-17	W3083 (7675) Pt 20's 16 D/26-2-17.

J.W. Gagan
 Capt.
 for Lieut-Col. A. A. G.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
7-17	CCAC	SOS	Hastings	202-17	P# 112
11-3-17	CCAC	SOS to ICORD	do	103-17	-117
14-3-17	ICORD	SOS-	Windsor	113-17	-5
INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT Lt Col. "Med. profid" C. A. Howland HOSPITAL REPRESENTATIVE FOR ADJUTANT GENERAL CANADIANS. MOORE BARRACKS HOSPITAL. SHORNCLIFFE.			Lieut. Lehman Capt for Colonel i/c Records, G. E. C. COMF.		
24-10-17	M# ee-3	SOS	Kingston	31-10-17	pt-11 No 297

#126085
Regtl. No., Rank and Name Pl. Bolt 1st Lt Corps 20th Gen.

Disease Epilepsy Hospital M. B. Can. Hosp

To Officer i/c Laboratory. Ward 10

Please carry out an examination of the accompanying specimen of Blood
with special regard to Wassermann

Date 19-4-17 (COPY) O. i/c _____ Ward. _____

LABORATORY REPORT.

NEGATIVE

Date of Examination 21-4-17

(sgt) J. Adams for Capt. H. M. S.
No 2 Can. Mobile Lab. H Stone
O. i/c Laboratory.

Corps

Hospital

Ward

First Name, Last Name and Initials

Diagnosis

To: Officer's Laboratory

Please carry out an examination of the accompanying specimen of

with special regard to

Date

O. No.

LABORATORY REPORT

REPT. DEPT. OF HEALTH & HUMAN SERVICES
7161 8-3011
ADAMS, C.M.

List of Examination

126085
Regtl. No., Rank and Name Pvt. Bolt Corps 20th Gen

Disease Epilepsy Hospital M. B. Can Hosp

To Officer i/c Laboratory. Ward 10

Please carry out an examination of the accompanying specimen of Blood
with special regard to Wassermann

Date 19-4-17 (COPY)

O. i/c Ward.

LABORATORY REPORT.

Negative:

Date of Examination 21-4-17

(Sgt) J. Adams
No. 2 Can. Mobile Laboratory
Folkestone

O. i/c L

100-100 200-200 300-300 400-400 500-500

0.101

Date of Examination

Handwritten notes in the top left corner, including "0.101" and other illegible scribbles.

Handwritten signature or name in the center of the page.

ГВБОУЗЛОВЪ ВЕЛОВИ

0.100 0.101

Date

of the day

of the month

of the year

of the day

of the month

of the year

of the day

of the month

of the year

INTRA-DEPARTMENT
CORRESPONDENCE

DEPARTMENT OF VETERANS AFFAIRS

RS

OTTAWA 4, August 19,

19 55.

TO The Director,
War Service Records, D.V.A.,
325 Slater St., Ottawa, Ont.

MARK YOUR REPLY: **Veterans Affairs**
War Service Records

For attention of

For attention of

Referred To.....
File No. **AUG 23 1955**
File No.....
Charged To.....

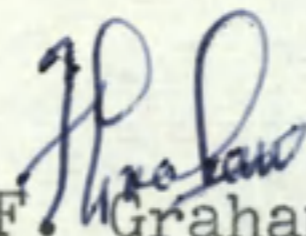
SUBJECT

726085 - BOLDT, William Henry
Also known as BOLT, William Henry

Attached hereto please find copy of Statutory
Declaration on the above-named man concerning his name.

For your information and necessary action please.

FG/cc


F. Graham,
Chief,
Central Registry Division.

19 55.

OCTOBER 1, 1955

TO THE DIRECTOR,

War Service Records, D. O., MARK YOUR RECORDS
385 Slater St., Ottawa, Ont.

For attention of

For attention of

SUBJECT: 26085 - BOLT, William Henry
Also known as BOLT, William Henry

Attached hereto please find copy of statement
Declaration on the above-named man concerning his name.

of your information and necessary action please.

W. H. BOLT
1. (Name)
Chief,
General Registry Division.

General Registry Division.

Name

Boldt

Enl. Dec. 20/15

Date of Embarkation for England

24-7-16

Proceeded to France.

3-10-16

Returned to England.

17-2-17

sick

Date returned to Canada.

11-6-17

P.R. 2855.

over

bhtid
2/18/23

Cas. sheet.

14-2-17

Epilepsy To Eng 17-2-17.

- COP -

M. B. Can. Hosp.
May 1st 1917

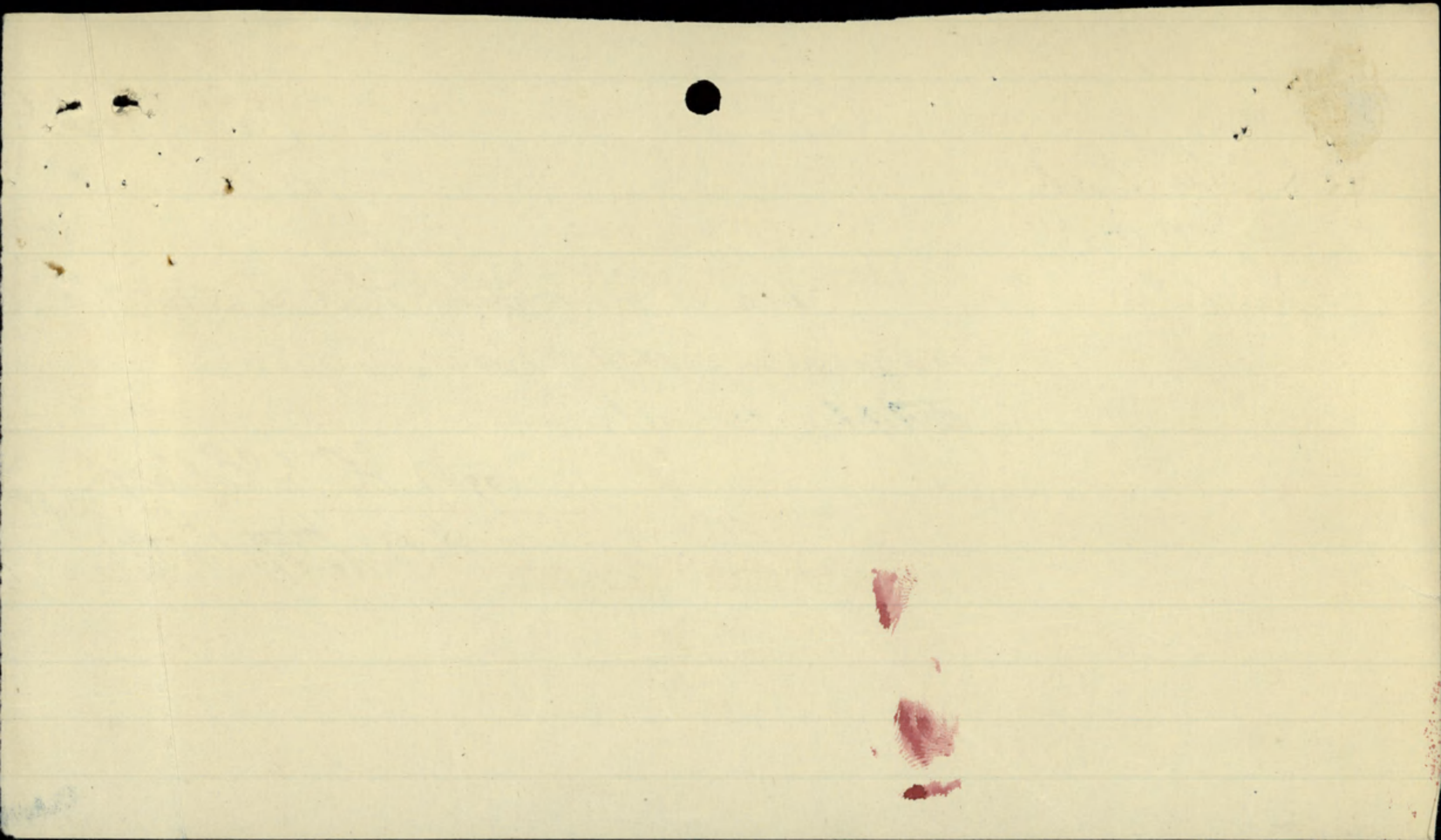
#426085: Pte. Bolt.

20th Bⁿ = C.C.A.C.

Ward #10

This is to certify that I saw the
marginally noted man in a true
epileptic convulsion.

(sgd) J. C. McCullough Capt.
Orderly ~~May 1st 1917~~ Officer



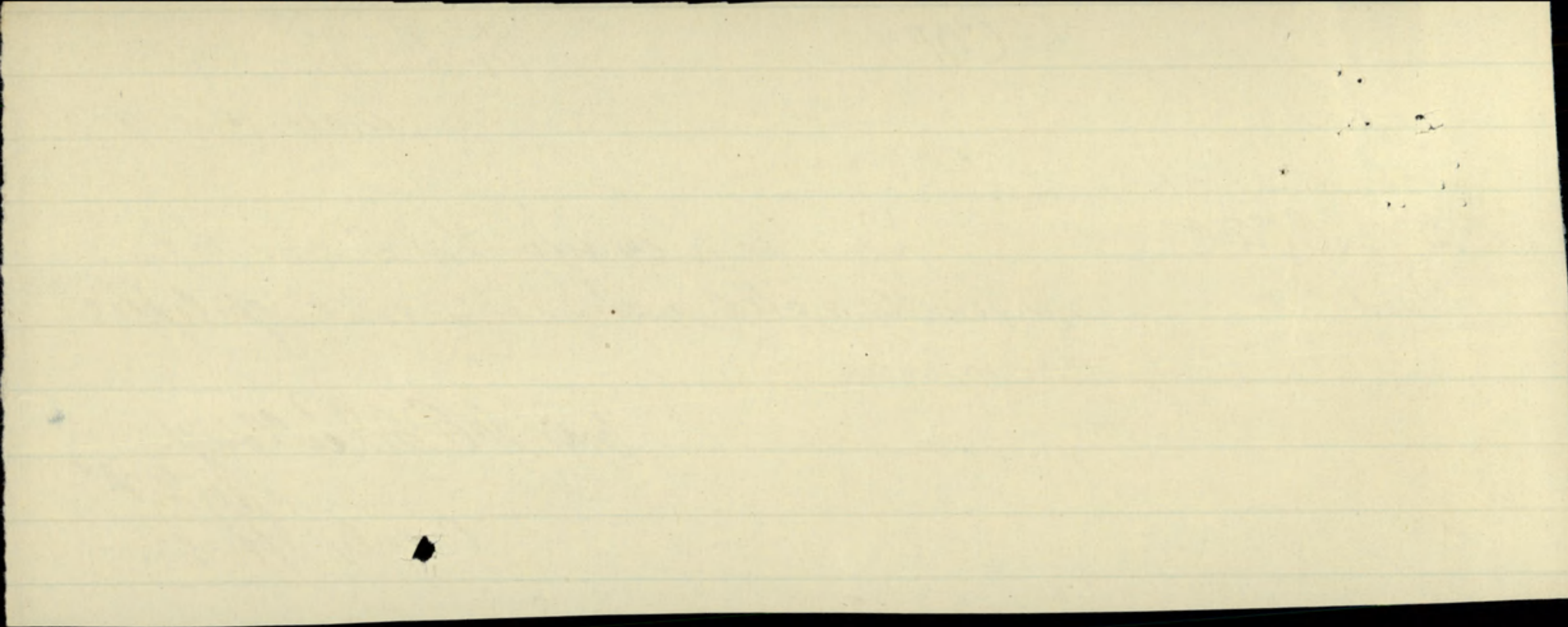
-COPY-

M. B. Can. Insp^l
May 1st - 1917

#426085 Pk. Bolt.
20th Bⁿ; C.C.A.C.
Ward #10

This is to certify that I saw the
marginally noted man in a true epileptic
convulsion

(sgd) J. E. M. Cullough
Capt.
C.A.M.C.
On-duty Officer.



IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas – return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1918.)

APPENDIX

DISPOSAL OF ORIGINAL MEDICAL

HISTORY SHEETS

Disposition of Original

The sheets that were sent to the
Army and Navy were
sent

forward to hospital to which
man is assigned and
sheet is done. It is
to be done by other
of the unit.

Disposition of Original

(1) On admission of man to
hospital forward M.H.S. to
such hospital as

is on transfer to another unit to
be done by other
of the unit. Overseas
to be done by other
of the unit.

Disposition of Original

Em
Number

726085

Rank

A/Cpl

Surname

BOLDT

Christian Name

William Henry

Units

20th Pmc Inf

Theatre of War

France

Date of Service

6.10.16

Remarks

Latest Address

Munden

Ont

Roll No.

B. Page 20547

200m.-6-21.

DESP DEC 22 1922
REGN. 1922
9715

Name **BOLDT** William Rank Pte.
Henry

Reg. No. 726085

Unit 20th Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
14-2	St. Johns Amb. Bde H	Etaples.	Epilepsy	A445		
20-2	National Hosp.	Queen Sq. W.C.	do.	B282		
13-4	CCH.,	Bromley.	do.	B322		
18-4	Moore B. Can. H.	Shorncliffe.	do.	B323		
11-6	Discharged.		do.	B364		

NAME

Bouldt.

A W.

REGT'L No.

^c
726085

H. Q. FILE No. 649

RANK AND CORPS

Pte.

Regt'l Dep

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

0337

18.6.17

Sailed from Liverpool for Canada
per the Hoop ship Ardquay on 11-6-17
Epilepsy

Bouldt, Wm. Henry,

109 Bn.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
4445	St. Johns Amb Bde, (Eggleston)	14-2-17	Epilepsy Sev
B282	Maternal, Queens Square, W.C.	20-2-17	" "
B322	Can Const, Bromley	13-4-17	Epilepsy Sev
B323	Moore Barr Can, Strand	18-4-17	" "
13364	Wick,	11-6-17	" "
290	M.A.C. Kingston	7-9-17	O.P. Tomb of Queens
297	" " " "	31-10-17	Queens. disch. from His Majesty's service Cl 3 Conduct very good

NAME

*Goldk. W.
Pte*

REGT'L NO

726085

H. Q. FILE NO 649-

*H
20th BATT*

FOLLOWS

No.

RANK AND CORPS

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

649-B-16954.

CARD NO. ✓

SURNAME. *Boldt,*

CHRISTIAN NAMES *William Henry*

REGL. No. *726085*

RANK ~~Rte~~ *Cpl*

UNIT *109th*

Sos. Dis. 31-10-17 3

FORMER CORPS *Nil.*

Batt.

NEXT OF KIN.

NAMES IN FULL *Boldt, Adolphus*

RELATIONSHIP TO SOLDIER *Father.*

CHANGE OF ADDRESS

A *7 Wyatt Ave, Toronto, Ont.*

M.C.Y.

S.A.P. 6-6-17.

COUNTRY OF BIRTH *Canada, Lutterworth, Ont.*

DATE *Jan. 19th 1892*

PLACE OF ATTESTATION *Ninden, Ont.*

DATE *Dec. 20th 1915*

*Sailed from Halifax 23/17 ● 16⁴⁸⁸ Dec S.S. "Olympic".
R/C 23-6-17*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

23

YEARS

11

MONTHS

HEIGHT

6

FEET

0

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

cut on knuckle of index finger of right hand.

Returned to Canada per S.S. "Uruguay" 11-6-17

MEDICAL EXAMINATION.

PLACE

Minden, Ont.

DATE

Jan. 17, 1916th

auth 7337.

No. 726085. RANK Pte

NAME Bouldt. W. 26.
Bouldt Wm Henry

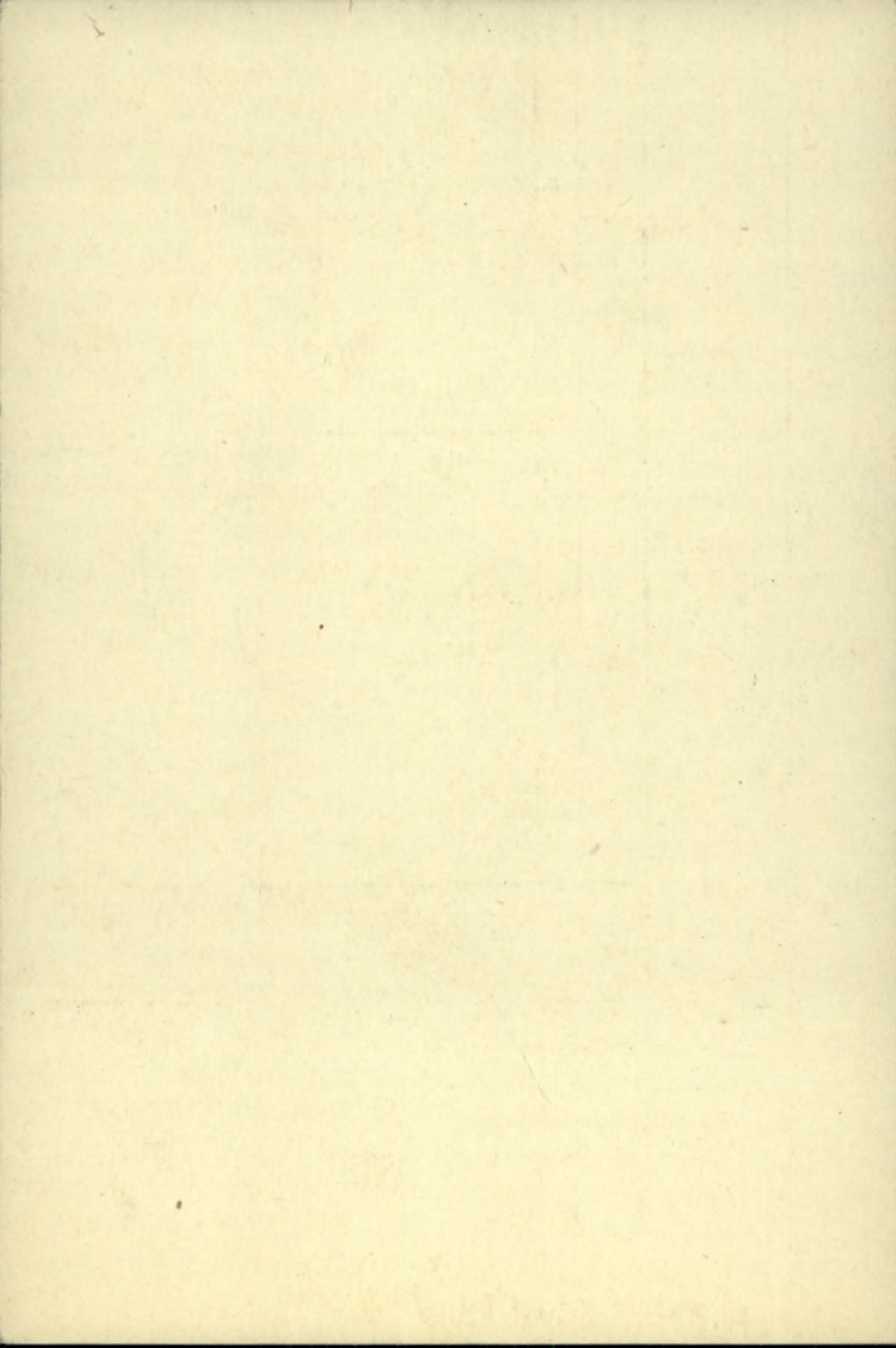
T. O. S. 20-1-16.
D. O. 56. 25-1-16

UNIT 109th Battalion

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 20	1916. Jan. 31	✓	Prom. Capt. 15-1-16.	D. O. 62. 1-2-16.
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



Surname **Boldt** Christian Name or Names **W.H.** Reg. No. **726085**
 Rank **Pte** Unit **20th Bn** Co. **1. Co.** Troop Batty.
 Hospital **St Johns Etaples** Date of Admission **14-2-17**

Transferred Hosp. Queen Square W.C. Hosp. 20. 2. 17.
Can. Conv. Hosp. Bromley Hosp. 13. 4. 17
Moore BNS Can. Hosp. Shorncliffe Hosp. 18. 4. 17
Cons. Fulington House Hosp. 24. 5. 17

Diagnosis **Epilepsy**

(1) Later Diagnosis (if changed) *Trench Fever R.*
 (2) *-*
 (3) *-*

Additional Diagnosis: if more than one state present

DISPOSITION Date
C.L.22-2-17 A445 *Dis 11. 6. 17*

REMARKS *Dis. 3. 7. 17.*

28. 2. 17 B287.
21-4-17 B323

26. 2. 17 B349

16. 6. 17 B364 To Canada per H.S. Araguaya
25. 10. 17. B45(2) from Liverpool 11-6-17

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

A.G.R. Rank Name BOLDT, William Henry Reg'l No. 726085
 Unit 109th Bn. If in perm. Corps, }
 What Unit? }
 Minden, }
 Married or Single Single.
 Place and Date of Enlistment 20th Decr., 1915. Place of Birth Lutterworth Tp.,
 Haliburton Co., Ont., Can.
 Name and Address, Next-of-Kin Adolphus Boldt,
 P.O., Minden, Ont., Canada. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

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	
5. 8. 16	OC. 109 th	App'd Prov. Sgt.	Osney		P. II S.O. 218
7. 8. 16	✓	Above app'tmt cancelled		7. 8. 16	P. II S.O. 218 220
19. 8. 16	✓	App'd ^{Prov} Corp.		19. 8. 16	P. II S.O. 232
5-10-16	r	S.O.S. to 20 th Bn	Bramshott	5-10-16	P. II. S.O. 279. <i>L. G.</i>
11-10-16	20 th Bn	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
11-10-16	do.	Reverts to rank of Private	do.	6-10-16	" II 55.
22.2.17	do	Adm St Johns Amb Bde Hosp	Etaples	14.2.17	CLA 445 Epilepsy Sev.
28.2.17	do	National Hosp	Queen's Squ. W. C.	20.2.17	" B 282

A.F.B. 103 CHECKED

17 OCT. 1916

Rank _____ Name **BOLDT** William Henry Reg'l No. 726085 ✓
 Unit 109th Bn If in perm. Corps }
 What Unit? } Married or Single Single
 Place and Date of Enlistment 20th Dec., 1915. MINDEN. Place of Birth Lutterworth Tp.,
 Name and Address, Next-of-Kin Adolphus BOLDT Haliburton Co., Ont., Can.
 P.O., Minden, Ont., Canada. Relationship Father
 Assigned Pay Monthly \$ Payable to
 Relationship
 Separation Allowance \$ Payable to
 Relationship

9182
 File R L.
 Category *Can MW*
6 Sept 1916
op 1354

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H.M.T. 2810		31-7-16	
5/8/16	O.609 th Bn	Apptd Troop Sgt	Oxney		PTII 0218.
7/8/16	✓	above appt cancelled	"	7/8/16	" 220
19/8/16	✓	Apptd Troop Cpl	"	19/8/16	" 232
5/10/16	✓	S.O.S. to 20 th Batt	Bramshott	5/10/16	" 279
11/10/16	20 th Batt	T.O.S. from 109 th Bn	field	6/10/16	" 55
11/10/16	✓	Reverts to Pte.	do	6/10/16	" 55
22/2/17	✓	Adm I John Amb Bete Hosp.	do	14/2/17	BR 445 Epilepsy sev
28/2/17	✓	National Hoop Queens Sq W. C.		20/2/17	" B282 "
26/2/17	✓	Sick trans to 6608.	Shoreham-on-sea	17/2/17	PTII 016 S.

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.				
7.3.17	bbab	<i>Taken on strength.</i>	Hastings	20.2.17	PAID 112.
11.3.17	C.C.A.C.	S.O.S. on transfer to 1 st Can Ont Regiment	Hastings	10.3.17	Pt. II D.O. 117
14.3.17	ICORD	T O S FROM C C A C	W. Sandling	11-3-17	Pt 11, 0, 5
20.4.17	20 th Ban	Can Con Hosp	Bromley	13.4.17	CL B322 Epil Sev
21.4.17	20	Moore Bks Hosp	shcliffe	18.4.17	- B323.
16.6.17	20.	Disch Moore Bks Hosp	do	11.6.17	Ch. B.364
24.12.17	1 st Can Ont	S.O.S. to Canada. No longer fit for war service. 392-16		11-6-17	PAID 290.
	Dis Depot	To Convalescent Home St. Armand	M.D. No 3 Kingston	23.6.17	NR 304.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

33682/672
H.M.K.
1799-W-1

Name **Boldt, William H.**
Surname Christian Name

Regimental Number **726085** Rank **Pte.**

Address (in full) **Minden, Ont.**

Unit **109th Bn.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **31-10-17.**

P. D. P. Filing Number **10-30-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

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	596	5-12-17	33 00	585	5-1-18	33 00	589	5-2-18	34 10		100 10

Remarks:

M. F. W. 127.
60M -6 17.
1172 39-1140.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

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

Adolphe Boldt - PAYMENTS.

Name of Soldier

Boldt, A. H.

726085

~~Plt.~~ Cpl 10903 att

\$15.00

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		15376	15
Sept.		15500	15
Oct.		14853	15
Nov.		24829	15
Dec.		20714	15
Jan.	1917	37296	15
Feb.		43221	15
March		47945	15
April		211	15
May		6641	15
June		13417	15
July			
Aug.			165 ⁰⁰
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

Overpaid \$15 for June. Recovered by CP
 H2. 649-B-16954, letter file 1749-W-1
 10/8/17 *[Signature]*

15.7 Wyatt Ave, Toronto Ont 29/7/17
 A/c Closed 30/6/17
 Ret'd per... Araguay.....
 Date 11/6/17... F. X. 20/6/17
 Clerk..... *[Signature]*.....

[Handwritten initials]

[Handwritten initials]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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 Boedt, W^m Hy. (Plr)

M. F. W. 41
1 OM-7-16
1772-39 889.

Regimental No. 426085

Name and address of next-of-kin Mundon, Out
Mulburton, Co.

Unit 109 Bn.

Date of enlistment E

Place of " S.A. Mil.

Married (yes or no) No.

Date and place discharged 6. 17. 17.

Amount of pay assigned monthly \$ 15.00 for 7/8/16 to 30/6/17 Reason for discharge \$165.00

To whom payable Adolphus Boedt
4 Wyndh. Ave. Toronto
Araguaya, 20. 6. 17. Character on discharge Class. 2.

H.Q. 649. B-16954

b 5351-M. & D. 6880.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
	<u>17/5/17</u>						<u>46 65</u>								<u>Eng. L. P. Co.</u>
<u>18/5/17</u>	<u>30/6/17</u>		<u>44 1.00</u>	<u>44 00</u>	<u>44</u>	<u>10</u>	<u>44 0</u>						<u>50 00</u>		<u>D.D. Que</u>
											<u>15 00</u>				<u>June 1917</u>
											<u>30 05</u>				<u>July 17. "C" Unit</u>
								<u>95 05</u>					<u>30 05</u>		<u>M.H. Kingston.</u>
															<u>Letter to SHARP</u>
															<u>re June 15.00</u>
															<u>25/7/17</u>
															<u>Pensioned.</u>
															<u>for 1/17</u>
															<u>Eng. A.P. 30/5/17</u>

Eur

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

w. 26.

To Whom Adolphe Boldt.

By Whom Assigned Boldt. W. H.

Address ~~189 *Lambton St.*~~

Regtl. No. *726 085-*

~~Minden, Ont.~~

Rank *Opl.*

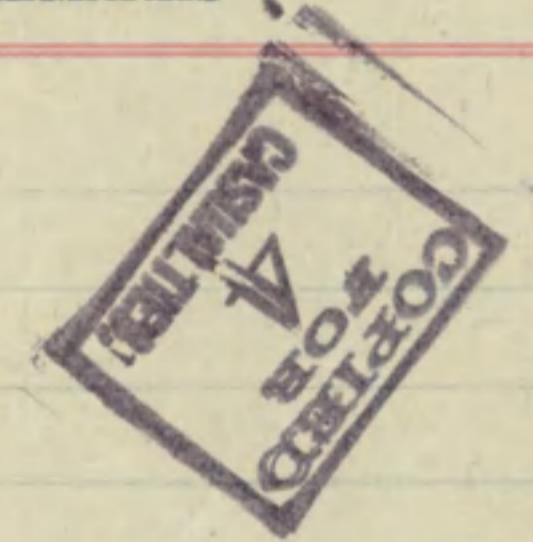
Toronto Ont.

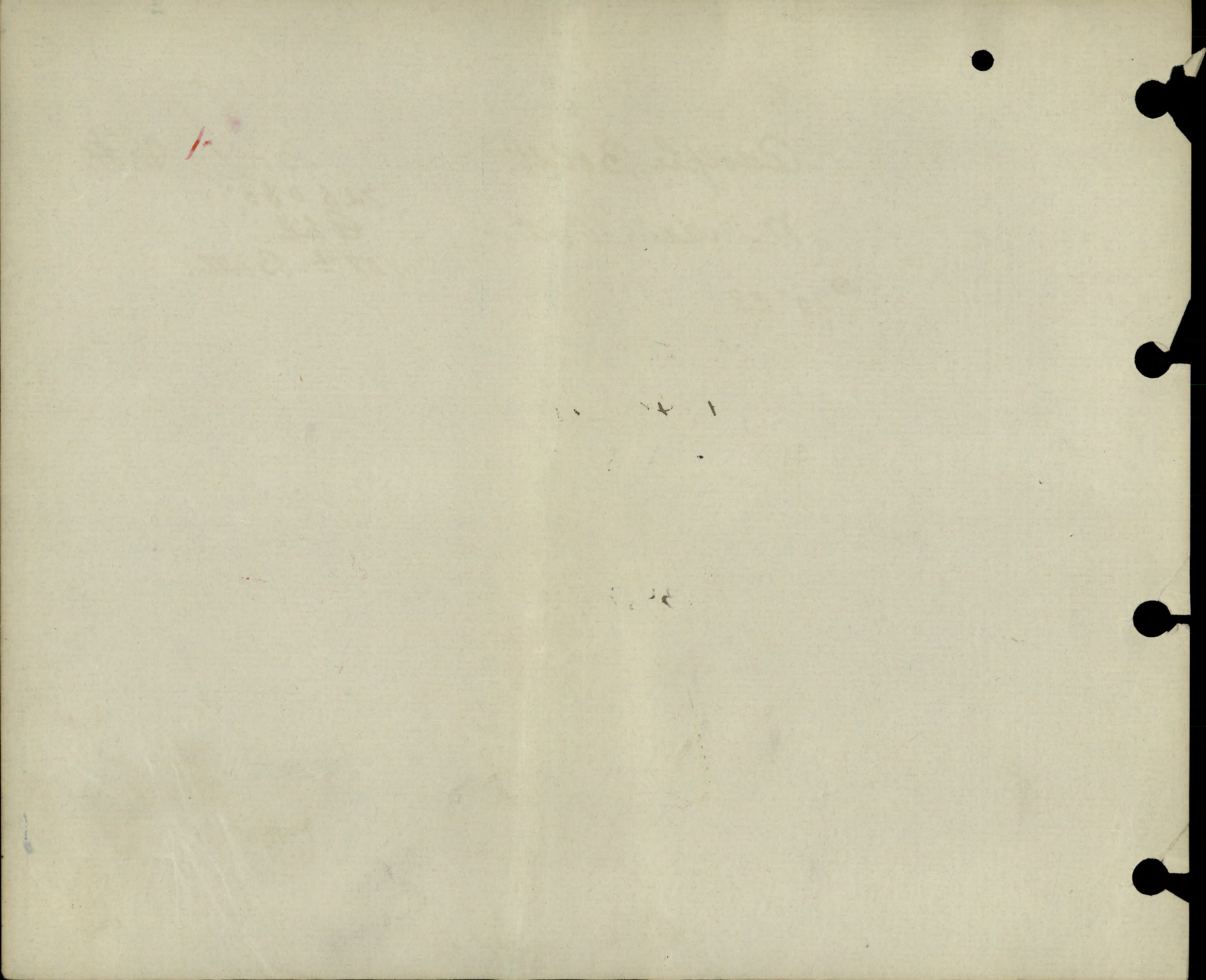
Corps *109th Batt.*

Rate *\$ 15-00* AUG 1 1916 *36/7*

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				





List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	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 (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
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.	
*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.)

ALSO KNOWN AS - BOLT, WM. HENRY

No.	726085	<i>AUTH. STAT. DECL</i> <i>4/31-5-35</i>
Rank	Private	
Name	William Henry Boldt. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th. Bn.	
Date of Discharge	<i>31.10.17.</i>	
Place of Discharge	<i>Kingston Ontario</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	25 years.....	months.....
Height.....	6 feet.....	1 1/2 inches.....
Complexion	Medium	Descriptive Marks 3 vaccination marks left arm. 1 scar rt. shin.
Eyes	Blue	
Hair	Brown	
Trade	Farmer	
Intended place of residence <small>(To be given as fully as practicable.)</small>	Minden, Ont.	
2. The above-named man is discharged in consequence of <i>being no longer physically fit for war service N. R. T. O. 392 XVI.</i>		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Very good</i>		
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

dis. stat. 1-7-17

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.)

No civilian clothing nor settlement in lieu of same received. Paid in full till the end of August 1917.

W. H. Baldt

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

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

6. Medals and Decorations.....

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 Ont* *A. Bidsall major*
(Date) *31.10.17* Commanding *"I" unit M.C.R.*

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. H. Baldt* (Signature of Soldier.)
(Date) *7th Sept 1917* *H. D. Stevenson* (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).....years.....days.

Total *1* years *3¹²* days.

11. Confirmation of Discharge.

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

(Place) *Kingston Ont*
(Date) *31.10.17* (Signature) *A. Bidsall major*

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Three vaccination marks on left arm.

Scar 2" long across right shin.

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

10. Yes

11. Yes

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

1. Not applicable.

2. On duty.

12. Yes

15. Yes

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

1. Not applicable.

2. Not applicable.

16. Yes

17. Yes

14. Treatment.

English Hospitals.

Queen's Military Hospital.

18. Is he unfit for Military Service. Yes

Recommendations :

Recommend that this man be discharged Category "E". Able to pass under his own control. No treatment at present indicated.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1. Aggravated by service 50%.

2. Not applicable.

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

1. Permanent.

2. 15% for 6 months.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. 1/2

2. 15% for 6 months.

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

Yes.

Signatures :—

W. Jones Capt. A.M.C. President.

J. M. ... Capt. A.M.C. Members.

Station. Barriefield Camp

Date. Sept. 6th 1917.

Date. SEP 12 1917

Approved.

Date.

S.M. Asselstine Capt. A.M.C.

Medical Officer by whom the case is brought forward.

Major A.M.C. D/ A.D. Asst. Director of Medical Services. For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
England, on the _____ day of _____ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR R. RAIKES, C.A.M.C.
LIEUT.-COL. W. GRANT MORDEN. MAJOR HUME BLAKE.
LIEUT.-COL. D. McLEAN MAJOR T. H. MACDONALD,
C.A.M.C.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

D.M.S. 1212.
Army Form B. 179.
Canada.
4516-5M-8/1/17

Medical Report on an Invalid.

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNOLIFFE
H.Q. CANADA

Station _____

Date _____

4 - 5 - 17

- 1. Unit **20th Bn.,**
- 2. Regimental No. **726085.**
- 3. Rank **Pte.,**
- 4. Name **BOLDT, Wm. H.**
- 5. Age last birthday **23 years.**
- 6. Enlisted ^{on} **Dec. 20th, 1915.**
_{at} **Minden, Ont.,**
- 7. Former Trade ^{or Occupation} **Farmer.**

8. Disability.
Epilepsy.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **At 9 yrs. of age.**
- 10. Place of origin of disability. **Minden.**
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **Gives history of having taken fits every since the age of nine (9) years. They come on chiefly when he gets excited. They start with a pain in the cardiac region, sharp pain in the head; gives an initial cry and then loses consciousness. In fit, struggles violently, bites tongue, has incontinence of urine occasionally. After fits feels weak and has severe headache. He took fits about once a year before enlistment; took one fit at Bramshot, then went to France. Took about three fits there. Wounded rt. thigh in Aug. 1916. Several more fits between then and Jan. 17th 1917 when he was blown up. Sent to England Feb. 1917. Memory very bad lately. Has taken several fits since.**
- 12. (a) Give your opinion as to the causation of the disability. **(a) The epilepsy appears to be hereditary.**
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3). **(b) 1.- No.
2.- Not caused, but somewhat aggravated.**

L. A. Murray
HOSPITAL REPRESENTATIVE
FOR ADULTS GENERAL HOSPITAL,
MOORE BARRACKS HOSPITAL,
SHORNOLIFFE

Lt.-Col. *President.*

Major, C.A.M.C.

Lt.-Col.

Major.

Major, C.A.M.C.

29
*dis lead
1-11-17
Jes*

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

A well nourished man. Appears nervous, Heart lungs reflexes normal. Urine normal. Wasserman negative. (See report attached) Has taken several fits since admission, which are certified as true epilepsy by a Medical Officer. Certificate attached.

14. If the disability is an injury, was it caused

Not applicable

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

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

Not applicable

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

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

Not applicable

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

Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ?

19. Do you recommend

- (a) Fit for duty ? No
(b) Fit for light duty ? No
(c) Invalided to Canada ? Yes
(d) Discharge as permanently unfit ? No

J. C. Wickham, CAPT. C.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except† Moore Barracks Wallsoe. A. Scott.

Station Canadian Hospital. COLONEL C. A. M. C.

Officer in charge of Hospital.

Date 3rd May, 1917.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other causes.

ND/.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

1 No 2 No

(b) If due to one of these causes, to what specific condition do the Board attribute it ?

Not applicable

Remarks:- This man says he was about 7 months in France, was able to carry on, but says he was a nuisance owing to frequent fits.

1. Has the disability been aggravated by

- (a) Intemperance ? No
(b) Misconduct ? No

22. Is the disability permanent ?

Yes

23. If not permanent, what is its probable minimum duration ?

Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ?

all of which is due to aggravation

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable ?

Not applicable

26. Do the Board recommend

- (a) Fit for duty ? No
(b) Fit for light duty ? No
(c) Invalided to Canada ? Yes
(d) Discharge as permanently unfit ? No

Signatures :-

J.H. Birch, Capt. President.

Station Moore Barracks Hosp.

H.B. Thomson, Capt. Members.

Date May 7/17

Approved.

Station SHORNCLIFFE (19, Westbourne Gardens, Folkestone.)

Administrative Medical Officer. Major H. J. Davis

Date

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

8 MAY 1917

Handwritten notes: 28 Dis Sect 1-11-17

726085 Pte Baldt W.F.

AP 1500

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	\$	C.	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE
207		30690						80	30770					4387	1252	1253	978	135	213	65	9405						
May 16		1760						17	60										15		9665						
May 17 ¹⁰		110						1	10												9775						
207								32	640																		

Trans Exp L

A3M. FORM REND ~~stopped~~ EFFEC. 1/4/17
 DTS. IN G. D TO ~~Canada~~ DATE 2/3/17
 PAYBOOK VERIFIED 2/10/17
 BALG. 11/65 L.P.C. REND 7/5/17
 AUTH. 10.B.11 20/25 13/5/17

Checked *Kidd*

Medically Unfit

MONTH	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPR. SER. RED. ALLOW. PAY. RND.
Oct/17	Baldt W.F.					9775	
Nov	trans. 315. PM B. 7/5/17	244					
	✓ 360 do. 14/5/17	4867				4664	
		51	11				

Transfer to Canadian Liability after

Balance transferred to N. E. Branch. NIL