

NAME **BOYCE CECIL**

REGT. NO. **724245**

UNIT **20th Bath** H. Q. FILE NO.

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
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- 1 O. 2. 1. 5002
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Meds to B.P.C.

17/9/19

B.P.C. 1215 (M.F.W.)

DEATH

Category

Comp: to B.P.C. Ref 7007

23. 10. 19

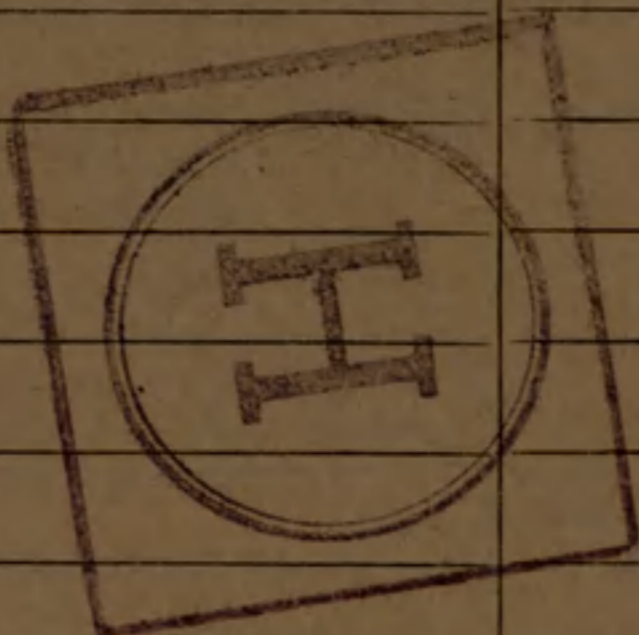
Ref B.P.C. Spec. 1000

DISCHARGE

33601

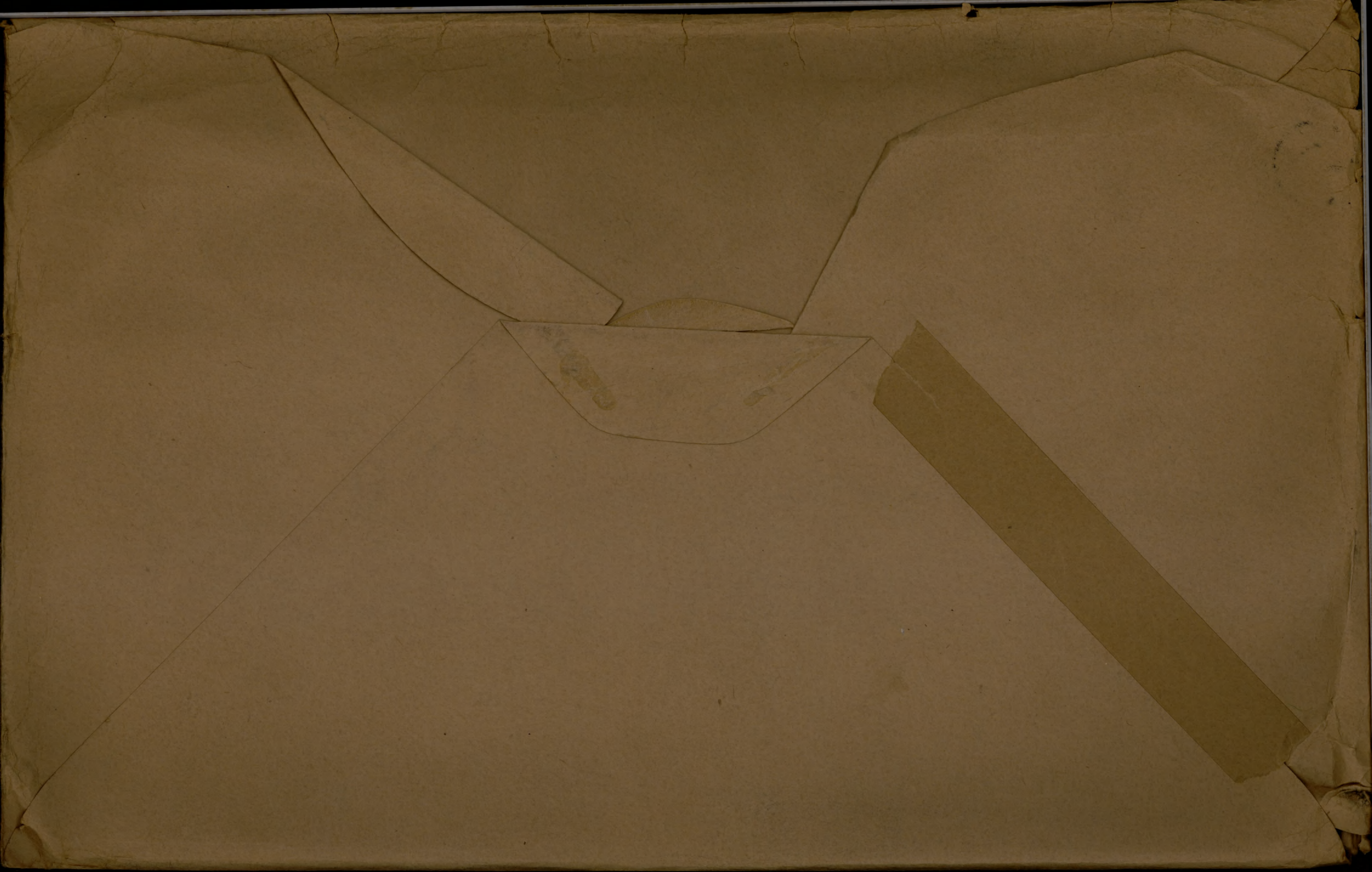
Category

Demob



DESERTION

*8-11
23-11
32-12
2*



APR 15 1916

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 7240-15

Folio.

CANADIAN OVERSEAS EXPEDITIONARY FORCE. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? *Boyce*
- 1a. What are your Christian names? *Cecil*
- 1b. What is your present address? *Kinnmount Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Lutterworth Twp. Haliburton Co. Ont Canada*
- 3. What is the name of your next-of-kin? *Janie Poole*
- 4. What is the address of your next-of-kin? *Kinnmount Ont Canada*
- 4a. What is the relationship of your next-of-kin? *Mother (Remarried)*
- 5. What is the date of your birth? *Dec. 4th 1894*
- 6. What is your Trade or Calling? *Laborer*
- 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, *Cecil Boyce*, 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.

Cecil Boyce (Signature of Recruit)

Date *APR 15 1916* 1916 *Mark Lieut* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Cecil Boyce*, 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.

Cecil Boyce (Signature of Recruit)

Date *APR 15 1916* 1916 *Mark Lieut* (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 *Kinnmount* this *17th* day of *April* 1916.

[Signature] (Signature of Justice)

Description of Cecil Boyce on Enlistment.

Apparent Age 22 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 1/2 ins.

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

Complexion Fair
 Eyes Blue
 Hair Fair

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

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).

A large scar on inner side of right knee

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date APR 15 1916 191 .

Place Remount

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date APR 15 1916 191 .

J. M. H. H. H. Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 724245 (Rank) Private

Name (in full) BOYCE Basil enlisted in
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Chinnmount on the 15th
day of February 1916.

HE served in 109th Batt, Canada & England, 20th Batt
France, C. A. M. C. England.

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

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

Age 25

Height 5 feet 11 inches

Complexion Fair

Eyes Blue

Hair Fair

B. Boyce
Signature of Soldier.

Marks or Scars

Left thumb missing

Date of Discharge

No. 2 District Depot
Toronto, Ont.
MAY 24 1919

Issuing Officer.

For
O.C. No. 2 District Depot.
Rank

Date MAY 24 1919 19....

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

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

D.S.B. below "A"

M. F. W. 54.
150M. 10-15.
H.Q. 1772-50-920.

Casualty Form—Active Service.

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

Regimental No. 24245 Rank Private Name Boyce Cecil

Enlisted (a) 15.4.16 Terms of Service (a) D of W. Service reckons from (a) 15.4.16.

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

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

CERTIFIED CORRECT.

18 OCT 1916

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.	
Capt. ADJUTANT 109th Overseas Battalion, C. E. F.				
Transferred for the Overseas Service with <u>20th Btn.</u> OCT 5 1916 D.O.Pt.11. No. <u>279</u>				
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16 NR Pt 20 ^{rs} 55d11/10/16
do	do	Left for	do	20/10/16 NR <u>20th Bn</u>
27/10/16	20th Bn	Arrived	do	23/10/16 B213 ADJUTANT,
31/1/17	Appl Hoop. 7 2/1 West Riding C.C.S.	Left for	Appl Hoop. 7 2/1 West Riding C.C.S.	28/2/17 109th BATTALION CAN INFANTRY
10/2/17	6 C.F.R. 2/1 W.P.C.S.	do	do	28/2/17 — " — 248d 19/3/17.
28-3-17	20th Bn	In confinement awaiting trial	1-3-17 to 13-3-17	28/2/17 — " — 249d 23/2/17.
		Tried & Convicted by F.C.M.	13-3-17 for;	28/2/17 — " — 285d 16-4-17.
		Conduct to the prejudice of good order and Military discipline - Negligently wounding himself in the left hand. Punishment awarded 56 days F.P.No.1. Confirmed by Maj-Gen P.G. Wining D.A. & Q.M.G. First Army 15-3-17.		28/2/17 — " — 287d 23-4-17.
8-4-17	8 H.M.S.	Left for	8-4-17	B2069.Pt 2 26D/4-4-17.

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

MILITARY CONValescent HOSPITAL
 O.G. Staff Division
 EPSOM

FOR LT: COL/TC RECORDS, C.O.M.F.
 LIET: *W. C. Roberts*

*S.O.S. this rank on transfer
 to 20th Regt. with effect
 25-4-19. (Rank H.Q. 14-1-18)*

8-6-17	pt. corp. T.O.S. from 20th Regt.	do	12-7-17	127
14-7-17	As	do	12-7-17	196
15-7-17	CAMPTS T.O.S. from pt. corp.	do	12-7-17	196
21-7-17	CC #4 Echelon T.O.S. from CAMPTS	do	12-7-17	202

13-5-17	13-5-17 N.R.	13-5-17	13-5-17	13-5-17
14-5-17	14-5-17 N.R.	14-5-17	14-5-17	14-5-17
18-5-17	18-5-17 N.R.	18-5-17	18-5-17	18-5-17
30-5-17	30-5-17 N.R.	30-5-17	30-5-17	30-5-17
30-5-17	30-5-17 N.R.	30-5-17	30-5-17	30-5-17
30-5-17	30-5-17 N.R.	30-5-17	30-5-17	30-5-17
2-6-17	2-6-17 N.R.	2-6-17	2-6-17	2-6-17

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.

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				
MAY 24 1919	O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,				
MAY 14 1919	O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO				

151
 151
W. C. Roberts
 Lieut.
 For O. C. No. 2 District Depot.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 20th Bn.

Regimental No. 424245 Rank Pte Name Boyle Cecil
C. E. F.

Enlisted (a) 15-4-16 Terms of Service (a) _____ Service reckons from (a) 15-4-16

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
11. 4. 19	O. Wing	T. O. S.	Witley	7. 4. 19	D.O. # 5
	"O" WING	S. O. S. * M. F. C. ON PROCEEDING TO CANADA	WITLEY	8. 5. 19	D. O. PT. 2 No. 27

* Sailing 60
 S.S. CARONIA
 Sailed L'pool 14-5-19

C. Massey
 Lieut
 OFFICER I/c RECORDS,
 "O" Wing C.C.C.

(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.

DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY

*Certified this document
checked with
Regimental documents.*

2

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

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

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

1. Christian names *Becil* 2. Surname *Boyce*
3. Rank *Private* 4. Original Unit *20th Battr* 5. Reg. No. *424245*
6. Address, in full, to which future payments of gratuity are to be forwarded
Hermonmount Post Office
Ontario
7. Date of enlistment in the C.E.F. *15th ~~February~~ April 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
9. Relationship of such dependent *Not Applicable*
10. Address, in full, of such dependent *Not Applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *From 15.2.16 to date.*
109th Battr Canada & England 20th Battr France.
S.O.M.C. England
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not Applicable*

24. Are you now serving in the C.E.F.? *No.* If not, give:—(a) Date of discharge **MAY 24 1919** (b) Reason for discharge **DEMOBILIZATION**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *C. Bayel*
 Place of Residence: *Kinnmount, Ont, Canada*
 Declared before me at: *Epsom*

This *22nd* day of *April* 19*19* *questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.*

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

W. H. ...

POST DISCHARGE PAY.

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

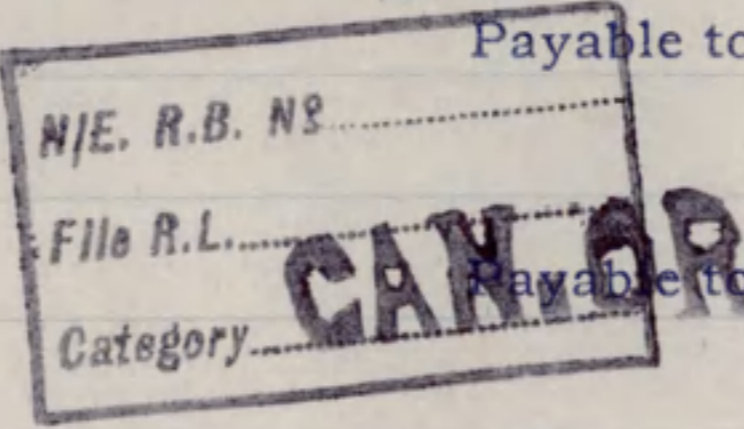
Certified Correct.

District Paymaster.

2nd Sheet of Records

Rank _____ Name **Boyce, Cecil.** Reg'l No. **724245**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Kinmount, 15th April, 1916** Place of Birth **Lutterworth Tp.,
 Haliburton Co., Ont.,
 Canada**
 Name and Address, Next-of-Kin **Janie Boyce, Poque**
Kinmount, Ont, Canada 29145 Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____
 Separation Allowance \$ _____ Relationship **Permanent Grade Pte**
Acting Rank Nil
 Relationship _____



1 COR

Discharge, Date and Place _____ Reason _____ Character _____

1st Sheet of Records filed in Envelope

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.				
	CAME T.S.				
25.4.19	M.E.H.	S.O.S. to 20th Bn	Belsoom	25.4.19	Pte D.O. 115
26-4-19	O Winglee	T. O.S from 20 Bn.	" Witley	25-4-19	-15
24 6 19	Owing	SOS TO CAN	13 5	19	Pte BI

Advised

*60-1-24
157519*

Rank Name BOYCE, Cecil Reg'l No. 724245

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

Place and Date of Enlistment Kinmount, 15th April, 1916. Place of Birth Lutterworth Tp.,
Haliburton Co., Ont.,
Canada.

Name and Address, Next-of-Kin Janie Boyce, Pogue, Kinmount, Ont., Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place

Reason

Character

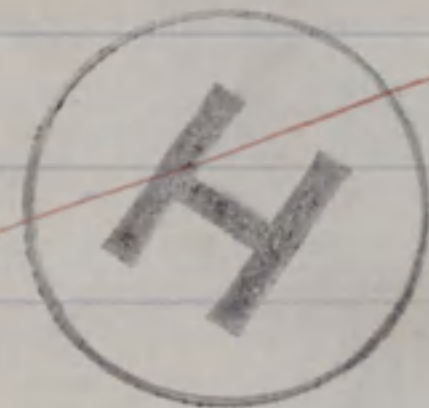
H. W. & V., Ltd.—7165-16.

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					
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramshott	5-10-16	P-II. DD-279 J.W.C.
11-10-16	20 th "	T.O.S. from 109 th Bn	Field	6-10-16	" II 55.
20-3-17	"	2 nd West Riding G.C.I. (Special Hosp)		28-2-17	G.L.A. 465. G.S.W. Themb. S.I.
14-4-17	20 th Bn	No 8 Stat Hospital	Nemereux	8-4-17	Ch. A.H. 84. *
4-4-17	"	In confinement awaiting trial 1.3.17 to 13.3.17. Tried and convicted by F.G.C.M. 13.3.17 for: Conduct to the prejudice of good order and military discipline—negligently wounding himself in the left hand. Pun. awarded 56 days F.P. No 1 Confirmed by Maj. Genl. P.G. Training O.A. & O.M.G. 1st Army		15-3-17	Part II 26

A.F.B. 103 CHECKED

17 OCT. 1916

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.				
16-5-17	20 Bin	Disch to base details	Field	8-5-17	self inflicted Ch. C. 511 9504 Thump S. I.
6-6-17	as	13 Gen Hosp	Boulogne	30-5-17	Cha 528-6 PVO.
9-6-17	20.	Barnet War Hosp	Barnet	3-6-17	CLB 356 PVO.
15-6-17	20	Import to 1COR D 2	Field	2-6-17	43 [91-86-17 1COR D]
22-6-17	20	ban Gen Hosp Woodstock	Epsom	20-6-17	CLB 370
14-7-17	1COR D.	base to be steun in Hospital is SOS to C.A.M.C. Epsom	Wandling	12-7-17	Pr 0127
15-7-17	ban to TS.	SOS on the from 1COR D.	Whanger	12-7-17	- 196
"	"	SOS. to CCH Epsom	"	12-7-17	- 196 CCH Epsom Pr 2027 21/7/17
25.4.19	M.C.H.	S.O.S to 20th Gen Bn	Epsom	25.4.19	D.O. 115;



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

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BOYCE, C.

REGIMENT C. A. M. C. RANK PTE. No. 724245

Date of Examination in England 10/4/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

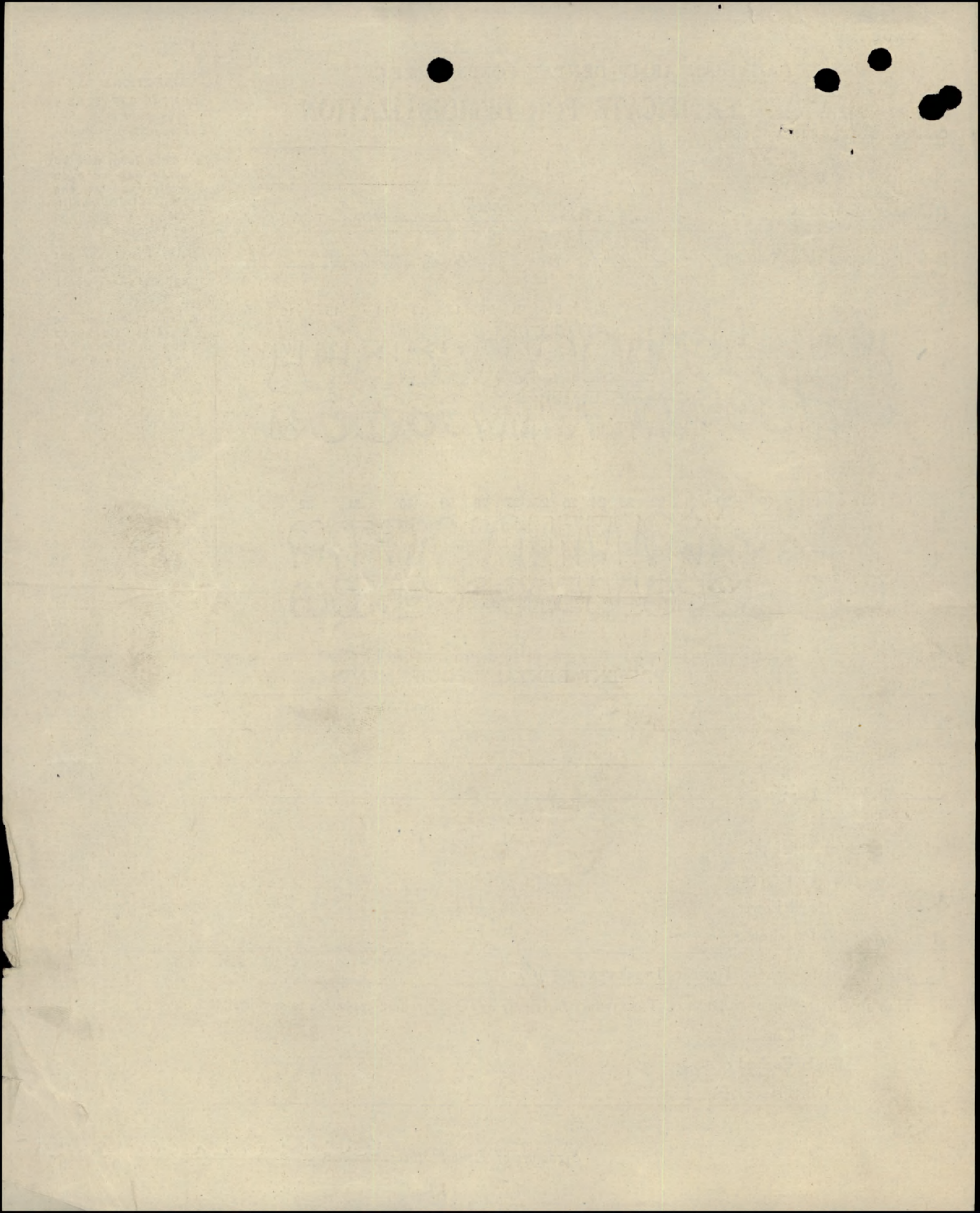
1. FILLINGS _____
2. EXTRACTIONS _____
3. CROWNS 4
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

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]



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom, June 27th, 1917.

No. 724245 Rank Pte Name Boyce C.

Local Unit ----- Overseas Unit 20th Bn Age 22

Examination held at Epsom.

DISABILITY.
Overseas ~~local~~
(scratch one out).

P.U.O. and AMPUTATION of THUMB
LT. HAND G.S.W.

PRESENT CONDITION.

The thumb of left hand is missing following a bullet wound. He cannot grip with the left hand and the stump is tender. Otherwise normal.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty C.II. Lborer.
5. Discharge

Signatures:—

Members	}	<u>H.L. Pavey, Major.</u>President.
		<u>C.K. Dowson, Capt.</u>

APPROVED

Dated 27/6/17 1917. H.L. Pavey

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated: Boston, June 27th, 1917

No. 724245 Rank 2nd Lt. Name: Boyce C. Local Unit: Overseas Unit: 20th Bn. Age: 32

Examination held at: Boston

DISABILITY Overseas Service: U.S. DEPARTMENT OF THE ARMY. LEFT HAND C.S.W.

PRESENT CONDITION.

The thumb of left hand is missing following a bullet wound. No contact grip with the left hand and the thumb is tender. Otherwise normal.

BOARD RECOMMENDATIONS:

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks' physical training
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty C.I. Laborer
- 5. Discharge

Signature:

H. J. Pevey, Major, President

C. E. Dowson, Capt. Members

APPROVED

Dated: 1917 For A.O.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom 1916

No. 424245 Rank Rt Name Boyce G.

Local Unit C.A.M.C. Overseas Unit 20 Bnt. Age

Examination held at S.C.H. Epsom

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Reexamined Gysson James
category B III
Date 1/12/19
A. Maeder
Lt. Col.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members {President.

APPROVED

Dated at.....1916.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

R. & S. 5045 (Revised)

No. Rank Name
Local Unit Overseas Unit Age
Examination held at

DISABILITY.
Overseas—Local
(attach one out)

PRESENT CONDITION.

Handwritten notes in the present condition section, including the name "G. J. ...".

BOARD RECOMMENDS —

- 1. Fit for Duty
- 2. Fit for duty after weeks' physical training.
- 3. Fit for Temporary Base Duty weeks.
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures —

..... President.
.....
..... Members

APPROVED

Dated at 1916.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epson June 27th 1917.

No. 724245 Rank Pte Name BOYCE C

Local Unit _____ Overseas Unit 20 Btn Age 22

Examination held at Epson

DISABILITY.
Overseas ~~Local~~
(scratch one out).

P.U.O. + AMPUTATION. of THUMB
LT HAND - G.S.W.

PRESENT CONDITION.

The thumb of left hand is missing following a bullet wound. He cannot grip with the left hand & the stump is tender.

Otherwise normal.

Re Examined.

Category C III for 3 months. He will then be re-examined.

BOARD RECOMMENDS:- Date Aug 9/17 S.R.D. Smith Cap

1. Fit for Duty Re Examined
2. Fit for duty after Category C III - like the re-examined in Category C III - within two months - less than two weeks.
3. Fit for Temporary Base Duty Cap
4. Fit for Permanent Base Duty C II Laborer
5. Discharge

Signatures:-

Members { H.L. Davey, Maj President.
C.H. Dowson Capt

APPROVED

Dated Epson 27. 6 1917. H.L. Davey, Maj

PROCEEDINGS OF A MEDICAL BOARD.

Dated at *London* 1917
Name *ROBERT*
Rank *Major*
Local Unit *1st London*
Overseas Unit *1st London*
Age *35*
Examination held at *London*

DISABILITY
Overseas *100%*
Local *100%*
PRESENT CONDITION
1st Lt. HAWK
1st Lt. HAWK
1st Lt. HAWK

BOARD RECOMMENDATIONS:
1. Fit for Duty
2. Fit for duty after *12* weeks physical training
3. Fit for Temporary Base Duty
4. Fit for Permanent Base Duty
5. Discharge

Signatures:
President *[Signature]*
Members *[Signature]*

APPROVED
Dated *1917*
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom 1917

No. 724245 Rank Pte Name Boyce C.

Local Unit Overseas Unit 20th. Batt Age 22

Examination held at Epsom

DISABILITY. P.U.C. and AMPUTATION OF THUMB LT. HAND.
Overseas—Local
(scratch one out). G.S.W.

PRESENT CONDITION.

*Re Examined
Category C III ¹¹ brackets, thumb raised*

Date Dec 9/17

*Re Examined. — H.L.P. A.H.Cameron. Smith
Category
Date
B III
10/4/18
Major*

BOARD RECOMMENDS:— *re-examine 24.7.18.*

1. Fit for Duty *B III - Frederick at York*
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members {
 H.L. Pavey Major. President.
 C.K. Dowson Captain.

APPROVED

Dated 1917.

PROCEEDINGS OF A MEDICAL BOARD

Date of Examination: _____

Name: _____ Rank: _____

Overseas Unit: _____ Age: _____

Examination held at: _____

DISABILITY: _____
Overseas Local: _____

PRESENT CONDITION

[Faint handwritten notes and signatures in the present condition section]

BOARD RECOMMENDS:

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks' physical training
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures

H. L. Keyser, Major, President

C. R. Lawson, Captain, Members

APPROVED

Date: _____ 1917

(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *yes*

If so, state name and address

*Jane Redner Rogue
Kimmontont*

(11) If your Mother is a widow? *no*

Are you her sole support, or not? *no*

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

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

(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? *no*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date *JUL 11 1916*

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

To be made out in duplicate.

H.Q. 54-21-23-53

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 724245

(3) Full Name of Soldier Cecil Boyce

(4) Place of Birth Lutterworth, Township

(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?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

Minute 2.

SPECIAL ORDER for EVACUATION. No A(B)X. ^{910/11} ^{5/4/17}

Officer Commanding

Special Hospital, BUSNES.

Owing to congestion, and at the request of D.M.S.,
First Army, permission is granted to evacuate
No. 724245, Pte. G. Boye, 20th Can. Bn.,

named in minute 1 overleaf.

who has been convicted of negligently wounding
himself.

~~who is reasonably considered to have wounded
himself.~~

This office letter No. A(B)X. ^{910/11}
dated 19/3/17, and all other necessary documents
should be attached opposite and handed to O. C.

Ambulance Train.

Headquarters,
First Army

Wandrum
Captain
Major,
D. A. A. G., First Army.

PATIENT'S PAPERS
TO BE ATTACHED
HERE.

A.G., G.H.C., Circular E/1357
dated 27/4/16.

If patient has been evacuated without
this Order

Wire D.M.S. L. of C.,
and
Forward Papers by D.R.L.S.

Minute 1.

D.A.A.G.,

First Army.

No.....

Rank.....

Name.....

Unit.....

Permission is requested to evacuate the above-named soldier from the Special Hospital, BUSNES, because (1) He will never be fit for duty, or (2) He will not be fit for duty for or, (3) He requires special medical treatment.

/ /1916

Officer Commanding,
Special Hospital, BUSNES.

(Minute 2 over)

Self Inflicted Injury

TRANSFER

From: Special Hospital Busnes To: Base Hospital by No. Amb. Train

Serial Number	Unit	C	D	Regt. Number	Rank + Name	A G E	S E R V I C E	Q U A R T E R S	Date Admitted	Date of Transfer	Division	Disease
168	20 Canadian Battn.		2	724245	Pte. Boyce C.	22	¹⁰ / ₁₂	⁵ / ₁₂	28-2-17	7-4-17	Buff.	S.W.Lt. Hand

"This man must Not be evacuated to ENGLAND

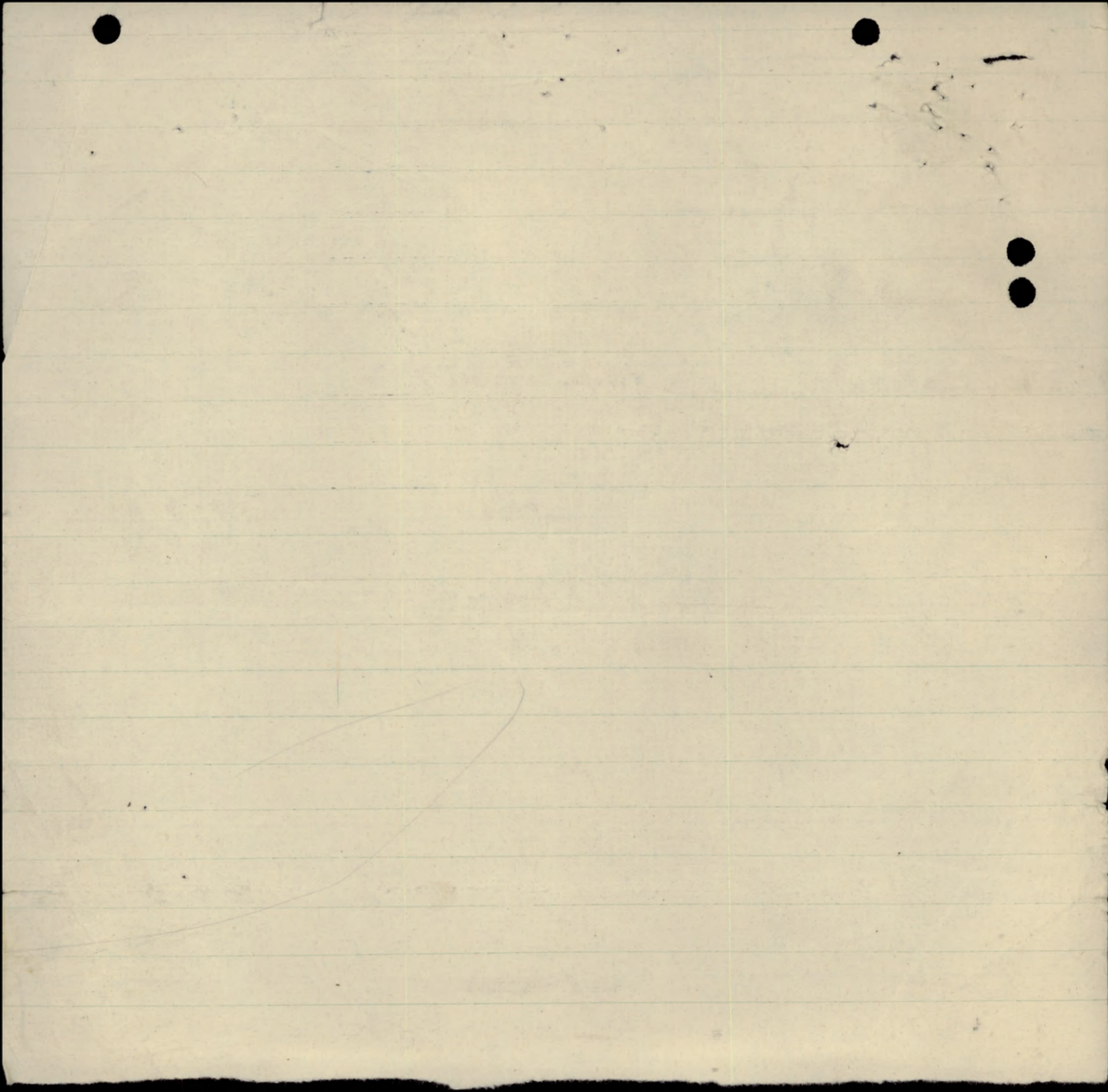
Busnes

7-4-1917

Garnett Brown

Capt. R. AMC.

1/2 Special Hospital



CENTRAL REGISTRY,
HEADQUARTERS,
L. OF C. AREA.

C.R. No.

18/138A
13/5/17

BASE COMMANDANT'S OFFICE,
BOULOGNE.

11 MAY 1917

No. M/88/101

DISPOSAL OF SELF INFLICTED CASES discharged Hospital to:-

No. 3 REST CAMP.....BOULOGNE.

Regt.No.	Rank & NAME.	Unit.	Date & place of trial.	Result of trial. Remarks & disposal.
----------	--------------	-------	------------------------	--------------------------------------

**724245	Pte. C. BOYCE,	20/Canadians.	BUSNES. Tried by F.G.C.M. & sentenced 13/3/17. to 56 days F.P.No.1. Transferred to Base Depot - STAPLES HARFLEUR - on 11/5/17.	
----------	----------------	---------------	--	--

No. 3
REST CAMP.
BOULOGNE.

No.

Date.....

**Proceedings of Medical Board, in duplicate, case sheet & correspondence received from Hospital, passed to H.Qrs., Boulogne Base, thro' D.D.M.S., on 11/5/17. for transmission to D.A.G., 3rd Echelon.

* NO Proceedings of Board, papers received with the man have accompanied him to his Base Depot.

BOULOGNE.

11 / 5 / 1917.

Wayman Storer

Lt. Colonel.

Commandant, No. 3 Rest Camp, Boulogne.

Copies to :- Headquarters, Boulogne Base.
D.D.M.S., Boulogne Base.

Headquarters,
L. of C. Area.

Forwarded for information.

A.G.'S. OFFICE AT THE BASE
No. 16/6415
17 MAY 1917
CANADIAN SECTION

Boulogne.

11th. May 1917.

W. B. Jones Lt Colonel.

Base Commandant.

BOULGOURI

1811/12

THE OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301

TO: THE SECRETARY OF DEFENSE

FROM: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

Forwarded for information.

Colonel [Illegible] [Illegible] [Illegible]

have forwarded [Illegible] [Illegible] [Illegible]

No. 724245. RANK *Pte.*

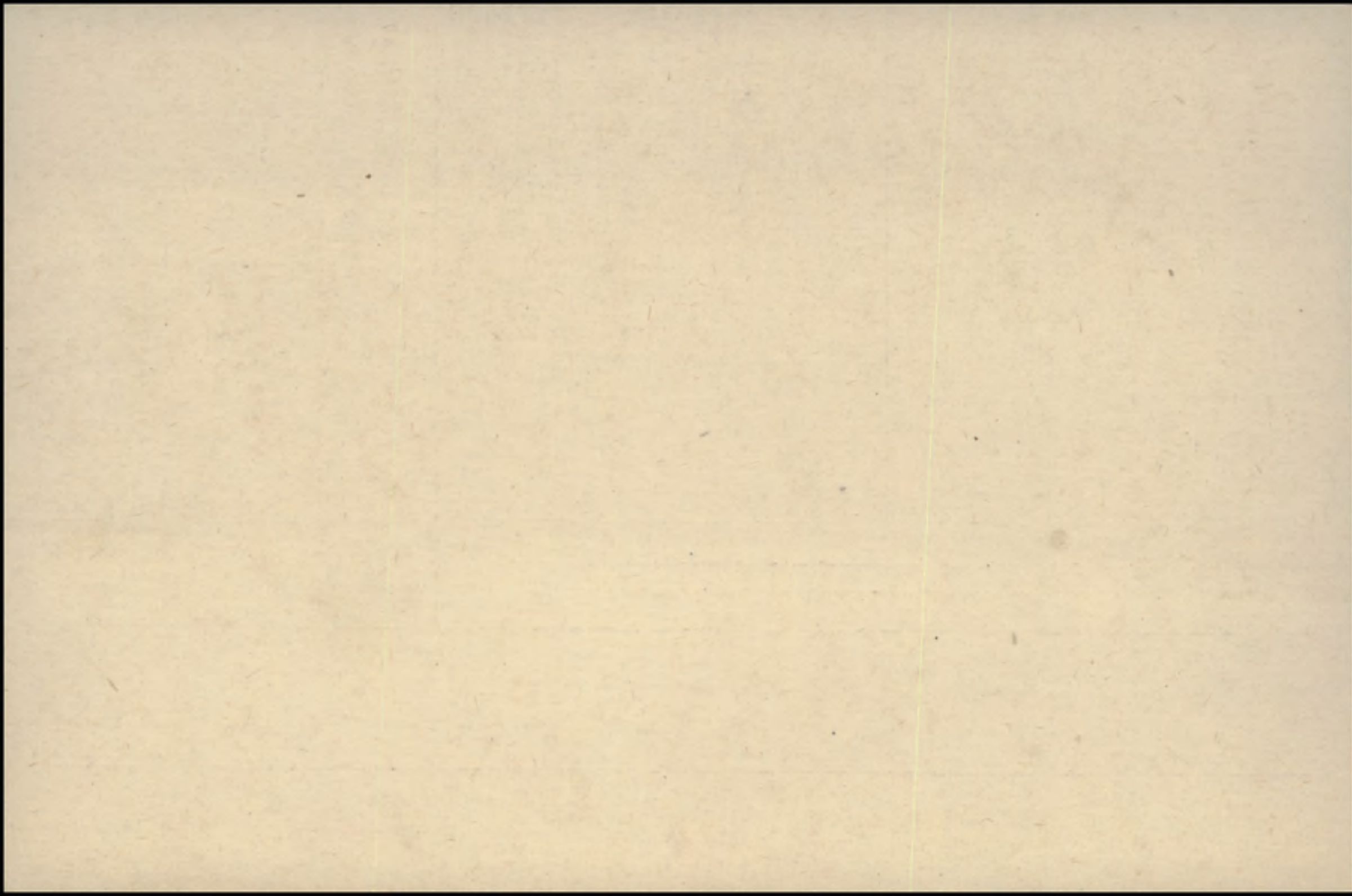
NAME *Boyce, Cecil.*

T. O. S. *15-4-16* UNIT *109th Battalion.*
(S.O. 1317/21-4-16)

M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i> <i>April 15</i>	<i>1916.</i> <i>April 30</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



REGT'L NO 724245
H. Q. FILE NO. 649-

NAME Borpe Cecil

RANK AND CORPS Pte 20th Bn (Form 109th Bn)

FOLLOWS
No.

CABLE		NATURE OF CASUALTY	FOLLOWS
No.	DATE		
<u>M420</u>	<u>19-3-17</u>	<u>Co. Adm. West Riding Gas. Co leaving Station Feb 28/17 GSW thumb Self inflicted. ✓</u>	

Name **BOYCE Cecil.** Rank **Pte.**

Reg. No. **724245**

Unit **20th Battalion.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.			S.I.			
28-2	2/1 West Riding C.C.S. GSW	L.Thumb		A465	M420	
8-4	No.8 Sty.Hosp.Wimereux.		do.	A484		
8-5	Disch. Base Details.		do.	A511		
30-5-17	13. Gen Hosp Boulogne		P.U.O.	A528.		
3-6	Barnet W.H.High Barnet.		do.	B356		
20-6	CCH. W.P. Epsom.		do.	B370		
23-7-17	discharged (in letter Hsf)		do	B45		

SURNAME.

Boyce

CARD NO.

af

CHRISTIAN NAMES

Pécil

X.M.H.

Sol 24-5-19
FOLL. remat
2,00. 15/15

REGL. NO.

724245

RANK

Pte.

UNIT

109th

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Pogue, Mrs Jannie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Himmount, Ont.

COUNTRY OF BIRTH

Canada, Sutterworth Twp. Ont.

DATE

Dec. 4th 1894

PLACE OF ATTESTATION

Himmount, Ont.

DATE

Apr. 17th 1916

Sailed from Halifax per S.S.

"Olympic" 23/7/16 488

Rt. B. 22-5-19 32nd Pte.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist or Congl.

DESCRIPTION.

APPARENT AGE

22

YEARS

-

MONTHS

HEIGHT

5

FEET

10 1/2

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Large Scar on inner side of rt. knee.

MEDICAL EXAMINATION.

PLACE

Hiramount, Ont.

DATE

Apr. 15th 1916

Present Address,

Hiramount, Ont.

FIELD MEDICAL CARD.

B.—USE LEAD PENCIL.)

The reverse is to be used for notes on special cases (history, operations, special treatment, or other necessary information); also on cases requiring or receiving special treatment during evacuation.

NUMBER 24245 RANK PLG

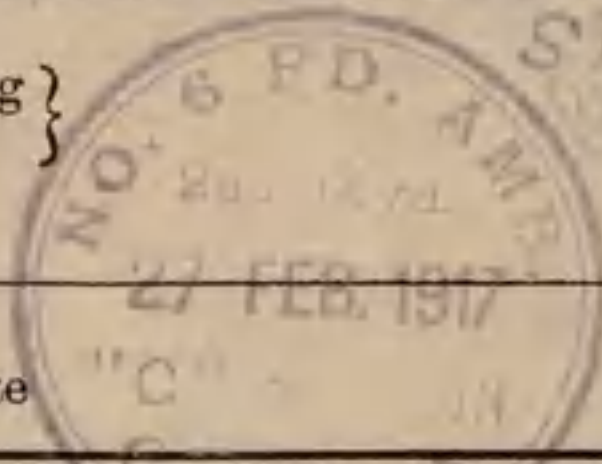
NAME Boyer, C. UNIT 20th C. Dr

Wound or Disease Prof. Fracture, Accidental

Condition (if any) requiring special attention }

Medical Unit from which transferred }

Date



If a more detailed history is necessary, a Medical Certificate (A. B. 172) or Medical Case Sheet (A. F. I. 1237), or other statements of case may accompany.

The red edged envelope will be used for cases dangerously or severely wounded and who require immediate attention.

500 units a.T.S. given

a 4 B.M. pancreas

Treat by F.G.C.M. 13.3.17

Sentence 36 days F.P. No. 1.

This man must not be
evacuated to England

7/8/2/17. Thumb was
shattered - hand
was swollen. Stump
was removed.
W. H. H. H. H.

649-B-12947

com.

Number 724245-

Rank Plc.

W.D.

Surname BOYCE

Christian Name Cecil

Units 20th Bn. Can. Inf. Theatre of War France

8

Date of Service 5-10-16.

Remarks 90 hrs Poque

Latest Address Kinnmount. Ont.

Roll No. *B. Page 19673*

200m.-6-21.

DESP. MAR 31 1927

REGN. NO. 20589

22-11

Surname *Boyle* Christian Name or Names *C.* Reg. No. *724, 245.*
Rank *Pte* Unit *20th Bn 16. Co.* Troop Batty.

Hospital *2/1st West Reg. C.C. Lt.* Date of Admission *28. 2. 17.*
Transferred *Spec. Hosp.* Hosp. *8-4-17*

no 8 Sta. H. Wimereux Hosp. *30. 5. 17.*
13. S. Hosp. Boulogne. Hosp. *3. 6. 17.*

Barnet war Hosp. High Barnet Hosp. *20. 6. 17.*
Woodcote, Pk. Epsom.

Diagnosis *G.S.W. Lt. Thumb. S.I.*

(1) Later Diagnosis (if changed) *D.M. O. rw.*

- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL 20. 3. 17. A465.
" 14. 4. 17. A484
" 16. 5. 17. W 511
" 6. 6. 17. H 528.
" 6. 6. 17. B 356
" 22. 6. 17. B 370
25-10-17 B45(4)

REMARKS

Dis to Base Details 8/5/17
Dis. 23-7-17

A.M.D. 2 DEPT.

Believed for D.G.M.S. O.M.F.C. London. *R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

10317

Oct 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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*9215-Boyle
9215-Boyle*

PARTICULARS OF SEPARATION ALLOWANCE

No. *924245*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *C. Boyle*
 Battalion *109th Bn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. J. Poque*
 Address *Kempount Cont.*
 Change of Address
 1
 2
 3
 4

*MRO 13
203-18*

1917 Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec.</i>	<i>F 57490</i>		<i>45</i>	<i>45</i>	<i>S</i>
<i>Jan</i>	<i>D 69237</i>		<i>15</i>	<i>15</i>	<i>M</i>
<i>Feb.</i>	<i>C 93744</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>H 101026</i>		<i>15</i>	<i>15</i>	<i>chk. remailed 20-3-18</i>
<i>Apr</i>	<i>C 4940</i>		<i>15</i>	<i>15</i>	<i>φ</i>
<i>May</i>	<i>B 11752</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>D 19754</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>X 34144</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>AUG.</i>	<i>C 31655</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>SEP</i>	<i>D 31925</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>OCT.</i>	<i>F 41729</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>NOV</i>	<i>B 53214</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>DEC</i>	<i>C 66484</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>JAN- 1918</i>	<i>H 69358</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>FEB</i>	<i>J 78529</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>MAR</i>	<i>F 84969</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>APR -</i>	<i>G 625</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>A 5909</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>300</i>	<i>300</i>	

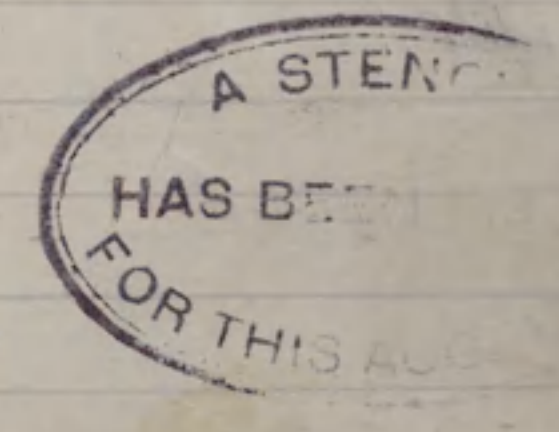
x1952-68

2-MV-24-10-17

AUDITED.

M.A. #2
3-5-19
 A/c Closed
 Ret'd per *Baron*
 Date *22/19*
M.E.W. 187

M.A. 112133, Dist. Renard 28/19



M. F. W. 128.
 Form 6, 7, 1, 72-81-1141
 L. L. 22320-M. & D. 1931.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128,
400m. 17-1772-39-1141
L. L. 22320-M. & D. 7993.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724245.	Pte.	Boyce.	C.
Year	Unit.	Age.	Service.	
	20 Canadian Regt.	22.	12/12 En France 6/12	
Station and Date.	Disease			
Boulogne	G.S.W. left hand. Amputation of thumb.			
11.5.17	Admitted 8.4.17.			
	On 27.2.17 rifle bullet wound through left thumb			
	Taken to 2/ West Riding C.C.S. Taken to No 8 Stal: 10th.			
	Court of Enquiry held.			
	<u>State on admission:</u> Septic stump after amputation of thumb through metacarpophalangeal joint.			
	<u>Present state:</u> Stump almost healed. Fingers freely movable. Like a useful hand.			
	<u>Recommendation:</u> Permanent duty at the base Hemph. Cahill M.D. Capt. Raine			

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

ORIGINAL
MEDICAL HISTORY SHEET ORIGINAL

Surname Boyer Christian Name Cecil

Examined { on 15th day of April 1916
 at Kinnmount

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

Birthplace { City or Town Ship Lutterworth
 County Haliburton

Apparent age 22

Trade or occupation Laborer

Height 5 Feet 10 1/2 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 One
 Number One

When Vaccinated last April 17th 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,
		5 JUN 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
17/4/16	Good	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26.4.16	Good	J. McCulloch M.O.
2.5.16	Good	J. McCulloch M.O.
12.5.16	Good	J. McCulloch M.O.
29.9.16		H. Boyd Dec

Enlisted on 15 day of April 1916 at Kinnmount

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724245</u>		<u>15.4.16.</u>
Transferred to.. ..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>27.6.17</u>	<u>Loss of l.p.</u>	<u>St. H. Bover</u>
<u>Epsom</u>	<u>23 APR 1919</u>	<u>Loss of thumb left hand. amp.</u>	<u>B+</u> <u>H. Magerwald</u>

INDIAN

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

Christian Name

Surname

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.
		Admission into Hospital.			Discharge from Hospital.					
		Day	Month	Year	Day	Month	Year			
Barnet War Hospital		3	6	17	6	17	P.U.O.	16	Rest	
MCH Epsom		19	6	17	23	4	17	do	Patient has recovered from P.U.O. his disability is caused by amputation of left thumb. C.II. A.T.T.	

Signature
of Medical Officer.
No.
Date 19.6.17
HIGH BARNET
W. H. Houghton

R. Brodie Hudson
Capt. R.A.M.C.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment [Statement Q.M.G. Form (D.O.S. 2) and Clothing]
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 15
 Date 3/3/19

War Service Badge Class "A" No. 21 244 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	<u>784245</u>	
2. Rank.	<u>Pte.</u>	
3. Name.	<u>Boyce, Cecil</u>	
4. Unit.	<u>38 ABn.</u>	
5. Date of Discharge	<u>MAY 24 1919</u>	Place <u>Toronto</u>
6. Reason for Discharge	<u>Demobilization</u>	
7. Authority.	<u>No. 2 District Depot, Part II, D.O. No. 151</u>	
8. Proposed Residence after Discharge	<u>Kinnmount, Ont.</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?	
	<u>Cecil Boyce</u> Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
	Place <u>TORONTO, ONT.</u>	<u>Deceased 30-7-39.</u>
	Date <u>MAY 24 1919</u>	<u>649-B-12947</u>
	<u>[Signature]</u> Signature <u>O.C. No. 2 District Depot.</u> (O. C. Discharging Unit.)	

52 Caronia
Liverpool 14.5.19

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Lutterworth Ont*
 NAME AND ADDRESS OF NEXT OF KIN *Janice Pogue
 Kinnmount Ont*
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *724245* RANK *Pte* NAME *Boyer Cecil*
 IF IN PERM. CORPS; WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *20th Bn* DATE *5/10/16* AUTHORITY *D.O. 279*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1st Bn* DATE *2/18/17* AUTHORITY *62B356 67*
 PLACE OF ATTESTATION *Kinnmount Ont* TRANSFERRED TO *C.C. H Epsom* DATE *1-11-17* AUTHORITY *Non Roll*
 DATE OF ATTESTATION *April 15th 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1.10.17* Auth *a.2.m. Sept. 25th 1917*
 PAYABLE TO *Wife J. Pogue, Kinnmount, Ont. Canada.* RELATIONSHIP *Mother.*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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.																	No.	DATE	No.	DATE
<i>July 31</i>									<i>2270</i>	<i>2270</i>																					
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>			<i>3410</i>	<i>289816</i>																				
<i>Sept 30</i>	<i>30</i>	<i>30</i>					<i>3</i>			<i>33</i>	<i>593181691</i>	<i>157/110</i>																			
<i>Oct 1-5</i>	<i>5</i>						<i>50</i>			<i>550</i>																					
<i>Oct 5-26</i>	<i>1</i>	<i>26</i>			<i>26</i>	<i>10</i>	<i>260</i>			<i>2860</i>		<i>7330 11/16</i>				<i>436</i>															
<i>Nov 30</i>	<i>1</i>	<i>30</i>			<i>30</i>	<i>10</i>	<i>3</i>			<i>33</i>	<i>1310 31/16</i>	<i>130 2/19/10</i>				<i>973</i>															
<i>Dec 31</i>	<i>1</i>	<i>31</i>			<i>31</i>	<i>10</i>	<i>310</i>			<i>3410</i>	<i>147 3/11</i>	<i>1365 2/11</i>				<i>261</i>															
<i>1917</i>		<i>1530</i>					<i>1530</i>																								
<i>Jan 31</i>	<i>1</i>	<i>3410</i>								<i>3410</i>	<i>1506 16/12</i>	<i>1581 6/17</i>				<i>523</i>															
<i>Feb 28</i>	<i>1</i>	<i>3080</i>								<i>3080</i>	<i>1651 1/17</i>	<i>1712 4/17</i>				<i>262</i>															
<i>Mar 31</i>		<i>3410</i>								<i>3410</i>	<i>1772 2/17</i>					<i>261</i>															
<i>Apr 30</i>	<i>1</i>	<i>33</i>								<i>33</i>																					
<i>May 31</i>		<i>3410</i>								<i>3410</i>																					
		<i>33440</i>								<i>2270</i>	<i>35710</i>																				

he confinement - 1917 - 1917 conducted by J.B. Mc. W. 1756 day PL #1 confirmed N: 17 Jofek 68 day Trl 1826 11/17

724245 Pte Boyce E.

at Pay 1500 Case.

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					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.	DATE	NO.
June 30	100	33																																		
July 31		34	10																																	
Aug 20		22																																		
Sept 30		33																																		
		468	60																																	

409 25/5 2nd Pion.
855 15/5 2nd Pion.
805 15/5 2nd Pion.

4406 1254 1409
267
714
2466

Jan 5th L.O.P.D. 21.8.17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY ENG.	SER. REEL ALLOC.
1917											
Sept 30		316	54						316		
Oct.	Warrant for 100 in Sept in error	15							15		
	31 days at 1 st	34	10	7786 108 CCH Epom 28/7	48	67			48	67	
		49	10						15		
									15		
Nov & Dec P.P.		67	10	AR 254 Epom 28/7	9	73					
				AR 254 " 16/7	9	73					
									15		
				AR 235 66th Epom 28/7	4	87					
				AR 160 " 19/7	19	47					
				" 137 " 15/7	14	60					
				" 317 " 15/7	9	73					
				AR 186 " 18/7	4	87					
		67	10	AR 300 66th Epom 28/7	7	30			266	07	
									34	10	
									300	17	
									49	06	
Jan P.P.		34	10	Can at P.					15		
				AR 409 66th Epom 6/7	4	87					
				AR 476 " 12/7	9	73					
				AR 1477 " 20/7	9	73					
		34	10						251	11	
				Can app.					30	80	
									281	91	
Feb.		30	80	" 553 " 11/7	9	73					
Feb. P.P.				" 531 " 29/7	19	47					
				" 535 CCH Epom 26/8	20	20					
		34	10	" 530 " 26/18	4	87					
				" 696 " 15/18	9	73					
				" 2165 " 15/17	9	73					
				" 3747 " 26/18	9	73					
									15		
									213	01	
									145	00	
									43	80	

301 97
67 10
369 07
103 00
266 07

30 266 07
34 10
300 17
49 06

15 251 11
15 30 80
15 281 91

15 237 71
34 10
271 81
58 80
213 01

15 213 01 145 00
15 43 80

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- Boyce Cecil
EFFECTIVE DATE:- 1/10/17		EFFECTIVE DATE:-		NUMBER:- 724245
AMOUNT:- 15 00		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				PR

UNIT AND TRANSFERS	
ORIGINAL UNIT:- 109th Bn.	
DATE ACCOUNT FIRST OPENED:- 1/8/16	
AUTHORITY	DATE EFFECTIVE
	UNIT TRANSFERRED TO
	C.C.H. Epsom

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
10.7.	642	Epsom	9 73			Ledger Bal.	221 59
							9 73
						P. 6 Bal.	214 86

PARTICULARS OF RENDERING NON-EFFECTIVE: **Trans to Canada 20.1.19. AR 4. 7436. Epsom 23. 1.19 Epsom.**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1917											
March	Bal. For								213 01		
April	Pl ^{1/2} Pay	33	-						246 01		
				OMP				15	231 01		
				WR 8/167 667/E 24/4/18 a10	4 87				226 14		
				WR 8/71 " 16/4/18 a2	9 73				216 41		
		33	-		14 60			15			
May	Pl ^{1/2} Pay	34	10						250 51		
				OMP				15	235 51		
				WR 323 667/Epsom 15/5/18 a8	9 73				228 78		
				WR 488 " 29/5/18 a19	14 60				211 18		
		34	10		24 33			15			
June	Pl ^{1/2} Pay	33	-						214 18		
				OMP				15	229 18		
				WR 866 667/E 14/6/18 a3	9 73				219 45		
				WR 888 " 28/6/18 a11	9 73				209 72		
		33	-		19 46			15			
July	Pl ^{1/2} Pay	34	10						243 82		
				OMP				15	228 82		
				WR 51141 667/E 12/7/18 (1)	9 73				219 09		
				WR 51474 " 26/7/18 a10	9 73				209 36	180	
		34	10		19 46			15			
Aug	Pl ^{1/2} Pay	34	10						243 46		
				OMP				15	228 46		
				WR 5121 667/E 13/8/18 a2	9 73				218 73		
				WR 307 " 24/8/18 a10	4 87				213 86		
		34	10		14 60			15			
Sept	Pl ^{1/2} Pay	33	-						246 86		
				OMP				15	231 86		

NUMBER

724245

RANK

PTE

NAME

BOYCE C

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept		33 -						15 -	231 86		
				NR 445 667 E 13/9/18 a1	14 60				217 26		
				575 " 27/9 a12	14 60				202 66		
		33 -			29 20			15 -			
Oct	Clt Pay	34 10						15 -	221 76		
				NR 749 667 E 13/9/18 a21	19 47				202 29		
				NR 914 - - - 27/9/18 a39	14 60				187 69		
		34 10			34 07			15 -			
Nov	Clt Pay	33 -						15 -	205 69		
				NR 1067 667 E 13/9/18 a7	9 73				195 96		
				NR 1255 - - - 28/9/18 a36	4 87				191 09		
		34 10			14 60			15 -	210 19		
Dec	Clt Pay	34 10						15 -	190 72		
1919				NR 1114 Epsom 16/10/18 a68	19 47				209 82		
Jan	Clt Pay	34 10						15 -	209 82		
		101 20			34 07			45 -			
Feb	Clt Pay	30 60						15 -	205 62		
				NR 1638 Epsom 18/1/19 a15	9 73				215 89		
				NR 1824 - - - 29/1/19 a75	9 73				206 16		
				Q4005 (2431) - - - 5/2/19 a80	8 48				197 68		
				NR 2000 - - - 13/2/19 a83	27 24				192 81		
		34 10			4 87			15 -	211 91		
				NR 2154 - - - 27/2/19 a116	4 87				207 04		
				NR 2298 - - - 13/3/19 a140	39 23				197 31		
				NR 2452 - - - 25/3/19 a158	9 73				187 58 180		
		64 90			57 14			30 -			
April		33 -						15 -	205 58		
	Interests on Deferred Pay	19 01							224 59		
				S42 Epsom 10-4	14				200 26		
				S284 " 24-4 End	31				190 53		
		52 01			24 33			15 -			
				S442 9/8 End	12						
					9 73						
					9 73						
				S.O.P. Canada							
				S. 60. 13.5.19	NR2						

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.

We Concur and are with opinion of Medical Officer.

19. Is the invalid fit for

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

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

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

Boarded for return to Canada Authority A. J. Velham 9083-11118

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 *Epsom Surrey* President *A. J. Velham*
 DATE *23 APR 1919* Members *C. Matthews*

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 _____ President _____
 DATE _____ Members _____

APPROVED BY _____

APPROVED BY _____

Assistant Director of Medical Services.

ASSISTANT DIRECTOR OF MEDICAL SERVICES. CANADA Director-General of Medical Services.

DATE *23-4-19*

DATE *APR 23 1919*

Major, O.A.M.C. for A.D.M.S., Canadians, London Area.

13 BERNERS ST. LONDON, W.1

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *M.C.H. EPSOM* DATE *21 APR 1919*

1. 1 (a) Unit *O.A.M.C.* (b) Regimental No. *724245* (c) Rank *PTE*
 (d) Surname *Boyce* (e) Christian name *Becil*
 (f) Home address *KINMOUNT ONTARIO CANADA*
 (g) Next of Kin *MRS J. BOYCE* (h) Relationship *MOTHER*
 (i) Address of Next of Kin *KINMOUNT ONTARIO CANADA*
2. Age last birthday *25* Date of birth *4-12-1893*
3. Enlistment, or Appointment (if an Officer) (a) Place *KINMOUNT ONT* (b) Date *15-4-1916*
4. Personal description:
 (a) Height *5' 10 1/2* (b) Weight *150 ESTIMATED* (c) Complexion *FAIR*
 (d) Colour of hair *FAIR* (e) Colour of eyes *BLUE* (f) Identification marks, Scars, etc. *LARGE SCAR ON INNER SIDE OF L. KNEE AMP OF THUMB LT HAND*
5. Former trade or occupation *FARMER*

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).	Years	Days
		<i>3</i>

	PERIODS	
	From	To
Canada <i>SOLDIERS STATEMENT</i>	<i>15-4-1916</i>	<i>24-7-1916</i>
England	<i>31-7-1916</i>	<i>5-9-1916</i>
France or other theatres of War	<i>6-9-1916</i>	<i>8-5-17</i>

7. Original disease, or injury *LACERATED WOUND LEFT HAND*

- (a) Date of origin *FEB 28/17* (b) Place of origin *VIMY RIDGE*
- (c) Cause *G.S.W.*

M. F. B. 227.

8001-8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

(LOSS OF THUMB LEFT HAND, AMPUTATION)
Partial loss of function of left hand.

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

Objective: fairly well nourished and developed, general condition good, thumb of left hand has been amputated at meta-Carpo-phalangeal joint. Stumps healed but slightly tender. Cannot grip with left hand.
Subjective: Loss of thumb of left hand, tender stumps.

(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..... NO..... Any other general condition..... NO.....

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

Status: wounded Feb 28/17 in left hand. Operated on in France at Boulogne, thumb amputated. Evacuated to England through usual Medical Channels.

NOTES: No available documentary evidence.

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).)

Barret War + M.C.N. Epson 3/6/17 to 23/7/17 P.O.O. Recurred.

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

Thumb left hand missing, lay scar inner side of rear knee.

11.—(a) Did the disabling condition have its origin before enlistment? NO

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

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

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

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

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

Hospital - Surgical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? YES

(If not, briefly state why)

17. Recommendations..... NIL

A. J. Moody, Capt. Comd. 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, B. Boyce, 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.....

B. Boyce

B. Boyce Pte Rank. Signature of invalid examined.

PROCEEDINGS of a* Medical Board

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

assembled at No 8 Stationary Hospital

The proceedings should be signed by each Officer composing the Board, etc.

on the 24th April 1917

by order of the DWD.M.S. Boulogne Base

for the purpose of examining and reporting on the present condition of
No 724245 Pte, Boyce G. 20th Canadian Rgt.

PRESIDENT.

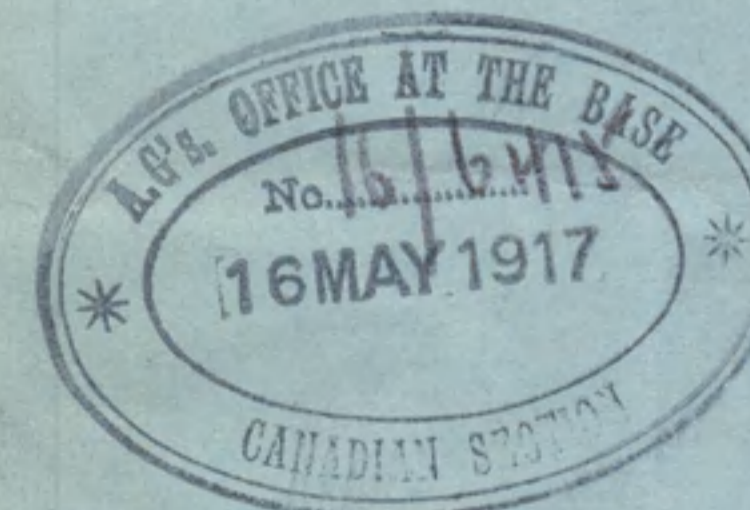
Surgeon General R.H.S.Sawyer C.M.G., A.M.S.

MEMBERS.

Lieut, Colonel H.Simson, R.A.M.C.

Captain H.G.Carlisle, R.A.M.C.

IN ATTENDANCE.



The Board having assembled pursuant to order, proceed to examine the above named man and find that he is suffering from the effects of a g. S. wound of the left thumb alleged to be self inflicted

The thumb has been amputated
through the metacarpal bone
The wound is almost healed.

The Board are of opinion that
he is fit for duty at the base
and will be fit for general
service in one month

Case sheet accompanies proceedings

J. M. Sawyer

Surg. General
S. M. S., Boulogne Base. President

H. H. Mason
Lt Colonel

Members

Herbert Carlisle, M.D.
Capt. R. A. M. C.

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PRESIDENT.

Surgeon General R.H.S. Sawyer C.M.G., A.M.S.

MEMBERS.

Lieut. Colonel H. Simson, R.A.M.C.

Captain H.G. Carlisle, R.A.M.C.

IN ATTENDANCE.

The Board having assembled pursuant to order, proceed to examine the above named man and find that he is

suffering from the effects of a gunshot wound of the left thumb, alleged to be self-inflicted. The thumb has been amputated through the metacarpal bone. The wound is

Alusot

Almost healed.

The Board are of opinion that he
is fit for duty at the Base and
will be fit for General Service in
1 month.

Case Sheet accompanies proceedings.

A. W. Sawyer
Surg. General
D. M. A. Boulenger Base President.

A. S. Mason
Lt Col R.A.M.C.

Members

Hemphill, Carlisle med
Capt. R.A.M.C.