

REGIMENTAL DOCUMENTS

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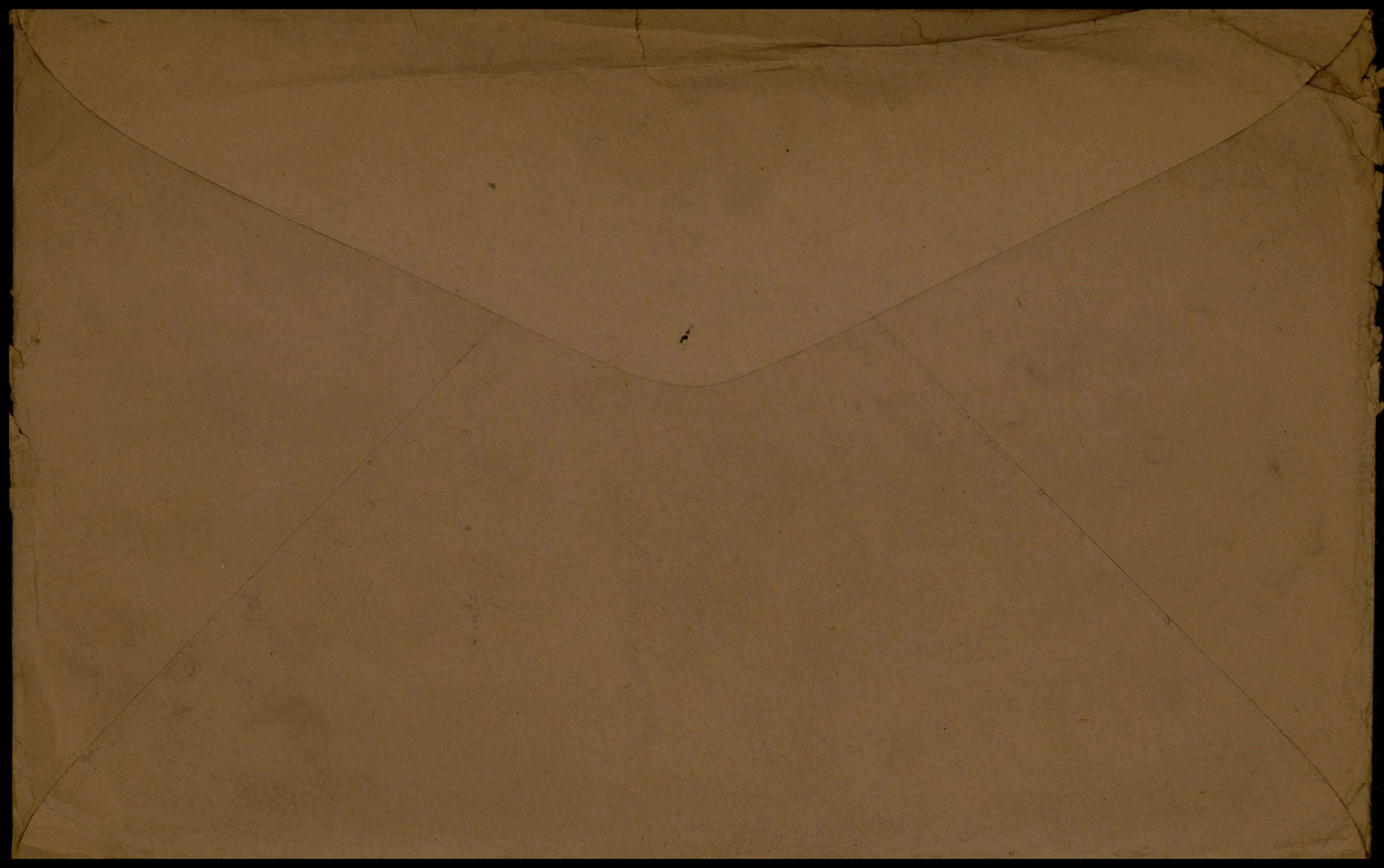
NAME BOYNTON CECIL ROBERT

REGT. NO. 724043

UNIT 20th Bn.

H Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	20			M	DEATH	
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 TRAINING HISTORY SHEET (M.F.W. 113)						
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
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1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DISCHARGE	
MEDICAL EXAMINATION (M.F.W. 129)					Category	
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		H			<i>Demob</i>	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
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MAR 3 1916

6

ATTESTATION PAPER.

No. 721013

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Boynston*
- 1a. What are your Christian names?..... *Cecil Robert*
- 1b. What is your present address?..... *Kirkfield Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Kirkfield, Victoria Co Ont Canada*
- 3. What is the name of your next-of-kin?..... *Charles Franklin Boynston*
- 4. What is the address of your next-of-kin?..... *Kirkfield, Ont Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *February 26th 1898*
- 6. What is your Trade or Calling?..... *Labourer*
- 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 Robert Boynston*, 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 *MAR 3 1916* 1916. *C. R. Boynston* (Signature of Recruit)
G. W. Hall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Cecil Robert Boynston*, 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 *MAR 3 1916* 1916. *C. R. Boynston* (Signature of Recruit)
G. W. Hall (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 *Woodville* this *Third* day of *March* 1916.
Ruben W Thomas (Signature of Justice)

Description of Recil Robert Boynton on Enlistment.

Apparent Age 18 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 1/2 ins.

none

Chest measurement { Girth when fully expanded..... 33 1/4 ins.
 { Range of expansion..... 2 1/4 ins.

Complexion fair

Eyes Blue

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Mar 3rd 1916.

Place Woodville

W. McCulloch Capt.
 Medical Officer.

109th Overseas Battalion, C. E. F.

*Insert here 'fit' or 'unfit.'

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....
 (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date **MAR 3 1916** 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 724043 (Rank) Pvt.

Name (in full) Boynston Cecil Robert enlisted in

the 109th Can Inf Bn

CANADIAN EXPEDITIONARY FORCE at Woodville on the 3rd

day of March 1916

HE served in 10th Bn France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 21

Height 5'5"

Complexion Fair

Eyes blue

Hair Brown

Marks or Scars

C. B. Boynston

Signature of Soldier.

James Thompson

Issuing Officer.

Date of Discharge

No. 2 District Depot
Toronto, Ont.

MAY 24 1919

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

MAY 24 1919

Date 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.

6

To be made out in duplicate.

DUPLICATE H.Q. 54-21-23-53

15

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724043.....

(3) Full Name of Soldier Cecil Robert Boynton.....

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

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

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

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

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

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

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

Also their names and ages Nil.....

(9) Is your Father alive? Yes.

If so, state name and address Charles Franklin Boynton R.R.#2 Kirkfield Ontario Canada.

(10) Is your Mother alive? Yes.

If so, state name and address Mary Boynton R.R.#2 Kirkfield Ontario Canada

(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.

Nil.

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

Nil.

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

Nil.

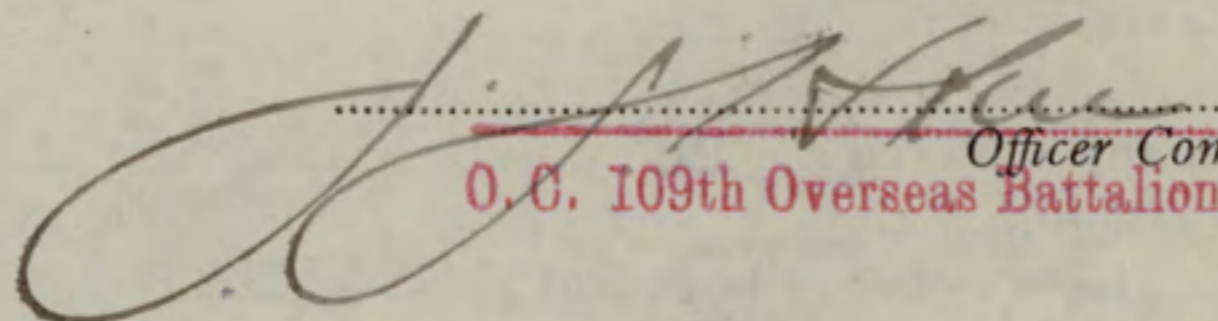
15) Are you insured? No.

If so, in what Company? Nil.

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

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

Date July 6, 1916.


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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY

Certified this document checked with Regimental documents.

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 CECIL ROBERT 2. Surname BOYNTON

3. Rank PTE 4. Original Unit 109 Batt 5. Reg. No. 724043

6. Address, in full, to which future payments of gratuity are to be forwarded P.O.

Post office Victoria Road Ontario

7. Date of enlistment in the C.E.F. March 3 - 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 no

10. Address, in full, of such dependent no

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no

~~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 109 Batt 8 mo.
20 Batt 29 mo.

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?
24. ~~Are you now serving in the C.E.F.?~~ If not, give:—(a) Date of discharge **DEMobilIZATION**
MAY 24 1919 (b) Reason for discharge
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: E. R. Boynton Questions 12, 13, 14, 20
 Place of Residence: Victoria Rd. Ont. 24, 25, 26 & 27.
 Declared before me at: Witley are unanswered,
 This 8 day of April 1919
 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. P. A. ...
H. Col.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

B

724043

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Boynston Christian Name Cecil Rupert

Examined { on 3 day of March 1916
at Woodville
Birthplace { City or Town Kirkfield
County Victoria

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

Apparent age 18 years
Trade or occupation Laborer
Height 5 Feet 3 1/2 Inches.
Weight 105 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 33 1/4 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
<u>19/6/18</u>	<u>Fit</u>	<u>Dr. Abbott</u> M.O.
<u>26/7/18</u>	<u>A</u>	<u>2nd CIO</u> M.O.

Vaccination Marks { Arm Right none Left one
Number one

Date	Result	VACCINATIONS.
<u>3.3.16</u>	<u>fit</u>	<u>McCulloch</u> M.O.
<u>11.4.16</u>	<u>good</u>	<u>McCulloch</u> M.O.

When Vaccinated last 3/3/16
(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19.6.18</u>	<u>20B</u>	<u>Shannon</u>
<u>9/5/16</u>	<u>good</u>	<u>McCulloch</u> M.O.
<u>15.5.16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>24.5.16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>23.9.16</u>	<u>"</u>	<u>McCulloch</u> M.O.

Enlisted on 3rd day of March 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>104th Bn C.E.F.</u>	<u>724043.</u>		<u>3.3.16.</u>
Transferred to..	<u>20th Bn 28-18</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wully</u>	<u>14-4-19</u>	<u>v. w.s.</u>	<u>Fit to re-engage</u> <u>Capt. C.F.C.</u>

CANADIAN

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

Christian Name

Christian Name

Surname

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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
2nd Scottish Gen Hospital		3	1	18	21	1	18	Inflam. Connective tissue at heel	18	Caused by boot. now almost healed.	M. A. B. B. B.
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		22	1	18	8	2	18	V.D.S.	18	Requires further treatment	J. H. M. C.
Hilsea Hosp.		8	2	18	10	4	18	^{H₂} Syphilis	61	Free on Paris. S. Pallida present Wassermann positive. Both vide A 1238. To continue treatment Trans. to Epsom Conv. H. with ulcerated heel.	J. A. B. C.
66 Epsom		10	4	18	21	JUN	1918	Mentioned at heel.	73	eva. trace. some what anaemic. medicine R.G. high. Standing Medical Board advise D.I.	A. B. C. D.

MEDICAL CASE SHEET.*

Div III

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>724043</i>	<i>Pte</i>	<i>Baynton</i>	<i>S. R.</i>
Year	Unit.		Age.	Service.
	<i>20th Batta</i>		<i>19</i>	
Station and Date.	Disease			
<i>11.4.18</i>	<i>Ulceration of Rt Heel.</i>			
<i>Woodcote Park, Epsom.</i>	<i>Infection on outer side of rt heel. Anaemic L.S. 5.</i>			
			<i>G. Lear Capt</i>	
	<i>Sub</i>	<i>18.6.18</i>		
<i>1316119</i>	<i>D.I.</i>	<i>(Sub B)</i>	<i>A. B. Cantlin</i>	<i>Capt</i>

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

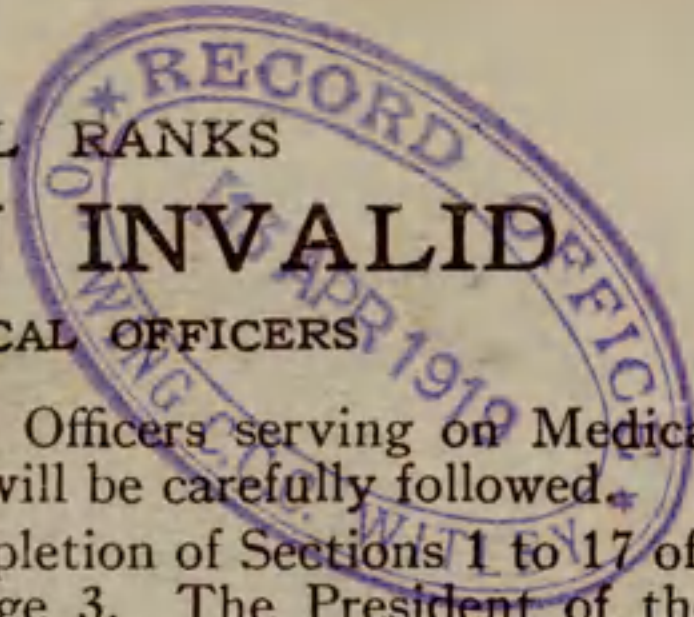
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1	424043	Pt.	Boynston	Acid
Year	Unit.	Age.	Service.	
1918	20 th Canadians	19	2 ³ / ₁₂	
Station and Date.	Disease			
Edinburgh	Inflam. Bone of Foot in right heel.			
	Admitted. to 61 st General Hospital			
		Main Exposure		
21. 1. 18	Transferred to Canadian Conv. Hspl.			
	Bromley Kent			
	CANADIAN CONVALESCENT HOSPITAL			
	BROMLEY, KENT			
Bromley				
8-2-18	Transferred to Military Hospital Hilsea, for treatment, V.G.S.			
		D. Donovan p.p.		
		Capt. Baker		

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

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



15

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 Witley DATE April 12/19

1. 1 (a) Unit 20th Bu. (b) Regimental No. 724043 (c) Rank PL
 (d) Surname BOYNTON (e) Christian name CECIL ROBERT
 (f) Home address Victoria Road Out.
 (g) Next of Kin Mrs Mary Boynton (h) Relationship Mother
 (i) Address of Next of Kin Victoria Road Out.

2. Age last birthday 21 Date of birth Feb 26-1898

3. Enlistment, or Appointment (if an Officer) (a) Place Woodville (b) Date March 3/16

4. Personal description:
 (a) Height 5-6 (b) Weight abt. 130 lb (c) Complexion medium
(stripped)
 (d) Colour of hair brown (e) Colour of eyes gray (f) Identification marks, Scars, etc.
small nose nose shaped nose round aspect
four fingers 1st & 2nd

5. Former trade or occupation labourer

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
	3	45.

	PERIODS	
	From	To
Canada	<u>July 24/16</u>	<u>July 31/16</u>
England	<u>July 31/16</u>	<u>Oct 1/16</u>
France or other theatres of War	<u>Oct 1/16</u>	<u>6/4/19</u>

7. Original disease, or injury V. D. S.

(a) Date of origin 22.1.18 (b) Place of origin England

(c) Cause specific infection

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

(V.D.S.)-me.

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.)

obj. symptoms :- me Special report sig. may: Lockhart dated 10.4.19 states that O.R. has no infectious cytoplasmic inclusions. Wasserman report 11.4.19 sig. Capt Williams is negative. Subj. sympo :- me

None normal

(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).)

M.H.S. states in hospital for V.D.S. 27.1.18 to ~~21.6.18~~ 10.4.18

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).)

A.F.B 103 states I.P.T. at toe 25-11-17 to 14-12-17.
M.H.S. states I.P.T. heel 3-1-18 to 21-1-18
and 10-4-18 to 21-6-18

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

nil

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

~~no~~ no 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) yes (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?

n.a. six months no

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

M.H.S. states treated for U.D.S. 22-1-18
to 10-4-18

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

It is suggested ~~no~~ that the patient be dealt with on arrival in Canada in accordance P.C.O. 47 of 20-1-19

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

yes

17. Recommendations

awarded entry

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 C.R. Boynton 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 nothing

C.R. Boynton Rank. Pte
Signature of invalid examined.

10/4

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.

44

19. Is the invalid fit for

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

Yes A.

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.)

See Mich 15 re V. D. S.

- (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.)

Board R.T.C. July 9 1919 7 11 1/2

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 *Witley*

DATE *14-6-19*

W. J. Macdonald
W. J. Macdonald
 President.
 Members

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.

.....President

PLACE.....Members

DATE.....

APPROVED BY

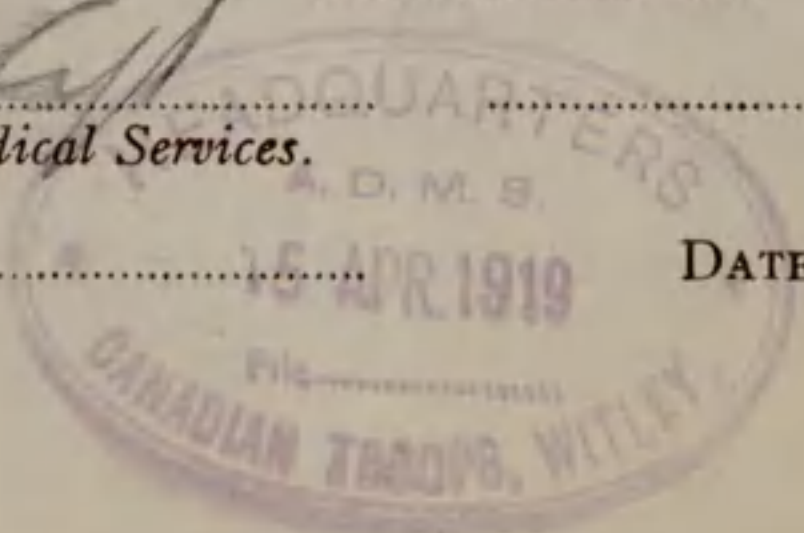
APPROVED BY

J. B. B. B.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....



CANADIAN SPECIAL HOSPITAL
WITLEY CAMP SURREY.

15

To:- Present Standing Medical Board,
Witley.

April 10/19

724043 Pte
Boydston L B

The marginally named Soldier has no infectious Syphilitic lesions and may be returned to Canada forthwith.

It is "Suggested that the patient be dealt with on arrival in Canada in accordance with P.C. 47 dated 20-1-19.

Shankar-Munro
.....
Officer i/c Syphilis Clinic.

CANADIAN SPECIAL HOSPITAL
WITLEY CAMP SURREY.

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.....
Officer i/c Syphilis Clinic.

March 10/14

RECEIVED
MARCH 10 1914

THE UNIVERSITY OF CHICAGO

Richard Lee Hillman

March 10/14

RECEIVED
MARCH 10 1914

THE UNIVERSITY OF CHICAGO

Richard Lee Hillman

March 10/14

RECEIVED
MARCH 10 1914

THE UNIVERSITY OF CHICAGO

Richard Lee Hillman

RECEIVED
MARCH 10 1914

O. WING

CANADIAN GENERAL LABORATORY.

WASSERMAN REPORT FOR MEDICAL BOARD.

NAME..... BOYNTON CECIL R REG'T'L No. 724043

RANK..... PTE UNIT 20th Bn.

PREVIOUS Wasserman Date..... Aug 1918

RESULT..... neg.

STATION and date..... Witley

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

WASSERMANN
NEGATIVE

DATE..... Serial No..... Result.....

*William
Gale*
Major,
Officer Commanding,
Canadian General Laboratory.



Witley Camp.

.....1919.

245

O. WING

CANADIAN GENERAL LABORATORY.

WASSERMAN REPORT FOR MEDICAL BOARD.

NAME..... BOYNTON CECIL R Reg't'l No. 724043
 RANK..... PTE Unit. 20th Bn.
 Previous Wasserman Date..... Aug. 1918
 Consult..... neg.
 Station and date..... Witley

o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM WASSERMANN
NEGATIVE

Station..... Serial No..... Result.....

W. W. Witley
Major,

Officer Commanding,
Canadian General Laboratory.



Witley Camp.

245

O. WING

36

CANADIAN GENERAL LABORATORY.
.....
WASSERMAN REPORT FOR MEDICAL BOARD.
.....

NAME..... BOYNTON CECIL R REG'T'L. No. 724043
RANK..... PTE Unit. 20th Bn.
Previous Wasserman Date..... Aug. 1918
Result..... neg.
Location and date..... Witley

o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

Serial No. Result. WASSERMANN
NEGATIVE

W. W. W. W.
W. W. W. W.

Major,

Officer Commanding,
Canadian General Laboratory.



Witley Camp.

245

O. A. V. I. D.

CANADIAN PUBLIC HEALTH
FEDERAL BOARD OF HEALTH

BOYNTON, GEORGE W. 7, 1893

124043

973

1913

1913

REPORT OF WASHINGTON (OFFICIAL) BOARD OF HEALTH

George W. Boynton

Chief of Laboratory

36

15

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

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

BOYNTON C. R.

REGIMENT

20th Battn

RANK

Pte

No.

724043

Date of Examination in England

APR 1919

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

5, 14, 22

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

19, 20, 28 to 31

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

(c) In France

Yes

Signature of Dental Officer

[Handwritten Signature]

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. 657.

Mrs C. H. Boynton

PAYMENTS.

Name of Soldier

Boynton C. H.

724043

(Pte) Coy 109 Bn

\$15⁰⁰

Remarks. *AUG 17 1916*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>X 15427</i>	<i>15</i>	
Sept.		<i>Q 15400</i>	<i>15</i>	
Oct.		<i>U 14927</i>	<i>15</i>	
Nov.		<i>O 24664</i>	<i>15</i>	
Dec.		<i>A 36093</i>	<i>15</i>	
Jan.	1917	<i>B 37180</i>	<i>15</i>	
Feb.		<i>B 42854</i>	<i>15</i>	<i>15 (W)</i>
March		<i>C 49795</i>	<i>15</i>	<i>15-ch</i>
April		<i>L 759</i>	<i>15</i>	<i>15-B.</i>
May		<i>Z 6988</i>	<i>15</i>	
June		<i>H 13397</i>	<i>15</i>	<i>15-B.</i>
July		<i>C 19902</i>	<i>15</i>	<i>B.</i>
Aug.		<i>G 27304</i>	<i>15</i>	<i>OB</i>
Sept.		<i>F 38602</i>	<i>15</i>	<i>2</i>
Oct.		<i>S 48721</i>	<i>15</i>	<i>210</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ger

210

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Mrs C. H. Boynton

By Whom Assigned Boynton C.R.

Address R. M. D. #2.
Kirkfield, Ont.

Regtl. No. 724043.

Rank Pte.

Corps 109 Btn. "C" Coy

Rate \$15.

AUG 1 1916

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER

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				



1930

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs C F Boynton* By Whom Assigned *Boynton, C. R.*
 Address *R. M. D no 2.* Regtl. No. *724043.*
Kirkfield Rank *pte.*
Ont Corps *20th. Bn.*
 Rate *\$ 25.00*

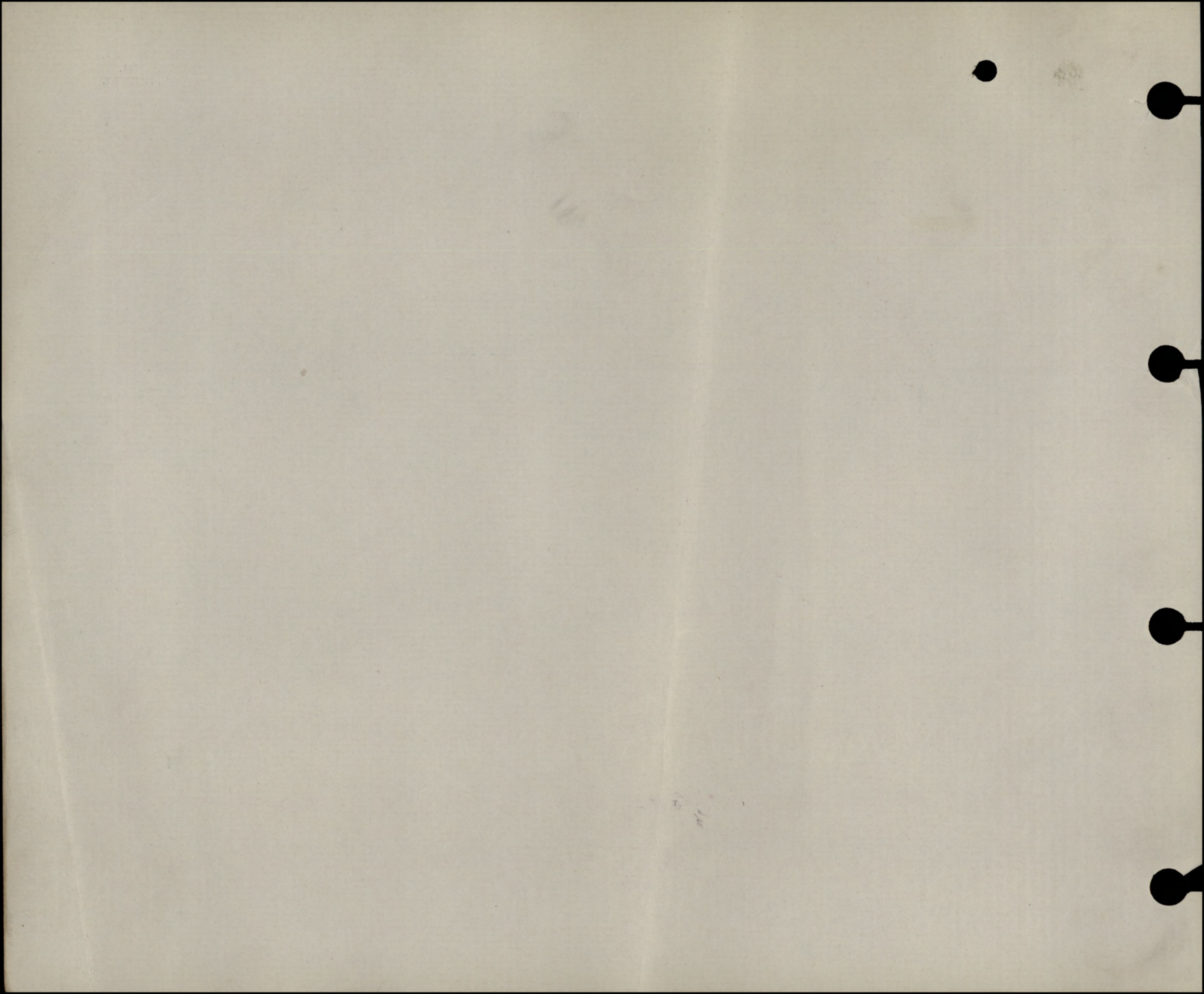
SPECIAL REMITTANCE

Sched 4 25 6. 9. 17

PAYMENTS

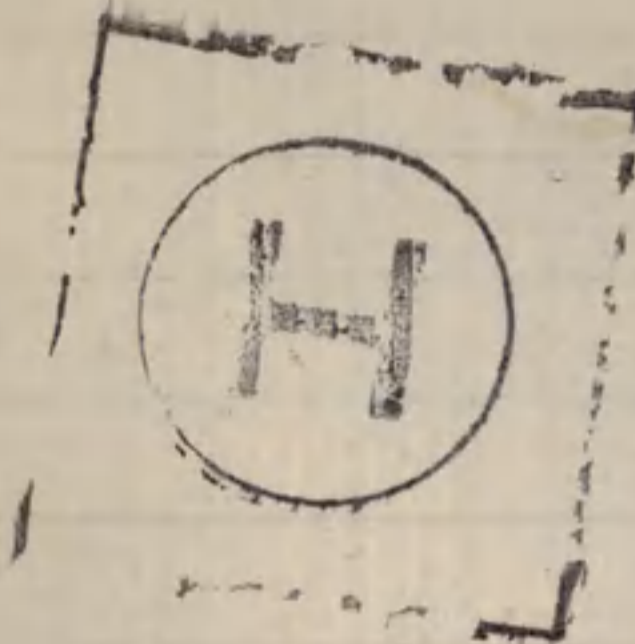
ALSO ACCOUNT IN CURRENT LEDGER,
 REMARKS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.	1917			
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				
		<i>A 21730</i>	<i>25</i>	



G.A.C.F. Rank Name BOYNTON, Cecil Robert. Reg'l No. 724043
 Unit 109th. Battalion. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Woodville, 3rd. March 1916. Place of Birth Kirkfield, Victoria,
 Name and Address, Next-of-Kin Charles Franklin Boynton, Co., Ontario, Canada.
 Kirkfield, Ontario, Canada. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E R.B. # 29148
 File R.L.
 Category CAN. OR



Discharge, Date and Place Reason Character
 H. W. V., Ld.—11319-17. Original Record Sheet filed in envelope, 10.8.17.

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.	H.M.T. 2810		31.7.16	
5.10.16	109th. Bn S.O.S. to 20th. Bn.	O/S.	Bramshott.	5.10.16	Part 2 D.O. 279
11.10.16	20th. Bn.	T.O.S. from 109th. Bn.	Field.	6.10.16	" " 55
30-11-17	160th 20.	#4 Can Field Amb.	Field	25-11-17	62 a 77.
5-12-17	"	#12 Can Field Amb.	"	29-11-17	62 a 81 Impression H. H. H.
19-12-17	"	Lo Duty	"	14-12-17	62 a 93-2
28-1-18	160th.	J.O.S. from 20th Bn	1st Landing	23.12.17 3-1-18	20 Bn P/II 8 10 a/51-1-18
25 6 18	-	on board 266 D	"	21.6.18	174
26-7-18	12 Pas	J.O.S. from 160th	"	26-7-18	176 160th P/II 8 208 a/50-7-18
22-8-18	"	S.O.S. to 20 Bn	"	21-8-18	178 199 (20th Bn) P/II 8 175 a/29/18

IN R.B. 103 CHECKED
 AUG. 1918

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.					
8-4-19	20 Bn	Proc to Eng	Pte W dby	8-4-19	Do	32
11/4/19	0. Wing ACC	T.O.S. Pndg A/c.	"	7/4/19	"	5.
2-6-19	0 wing	SOS TO CAN	13 5	19	Pt 61	60-1-24 1575719

Rank **BOYNTON, Cecil Robert** / Reg'l No. **724043** /
 Name **BOYNTON, Cecil Robert** /
 Unit **109th Bn.** / If in perm. Corps, }
 What Unit? }
Woodville, / Married or Single **Single.** /
 Place and Date of Enlistment **3rd March, 1916.** / Place of Birth **Kirkfield, Victoria**
Co., Ont., Canada. /
 Name and Address, Next-of-Kin **Charles Franklin Boynton,** /
Kirkfield, 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	
5-10-16	109th Bn	S.O.S. to 20th Batta	Bramsholl	5-10-16	P ¹ II. 50-279 J.W.C.
11-10-16	20th Bn	T.O.S. from 109th Bn	Field	6-10-16	" II 55.

A.F.B. 103 CHECKED
 16 OCT. 1916

W.S.B. CLASS "A"

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

M. F. W. 54.

150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 100th OVERSEAS BATTALION, C. E. F.

Regimental No. 24043 Rank Private Name Boynston Cecil Robert

Enlisted (a) 3.3.16 Terms of Service (a) 1 of W Service reckons from (a) 3.3.16

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
19 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.
Embarked Canada		Halifax	24.7.16.	
Disembarked England		Liverpool	31.7.16.	
Transferred for Overseas Service with 20 th Batt'n			OCT 5 1916	<u>D. O. Pt. 11. No 279</u>
6/10/16 C B Dep Arrd & taken on strength		20th Bn	6/10/16	NR Pt 2 O'rs 55d11/10. 100th Overseas Battalion, C. E. F.
29/11/16 CB Depot	Left for 2nd Ent. Bn.	Field	29/11/16	NR
2/12/16 2nd Ent Bn	Arrived	do	2/12/16	NR
18-3-17 do	Left for	20th Bn	18-3-17	NR
24-3-17 20th Bn	Arrived	do		B213
1-12-17 - u -	Adm: to Hosp. Sick.		25-11-17	ADJUTANT, 109TH BATTALION CAN. INFANTRY.
25-11-17 4 C.F.A.	Adm: to R. Adm: 6 C.F.A.		25-11-17	B9225.
- u - 6 - u -	Adm			
24-11-17 12 C.F.A.	Adm	12 - u -	24-11-17	B9420.
- u - 6 - u -	Adm	12 - u -		B9662
14-12-17 12 - u -	Disch'd	Duty	14-12-17	C. 2605.
22-12-17 20 Bn	Rejd from Hosp.	20 Bn	14-12-17	B 213
29 DEC 17 - u -	GRANTED 14 DAYS LEAVE.		23-14-17	Part II Ord 1
7-1-18 offr i/c	Records Adm 2nd Scot. Gen Hosp Edinburgh		3-1-18	RL.1-20-303 over R3.7718
23-1-18 do	Adm to Hosp whilst on leave & posted to 1st Centl Ont Regl Depot Shorncliffe		3-1-18	File KI.17/293. R.L.1-20-303 over R3.23118. File KI.17-293. Pt 2 10d 31-1-18.

(a) In the case of a man who has re-engaged for, or enlisted into Section B. 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.

CERTIFIED CORRECT.
 CAN. RECORDS, LONDON.

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				
28-1-18	1st BORD	T.O.S. from 20th Bn.	Sandling.	3-1-18	Pl II 28.
25-6-18	do.	Outcom 2nd CCO.	Witley.	21-6-18	— 174.
29-7-18	do.	S.O.S. to 12th Res Bn	do.	26-7-18	— 208.
26-7-18	12th Res	T.O.S. from 1st BORD	do.	26-7-18	— 176.
22-8-18	do.	Trans to 20th Bn operas.	do.	21-8-18	— 199.

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

22 AUG 18
 26 AUG 18
 26 AUG 18
 29 AUG 18
 7 SEP 18

G.I.B.D. Arrived & T.O.S. 20th Bn.
 C.I.B.D. Left for C.C. Rein C.
 C.C. Rein. C. Arrived.
 Left for Unit
 20th Bn. Arrived Field

22 AUG 18
 26 AUG 18
 26 AUG 18
 29 AUG 18
 31 AUG 18

Part II. Ord. 78-1918.

C.E.C. Proceeded To England

6 AVR 1919

7-4-19
 "O" WING
 S.O.S., O.M.F.C. ON PROCEEDING TO CANADA
 * Sailing

Witley 11-4-19
 WITLEY 8-5-19

N. N.
 A. H. ...
 Lieut.
 for Lt. Col., A.A.G.,
 Canadian Section
 D.O. PT. 2 No. 27

I.S.S. ...
 Sail ... 14-5-19

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

CS 11 OP

15

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

NAME *C.R. Boynton* REGT. NO. *724043* UNIT *12th*

Date of first sore *2-7-18* If T. pallidum found

Secondaries if any

Treatment if any, Arsenical *7 inj*

Mercury *8 inj*

Last injection of arsenical compound, date *Feb 20-18*

Station and date *Witley 31-7-18* Signature *J. Robinson*



RESULT OF WASSERMANN TEST **WASSERMANN NEGATIVE**

No. 1. Mobile Laboratory *398* Date Serial No. *398* Capt. C.A.M.C. O.C. No. 1. Mobile Laboratory.

Result of test (orig Wass) Quarter system.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BOYNTON.

C.R.

724043.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

1st, C.O. 20.

HOSPITAL

DATE OF ADMISSION

4. C.F. Amb.

25-11-17.

1.

12. Can. Fld. Amb.

HOSP. 29.11.17.

2.

2 Scot. Gen. Edinburgh

HOSP. 3.1.18

Can. Genl. Bramley

23.1.18.

Re. ad. Can. Convales. Bramley

HOSP. 7.2.18

4.

Mil. Hosp. Hulsea.

HOSP. 9-2-18.

DIAGNOSIS

1. Inf. R. Toe. *sp*

1.

2. I. C. T. R. Heel. *sp*

2.

U. A. S. Ho

3.

J. D. G. Howard

Mess R. Heel. *Raw*

DISPOSITION

plise to plerty 14.12.17.

Ms. 7.2.18

DATE

C.L. 1-12-17. A77(2)

REMARKS

6.12.17. 2.81(1)

20.12.17. A93(2)

9.1.18 B1084 Adm. whilst on leave from

25.1.18 B122(2) France.

11.2.18 B136-2 new Disease Supervening.

21.2.18- 19. 1450

13.4.18 B187-2

Ms - 21.6.18.

26.6.18 B250 (1)

A.M.D. 2

EPITOME OF HOSPITAL TREATMENT

Mil Crow, HOSPITAL *Epom.*

ADM.
11-4-18

1.

2.

3.

4.

5.

6.

7.

of
Fr Coac 7/6/18

OVERSEER

Form A.G. 10410 (10M-11446-2-4

OVERSEAS

To :-

NAME *Brynton C.*

RANK AND CORPS *pt.*

REGT'L No. *724043*

H. Q. FILE No. 649.

R.
1st Central Ont Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 93.	Widied to duty	14-12-17	Infection rt knee
B 108-2	2nd Scottish Gen Edinburgh	3-1-18	J. to J. R Heel. 1st Ont Reg.
B 122	Can Conit, Bromley	23-1-18	J. to J. rt Steel
B 134	Widied + re-admitted now disease supervening	7-2-18.	V. D.S.
B 145	Mil. Hilsea & Can Conit Bromley	9-2-18	(21) U.D.Y
B 1872	Mil. Conit. A. Epsom	11-4-18	Ulcers. R Heel
B 2810	Widied	21-6-18	(21)

SURNAME. *Boynnton*

CARD NO. ✓

CHRISTIAN NAMES *Cecil Robert*

2-2
205. 24-5-19
FOLL. *Denial*
20. 151. 31-5-19

REGL. No. *724043* RANK *Pte.*

UNIT *109th*

Bw.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Boynnton, Charles Franklin*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Kirkfield, Ont.*

COUNTRY OF BIRTH *Canada, Kirkfield Victoria Ont.*

PLACE OF ATTESTATION *Woodville, Ont.* DATE *Mar. 3rd. 1916*

Sailed from Halifax 23/7/16⁴⁸⁸ per 5.5 "Olympic"

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

Not stated

MONTHS

HEIGHT

5

FEET

3 1/2

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

2 1/4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Woodville, Ont.

DATE

Mar. 3rd. 1916

mid

Number 724043 Rank Plt.

FLA Surname BOYNTON

Christian Name Cecil Robert

Units 205th Com. Inf. Theatre of War France

Date of Service 8-10-16

Remarks

Latest Address Victoria Road
Victoria Co.

Roll No. B Out-

200m. -6-21 Page 19784

P

DESP. DEC 22 1924

RECON. NO. 8795

Cecil Robert

Name **BOYNTON** Rank **Pte**Reg. No. **724043**Unit **20th Bn**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 3 1	2 Scottish Bn.	Edinburgh	ICT. R. H. L.			9985
	(On leave from France)			19108		
23 1	San Con Hos	Bromley	do	19122		11139
7. 2.	Dis & Re-admitted		V. D. S.			12186
	new disease supervening			19136		
9 2	Mil Hosp.	Hilsea	V. D. S.	19145		12555
10 4	Mil Convt.	Exmouth	ICT. R. H. L.	19187		16083
21 6	Discharged		do	19250		6000
					6.6.16	

Saddler
R289 100M 9/3/17.

San Oswald HOSPITAL.
Bromley. Kent.

A. & D.
CARD

F

AT T167

A. & D. No. _____ PL. OF ACTION _____

RANK Pte. 724043 UNIT 20th Battalion Imperial SICK OR WOUNDED

NAME Bevnton C. AGE 19. RELIGION Presby.

PLACE IN HOSPITAL _____

DIAGNOSIS I. C. I. Right Heel

ADMITTED 22-1-48. FROM 2nd Scottish Gen
Edinburgh

DISCHARGED _____ TO _____
TRANSFERRED 8/7/18 Mil. Hosp. Hilsea Portsmouth.

SERVICE AT HOME 7 months IN FIELD 15 months

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

3-1-18

REMARKS.

No. 724043 RANK

Ple

NAME Baynton, C.

L.

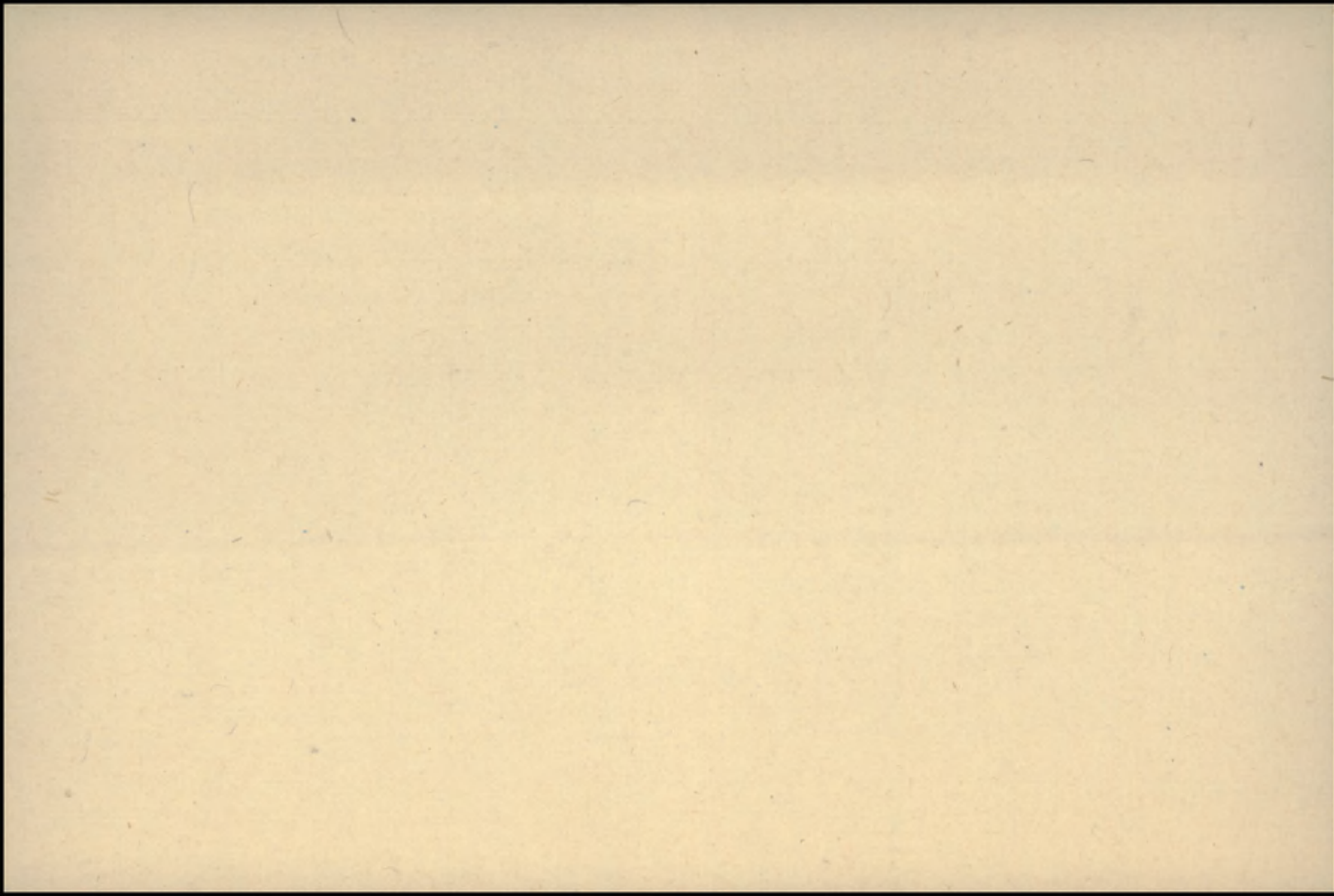
T. O. S. 3-3-16
D. O. 95. 10-3-16

UNIT 109th. Battalion

M. D. 13

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Mar. 3	1916. Mar. 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



Saddlers

Form DMS-1101

8289 100.M 9/3.17.

A. & D. CARD

San Ousect HOSPITAL.

AT Bromley Kent.

A. & D. No. A 17. PL. OF ACTION

RANK Pte. 724043 UNIT 20th Bn. Transport SICK OR WOUNDED

NAME Beynton B. AGE 19 RELIGION Presby.

PLACE IN HOSPITAL

DIAGNOSIS T. S.S.

ADMITTED 7 - 2 - 18. FROM Old Disease. 7.167 7.

DISCHARGED TO 8/18 Mil. Hosp. Hilsen, Portsmouth.

SERVICE AT HOME 8 months IN FIELD 15. months

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

3 - 1

(P.T.O.)

REMARKS.

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

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

500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 724043 Rank 1st Name Boynston, C. R.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 151
MAY 24 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 151
<i>W. C. Roberts</i>					Lieut.
For O. C. No. 2 District Depot.					

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

OVERSEAS CONTINGENTS

10651 *Aug 1/16*

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *724043*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *C. F. Boynton*
 Battalion *109th Bn "C" Co*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. C. F. Boynton*
 Address *P.M.D. #2, Kitchfield, Ont.*
 Change of Address
 1
 2
 3
 4

ANOTHER ACCOUNT IN
Spec. Permitted Ledger
 Ledger
 Ledger
 Ledger

*729 B 11
 MR*

Date	Cheque No.	Amount S/A	Amount A/P	Total	✓
<i>Sept. 30-17</i>			<i>210</i>	<i>210</i>	
<i>Oct</i>	<i>A 48721</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>B 55829</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>D 59899</i>		<i>15</i>	<i>15</i>	<i>S</i>
<i>Jan</i>	<i>O 66142</i>		<i>15</i>	<i>15</i>	<i>Par.</i>
<i>Feb.</i>	<i>C 94058</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>A 101340</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr.</i>	<i>E 5264</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>F 12075</i>		<i>15</i>	<i>15</i>	<i>✓ #</i>
<i>June</i>	<i>D 20054</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>V 27834</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>AUG.</i>	<i>C 31966</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>SEP.</i>	<i>D 38250</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>OCT.</i>	<i>F 42060</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>NOV</i>	<i>B 5364</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>DEC</i>	<i>C 66731</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>JAN- 1919</i>	<i>H 69663</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>FEB</i>	<i>J 78808</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>MAR</i>	<i>K 85228</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>APR</i>	<i>L 839</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>M 6077</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>510</i>	<i>510</i>	

1962-6-4

AUDITED.

M.D. #2
 A/c Closed *31-5-19*
 Ret'd per *Caronica*
 Date *225/19 M.F.W.187 295/19*
 signed *R Smith*
M.R.O. 712149 Desx. Rem. B. 295/19

M. F. W. 128
 400M-6-17-177-89-141
 L. L. 22320-M. & D. 7483.



SYPHILIS CASE-SHEET.

Regtl. No. 724043 Rank and Name Pte Boynton C.R. Corps 20th Canadians Coy Trans.

Placed on Syphilis Register at Hilsea on 8-2-18. No. in Register 1781

Disease contracted at Edinburgh. Primary sore appeared on (date) 28-1-18

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Hard papulo erosive chancre
Sulcus to rt of frenum.

Lymphatic glands Marked double inguinal part cerv. adenitis

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) SP. Present

Examination of blood serum— (Method employed (original or modification) Original

Wassermann reaction (Result (positive or negative) Positive.

Station Hilsea Date _____ Signature of M.O. J. J. Ross
Capt. Ross

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

Signature of M.O.
(Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Treatment	Other Methods	
	Mercurial	Injections or Oral (Preparation and dose)
Wasser-mann Reaction	Result	Positive (+) Negative (-)
	Method	Original (O.) Modification (M.)
Urine	Albumen (Alb.)	Normal (N.)

Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)

Date

Station

Weight clothed, without boots—lbs.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Other Methods	Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.)	Result (Positive (+) Negative (-))	Arsenical	Mercurial	Intravenous Injection. Dose in grammes	Intramuscular injection. Dose of Metallic Mercury in grains		
<i>Helsea</i>	<i>8-2-18</i>	<i>Admitted into Hospital</i>										
	<i>9-2-18</i>	<i>D. G. EXAMINATION SP. PALLIDA SP Present</i>										
	<i>16-2-18</i>	<i>WASSERMANN. + + +</i>										
	<i>15-2-18</i>											
	<i>15-2-18</i>											
	<i>20-2-18</i>											
	<i>22-2-18</i>											
	<i>25-2-18</i>											
	<i>4-3-18</i>											
	<i>6-3-18</i>	<i>WASSERMANN. + +</i>										
	<i>11-3-18</i>	<i>Injec. Neo' Kharsivan</i>										
	<i>11-3-18</i>											
	<i>18-3-18</i>											
	<i>18-3-18</i>											
	<i>25.3.18</i>											
	<i>25.3.18</i>											
	<i>28.3.18</i>	<i>WASSERMANN TEST RESULT Negative</i>										

*Janet
Capt Rans*

cut

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. 39a).
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (C. 85).
13. Pay Book (C.B. 6a).
14. War Service Certificate (Form M.F.W. 2595).
15. Sundry Documents.

Group.....
 Checked by No. 13
 Date 5/5/19

War Service Badge
 Class "A" No.



SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



D.A.T.
O.G.I.

1. No.	<u>724043.</u>	
2. Rank.	<u>Pt.</u>	
3. Name.	<u>Boynston, Cecil Robert.</u>	
4. Unit.	<u>25th Bu.</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. 1617</u>	
8. Proposed Residence after Discharge	<u>Victoria Rd Oshawa.</u>	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?.....</p> <p style="text-align: right;"><u>Cecil Robert Boynston</u> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>TORONTO, ONT.</u></p> <p>Date <u>MAY 24 1919</u></p> <p style="text-align: right;"><u>[Signature]</u> For O.C. No. 2 District Depot. Signature..... (O. C. Discharging Unit.)</p>	

"CORONIA" 21.5.19
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 724043 RANK Pte NAME (IN FULL) BOYNTON, C.R.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
30.4.19				1832												1832	ev bal on tpe
30.5.19	29	1.00	29.00														115 to 24.5 ptd closing allur to 59, 21 pay
																	Snay
																	Prat - Dr. 1/2 Cheque
																	W.S.G.
																	W.S.G. 70 - 550
18.3.19				430													due holder W.S.G. 344.50
																	1st W.S.G. Paid by #2 D.D.
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BALANCE FROM PREVIOUS ACCOUNT

W.S.G. PAID IN FULL
FOR PAYMASTER WAR SERVICE GRATUITY

NUMBER 724043 RANK Pte NAME BOYNTON G.R. *Canal 15⁰⁰*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Brought Forward								1 93		
Oct	<i>PA</i>	34 10		<i>Canal</i>				15	21 03		
				1005 14/10/18 180256m	3 73						
				1215 29/10/18 201m	3 73				13 57		
		34 10			7 46			15			
Nov	<i>PA</i>	67 10		<i>Canal</i>				30			
Dec	<i>PA</i>			479 18/11/18 4036m	3 73						
				1002 26/11/18	13 06						
Jan		34 10		<i>Canal</i>				15	52 98		
Feb		67 20			16 79			45			
Mar		64 90		<i>Canal</i>				30			
				1402 12/12/18 11 20m	6 49						
				1846 28/12/18	1 30						
				2353 10/1/19	3 77						
				3087 25/1/19	13 73						
				3584 9/2/19	3 73						
				6296 25/2/19 <i>Can Der Pruss</i>	18 66						
				4455 3/3/19 4091b	3 65						
				5052 9/3/19	3 65						
				5752 22/3/19	3 65				39 25		
		64 90			48 63			30			
Life	<i>P. Pay</i>	33		<i>C.C.P. Life</i>				15	57 25		
				A.R. 631 15/4/19 "O'wing C.C.C."	38 93				38 93		
				1575 25/4/19 " " "	9 73				18 32		<i>6⁰⁰ Bal</i>
				(L.P.C. endorsed)							
				A.R. 3445 9/5/19 O'wing	9 73						
				(L.P.C. endorsed)					1 14		
		33			58 39			15			

*S.O.S. to Canada 13/5/19
 MD 2
 Sealing List Co.*