

## REGIMENTAL DOCUMENTS

NAME

*Chalmers Wallace*

REGT. NO.

*726132*

UNIT

*189th Inf*

H. Q. FILE NO.

*16-4*

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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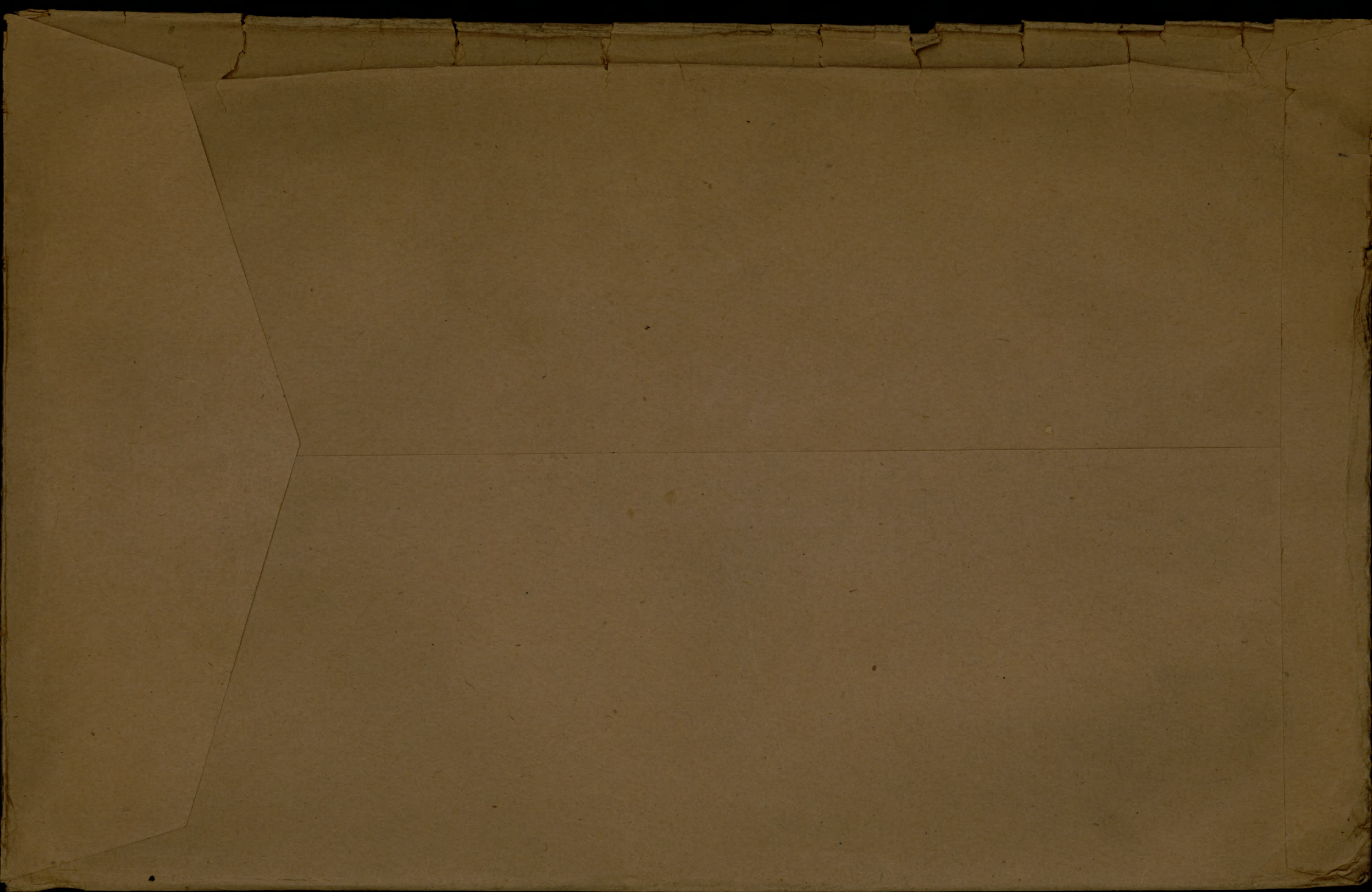
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*1 mTB 218d**1 mTW 192**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**1 Q. No 3947**Deceased  
4-4-61**M**13691**H**30-3  
4-3  
6-3**4**403523*







Enlisted 2/2/16  
at price 1/11/16

stay

ATTESTATION PAPER.  
109th OVERSEAS BATTALION, C. E. F.,  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 726132

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

1. What is your surname? Chalmers
- 1a. What are your Christian names? Wallace
- 1b. What is your present address? Kinmount
2. In what Town, Township or Parish, and in what Country were you born? Burst River, Victoria, B.C.
3. What is the name of your next-of-kin? James Chalmers
4. What is the address of your next-of-kin? P.O. Kinmount Ont. Canada
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? April 17, 1897
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? Yes, 45th Regiment  
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, Wallace Chalmers, 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 Feb. 2nd 1916 Wallace Chalmers (Signature of Recruit)  
C. D. McEwen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wallace Chalmers, 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 Feb. 2nd 1916 Wallace Chalmers (Signature of Recruit)  
C. D. McEwen (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 Kinmount this 2nd day of February 1916.

C. D. White (Signature of Justice)

low  
Date of Enlistment Feb 2/16



Description of Wallace Chalmers on Enlistment.

Apparent Age.....18.....years.....10.....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.....6.....ins.

Chest measurement. { Girth when fully expanded.....35½.....ins.  
Range of expansion.....3½.....ins.

Complexion.....Fair.....

Eyes.....Light Brown.....

Hair.....Fair.....

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Feb. 2nd.....1916.....

Place.....Kennecott.....

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....[Signature].....Lt. Col. (Signature of Officer)  
O.O. 109th Overseas Battalion, C.E.F.  
Date.....FEB 15 1916.....1916.....



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726132 (Rank) Private

Name (in full) CHALMERS, Wallace enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Kinmount, Ont. on the 2nd

day of February 19 16

HE served in Canada, England and France

and is now discharged from the service by reason of in accordance with R.O. 1343

Demobilization, Auth. 3DD 3. C. 495, D. 10. 1. 19.

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

Age 21 years 9 months

Marks or Scars

Height 5 feet 6 inches

Complexion Fair

G.S.W. Right forearm

Eyes h. Brown

Hair Fair

X W. Chalmers

Signature of Soldier

R. P. Apple Lient.  
Issuing Officer  
O. C. Discharge Section  
No. 3 District Depot  
Rank

Date of Discharge 25.1.19

Appointment

Signed at Kingston, Ont. this 15th day of January 19 19

in Military District No. 3

File Reference No. 3DD 3.C.495

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



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. \_\_\_\_\_ (Rank) \_\_\_\_\_ Name \_\_\_\_\_

Unit \_\_\_\_\_

Address on Discharge \_\_\_\_\_

Character and Conduct \_\_\_\_\_

Former Occupation \_\_\_\_\_

Special Qualifications of Value in Civil Life \_\_\_\_\_

Medals and Decorations \_\_\_\_\_

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted



## CANADIAN ARMY DENTAL CORPS.

## DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. *726132* \* NAME *CHALMERS* RANK *Pte* UNIT *109 Bn*

*W.*

Date of Examination

*26-11-18*

Present Dental Condition

*Fit.*

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?

Has he ever declined Dental Treatment?

Recommendation

Date *26-11-18*

Station *Witley*

Signature of Examining Officer

*R. H. Jones*

Capt.  
C.A.D.C.

\* Name should be entered in block letters.



UNITED STATES ARMY  
CERTIFICATE

THIS CERTIFICATE is to certify that the following named person has been honorably discharged from the service of the United States Army.

NAME OF PERSON: \_\_\_\_\_  
DATE OF DISCHARGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

REGIMENT AND COMPANY: \_\_\_\_\_  
GRADE OR RATE: \_\_\_\_\_

REASON FOR DISCHARGE: \_\_\_\_\_  
TO ACTIVE SERVICE: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_  
DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
SIGNED: \_\_\_\_\_



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				
31-8-17	6 Con Dep	Det. H. M. R. Tm 13 Con Dep		31-8-17	43034. 785-8.
1-9-17	13 -	adm		1-9-17	5283.
28-9-17	-	Class "A" Tm 13 Con Dep		28-9-17	A 1999.
1-10-17	2 2nd Bn.	A - from 13 Con Dep	2 2nd Bn	1-10-17	NR. 98.
6-10-17	-	left for	Rein Camp	6-10-17	NR.
4-10-17	Rein Camp	Arrived	-	4-10-17	NR.
3-12-17	-	left for	2nd Bn	3-12-17	NR.
8-12-17	2nd Bn	Rtd from Hosp	-	-	B 213.
5 JAN 18	-	GRANTED 14 DAYS LEAVE.		30-12-17	Part II Ord. 5.
26 JAN 18	-	Rtd from leave		18-1-18	-
23-3-18	do	Granted permission to marry 7-1-18 in accordance with Order-in-Council Canada P.C. 1872d/6-7-17. File K.I. 18/7518: Pt. 2 No. 29d/31-3-18.		5-1-18	B 2069
4-2-18	-	Admonished for drunken.		2-2-18	B 213 PTH 49
25-5-18	"	Awarded G.C. Badge		31-5-18	F 4733.
30-5-18	4 C.F.A.	G. M. R. Arm Adm Tm CCS		1-6-18	-
-	3 C.C.S.	adm 31/1 Tm 25 A.T.		2-6-18	F. 4777.
2-6-18	9 Gen	adm 9 Gen.		31-5-18	B 213.
8-6-18	2nd Bn	Wounded		27-7-18	45396.
27-7-18	9 Gen	G. M. R. Arm R. Tm England		27-7-18	W3083 - 5679
27-7-18	do	Inv (Wad) & posted to 1st Centl Ont. Regl Depot, Witley per A T Gloucester Cle		27-7-18	Pt 2 No. 67d/6-8-18.
		Whogau	Major Canadian Section	for Lt.-Col., A.A.G. G. H. Q. 3rd Echelon B.E.F.	

6-8-18	1st Bn	T.O.S. from 20 Bn	Witley	29-7-18	PL-20.216
18-9-18	2nd C.C.D.	attached to 2nd C.C.D.	Bramshott	16-9-18	221
8-10-18	OG. 2nd C.C.D.	Ceases to be attached to 2nd C.C.D. on return to Res. Bn.	Bramshott	8-10-18	Pt. 2 D.O. No. 238



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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 426132 Rank Private Name Chalmers Wallace

Enlisted (a) 2.2.16 Terms of Service (a) D of W. Service reckons from (a) 2.2.16

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

Extended Re-engaged Qualification (b) Laborer

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	
		Transferred for Overseas Service with	20 <sup>th</sup> Batt'm	5.10.16	P.O. Pt. 11. No. 279
6/10/16	O B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O's 55d11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	NR
25-3-17	2 CFA	Influenza adm 20/3/17	CCFA	21-3-17	A36. 288d 27-4-17.
31-3-17	6 - - -	A. M. O. adm 21/3/17	13 F.A.	28-3-17	ADJUTANT
7-4-17	20 Bn	Rejoined from Hosp.	20 Bn	5-4-17	109th BATTALION CAN. INFANTRY
14-7-17	4 CFA	20th Bn Rejoined	4 CFA	13-7-17	A36.
- - -	6 - - -	adm 2/7/17	- - -	18-7-17	- - -
21-7-17	4 - - -	adm	5 - - -	- - -	- - -
- - -	5 - - -	adm	5 - - -	- - -	- - -
28-7-17	5 - - -	adm	1 CFA	26-7-17	A36.
29-7-17	10 - - -	adm	10 - - -	- - -	- - -
20-8-17	10 - - -	adm	CCFA	20-8-17	- - -
21-8-17	23 CFA	adm 20/8/17	5 A.T.	21-8-17	- - -
- - -	22 gen	adm	22 gen	- - -	143034.
25-8-17	22 gen	adm	6 CFA	25-8-17	143034.

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

[P.T.O.]



[illegible]



**Casualty Form—Active Service.**

Regiment or Corps.....

Rank.....Surname.....Christian Name.....

Religion.....Age on Enlistment.....years.....months

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

Date of promotion to present rank.....Date of appointment to lance rank.....

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and Rate.....

Occupation.....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
21.11.18	Despatch to be attached on proceeding to	Regt Sept 18. D.O. No. 322			5/21.11.18
		1st Canadian Command Depot			Adjutant
23.11.18	1st CORD. Attd Depot to	Whitby 21.11.18 Del. 324			
9-12-18	1st CORD	SOS & CEF Canada	Do	7-12-18	341
7-12-18		Failed for Canada			
	T.O.S. Casualty Company No. 3 District Depot.				Lieut. i/c Records,
20/12/18	for Disposal, Part Two D.O.				1st C.O.R. Depot.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c

(17591.) Wt. W 1887-P 1124. 1,000,000. 6-18. D &amp; S. Form B.103. (E. 1256.)

1st C.O. Casualty Co., No. 3 District Depot.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1st. C.C.D. Witley 29/10/18 1917.

No. 726132 Rank Pte. Name Chalmers W.

Local Unit 12th. Res. Overseas Unit 20th. Btn. Age 20

Examination held at 1st. C.C.D. Witley

DISABILITY.

Overseas-Local

(22 mths.  
SCRATCH ONE OUT)

Partial Loss Function Rt. Arm.

PRESENT CONDITION.

Wounded. May 31/18 Arras. 6 weeks # 9 Gen. Rouen.  
Succeeded at # 4. C. J. H. Two scars 5" long, longitudinal  
on flexor surface of Rt. upper 1/3. & one scar 5" x 3/4"  
on Extensor surface of Rt. forearm. About 10°  
deficiency in flexion at elbow joint. & ~~45°~~ <sup>45°</sup> deficiency  
in supination of Rt. arm. Tender on palpation.  
Numbness & pain along Radial surface, evidently nerve  
involvement. Inability to completely flex fingers which  
causes traction on scars, likely tendon adhered to Scar.  
Arm & hand extremely weak. Otherwise normal.  
moderately flat feet.

BOARD RECOMMENDS:-

1. Fit for Duty B<sup>ii</sup> unlikely to be raised in 6 mths
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

( Dr. Frank Galt President.  
(  
(  
Members ( J. R. Enurek. Capt. Cam.  
(  
(  
(

APPROVED

Dated Witley Nov 4/18 1917. W. F. Milburn  
MAJOR For A.D.M.S.  
D.A.D.M.S. CANADIAN TROOPS, WITLEY.







## CANADIAN CONTINGENT EXPEDITIONARY FORCE

EL.

## LAST PAY CERTIFICATE

DUPLICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 726132 Rank Pte Name Chalmers W.Corps. 109th Bn. who was\* Discharged.On Jan. 15th 1919, to Category C.3

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1 1918,  
to Jan. 15th 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			<u>L.P.C.</u> Bal. Cr. from prev. month <u>Dec. Sheet</u> <u>14</u> <u>75</u>	<u>345</u>	<u>75</u>
Advances } No.....			Regt'l Pay <u>46c</u> days at \$ <u>1</u> c.....	<u>46</u>	<u>00</u>
Cheques } No.....			Field Allow. <u>46</u> days at \$..... c <u>10</u>	<u>4</u>	<u>60</u>
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly) .....		
Other charges <u>A.P. Dec. Jan</u> <u>30</u> <u>00</u>	<u>30</u>	<u>00</u>	Other Allowances* .....		
Payment on transfer or discharge No. <u>1347</u> <u>416</u> <u>00</u>	<u>416</u>	<u>00</u>	Other Credits* <u>Clothing</u>	<u>35</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>446</u>	<u>00</u>	Total.....	<u>446</u>	<u>00</u>

\* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (†) been paid on account of Assigned  
 { Pay for the month of Jan. 1919 }  
 { and Sep'n Allce. for month of ..... 191..... } (to) Assignee Mrs S. Chalmers  
 (Address) 448 Argyle St.  
Eng. Acc. Glasgow, Scot.

(†) Insert amount to be assigned, whether it has been paid or not.  
 (†) Insert "not" if amount has not been paid for period of account.

## On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

## REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted..... Eng. Acc.
- (3) cause of discharge..... authority R.O. 1343
- (4) authority for transfer .....

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

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

Date Jan. 15th, 1919Place Kingston, Ont.

W. J. J. J. Captain,  
 OFFICER I/C DEMOBILIZATION PAY DIV.  
 MILITARY DISTRICT No. 3

Paymaster.

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

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

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







**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.....726132

(3) Full Name of Soldier.....Wallace Pearl Chalmers

(4) Place of Birth.....Burnt River Ontario

(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.....



(9) Is your Father alive? yes  
If so, state name and address James Chalmers Kimmounk Ont

(10) Is your Mother alive? yes  
If so, state name and address Hattie Chalmers  
Kimmounk Ontario

(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? no

Have you made arrangements for payment of your Insurance premium? no

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

J. H. Kimmounk  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.



*Surname.*

Christian Name

MEDICAL HISTORY OF  
*Chalmers* Christian Name *Wallace*

Birthplace

Parish .....  
County *Victoria B. C.*

Examin'd { on.....day of.....191  
at.....

Declared Age.....years.....days

Trade or Occupation ..... *Labourer*

Height.....3.....feet.....6.....inches

Weight ..... lbs

Chest Measurement	{	Girth when fully	.....	inches
		Expanded	.....	
		Range of Expansion	.....	inches

Physical Development .....

		RIGHT.	LEFT.
Vaccination Marks {	Arm.....	_____	_____
	Number.....	_____	_____

When Vaccinated .....

Vision { R.E.—V = .....  
L.E.—V = .....

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by.....

Rank.....

Medical Officer.

Enlisted { at.....  
on..... day of ..... 191..

	Corps.	Regtl. No.
Joined on enlistment	926	132

Transferred to			

Became non-effective by .....

on..... day of .....191..

(Signature).....

(Rank).....

Date.

### Brief Details and Signature

22-11-18 Bm<sup>3</sup> Witty, adherent Sean <sup>Witty</sup> <sup>captain</sup>

Station or Troopship.

Date of arrival  
or embarkation.

Date of departure  
or disembarkation.



**TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.**

[illegible]



REMARKS

Bechler 4/3 Complete

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







# MEDICAL HISTORY SHEET

Supplementary  
Surname Chalmers Christian Name Wallace

Examined { on 9 day of Jan 1919  
at Barramfield

Approved by

J. D. Brown

Birthplace { City or Town Burnt River  
County Victoria Ont

Rank Capt M.O.

Apparent age 21 yrs

Trade or occupation Farmer

Height 5 feet 8 Inches

Weight 150 lbs.

Chest measurement { Minimum 37 inches  
Maximum expansion 38 1/2 inches

Physical development fair

Small-pox Marks none

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

none

Enlisted on 2nd day of Feb. 1916 at Kimberly Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>109 Bn</u>	<u>726132</u>		<u>2/2/16</u>
Transferred to	<u>20 Bn France</u>			<u>5/8/16</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Barramfield</u>	<u>9/11/19</u>	<u>adhesion of tendons RT Fore-Arm</u>	<u>C III J. D. Brown Capt</u>

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



Surname.

[illegible]



## ORIGINAL MEDICAL HISTORICAL SHEET.

C270  
ORIGINALSurname ChalmersChristian Name Wallace

Examined

{ on 2nd day of Feb. 1916  
at Himmount

Birthplace

{ City or Town Burnt River  
County VictoriaApparent age 18Trade or occupation LaborerHeight 5 Feet 6 InchesWeight 129 Lbs.Chest measurement { Minimum 32 inches.{ Maximum expansion 35½ inches.Physical development GoodSmall-Pox Marks None

Vaccination Marks

{ Arm Right MM Left One{ Number OneWhen Vaccinated last Feb. 2nd 1916.(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Slightly deficient arches both feet.Enlisted on 2nd day of February 1916 at Himmount

Approved by

J. McCulloch  
Capt.  
Medical OfficerRank 109th Overseas Battalion M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

1 - AUG 1918

M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

15/9/18 D1

M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

M.O.

Date

Result

VACCINATIONS.

Date

Result

VACCINATIONS.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Joined on enlistment

109th Bn. C.E.F.

726132.

2. 2. 16.

Transferred to.. ..

21st Bn

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.

DATE.

DISEASE.

RESULT.

1ST. C.C.D. Witley

29-10-18

Partial loss function of RT. arm.

B<sup>II</sup> unlikely to be raised in 6 months  
J.A. Remirex Capt. com.

CANADIAN



Christian Name.

Wallace

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				
No. 2 C.F.A.		20	3	17	21	3	17	Influenza			A491
C.C.R.S.		21	3	17	4	4	17	"		Rept from Base Rejoined unit	A491-492
No. 4 Canadian Gen. Hospital, Basingstoke.		28	7	18				Gen. P. Rom		Healed no apparent injury to Bone B.V. or nerves A.T.S. = 4 doses	<i>[Signature]</i>



## MEDICAL CASE SHEET.\*

Army Form I. 1237.

16-9-18 H

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M3 T4038	26132	Pte.	Chalmers	W
Year 1918	20 <sup>th</sup>	Unit. Caus.	Age. 20	Service. 28 mos
Station and Date.	Disease GSW Rr arm			
July 28	OCCUPATION Farmer			
	ENLISTED 2/2/16 — Kimmount			
	ENGLAND Aug 1916			
	FRANCE Dec 1 916			
	FOUNDED 31/5/18. — Areas.			
	HOSPITALS no 4 & A. no 3 can. C.C.S. no 9 General, Hap			
	OPERATIONS wd. excised 31/5/18 wd. and scar tissue excised 9.7.18			
	REMARKS			
	SUMMARY OF F.M.C. & V.U.S. median nerve not involved			
	PRESENT CONDITION 4" wound on lateral surface of upper			



Station  
and Date.

and middle  $\frac{1}{3}$ rd. - 3" wound  
on medial surface of upper and mid  $\frac{1}{3}$ rd  
small healing one on post-medial  
surface  $2\frac{1}{2}$ " X 1" granulating over.  
no apparent injury to Bone, B.V.  
or nerves.

Can flex and ex tend ~~hand~~ <sup>hand</sup> and  
fingers and supinate and  
pronate forearm.

Heath and lungs - no trace of wound  
very little sup.

4/8/15

11/1/15

Healed

31.8.18

wound healed. I. D. patient



Surname *Chalmers* Christian Name or Names *W.* Reg. No. *726132*  
Rank *PT* Unit *20th Batt.* Co. *1st. Cent. Ont. Reg.* Troop Batty.  
Hospital Date of Admission

Transferred *2 Can. Fld. Amb.* Hosp. *20-3-17*

*Can. Corps. Rest Str.* Hosp. *21-3-17*

*4 Can Fld Ambulance* Hosp. *13.7.17*

*5 Can. Fld. Amb.* Hosp. *18.7.17*

*no 10 Can. Fld. Amb.* — *26-7-17*

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

*Influenza*  
*Dr. J. R. Mearns*  
*G.S.W. R. Aronson*

Additional Diagnosis: if more than one state present

DISPOSITION

*Rij. Unit*

Date

*4-4-17*

*A491*

REMARKS

*Dis to Reinforcements*  
*Etapes 29.9.17*  
*Dis. 16.9.18.*

*C.L. 23-4-17*

*A492*

*C.L. 24-4-17*

*8.8.17 A572*

*C.L. 12.8.17 A577.*

*28-8-17 A589*

*30.9.17 A591 (2)*

*5-9-17 A22 (3)*

*13-9-17 A916)*

*9.10.17 (A315)*

*10-6-18 A236.*

*31.7.18 A249*

*18.9.18 B322.3.*

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

22 Gen. Caniers

21-8-17.

no 6 Conv. Dep. Exaples.

25-8-17

13

"

"

Trouville.

1-9-17

2.

9 Gen. " Rouen.

2-6-18

4 C. Gen. Basingstoke

29.7-18

3.

4.

5.

6.

7.



\*Name Chalmers Wallace Rank Pvt Regtl. No. 726/32  
 Original unit 109 Bn Present unit 64 E Fyle Depot 3-6-495  
 M. or S. Age 21 Religion 64 E Ref. H.Q. 13-12-18  
 Port, ship, and date of arrival Halifax Olympic  
 Next of kin James Chalmers Rimmount Out  
 Address on leave Same

Address on discharge  
 Transportation issued Yes No Date Latimer Character on discharge  
 Previous occupation Latimer Date and place of enlistment 2-2-16 Rimmount Out  
 Diagnosis Latimer Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
	T.O.S. Casualty Company No. 3 District Depot.	
	for Disposal, Part Two D.O. 246 Eff 17-12-18	
	Leave of Abs. 17-12-18 to 3-1-19	
15-1-19	S.O.V. Discharged - Kingston 15-1-19	H.O. 16.

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

(over)



Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M—6-18.  
1772-39-1243.



NAME

Chalmers, Wallace

REGT'L. No.

726/32

H. Q. FILE No. 649

RANK AND CORPS

Plt. 20<sup>th</sup> Bn. (form 109th)

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

H. 15911-6  
11-6-18

100 James Chalmers (father)  
 Linmouth, Ont.  
 Edin. 9 Gen. H. Rouen June 2nd,  
 1918. GSW R Arm. ✓



LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
2491.	2 Can. Hld. Amb.	20-3-17	Influenza
491	Can Corps. Post Hq.	21-3-17	"
a492	Rep. from base reg. unit	4-4-17	"
a572.	4 Can. Hld. Amb.	13-7-17	I.C. T. Rt. Knee
a574.	5 " " "	18-7-17	" " " "
a589	Ex to 10 Can. Hld. Amb.	26-7-17	I.C. T. Rt. Knee.
a591	Ex to 22 Gen. Carrier's	21-8-17	I.C. T. R. Knee.
a213	to #6 Comd. Dep Etaples	25-8-17	" " " "
(W9)	#13 Comd. " Simonville	1-9-17	(20) " " " " I.C. T.
a.315	Also to reinforcements Etaples	29/8/17	I.C. T. R. Knee. " "
a236-2	9 Gen. T. Trench	26-10	HLW. T. Arm
B279	4 Can. Gen. Basingstoke	29-7-18	Swollen arm
B322	Discharged	16-9-18	" " " "



# No. 4 Canadian Gen. Hospital,

Basingstoke

HOSPITAL.

**A. & D.  
CARD**

AT.....

A. & D. No. M 3T 4038 PL. OF ACTION France

RANK Pte REG. No. 726132 UNIT 20<sup>th</sup> Bn. a Co SICK OR WOUNDED

NAME Chalmers W. AGE 20 RELIGION C of E

PLACE IN HOSPITAL a m.

DIAGNOSIS Exhaustion R

ADMITTED 28.7.18 FROM H. S. Gloucester Castle

DISCHARGED 16.9.18 TO #2000 Bn. H.

TRANSFERRED .....

SERVICE AT HOME 6 mos IN FIELD 22 mos

RESULTS BT

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



REMARKS.

RV 3/8/18



No. 726132. RANK *PLT.*

NAME *Chalmers W.*

T. O. S.

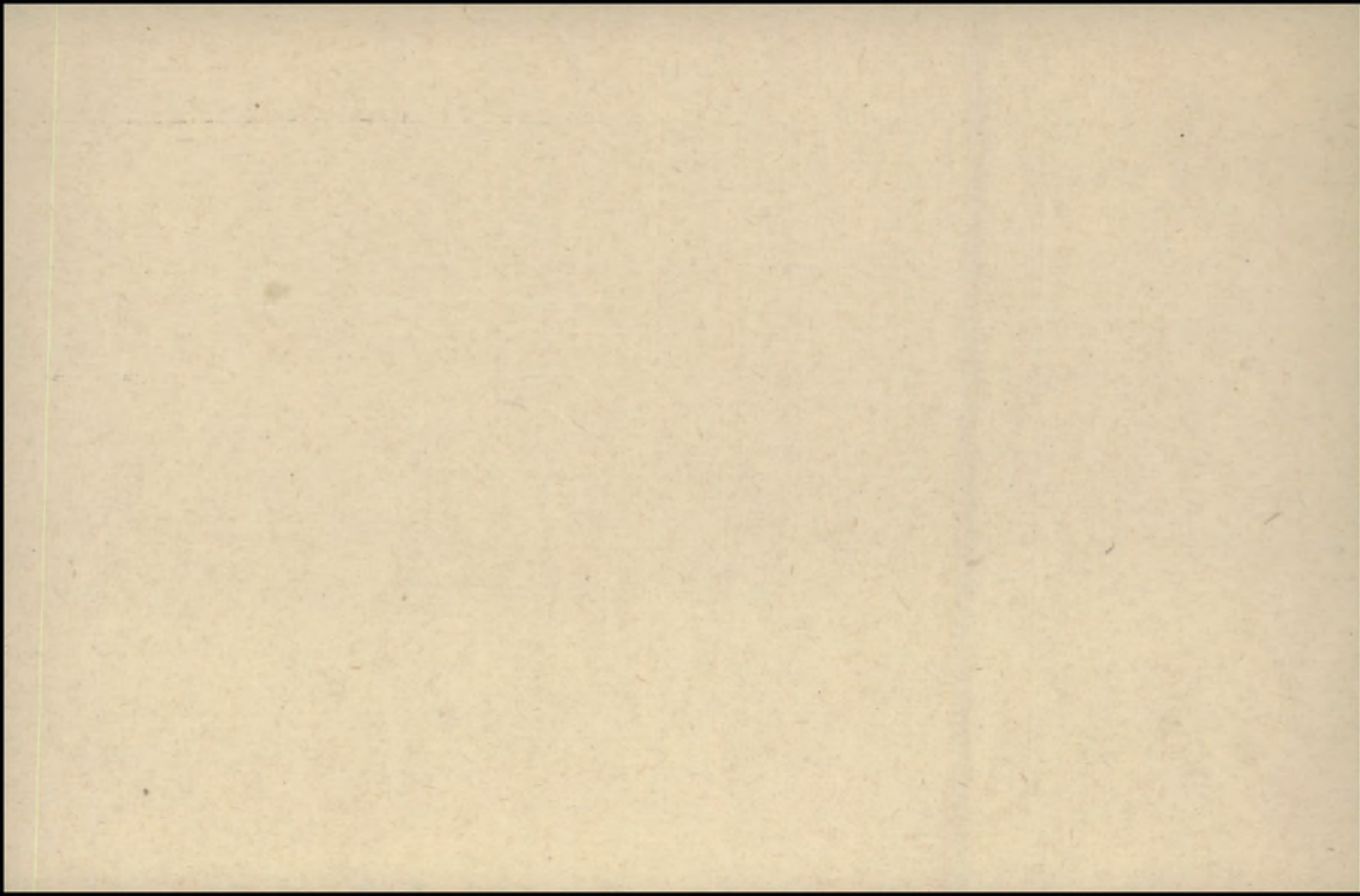
UNIT

*109<sup>th</sup> Battalion*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			<i>see Chalmers W.</i>	







Wallace

Name CHALMERS

Rank

Pte.

Reg. No. 726132

Unit 20th Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
20-3	No. 2 C. F. A.		Influenza.	A491		
21-3	C. C. R. S.		do.	A491		
4-4	Rep. from Base. Rej. Unit.		do.	A492		
13-7	4 C.F.A.		ICT R. Knee.	A572		
18-7	5 C.F.A.		do	A577		
20-7	No. 10. Can F. Amb.		do.	A580.		
21-8	No. 22. Gen. Hosp. Carriers		do	A591		
25-8	No. 6. Gen. Hosp. Stables		do	A.2		4-9-14
Sept. 4	No. 13. Can. dep. Trouville (H.A. 1340)		do	A9		
" 29	dis. R. Stables (do 14540)		do	A61		
2-6-18	9 h. H. Rouen		by Sw. Karen	A236		17907
29-7-18	4 h. H. Basingstoke		do	A229		23132
16-8	4 h. H. Basingstoke		do	A232		8014



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16 9 Dec	furloughed	rec'd	Shaw			



No. 726132. RANK

Pte

NAME

Chambers. W.  
Chalmers.

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

UNIT

109th. Battalion.

D.O. 75.16-2-16

M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 2	1916. Feb 29	✓		
	Mar.	✓		
	April	✓		
	May.	✓		
	June.	✓		
	July.	✓		
UNIT SAILED JUL 23 1916				







Number 726132 Rank Pl

Surname CHALMERS

Christian name Wallace

Units 20 Bn. Can Div Theatre of War France

Date of Service 6-10-16

Remarks

Latest Address Kinmount Airl

Roll No. B Page 19649

200m.-6-21.



(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Address.....  
(Street) (City or Town) (Province)

One person to be notified of arrival.....

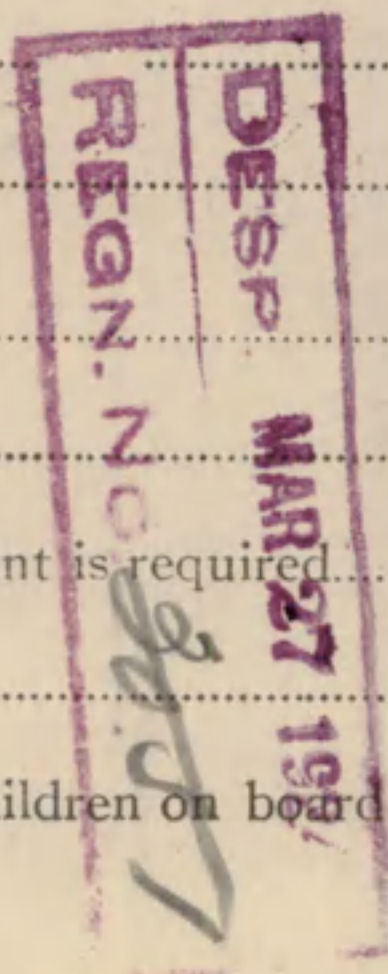
Station in Military District to which a furlough warrant is required.....

Railway.....

Is your wife on board..... Number of children on board.....

Destination.....

(Sgd.).....





SURNAME.

*Chalmers*

CHRISTIAN NAMES

*Wallace*

REGL. NO.

*726132*

RANK

*Pvt.*

UNIT

*109th.*

FORMER CORPS

*45th. Regt.*

CARD NO.

*808-1115, 15-1-19 Demo  
100.160 FOLL 16-1-19  
#36010*

*Batt.*

NEXT OF KIN.

CHANGE OF ADDRESS

*Chalmers, Mrs. W. (wife)  
448 Argyle St., Glasgow,  
Scotland,*

*54-24-38-1-9-10-18*

COUNTRY OF BIRTH

*Canada, Burnt River, Ont.*

DATE

*Apr. 17th. 1897.*

PLACE OF ATTESTATION

*Kingmount*

DATE

*Feb. 2nd. 1916.*

L. L. 90589.—M. & D. 6312.

*488 9. 23/1/16 sec 11  
R/B 14-12-18 132 3  
M. 188 W. 22. 100m.—1-18. H. Q. 1772-39-839.*



MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*18* YEARS

*10* MONTHS

HEIGHT

*5* FEET

*6* INCHES

CHEST MEASUREMENT

*35* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Fair*

EYES

*Light Brown*

HAIR

*Fair*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Feb. 2<sup>nd</sup>. 1916.*



A.G.R. Rank Name CHALMERS, Wallace ✓ Reg'l No. 726132 ✓

Unit 109th Bn If in perm. Corps, }  
What Unit? }  
Kinmount, }

Married or Single Single.

Place and Date of Enlistment 2nd Feb., 1916. Place of Birth Burnt River, ✓  
Victoria Cty.

Name and Address, Next-of-Kin *Mrs. W. James* Chalmers, ✓  
P.O., Kinmount, Ont., Canada. *448 Argyle St* Relationship *Father.* ✓  
*Chasgow St*  
Assigned Pay Monthly \$ Payable to *P.L. 29nd 10-98*

Relationship

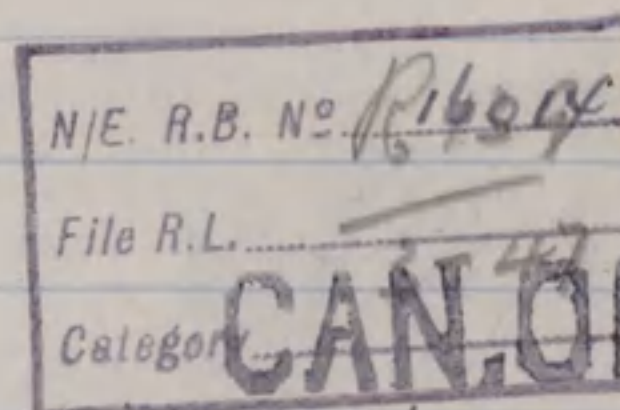
Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character *Disas'ed*

H. W. &amp; 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.	
Date.	From whom received.				Taken from Official Documents.	
		Arrived in England per H. M. T. 2810		31-7-16	✓	
26. 8. 16	OC 109 <sup>th</sup>	Admitted to Hospl.	S. D. Hut	25. 8. 16	Pl. II S.O. 239	
1. 9. 16	✓	Discharged from Hospl.	B. D. Hut	30. 8. 16	Pl. II S.O. 245	
5-10-16	r	S.O.S. to 20 <sup>th</sup> Batta	Brampton	5-10-16	Pl. II S.O. 279	<i>Sub.</i>
11-10-16	20 <sup>th</sup> Bn	S.O.S. from 109 <sup>th</sup> Bn	Field	6-10-16	" 55.	
23.4.17	---	Adm. 2 <sup>nd</sup> Can. 7. Amb.	---	20.3.17	b. W. 491	Influenza
23.4.17	---	To Cam. Regt Str	---	21.3.17	" 491	---
24.4.17	---	To Duty	---	4.4.17	b. W. 492	---
8-8-17	---	N <sup>o</sup> 4 Can. Field Amb.	---	13-7-17	C.L.H. 572	ICT. R. Kuer
14.8.17	---	5 Can Field Amb	---	18-7-17	Chas 577	✓
28.8.17	---	10 Can Field Amb.	---	26-2-17	Chas 589	✓



A.F.B. 153 CHECKED

16 OCT. 1946



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.				
08-17	20 <sup>th</sup> Bn	22 Gen Hosp	Camiers	21-8-17	CL 591 ICT.
9-17	ICOR	6 Con Depot	Etaples	25-8-17	CLA
9-17	ICOR	17 Con Hosp	Brouville	1-9-17	CLA 96 ICT
10-17	C.L. 20 <sup>th</sup> Bn	Disch. to Reinforcements	Etaples	29-9-17	C.L.A. 31(5) ICT. R.Y.M.S.
31-3-18	20 <sup>th</sup> Bn	Permission to marry	Pt Witley	7-1-18	Pt #29
3-6-18	✓	awarded S.B. Badge	Field	2-2-18	Pt #29
10-6-18	✓	Wounded	-	2-6-18	CL 236
6-8-18	1st. Corp. S.O. S. on adm. to Hosp.	✓	Witley	29-7-18	Pt #29 (20 <sup>th</sup> Bn Pt #0 67a/6-8-18)
23-9-18	"	On comm 2nd C.C. D.	"	17-9-18	Pt #264
17-10-18	"	leaves on command 266th On comm 166th	"	8-10-18	Pt #281
22-11-18	"	leaves on comm 166th	"	21-11-18	Pt #324
9-12-18	ICORD SOS To CANADA.	✓	WITLEY	7-12-18	DO841



12/12/12

Surname

Christian Name

Address (in full) Kinmount, P.O.

Ont.

Original Unit

District where paid M.D.3.

Date of Discharge 15-1-19.

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem: Field Allowance \$                      per diem. Separation Allowance \$                      per month.

V. L. 46038—M. & D. 9245.

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

Remarks: Account opened Jan 15th 1919.



File No.....

# WAR SERVICE GRATUITY.

Register No.....

Reg. No. ....

Dependent.....

Name.....

Address.....

Address.....

Dec'n No..... W. S. G. Fld  
Award..... days at \$ ..... per day \$ .....  
S. A..... months at \$ ..... per month \$ .....  
Less P, D. P. Credited

Pay Soldier \$.....

Less further debit balance  
Net due paid as below

Pay Dependent \$.....

TO SOLDIER			
O	Ag. No	Rate	Due
1			
2			
3			
4			
5			
6			

Days..... Rate..... Due.....

Less P.D.P. credited.....

Clerk.....

Less further Dr. Bal. ....

or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

Date.....



MILITIA AND DEFENCE

ASSIGNED PAY.

To whom *Mrs S. Chalmers*

By whom assigned *CHALMERS W.*

Address *To Mrs McDonald*  
*448 Argyle St. Scotland*  
*Glasgow.*

Regtl. No. *726132*

Rank *Pte*

Corps, &c. *1 Co R.*

Rate

ASSIGNED PAY *15<sup>00</sup>* SEPARATION ALLOWANCE *30<sup>00</sup>*

Date to commence

*1.12.18*

ASSIGNED PAY AND SEPARATION ALLOWANCE  
BEING PAID IN ENGLAND UNTIL ADVISED  
FROM OTTAWA OF DISCHARGE OF SOLDIER  
NAMED HEREIN.

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY	SEPARATION ALLOWANCE	REMARKS.
Jan.	<sup>8</sup> 1918				DISCHARGED TO CANADA
Feb.					<i>WA 333</i>
Mar.					<i>20.11.18</i>
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		<i>E46110</i>	<i>15</i>	<i>30</i>	
Jan.	<i>1919</i>	<i>E.94660</i>	<i>15</i>	<i>30</i>	
Feb.					
Mar.					<i>Discharged 15.1.19</i>
April					<i>Ottawa T 805.8.2.19</i>
May					
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

Regtl. No.

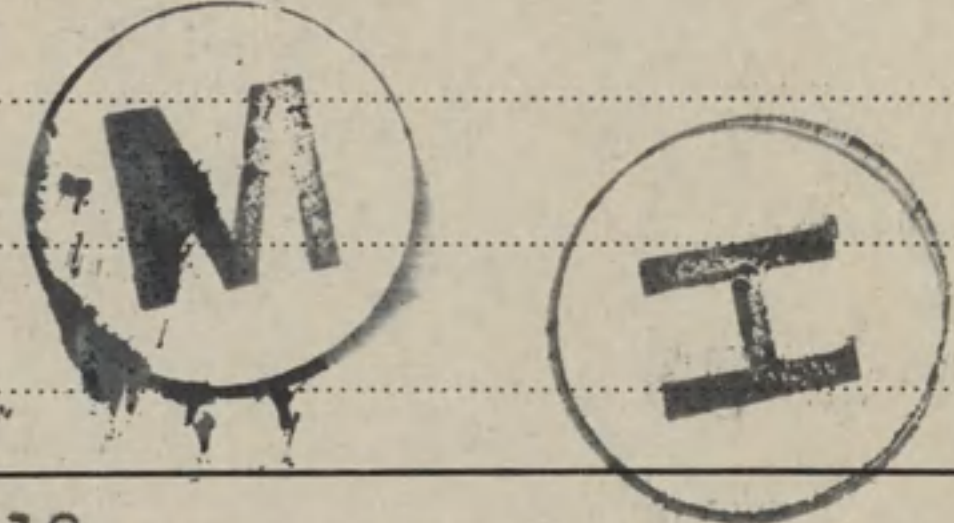
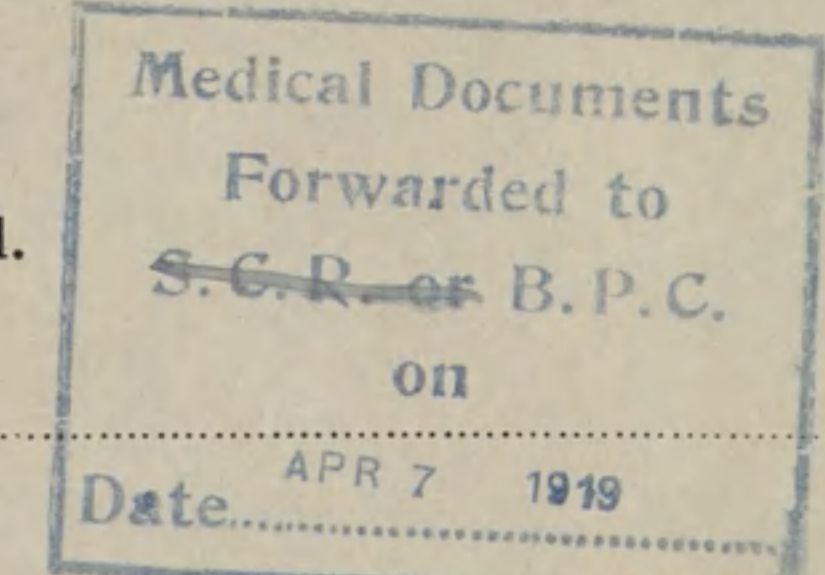
Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					



# 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

## SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)

1. No.	726132	
2. Rank.	Private	
3. Name.	Chalmers, Wallace.	
4. Unit.	No. 3 District Depot.	
5. Date of Discharge	15.1.19.	Place Kingston, Ont.
6. Reason for Discharge	Demobilization R.O. 1343	
<div style="text-align: center;">  </div>		
7. Authority.	3DD 3.C.495.D.10.1.19.	
8. Proposed Residence after Discharge	Kingston, Ont.	
<div style="border: 1px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="color: red; font-size: 1.2em;">Deceased 4-4-61</p> </div>		
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.? 39</p> <p style="text-align: right;">x <i>W. Chalmers</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Kingston, Ont.</p> <p>Date 15.1.19.</p> <div style="text-align: right;">  </div> <p style="text-align: right;"> <i>R. Kapple</i> Lieut.  O. C. Discharge Section  No. 3 District Depot Unit.) </p> <p style="text-align: right;">Signature</p> <p style="text-align: left;">KCPD 5-2-20</p>	







# OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(a) General service

(b) Service abroad, not general service,

(c) Home service (Canada only),

(d) Temporarily unfit.

(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)

(Category B) (Yes or No.)

(Category C) (Yes or No.)

(Category D) (Yes or No.)

(Category E) (Yes or No.)

C-3.

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.)

(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.)

Category C-3

Disability due to service.

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

PLACE Barrie field

DATE 9-1-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

PLACE

DATE

APPROVED BY

APPROVED BY

DATE 9-1-19

DATE

## 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 Kingston DATE 9/1/19

1. 1 (a) Unit 3 C.C.D.D. (b) Regimental No. 726132 (c) Rank Pte.

(d) Surname CHALMERS (e) Christian name Wallace

(f) Home address Kinmount, Ont.

(g) Next of Kin Mrs. W. Chalmers (h) Relationship wife

(i) Address of Next of Kin Kinmount, Ont.

2. Age last birthday 21 Date of birth April 17th, 1898

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

4. Personal description:

(a) Height 5' 8" (b) Weight 150 (c) Complexion fair

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc.

G.S.W. on right arm

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

5 years.

PERIODS

From

To

Canada <u>109th B'n</u>	<u>2-2-16</u>	<u>to July 16th/1916</u>
England <u>109th B'n</u>	<u>July 16th 1916</u>	<u>5th Oct 1916</u>
France or other theatres of War <u>20th B'n</u>	<u>5-10-16</u>	<u>20-7-18</u>
<u>Canada</u>	<u>20-7-18</u>	<u>to 7-12-18</u>
	<u>4-12-18</u>	<u>to date.</u>

7. Original disease, or injury

Gunshot (Shrapnel Wound rt Forearm.)

(a) Date of origin May 21st, 1918 (b) Place of origin France

(c) Cause Shrapnel

M. F. B. 227.

800M.-8-18.  
1772-39-117.



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

Adhesion of Tendons rt Forearm.

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.)

Subjective. Soldier complains that he can not use rt arm for heavy lifting and has not got complete range of movement and pain on pressure over scars shooting down arm, no swelling of arm or wrist. Scar always cold. Numbness felt external side of arm. Can dress himself all right.

Objective. Examination shows long broad scar flexor surface rt forearm six stitch scar also broad scar on posterior surface. wound of exit operation scar about 4 inches long internal <sup>surface</sup> boarded arm (six stitch scars) Palpation causes pain and reveals adhesion and knotting of tendons of flexor longus ulnaris on holding little and ring fingers extended and moving other fingers pain and knotting of muscles also side draught on muscles is evident showing muscle splitting operation and new attachment of muscles of forearm. Elbow joint normal. Wrist joint normal. No drop wrist. Fingers and hand somewhat cyanotic. Flexion of fingers normal. Slight limitation of extensions.

(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 as 9a  
Disturbances of Mentality no Digestive System no Muscular System 9a  
Osseous and Joint Systems no Any other general condition no

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

Was wounded May 31st, 1918 sent to No 9 American General operated on here sent from here to No 4 Can. General, England from here on leave reported to 1st C.C.D. Whitty took P.T. unable to carry on Boarded given P-3.

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).)

No

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

Scar on rt knee (vertical) septic poisoning 1917.

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 aggravation.)

N/A

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Arm will partly improve but always some weakness

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

Hospital 3 mos.

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

no

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

17. Recommendations.

C-3

Disability due to service.

*J. W. Chown Capt*  
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, Wallace Chalmers, 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

*W. Chalmers* Rank.  
Signature of invalid examined.



## Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)  
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

Signature of Soldier examined.

## Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

## ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

Reserved for M.H.C.

Regt. No. 746132 Rank PTE Surname CHALNIERS Christian Name WALLACE  
Unit or Corps—(a) Overseas from United Kingdom 20 BATT (b) in United Kingdom 100 BATT  
Born at—Town BURN RIVER County or Province D.C. Country CANADA  
Date of Birth—Day 17 Month APRIL Year 1898 Age 20 yrs. 6 months  
Joined at 1700 DSA Date 2/2/16  
Former trade or occupation LABOURER

Permanent Marks or any peculiarity that will serve for future identification:—

Two linear scars right forearm, each about 9 cms in length. One on radial other on ulnar surface.

Height—feet 5 inches 6 Colour of eyes Brown  
Signature of Soldier (for identification purposes) Chalniers

## Medical Report

Read carefully the instructions on last page of this form.

## 1. DISABILITY.

Disabilities Group (a) ADHESION OF TENDONS  
Disabilities Group (b)  
Disabilities Group (c)

## 2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. RIGHT FOREARM	FRANCE May 1918
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

## 3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? No If yes, has Active Service aggravated it? N.A.  
(ii.) As to Group (b) above? — If yes, has Active Service aggravated it? —  
(iii.) As to Group (c) above? — If yes, has Active Service aggravated it? —

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

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



## 5. MEDICAL HISTORY.

Previous to enlistment health good. Enlisted  
Feb. 1916 to England, July 1916 to France Oct. 1916. Carried  
on until May 31/1918, evacuated then with G.S.W. wound right  
forearm. In H.Q. Gen. Hosp. Rouen, H.4 en Hosp. Borely, etc.  
Boarded 1<sup>st</sup> C.C. 2. Witley - No M.H.S. available to read.  
man does not remember his reclassification.  
Complains now of inability to fully use his right fore-  
arm - no other complaints.

## 6. PRESENT CONDITION.

Nourishment & development fair, color poor.  
Heart: Slightly enlarged otherwise normal.  
Lungs: Few scattered rales which clear on coughing otherwise  
normal.  
Joints: Normal.  
Scurvy: Linear scar 10 cms. long radial side of right forearm middle  
upper third; linear scar 9 cms. long ulnar surface  
same arm & same middle upper third; they are healthy  
and non-adherent; tender on pressure & complainers of shooting  
pains in wrist on pressure over scar.  
ulnar alignment good. Difficult to palpate radius' interlength  
due to extreme pain but appears to have been fractured by G.S.W.  
Pronation: Normal but slow  
Supination: 50% normal active & passive  
other systems normal.

## 7. OPERATION. (i.) Was one performed?

Yes

(ii.) If so, state what.

Removal of  
shell fragments

(iii.) Was one advised and declined?

No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

## 8. (i.) Is there loss or decay of teeth attributable to Active Service?

No

(ii.) If so, describe.

## 9. DO YOU RECOMMEND:—

(a) Fit for duty?  
(state category)

B71

(b) Invalid to Canada?

(c) Discharge from the Service  
as permanently unfit?

Date of Report.....Nov. 22, 1918

Signed.....

Officer in medical charge of case.

Station.....Witley Camp

Lieut. C.C. W.C.

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

Dated at.....Station, on.....

\*Delete if inapplicable.

## Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

Yes

12. From the medical information  
now adduced, was the dis-  
ability caused or aggravated  
by:—(a) Negligence of  
the SoldierCaused?  
Aggravated?

No

(b) Misconduct of  
the SoldierCaused?  
Aggravated?

No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at  
present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Fifteen percent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing  
previous to joining is to be included in this estimate.)  
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

all

## 15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

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

six months

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

No

## 17. Can the former trade or occupation be resumed?

No

## 18. REMARKS:—

Authority A.G.C. 9053 11/11/18.  
Right hand weak and says he is unable to perform  
completely the index finger  
no impairment of sensation from pick over the distribution  
of radial (R. superficialis)  
Othurs. physically robust.

## 19. RECOMMENDATION:—

(a) Fit for duty?  
(state category)

B71

(b) Invalid to Canada?

(c) Discharge from Service  
as permanently unfit?

No

Date of Board 22-11-1918

Station Witley Camp

Approved

Dated at

Signatures  
of  
the Board

A.D.M.S.

Station

A.D.M.S. HEADQUARTERS  
CANADIAN TROOPS,  
22 NOV. 1918  
WITLEY, SURREY.



DATE 2/27/77



[illegible]







726132 Rk Chalmers W.

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	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	C.		\$				C.	NO.	DATE	NO.								DATE	NO.				DATE	NO.	DATE	
			334	40					2570	360	10					49	30	17	76	14	09			81	15	278	95	150.	
June 30	1 <sup>00</sup>		33						33		132	21/5				268								268	309	27	165.		
July 31			34	10					34	10	274	3/6				268								268	340	69	180		
Aug 31			34	10					34	10	192	8/6				5	35							5	35	369	44	195.	
Sept 30			33						33		339	9/7				268								268	399	76	210.		
			468	60					2570	494	30					62	69	17	76	14	09			94	54				
MONTH		PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.															
1917																													
Sept 30 Balance		399 76										399 76	210																
Oct P pay		34 10				2152319 Suppl		8 92				424 94	225																
Nov P pay		33 -				AR 770 6/10 269 88		7 14																					
Dec P pay		34 10				3356 8/11 CCCCC		3 57																					
1918 Jan do		67 10				DR AR 222 2/10 10 CRD		3 57				477 76	255																
		34 10				CP 58399 1/1/8		97 33																					
						AR 302 2569 30/12 20 hr		97 33																					
						AR 503 2/12 2 Swacc		13 38																					
						1023 30/12 20 hr		8 03																					
						DR AR 768 9/19 13 Candep		17 8																					
						" 14320 18/9 05 B		17 8				292 23	270																
Feb do		34 10										323 03	285																
Mar do		34 10				0634 39 £3 1.8		15				307 13																	
						AR 1153 14/2 20 hr		8 03				30 63																	
						" 1755 27/2 "		3 57																					
						" 1318 13/3 "		4 46																					
						" 1384 23/3 "		3 57				322 50	285																
		34 10						19 63				15																	

CANADIAN MIL

ASSIGNED PAY AUDITED

A. Bell

AUDIT CLERK

DATE 5/6/19

CANADIAN MIL  
ASSIGNED PAY AUDITED  
A. Bell  
AUDIT CLERK  
DATE 5/6/19







