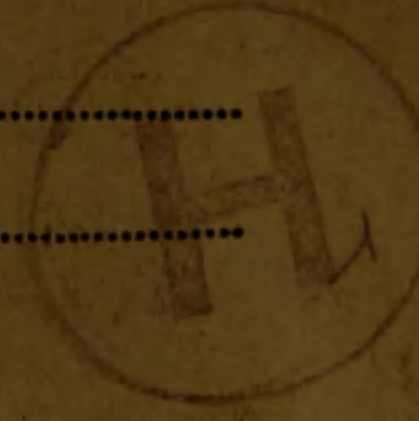


21-7511

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate..... 1

Name CLARK WILLIAM

Regt. No. 725196 Rank Pte

Corps 109th Bu

*Med. Unfit*

22335



*AJB 122 - 2*

*1 Cas Card*

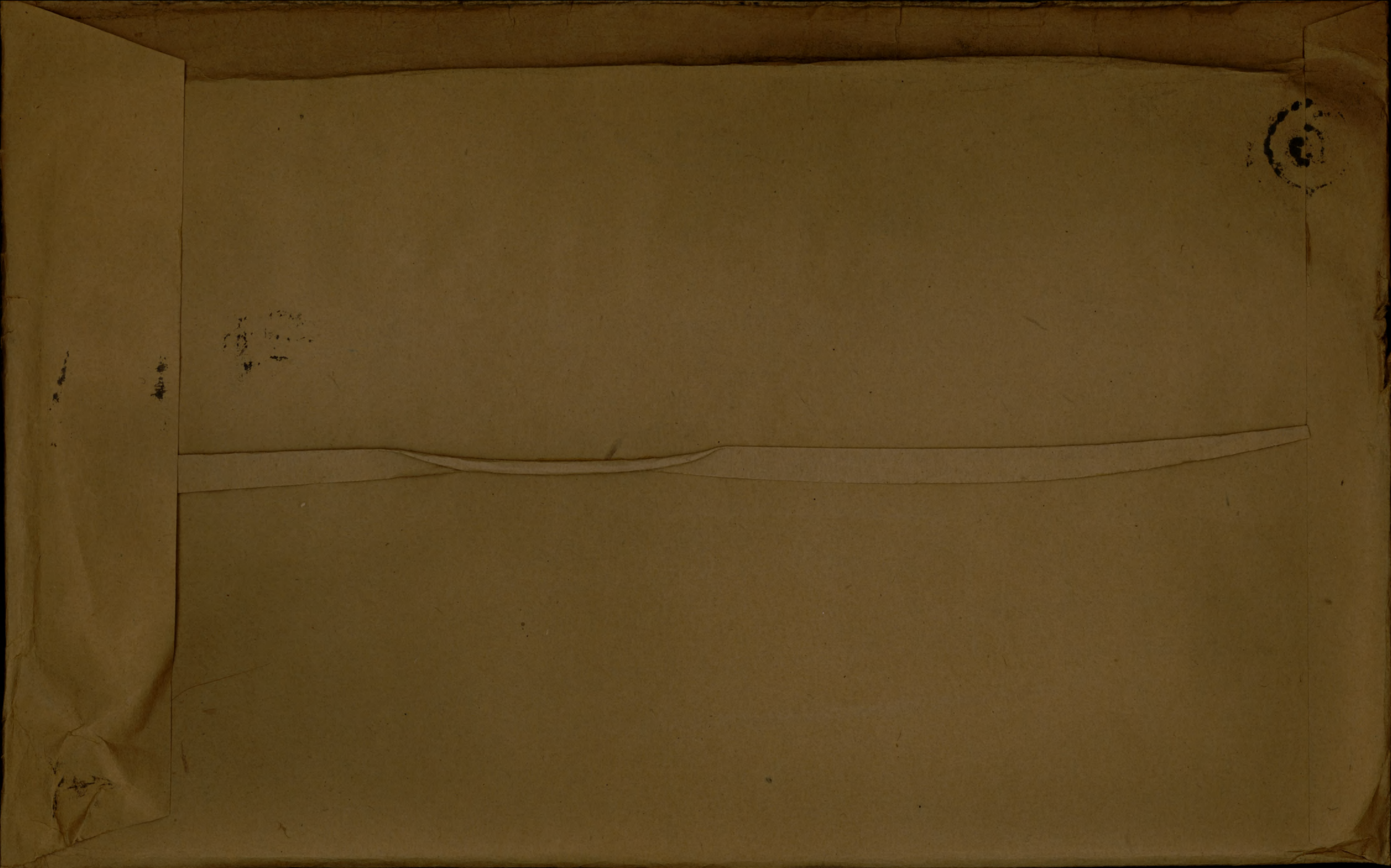
*1 M. D. 67*

*1 B. 149*

M. F. W. 62.  
100m.-6-17.  
H. Q. 1772-39-935.

*2 MAB*  
*1 B. 122*







*Handwritten notes and signatures in the top left corner.*

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

No. *725196.*

**ORIGINAL**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS).

- 1. What is your surname? ..... *Black*
- 1a. What are your Christian names? ..... *William Thomas*
- 1b. What is your present address? ..... *Blabla Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born? ..... *Warwickshire, England.*
- 3. What is the name of your next-of-kin? ..... *Annie Jane Black*
- 4. What is the address of your next-of-kin? ..... *P.O. Blabla Ont. Canada*
- 4a. What is the relationship of your next-of-kin? ..... *Wife*
- 5. What is the date of your birth? ..... *March 22<sup>nd</sup> 1870.*
- 6. What is your Trade or Calling? ..... *Laborer*
- 7. Are you married? ..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... *Yes*
- 9. Do you now belong to the Active Militia? ..... *No*
- 10. Have you ever served in any Military Force? ..... *No*  
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? ..... *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... *Yes*

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *William Thomas Black*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

..... *W. T. Black* ..... (Signature of Recruit)  
..... *R. H. Anderson* ..... (Signature of Witness)

Date **JAN 28 1916** 191 .

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

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

..... *W. T. Black* ..... (Signature of Recruit)  
..... *R. H. Anderson* ..... (Signature of Witness)

Date **JAN 28 1916** 191 .

**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 *Lindsay* this *28<sup>th</sup>* day of *January* 191*6*.

..... *[Signature]* ..... (Signature of Justice)

*Handwritten initials or marks at the bottom of the page.*



Description of William Thomas Clark on Enlistment.

Apparent Age. 19 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... 5 1/2 ins.

Chest-measure-ment. { Girth when fully expanded..... 40 1/2 ins.  
 Range of expansion.. 4 ins.

Complexion..... dark

Eyes..... Brown

Hair..... Black

*Birth mark on left shoulder blade.*

- Religious denominations
- Church of England.....
  - Presbyterian.....
  - Methodist..... 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 declares that he is not subject to fits of any description.

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

Date..... January 28<sup>th</sup> 1916

Place..... Sundown

*J. McCulloch* Capt.  
*J. H. Boyd* Medical Officer  
 109th Overseas Battalion, C. E. F.  
 Medical Officer.

\* Insert here "fit" or "unfit."

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

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

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

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

Date..... **JAN 28 1916**..... 1916



# CASE HISTORY SHEET.

No. 725196 Rank Private Name Wm Clarke Age 50  
Unit Army Service Completed years of service 36 months <sup>20</sup> ~~36~~ months in England  
Date of admission 9 March 20/18 Date of discharge Mar. 26/16.  
Diagnosis Bronchitis Place of origin Kingston

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient complains of feeling chilly, sore legs and headache. Rales heard on left chest.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

no tuberculosis in family

## TREATMENT

(Especially any specific or special form.)

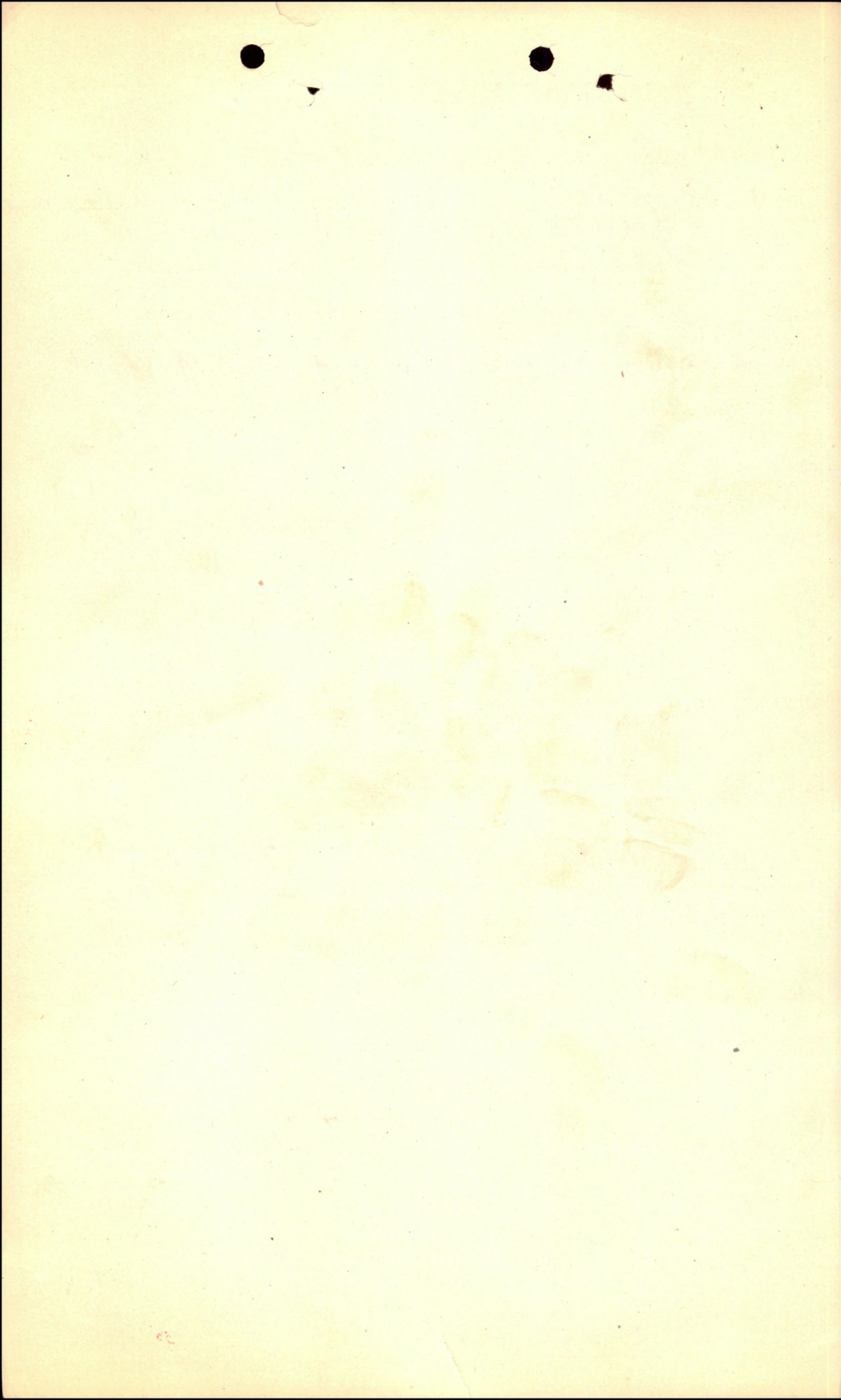
## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

J. F. Sparks, Capt AMB  
Medical Officer i/c case.







## CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORIGINAL

## LAST PAY CERTIFICATE

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

Regimental No. 725196 Rank Pte. Name Clark, W.T.

Corps 109th Battalion who was\* Discharged

On April 24th 1918, to Class "E"

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 25th 1918, to April 24th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month..... L.P.C.	39	93	Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... 59 days at \$..... 1 c	59	00
by } No.....			Field Allow. .... 59 days at \$..... c 10	5	90
Cheques } No.....			Separation Allowances* (Monthly) ...\$25	20	00
Assigned Pay and Sep'n Allee. No. 233	30	00	Other Allowances* ..... Clothing	8	00
Other charges ..... A.P. March	15	00	Other Credits*.....		
Payment on <del>transfer</del> or discharge No. 232	7	97	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	92	90	Total.....	92	90

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid <sup>pro rate</sup> on account of Assigned Pay for the month of April 1918, and Sep'n Allee. for month of 191..... (to) Assignee..... Mrs. A. Clark, (Address) ..... 46 Russell St., Lindsay, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

## On Transfer of an Officer

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

## REMARKS:—

- State (1) date of enlistment ..... Jany. 28th, 1916  
 (2) if married and if a Separation Allowance Card has been submitted... pd to date of disch.  
 (3) cause of discharge..... authority..... 3MD 88-C-411  
 (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..... April 24th, 1918.....

Place..... Kingston, Ont.....

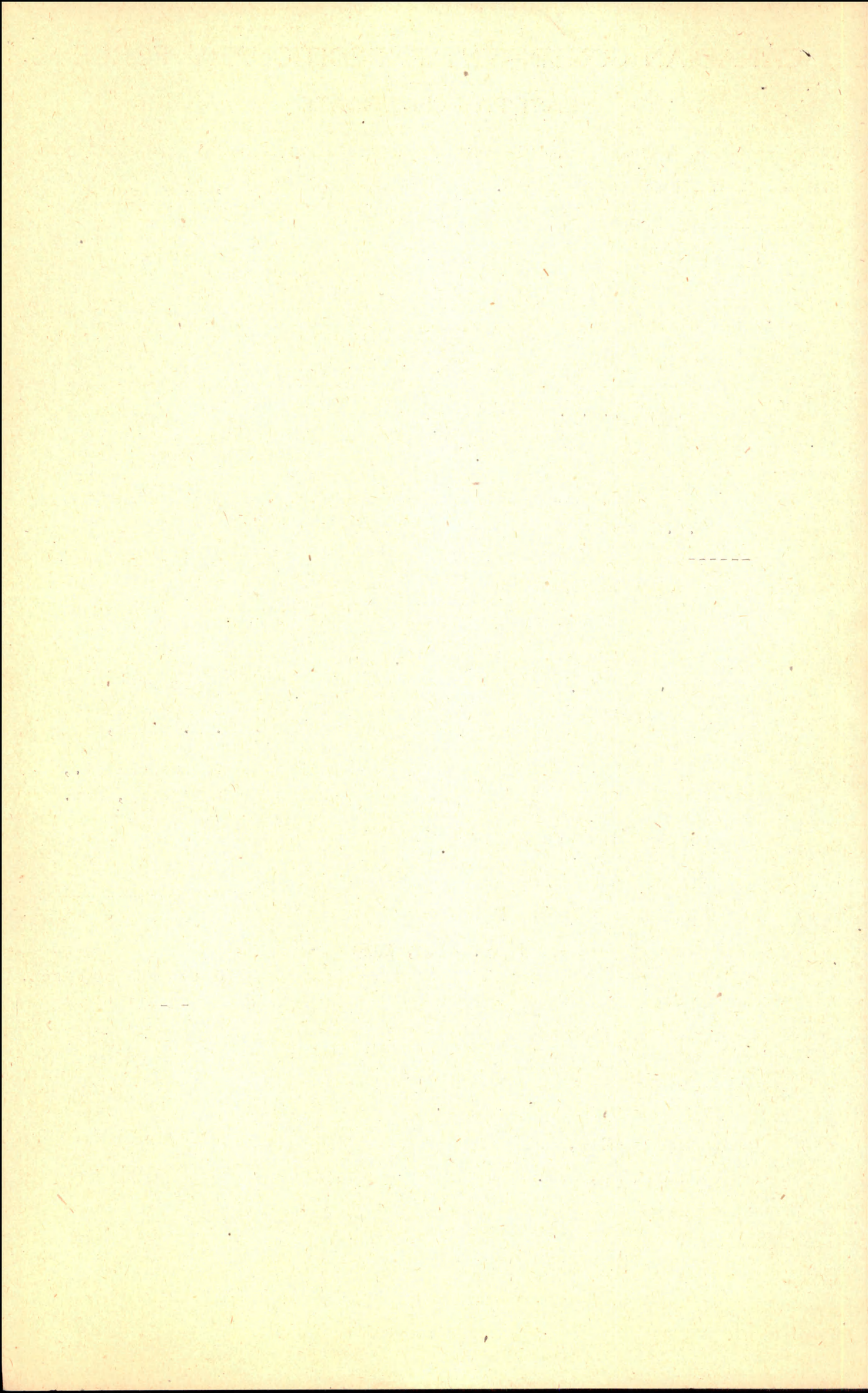
..... W. Peters ..... Capt.  
 Paymaster No. 3 District "Depot"  
 Paymaster.

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.







36

# EXAMINATION

BY

## STANDING MEDICAL BOARD, BRAMSHOTT.

Aug 28<sup>th</sup> 1916.

No. 722196 Unit 109 Rank Plt

Name Frank W. S. Age 49

Examination held at Bramshott, Hants.

DISABILITY. over age

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

Present Condition:

He also complains of Strecture

Board recommends:

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

Signatures:

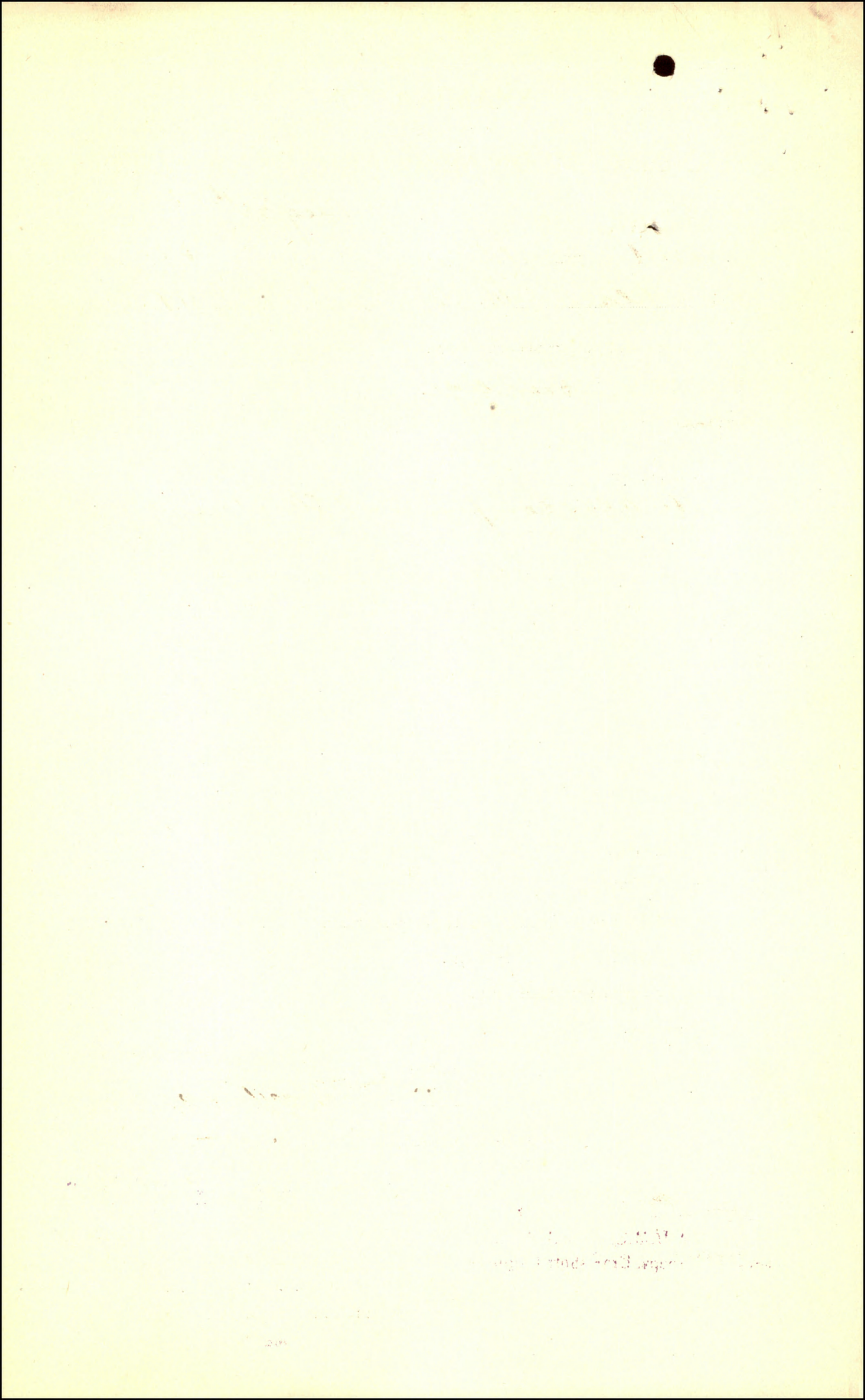
Members { R. Stewart Maj Pres.  
H. ...  
... Capt.

Approved.

Bramshott 28 AUG 1916 1916.

G. ... Major.  
D.A.D.M.S. for A.D.M.S. & for G.O.C.  
Canadian Troops, Bramshott.







# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

28-11-1916.

No. 725796 Rank plz Name Clark, William J  
Local Unit 104<sup>th</sup> Overseas Unit \_\_\_\_\_ Age 49

Examination held at Bramshott, Hants.

### DISABILITY.

*over eye*

Overseas—Local.  
(scratch one out)

### PRESENT CONDITION.

*Reboard*

Board recommends:

*Class. C(ii)*

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

Signatures:

Members { C. E. Cooper Col <sup>Pres.</sup>  
E. A. Dickson Major  
H. T. Jackson Capt

Approved.

Bramshott Nov. 28- 1916.

for A.D.M.S. T.H.O.C.  
Canadian Troops, Bramshott.



EXAMINATION

STANBING MEDICAL BOARD BRAMSHOTT

DISABILITY

PERMANENT

RESERVED

WILKINS & CO



**DUPLICATE**

To be made out in duplicate.

H.Q. 54-21-23-53

**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..... **725096**

(3) Full Name of Soldier..... **William Thomas Clarke**

(4) Place of Birth..... **London England**

(5) Are you married, or not?..... **Yes**

(6) If married, state,  
 (a) Full name of your wife..... **Annie Jane Clarke**

(b) Present Postal Address..... **Lindsay**  
**Ontario**

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

(8) Have you any children?..... **yes**  
 If so, give number of boys and girls..... **I Boy I Girl**  
 Also their names and ages.....  
**Willie age 7 years**  
**Josephie age II "**



(9) Is your Father alive?..... **No** .....

If so, state name and address .....

(10) Is your Mother alive?..... **No** .....

If so, state name and address.....

(11) If your Mother is a widow.....

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

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

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

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

**yes**

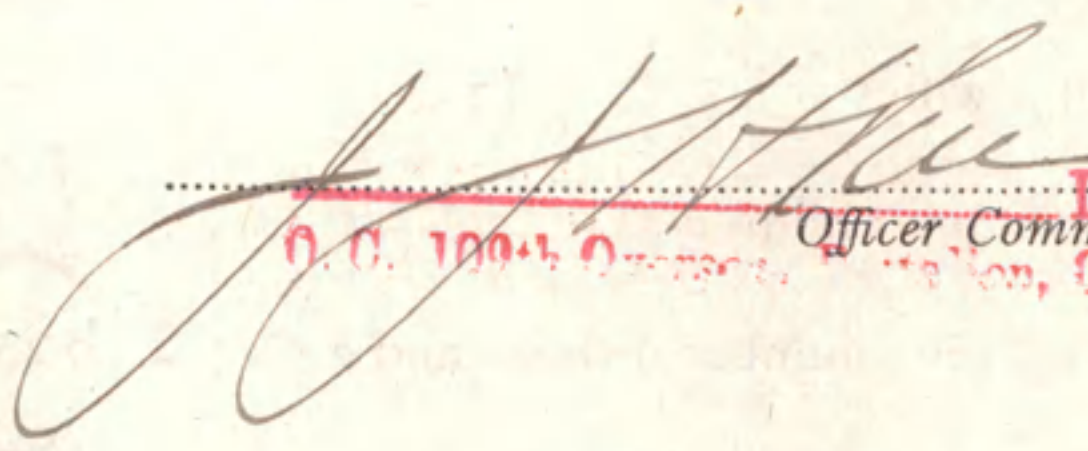
15) Are you insured?..... **No** .....

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

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

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

Date..... **July 13th. 1916** .....

  
.....  
O. C. 1004  
Officer Commanding.  
Lt. Col.  
C. E. F.



78-C-411

M.F.B. 465  
200MG-1-17  
1772-89 950

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

*Clayton*

REGIMENT

*Princess Patricia's Canadian Light Infantry*

RANK

*Plt*

No. 725196



## INSTRUCTIONS

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

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

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

Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
										U	L	P			Gold	Porcelain				
<i>April 23. 18</i>									<i>11</i>									<i>Capt Oliver 3</i>		<i>incomplete</i>
Condition on first Examination	<i>3.31</i>								<i>13.2. 14.5.16.29</i>											<i>Prefers to have work done by civilian dentist.</i>
									<i>24.20 19.18.17</i>											<i>H.S. Allen Capt.</i>



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME: \_\_\_\_\_

18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

INSTRUCTIONS  
 1. Complete this form for every patient.  
 2. Use the following key to record dental work:  
 (A) = Amalgam  
 (C) = Composite  
 (D) = Direct filling  
 (E) = Indirect filling  
 (F) = Filling  
 (G) = Gold  
 (H) = Inlay  
 (I) = Impression  
 (J) = Instrument  
 (K) = Knife  
 (L) = Lamination  
 (M) = Metal  
 (N) = Nitrogen  
 (O) = Orthodontic  
 (P) = Prosthetic  
 (Q) = Quinacrylate  
 (R) = Resin  
 (S) = Silver  
 (T) = Titanium  
 (U) = Urethane  
 (V) = Veneer  
 (W) = Wax  
 (X) = X-ray  
 (Y) = Ytterbium  
 (Z) = Zirconium

201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300



MOORE BARRACKS, CANADIAN HOSPITAL, STORNCLIFFE

MEDICAL CASE SHEET.\*

ward 17 Local Bed.

Category II Occupation Labourer

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Religion Methodist

Christian Name.

295-28 Year 19-7-17

7215-196

Pte

Clark

Wm J

Unit.

Rel -

Age.

Service.

1st CO RD

Method Lindsay

49

18/12

Mrs Wm Thos Clark (wife)

but.

Station and Date.

Disease

Discont of urine

M.B.C.H.

Enlisted Jan 1916. About three yrs ago started.

July 19-17

Having difficulty in passing urine frequency & pain & urethral discharge had sounds passed. has had more or less urinary trouble ever since

Fam Hist.

Negative No T.B. stone or tumors

Personal Hist

Always healthy. No illness. Except gonorrhoea 10 yrs ago

Present.

General. Good.

Genitalia.

Elongated foreskin. Left Epididymus upper pole enlarged otherwise normal. Pollakiuria. by day every hour at times by night sometimes 3 or 4 times some times only once Stream small. weak projection. wets clothing. no pain no discharge. Cant hold water

20. 7. 17

Lab Report Urine Antib Acid sg 1020. Alb° Sugar°

Polymorphs XXX. G. 6 X

Transfer to Etchingham Hill Fisher Capt

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



Station  
and Date.



**Casualty Form—Active Service.**

Regiment or Corps 109th Bn.  
 Rank Pte Surname Clark Christian Name William Thomas  
 Religion Methodist Age on Enlistment 46 years — months.  
 Enlisted (a) 28-1-16 Terms of Service (a) W of War Service reckons from (a) 28-1-16  
 Date of promotion to present rank — Date of appointment to lance rank —  
 Extended { — } Re-engaged { — } Qualification (b) —  
 or Corps Trade and Rate —  
 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...		
<u>10-12-17</u>	<u>1st C.O.R.D.</u>	<u>Seaman to boat to 12th R Bn</u>	<u>Shanghai</u>	<u>8-12-17</u>	<u>PH D.O. 276</u>
<u>3-2-18</u>	<u>1st C.O.R.D.</u>	<u>S.O.S. on transfer to C.P.S.C.</u>	<u>West Sundry</u>	<u>2-2-18</u>	<u>PH D.O. 34</u>
			<u>H. Cleaveland Capt &amp; Adjt.</u> <u>for O. C. 1st C. O. R. D.</u>		
<u>4-2-18</u>	<u>cc. case Rtd</u>	<u>Iss. from 1st C.O.R.D.</u>	<u>Deliff</u>	<u>2-2-18</u>	<u>Part 29</u>
<u>20-2-18</u>	<u>do</u>	<u>Iss. to case C.D. Depot</u>	<u>do</u>	<u>20-2-18</u>	<u>Part 43</u> <u>W. W. Barry Lieut</u> <u>for cc case - Rtd</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

[P.T.O.]















File No. 3259-W-75.

11-8-19

WAR SERVICE GRATUITY.

Register No. 0991

Reg. No. 775196 Pfc.

Dependent. Clark, Annie Jane (Wife)

Name. Clark William Thomas

Address. Same add.

Address. 73 Cambridge St. S.

S. A. ... month at \$ ... per mo. ...  
Less P.D.P. credited

Less further debit balance  
Net due paid as below

Pay Soldier \$ 219.90

Pay Dependent \$ 75.00

Q	Ar. No.	Ct. No.	Ar. No.	Ct. No.	Ar. No.	Ct. No.	Ar. No.	Ct. No.	
1	Inv.		Harrison						
2	Check		Nevelle						
3									
4									
5									
6									
Total				Total					

Days 153 Rate 100.00 Due 500.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment.

Net 324.90

R  
w/31  
11/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
12/18/19	11245	501051	140 00	26-8-19 268-19	12/18/19	11246	501052	60 00
2					2			
3			70 00		3			
189/19	29981	521850	39 90	19 9 19	3	29982	521849	15 00
4					4			
5					5			
6					6			

GEN'L AUDITOR  
 Posting checked by  
*[Signature]*  
 Date 21/18/19



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*gpr*  
3249-W-6.

Name **Clark, William Thomas**  
Surname Christian Name

Regimental Number **725196** Rank **Pte.**

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

Unit **#3. Special ServiceCO.**

Original Unit

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

Date of Discharge **24-4-18.**

P. D. P. Filing Number **2-112-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2230	26-4-18	58 00	2135	23-5-18	58 00	1919	22-6-18	5910		175 10

M. F. W. 127.  
50M-6 17.  
1772 39-1140.


Remarks:



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Wife* Ms Annie Jane Clark By Whom Assigned Clark, W. F. J.  
 Address 46 Russell St Regtl. No. 725196  
Lindsay Rank Pte.  
Ont. Corps "B." Co. 109<sup>th</sup> Battr.  
 Rate <sup>4</sup> 15.00 **AUG 1 1916**

PAYMENTS

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



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# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

*Mrs Annie Jane Clark* *Wife*

Name of Soldier

*Clark W. J.*

PAYMENTS.

*725196* *Blwy Pte.* *109<sup>th</sup> Battrn.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916			
May				
June				
July				
Aug.		<i>N 15067</i>	<i>15</i>	
Sept.		<i>L 15751</i>	<i>15</i>	
Oct.		<i>L 20419</i>	<i>15</i>	
Nov.		<i>L 23308</i>	<i>15</i>	
Dec.		<i>L 31725</i>	<i>15</i>	
Jan.	1917	<i>M 37214</i>	<i>15</i>	
Feb.		<i>M 43085</i>	<i>15</i>	
March		<i>049172</i>	<i>15</i>	
April		<i>W 877</i>	<i>15</i>	<i>15 P.</i>
May		<i>A 7050</i>	<i>15</i>	<i>15 W.</i>
June		<i>X 13842</i>	<i>15</i>	<i>15 W.</i>
July		<i>Q 21091</i>	<i>15</i>	<i>C</i>
Aug.		<i>S 28204</i>	<i>15</i>	<i>OB</i>
Sept.		<i>R 34639</i>	<i>15</i>	<i>Lu</i>
Oct.		<i>Z 45762</i>	<i>15</i>	
Nov.		<i>W 53394</i>	<i>15</i>	
Dec.		<i>H 51544</i>	<i>15</i>	
Jan.	1918			<i>255 M</i>
Feb.				
March				
April				
May				
June				
July				

*ful*

*✓*

*G*

*0.28*

*25*



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.				



1-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Amie J. Clark*  
Address *Lindsay Out.*

Name of Soldier *Clark, Wm*  
Regtl. No. *225796*  
Rank *Pvt*  
Corps *109<sup>th</sup> Bn*  
To what Corps belonging }  
when called out }

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

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>029054</i>	<i>30.</i>	<i>20</i>





1000000000

1000000000

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1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.  
60m.-12-15.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

*Annie J Clark*

*Wife*  
PAYMENTS.

Name of Soldier

*Clark, Wm*

*725796*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	9656	20	20
May		M 5137	20	20
June		I 8399	20	20
July		W 9072	20	20
Aug.		K 13960	20	20
Sept.		14479	20	20
Oct.		Y 18237	20	20
Nov.		A 21940	20	20
Dec.		A 25335	20	20
Jan.	1917	3 28259	20	20
Feb.		3 31192	20	20
March		5 34123	20	20
April		B 487	20	20
May		Z 3393	20	20
June		(1) 8080	20	20
July		G 11142	20	20
Aug.		G 13994	20	20
Sept.		F 17929	20	20
Oct.		L 22534	20	20
Nov.		L 24776	20	20
Dec.		Y 25934	20	20
Jan.	1918	26465	20	20
Feb.				
March				
April				
May				
June				
July				

*300*

*B 440 Mac  
K 26465 cancelled*

RE-WRITE



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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



725196

Oleak, W.K.

P/s

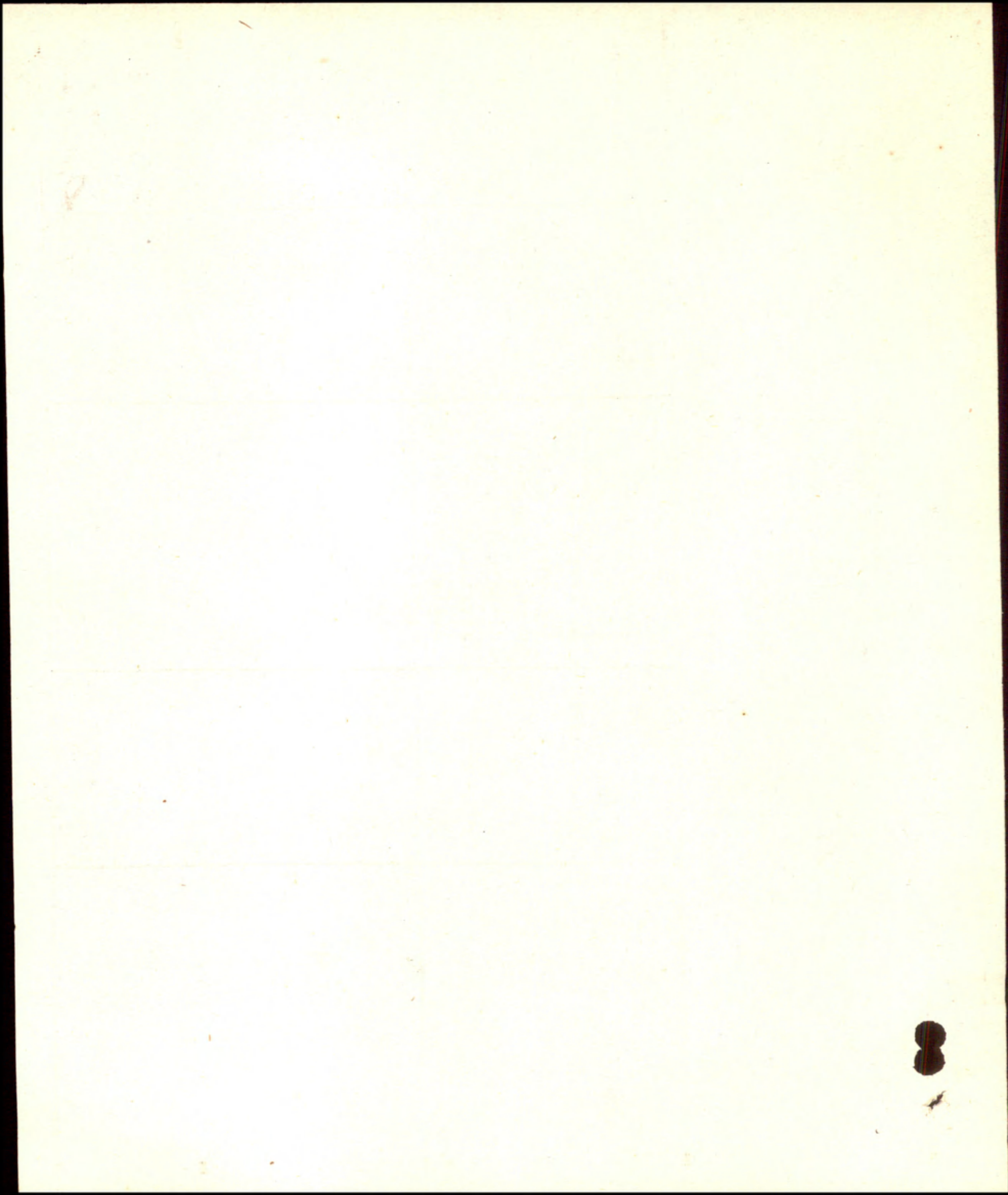
Oole.

## DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
24/2/18.	<i>Fit</i>			<i>J. H. Dunn Cap R.C.M.C.</i>







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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

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

Regimental No. 725196 Rank Private Name Clark, William Thomas

Enlisted (a) 28-1-16 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 28-1-16

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 to C. C. A. C.	Bramshott	15.9.16	Part II Order 266. Capt.
					ADJUTANT 109th Overseas Battalion, C. E. F.
<del>2/12/16</del>	<del>Oct 109</del>	<del>Transferred to 124th Bn.</del>	<del>Witley</del>	<del>2/12/16</del>	<del>Part II Order No 43.</del>
					<del>Capt.</del> ADJUTANT 109th Overseas Battalion, C. E. F.
18-1-17	124th Bn.	Attached to 105th Bn	Witley Camp	18-1-17	Part II Order No 18 Capt, Adj. 124th Bn. C. E. F.

(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.



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				
	O. 104th Bn.	Transferred to Labour Bn. Bramshott	Witley Camp		B.D.O. #
11.2.17		Reattached. Garrison Bn. B'shott		11.2.17	<p><i>G. H. M. M. Capt</i>  <b>ADJUTANT 104th "OVERSEAS" BATTN, C.E.F.</b>            P. II D.O.  <i>Captain O/c.</i></p> <p><b>C.C.A.C. SUB-OFFICE, BRAMSHOTT.</b></p> <p>cesses to be attached to Garrison Duty Bn. Bramshott in transfer to 1st Canadian Cont. Regt. depot. W. Sandling. Auth. D.O. 137. 8/6/17  <i>W. S. P. Lieut.</i> Captain, Asst. Adjt.  <b>The Garrison Duty Battalion, Canadians. (Bramshott, Hants.)</b></p>
17-5-17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. G.D. Bn. <sup>1 att. to</sup>	West Sandling	10-3-17	Pt. II D.O. No 69
15-6-17	- do -	Cesses to be att. to G.D. Bn.	- do -	14-6-17	Pt. II D.O. No. 98
1-12-17	1st C.O.R.D.	att. to 12th Res. Bn.	W. Sandling	30-11-17	Pt. II D.O. 267.
30-11-17	12th Bn	Attached to 12th Reserve	East Sdlg	30-11-17	<p><i>G. H. M. M. Lieut. &amp; Asst. Adjt.</i>  <b>for O. C. 1st C. O. R. D.</b>            Part II 293.</p>
7-12-17	12th Bn	Cesses to be attached to 12th Res. Bn.	E. Sandling	7-12-17	Part II 299.

*W. S. P.*  
 Ident. i/o Records  
 12th Res. Bn. C.E.F.



725196

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Clark Christian Name William Thomas

Examined { on 28<sup>th</sup> day of January 1916.  
at Lindsay  
Birthplace { City or Town Clabo  
County Ontario

Approved by J. McCulloch Capt.  
J. McCulloch Medical Officer  
Rank 109th Overseas Battalion, G. B. F.

Apparent age 44 years  
Trade or occupation Laborer  
Height 5 Feet 5 1/2 Inches.  
Weight 152 Lbs.  
Chest measurement { Minimum 36 1/2 inches.  
Maximum expansion 40 1/2 inches.  
Physical development good  
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left three  
Number three

Date	Result	VACCINATIONS.
<u>28.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 28<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/4/16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>16.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 28<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> B. Batt.</u>	<u>725196.</u>		<u>28.1.16.</u>
Transferred to.....	<u>124<sup>th</sup> Bn. C.E.F.</u>			
	<u>105<sup>th</sup> Bn. C.E.F.</u>	<u>18.1.17</u>		

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott.</u>	<u>28/8/16</u>	<u>over age</u>	<u>Per Bose</u> <u>Stewart Maj</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
<u>Bramshott</u>	<u>28/11/16</u>	<u>over age</u>	<u>Class C. (ii)</u> <u>C. E. Popple</u> PRESIDENT

N. B.—This sheet to be disposed of in accordance with instructions in Medical Board, Bramshott.  
Service, on the 28 NOV 1916 becoming non-effective; the date and cause being stated on next page.

**APPROVED** 2/18 perilet  
22-4-18, over age  
Re categories according to new regulations  
Bill  
McCulloch







# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Surname

Christian Name or Names

Reg. No.

Rank **Clark**

Unit **W.T.**

Co.

Troop **725196**  
Batty.

Hospital **Pte**

**5th Res Bn 16.0.**

Date of Admission

**Moore Bks.**

**20-7-17**

Transferred **Caw. Hosp Catchinghill**

Hosp. **21-7-17.**

Hosp.

Hosp.

Hosp.

Diagnosis

**Incont. Urine** *gt*

(1) *W. H. G. Ho*  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

**CL. 2-8-18 107**

*Dis. 24. 11. 17.*

REMARKS

*13. 12. 17 - 6. 87.*

**A M D. 2 Dept.**  
**Beh. of D. G. M. S. O. M. F. C. London**







Name **CLARK William** Rank **PTE** Reg. No. **725196**

Unit **Thomas 5th Canadian Reserve Battn**

Next of Kin **Canada**

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Jly 20	Moore Barks Hsp	S ' Cliffe	Incont Urine		107	
21 7	Can Hsp Etchingham		V.D.S.	C87		2280
24- 11	Discharged	(1601)	V.D.S.	C87	<del>200</del>	



## GRATUITY (IMPERIAL)

REGN. No. 20162	DEP. JAN 29 1926
-----------------	------------------

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Number

725196

Rank

Pte

Surname

CLARK

Christian Name

William Thomas

Units

109th Bn Can Inf Theatre of War England

Date of Service

31-7-16

Remarks

Battleton, Ont. 27/26

Latest Address

Windsor, Ont

Roll No.

A Page 4775

200m.-6-21...



1872



A. & D. No. 29528 Ward 14

Unit 1st CORPS Sick or Wounded.

Regtl. No. 725196 Pl. of Act'n

Rank Pvt Name Clark Winy

Age 49 Religion Meth

Service Compl'd  $\frac{18}{17}$  Time with Field Force

Diagnosis Injury of Urine

Admitted July 19/17 Discharged

Transferred 21.7.17 Etchinghill

Lindsay Record further remarks on back. 1050



MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer.*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*44*

YEARS

*10*

MONTHS

HEIGHT

*5*

FEET

*5 1/2*

INCHES

CHEST MEASUREMENT

*40 1/2*

INCHES

EXPANSION

*4*

INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Black.*

DISTINGUISHING MARKS

*Birth mark on left shoulder blade.*

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Jan. 28<sup>th</sup>, 1916.*



SURNAME.

*Clark,*

CARD No.

CHRISTIAN NAMES

*William Thomas*

REGL. No.

*725196*

RANK

*Pte*

UNIT

*109<sup>th</sup>*

FORMER CORPS

*Nil*

*S.O.S. Div. 24. 4.18-3*

*Pt. 118 of 23-4-18.*

*M.W. 3<sup>rd</sup> District Dep*

*Batt. M.C.*

NEXT OF KIN.

NAMES IN FULL

*Clark, Mrs Annie Jane*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Clabo, Ont., Canada.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England, Warwickshire*

DATE

*March 22<sup>nd</sup> 1871*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

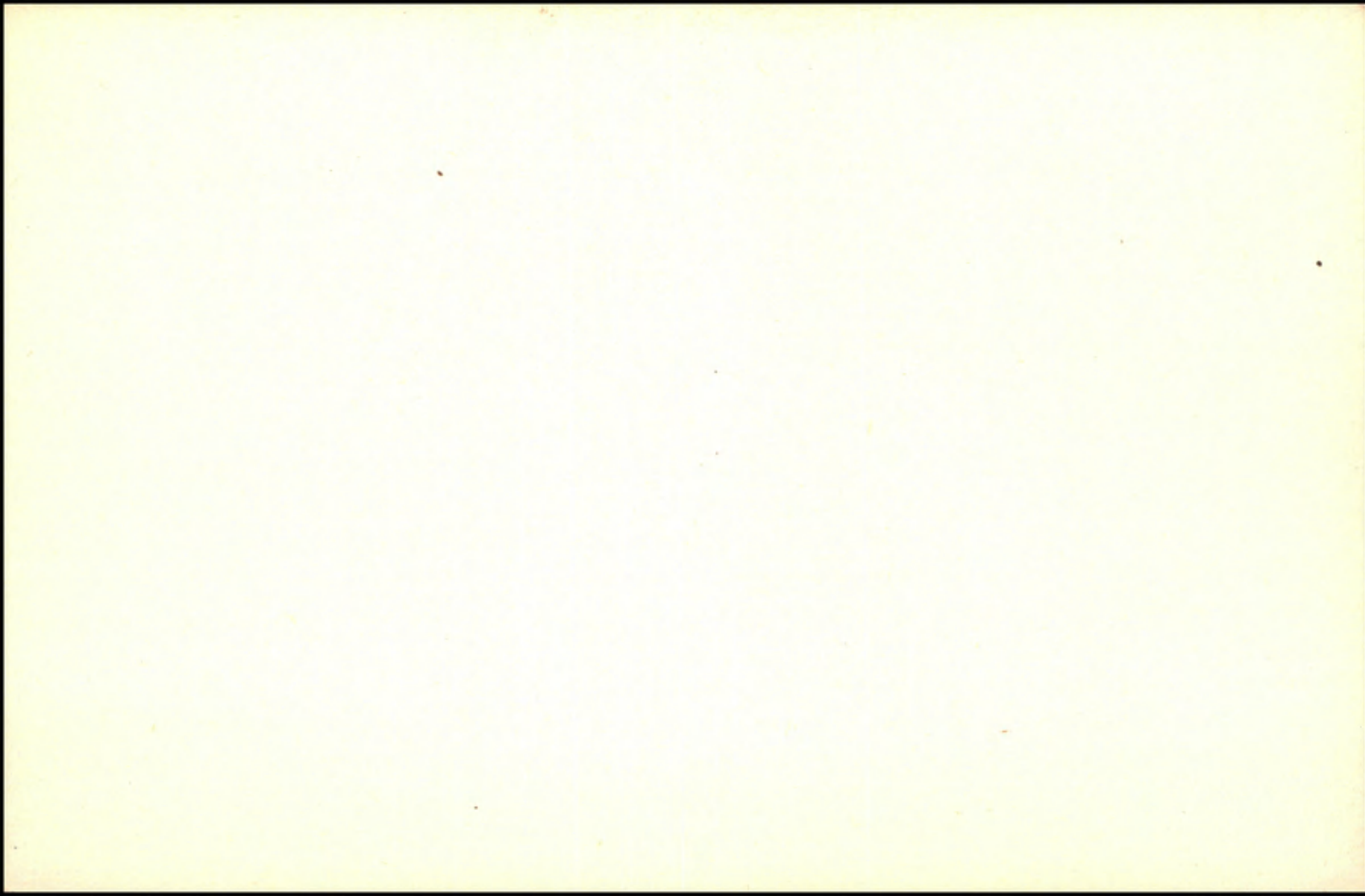
*Jan. 28<sup>th</sup> 1916*

*Sailed from Halifax*



*23/7/16 sails to Plymouth 488*







No. 725196 RANK Pte

NAME Clark. W. D.

T. O. S. 28-1-16 UNIT 109th. Battalion  
D. O. B. 29-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 28	1916 Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED  
JUL 23 1916



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

107

Moore Burr Can Slane

20-7-17

Incont of Urine

687

Eng # 11

Can. Etchinghill Lyminge

21-7-17

V. D. G. 1<sup>st</sup> B. O. Regt

687

Discharged

24-11-17

" " G. " " "



NAME

*Clark W.*

REGT'L No.

*4*

*725196*

H. Q. FILE No. 649.

RANK AND CORPS

*Pfc*

*5th Can Res Bn*

FOLLOWS

No.

FOLLOWS

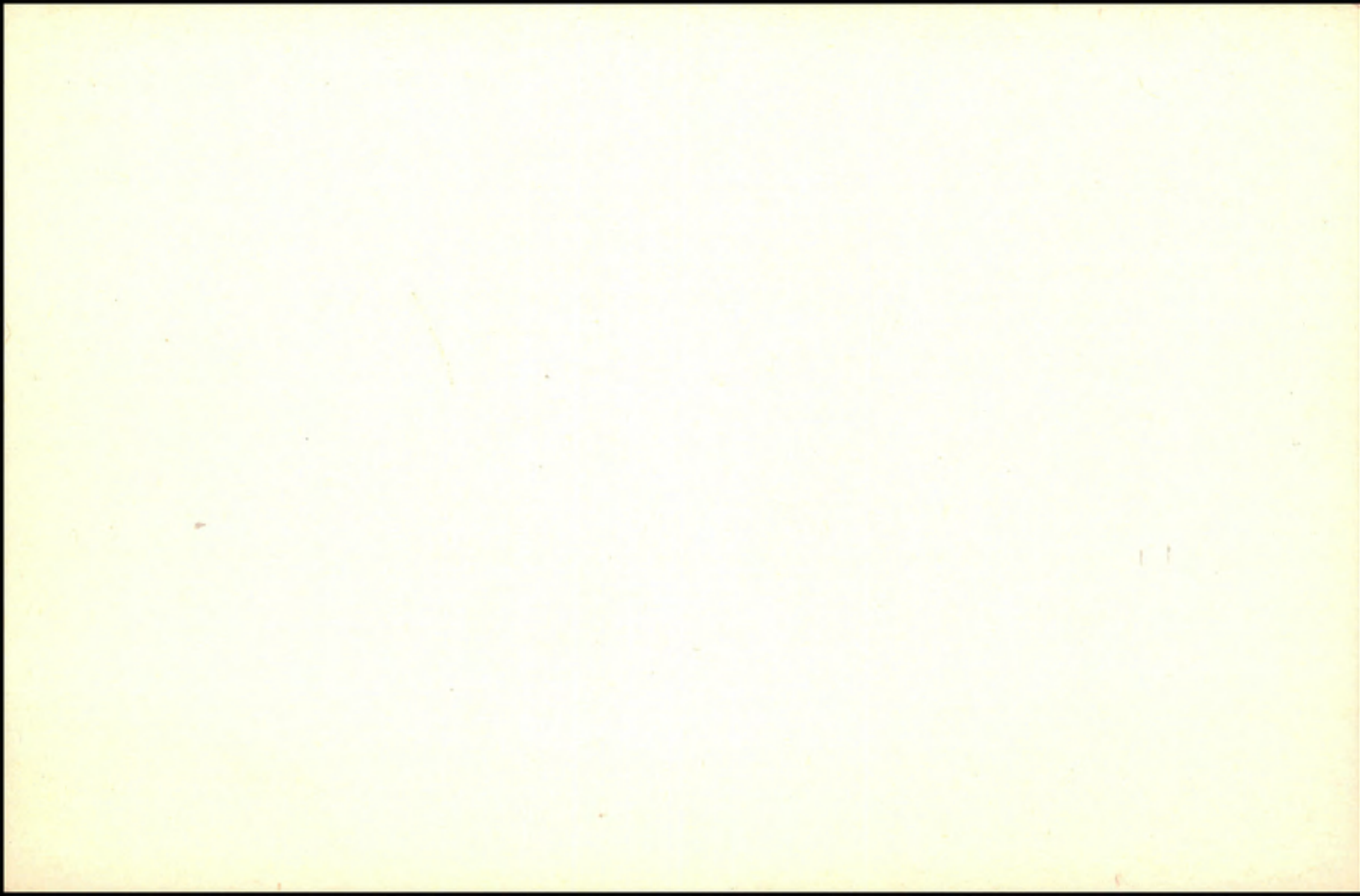
CABLE

NO.

DATE

NATURE OF CASUALTY







No. 2176

RANK *Pte*

NAME

*Clark W.**J*T. O. S. *13-2-15*  
D. O. *14 of 13-2-15*UNIT *72<sup>nd</sup> Regt. Seaforth Highlanders*M. D. *//*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Feb 13</i> <i>Mar 1</i>	<i>1915</i> <i>Feb 28</i> <i>Mar 11</i>	<i>✓</i> <i>✓</i>	<i>Transfd to 47<sup>th</sup> Batta</i>	<i>11-3-15 D. O. 29 of 13-3-15</i>







38797

REG. No. 425196 NAME (SURNAME FIRST) Clarke, Wm.

RANK Pte CORPS A. S. B.

AGE 50 SERVICE 3 yrs

NAME OF HOSPITAL General PLACE Kingston

DATE OF ADMISSION 20 - 3 - 18

DISEASE Bronchitis

DISCHARGE 26 - 3 - 18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	1-12-17		
----	----	---------	--	--

PC.3257

RATE OF ASSIGNMENT

15			
----	--	--	--

(wife)

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 725196  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *W. J. Clark*  
 Battalion *109 Bn B Coy.*  
 Beneficiary *Mrs Annie Clark*  
 Relationship *Wife*  
 Address

Name *Mrs Annie Jane Clark*  
 Address *46 Russell St. Lindsay*  
 Change of Address *Out*

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
<i>Dec 31</i>		<i>440</i>	<i>255</i>	<i>695</i>	
<i>Jan</i>	<i>S 70271</i>	<i>30</i>	<i>15</i>	<i>45</i>	
<i>Feb.</i>	<i>A 94820</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Mar.</i>	<i>A 113003</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Apr</i>		<i>25</i>	<i>15</i>	<i>40</i>	

*OK Warr*

*old Pa. sheet shows Wm*  
*Sa & AP A/c Closed 31-3-18*  
*Sa \$520 Ret'd per. O'ngar*  
*AP. 300 Date 21-3-18 F.X. 23-3-18*  
*Sa & AP 820 Date 21-3-18 F.X. 23-3-18*  
 Clerk *J. Robinson*  
*M.R. 0213 issued 23-3-18*

M. F. W. 128  
 400M-6-17-1772-33-1141  
 L. L. 22220-M. & D. 7988.









Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

*Make over*

1/3/16

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<del>20</del>	25		
---------------	----	--	--

RATE OF ASSIGNMENT

--	--	--	--

*1-12-17  
Pb. 3257*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 725 196

Rank *St* Promoted Reverted Discharge

Soldier's Name

*Wm. Clark*

Battalion

*109<sup>th</sup> Bn*

Beneficiary

*Mrs Annie J. Clark*

Relationship

*Wife*

Address

*Lindsay. Ont.*

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>1917</i>					
<i>Dec 31</i>		<i>440</i>		<i>440</i>	
<i>Jan 31</i>	<i>A 56634</i>	<i>30</i>		<i>30</i>	<i>S</i>









OPINION OF THE MEDICAL BOARD—(Continued).

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

Cat. "E" no disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Kingston, Ont. DATE April 23/18. Members.

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.

DATE DATE

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 soldier 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 Members. President.

AP/ 98-C-411 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 soldier to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet.
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 8, 9 and 10 be communicated to the soldier, 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 Fort Henry. DATE Apr. 23/18.

- 1. 1 (a) Unit # 3 Cas. Unit. (b) Regimental No. 725196. (c) Rank Pte. (d) Surname Clarke. (e) Christian name Wm. Thos.
2. Age last birthday 50 yrs. Date of birth March 22nd, 1868.
3. Enlisted at Lindsay, Ont. on Jan. 28th, 1916.

- 4. Personal description:— (a) Height 5' 6". (b) Weight 165. (c) Complexion Dark. (d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks Scar on right shoulder.

5. Address after discharge (for the use of the Board of Pension Commissioners) Lindsay, P.O. Ont.

6. Former trade or occupation Laborer.

7. (a) Service years Days

Overage Stricture.

109th Bn. 124th Bn. 105th Bn. 104th Bn. 3.3 Cas. Unit.

Table with 2 columns: From, To. Dates: Jan. 28/16, Nov. 1916, Jan. 1917, Feb. 1917, Mar. 1918, Mar. 1918.

(b) Has he been overseas? England. 8. Original disease or disability. Overage. (60)

2. Incontinence of Urine.

(a) Date of origin 1. N/A. 2 12 yrs ago. (b) Place of origin 1. N/A. 2 Lindsay. Ont.

(c) Cause\* 1. N/A. 2 Gonorrhoea.

(d) Present disease or disability 1. Overage. (50). 2 Incontinence of urine.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

SUBJECTIVE- 1. Man says he is 50yrs of age. 2 Says that he has to get up at night to urinate. Also states that at times he has trouble with retention of urine and that at other time urine will dribble away of its own accord.



OBJECTIVE - 1. Man appears older than age stated, Radial arteries palpable. Heart and lungs normal. 2 Man has a long foreskin. Urinalysis - S.G. 1022. Reaction acid. No alb. No sugar.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... Normal. Digestive... Normal. Respiratory... Normal. Cardiac... Normal. Genito-Urinary... See sect. 9a. Skin, Middle Ear, Eye or any other part...

\*Ears approximately normal. Complains of tinnitus Hearing normal. No near disability.

(SGD). J.C. Connell. Lt.-Col. AMC

10. History: (a) of Condition referred to in "a" section 9.

Small scar on right shoulder.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1. N/A. 2 Not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

1. N/A. 2 Gonorrhoea.

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?

1 & 2 Permanent.

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

Hospital treatment in England.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

1. N/A. 2 No.

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

17. Recommendations Discharge Cat. "E".

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Signature of soldier examined.

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 criticized.

Yes.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1. N/A. 2 Not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

1. N/A. 2 Gonorrhoea.

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?

1 & 2 Permanent.

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

Hospital treatment in England.

19. Is the soldier 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). No, ( " B) (Yes or No). No, ( " C) (Yes or No). No, ( " D) (Yes or No). No, ( " E) (Yes or No). Yes.

20. It is certified that the soldier

(a) ~~Does not 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 pass under his own control.~~ (Strike out condition not applicable).











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

REGT. No. *725196* RANK *Plt* NAME (IN FULL) *Clark WJ*  
 ORIGINAL UNIT C.E.F. *109 Plt* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S. \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

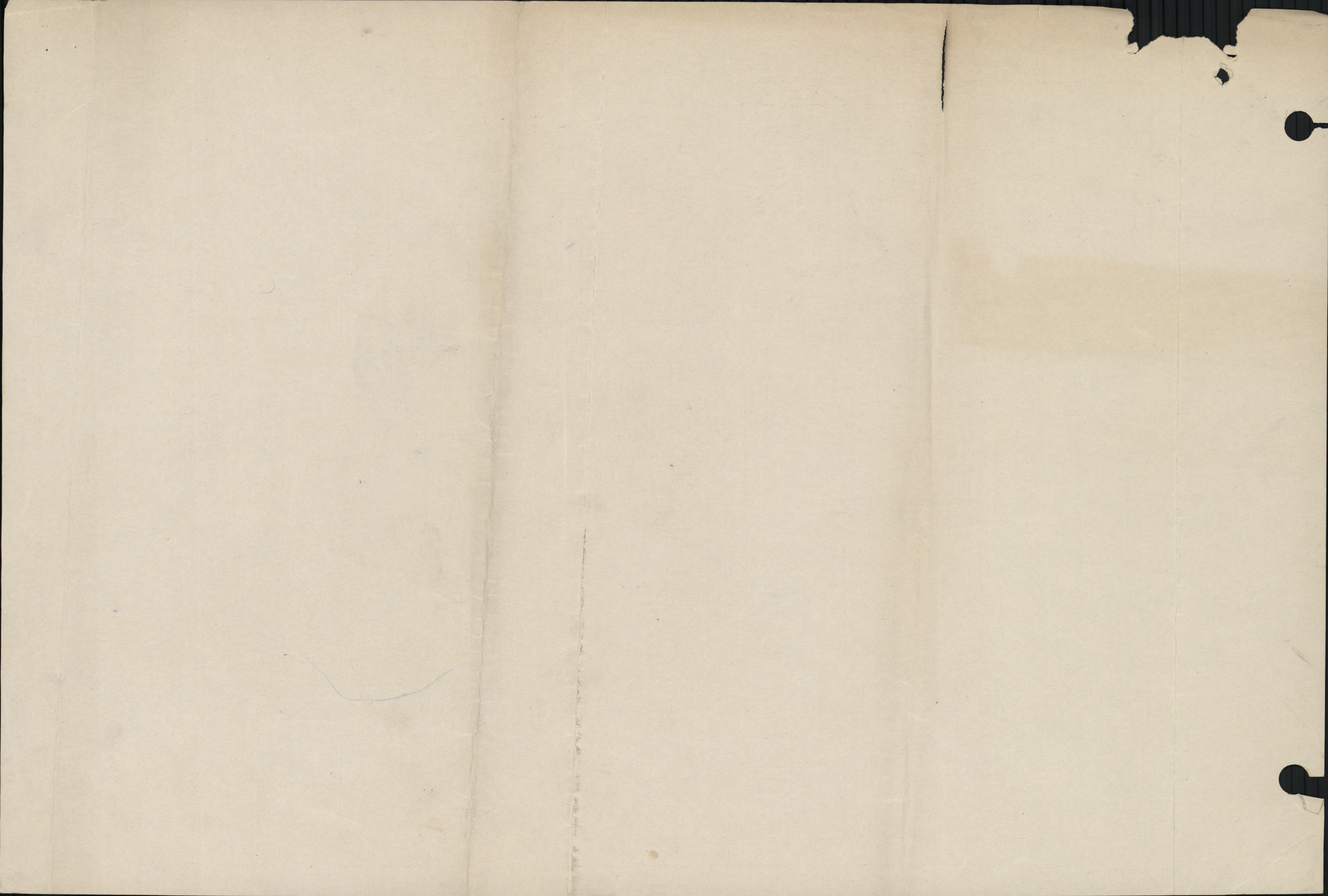
DISCHARGED *JK* PLACE *Keelson* DATE *24-4-18* REASON \_\_\_\_\_ AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

*6-132*

BALANCE FROM PREVIOUS ACCOUNT

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		S	C.	S	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	S	C.	S	C.	S	C.	S	C.	S	C.	S		C.
			NO.	DATE					NO.	DATE	NO.													
																								<i>Clayton</i> <i>20206</i>







## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P. in MS.		In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers.

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>725196</i>	
Rank <i>Private</i>	
Name <i>Clark William</i> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 3 Casualty Unit</i>	
Date of Discharge <i>24-4-18</i>	
Place of Discharge <i>Burgiston Ont</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>46</i> years <i>11</i> months. Height <i>5</i> feet <i>5 1/2</i> inches. Complexion <i>Dark</i> Eyes <i>Brown</i> Hair <i>Black</i> Trade <i>Labourer</i> Intended place of residence <i>Lindsay Ont</i> <small>(To be given as fully as practicable.)</small>	Descriptive Marks
2. The above-named man is discharged in consequence of <i>Being Medically unfit for further service</i> <i>3MD. 88-C-411 23/4/18</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center; font-size: 2em; margin: 10px 0;"><i>— Good —</i></div>	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company;</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: 2em; margin: 10px 0;"><i>Labourer</i></div>	



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

*nil*

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

6. Medals and Decorations.....

*Service in England  
and Canada*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Bungston*.....

*Strant* Major  
for O. C. District Depot No. 3

(Date) *24-4-18*.....

Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Bungston* *M J Clarke* (Signature of Soldier.)

(Date) *24-4-18* *J C Clarke* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

*M J Clarke* (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) *2* years *70* days.

Total *2* years *70* days.

11. Confirmation of Discharge.

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

(Place) *Bungston*.....

*Strant* Major  
(Signature) for O. C. District Depot No. 3

(Date) *24-4-18*.....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*none.*

*M J Clarke*