

OK

"A" Coy

# ATTESTATION PAPER.

No. 724639

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

ORIGINAL

(ANSWERS).

1. What is your surname? ..... Clarke.
- 1a. What are your Christian names? ..... William Valentine
- 1b. What is your present address? ..... 107 Spadina Ave. Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... County Armagh, Ireland,
3. What is the name of your next-of-kin? ..... William James Clarke
4. What is the address of your next-of-kin? ..... Ballyshiel, Tandragee, Co. Armagh,
- 4a. What is the relationship of your next-of-kin? ..... Father, Ireland
5. What is the date of your birth? ..... 27th Feb. 1893.
6. What is your Trade or Calling? ..... Labourer.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... No.  
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? ..... Yes.
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } ..... Yes.

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William V. Clarke, 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.

Wm V. Clarke ..... (Signature of Recruit)

Date 2nd Dec ..... 1915 ..... F. H. Godson Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William V. Clarke, 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.

Wm V. Clarke ..... (Signature of Recruit)

Date 2nd Dec ..... 1915 ..... F. H. Godson Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

## 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 13th day of December 1915.

[Signature] (Signature of Justice)

6

DEC 1915



# Description of *William V. Clarke* on Enlistment.

Apparent Age *22* years *9* 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. *7 1/2* ins.

*None*

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

Complexion *Dark*

Eyes *Hazel*

Hair *Black*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *Dec-2nd* 191*5*

Place *London*

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

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*William V. Clarke* 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. J. [Signature]* Lt. Col. (Signature of Officer)  
**O. C. 109th Overseas Battalion, C. E. F.**

Date **DEC 29 1915** 191*5*



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*A. F. B. 122-1*

*Cas card - 7*

*2721257-1 Riv*

*Pay 2*

M. F. W. 62.

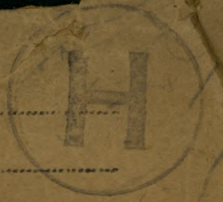
50M-9-16.

H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. C. No.....

H. Q. No.....



Name

*Clarke, William Valentine*

Regt. No.

*24639* Rank *Pte.*

Corps

*No. 2. Cas. Unit (Form. 109<sup>th</sup> Br.)*

*20*



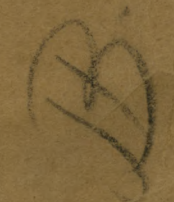
*Medically unfit.*

23508

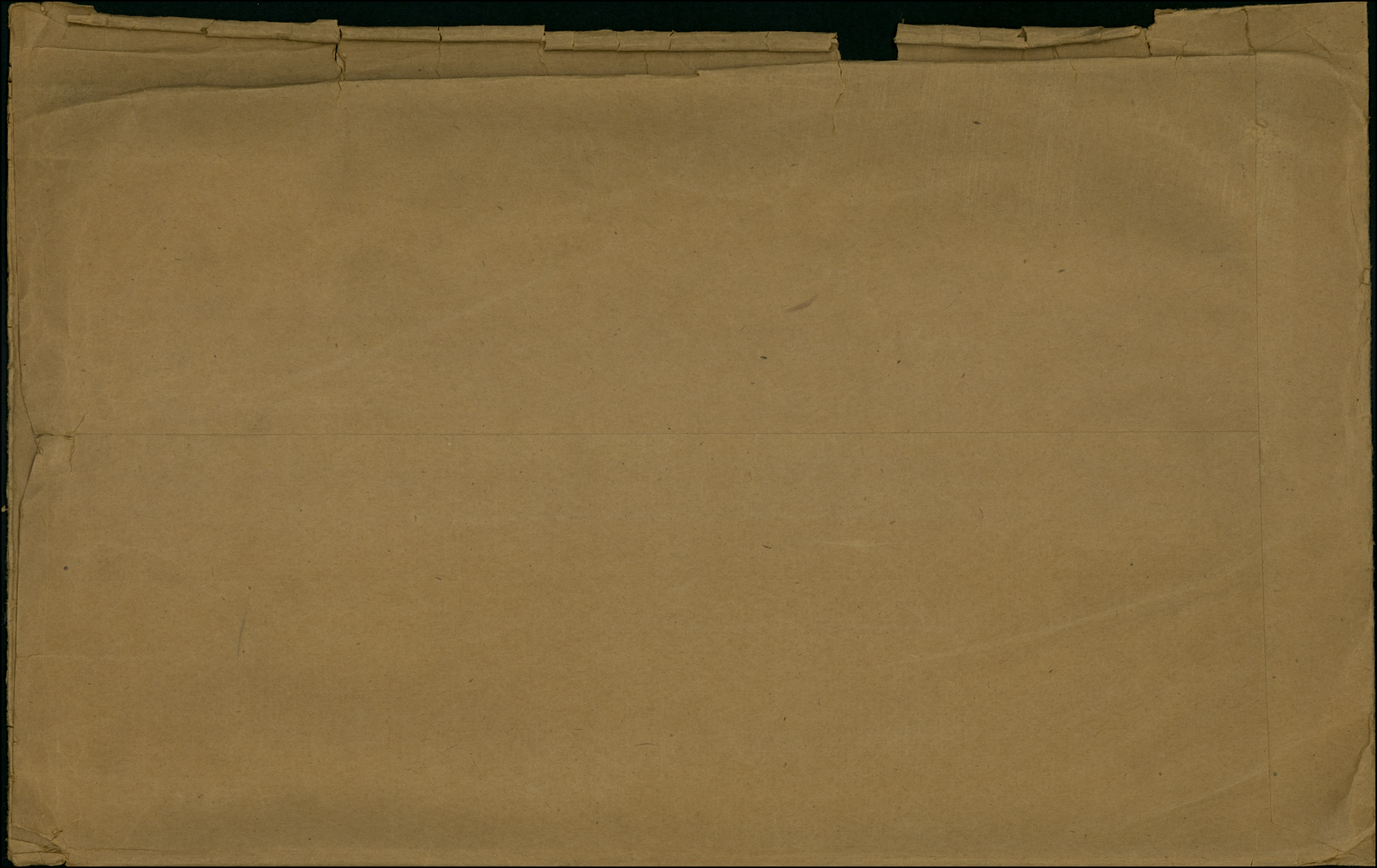
*ipl*

*250000 15-2-17*

*25 = 13*  
*10 = 13*  
*3 = 13*  
*1*









To be made out in 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 Battalion. C.E.F......  
.....
- (2) Regimental Number..... 724639......
- (3) Full Name of Soldier..... William Valentine Clarke......  
..... Pte......
- (4) Place of Birth..... County Armagh.....  
..... Ireland.....
- (5) Are you married, or not?..... No.....
- (6) If married, state,  
(a) Full name of your wife..... Nil.....  
.....  
(b) Present Postal Address.....  
.....
- (7) Are you a widower?..... No,.....
- (8) Have you any children?..... No......  
If so, give number of boys and girls.....  
Also their names and ages.....  
.....  
.....  
.....



(9) Is your Father alive?.....**Yes**..... **William James Clarke**.....

If so, state name and address..... **County Armagh Ireland.**.....

(10) Is your Mother alive?.....**Yes**..... **Margaret Clarke.**.....

If so, state name and address..... **County Armagh Ireland.**.....

(11) If your Mother is a widow..... **No**.....

Are you her sole support, or not?..... **No.**.....

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

**NIL**

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

**NIL**

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

**NIL**

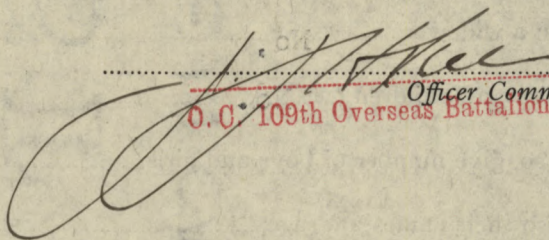
(15) Are you insured?..... **No.**.....

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

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

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

Date..... **JUL - 8 1916**.....

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



4  
CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 23

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

Regimental No. 724639 Rank Pte Name W.V. Clarke  
Corps # 2 Cos Unit who was\* discharged  
On Jan 11 1918, to  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918, to Jan 11 1918, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances by Cheques } No.				Reg't Pay 11 days at \$ 1c		11	
Cheques } No.				Field Allow. 11 days at \$ c10			110
Assigned Pay No.				Other Allowances*			
Other Charges*				Other Credits* clothing			13
Payment on transfer or discharge No. 14086	2510			Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)							
Total			2510	Total			2510

\*Give Particulars.

A monthly stoppage of \$ (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)  
(Address)

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted no
- (3) cause of discharge and authority oo 4.

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

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

Date 7/11/18  
Place Toronto  
B. M. M. S. Paymaster

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







DEPARTMENT OF MILITIA AND DEFENCE.

9528 / 189

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names *William Val* ..... 2. Surname *Clarke* .....
3. Rank *pte* ..... 4. Original Unit *109<sup>th</sup> Bttn* 5. Reg. No. *7.2.4.6.39*
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*170 Strachan Ave.*  
*Toronto Ontario* .....
7. Date of enlistment in the C.E.F. .... *2<sup>nd</sup> day of December 1915* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... *Not applicable* .....
9. Relationship of such dependent ..... *Not applicable* .....
10. Address, in full, of such dependent ..... *Not applicable* .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? .... *No* .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*109<sup>th</sup> Bttn Left Halifax 20<sup>th</sup> July 1916 Left 109<sup>th</sup> Bttn*  
*18<sup>th</sup> Nov 1916 15<sup>th</sup> May 1917 for France* .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? .... *Not applicable* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *Not applicable* .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... *Ten months with*  
*109<sup>th</sup> Bttn Six months with 20<sup>th</sup> Bttn Three Months*  
*with 1<sup>st</sup> C.O.R.D. Six Months with 2<sup>nd</sup> Casualty unit* ..... *2 yrs*  
*1 mo*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *Not applicable* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? .... *No* .....



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

*Not applicable*

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

*One hundred dollars from paymaster Military District - # 2*

20. Have you been issued with a War Service Badge? If so, what class? *A and B*

21. Have you, during the present war, served in the Imperial Forces? *Not applicable*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

*Not applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

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

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

*11th January 1918* (b) Reason for discharge.....

*Disability for wounds received in action*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *Not applicable*

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

*20th Btn 20th November 1916 to 15th May 1917*

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

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

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

Signature of Applicant: *William Vab Clarke*

Place of Residence: *170 Strachan Ave Toronto Ont*

Declared before me at: *City of Toronto in County of York*

This *16th* day of *January* 19*19*

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

*Wm V Clarke*

**POST DISCHARGE PAY.**

*No over payments*

Date paid.	\$ Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>10-1-18</i>	<i>33.</i>			
<i>9-2-18</i>	<i>33.</i>			
<i>9-3-18</i>	<i>34.10</i>			
	<i>\$100.10</i>			

Certified Correct.

*[Signature]*  
District Paymaster.  
CAPTAIN C.A.P.C., C.E.F.  
for PAYMASTER, MILITARY DISTRICT No. 2



724639

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

445

Surname Clarke Christian Name William Valentine

Examined on 3 day of December 1915  
at Lindsay  
Birthplace { City or Town County Armagh  
County Ireland

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

Apparent age 32 years  
Trade or occupation Labourer  
Height 5 Feet 7 1/2 Inches.  
Weight 148 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 38 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>22 MAY 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm None Right. None Left. Light  
Number Eight  
When Vaccinated last January 25th 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>25-1-16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>13-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Slight varicose veins  
right leg

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 2nd day of December 1915 at Lindsay

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109th Bn</u> <u>C.E.F.</u>	<u>724639</u>		<u>2-12-15</u>
Transferred to..	<u>20th. Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Exhibition Camp.</u> <u>Toronto.</u>	<u>13/3/19.</u> <u>Dec. 27th. 1917</u>	<u>Le Anophthalmos</u> <u>Anophthalmia of</u> <u>left eye.</u> <u>Varicose veins of</u> <u>right leg.</u>	<u>E</u> <u>for 4 months</u> <u>W.T. McLean</u> <u>Major, A.M.C.</u> <u>Pres. S.M.B.</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.

CANADIAN



Christian Name *William Valentine*

Surname *Clark*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Tankerton Hospital</i>		<i>16</i>	<i>5</i>	<i>17</i>	<i>30</i>	<i>5</i>	<i>17</i>	<i>9. S. W. Lead</i>	<i>14</i>	<i>Wound almost healed</i>	<i>H. J. Bell</i> <i>capt</i>
<i>MILITARY HOSPITAL, SHORNCLIFFE.</i>		<i>30</i>	<i>5</i>	<i>17</i>	<i>31</i>	<i>5</i>	<i>17</i>	<i>— — —</i>	<i>1</i>	<i>Trans to Headcorn.</i>	<i>J. H. W.</i>
<i>Headcorn.</i>		<i>31.</i>	<i>5.</i>	<i>17.</i>	<i>16.</i>	<i>6.</i>	<i>17</i>	<i>" "</i>		<i>wound quite healed.</i>	<i>J. Newcomb Pettola</i>
<i>Shorncliffe Military Hosp</i>		<i>16</i>	<i>6</i>	<i>17</i>	<i>24</i>	<i>7</i>	<i>17</i>	<i>" "</i>	<i>38.</i>	<i>transferred to Westcliff for Eye. etc.</i>	<i>W. H. C. C. came</i>
<i>WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.</i>		<i>24</i>	<i>7</i>	<i>17</i>	<i>13</i>	<i>8</i>	<i>17</i>	<i>P.M. Anophthalmos</i>	<i>21</i>	<i>VOD. 6/6</i> <i>Artificial Eye supplied. Left to Broad</i>	<i>M. H. C. C.</i>

*MAILED*



C.A.F.C. 5009  
10M-3378-1-8-17.

724639

## DENTAL CERTIFICATE.

*Pt. Clarke W. V*

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

*100RD*

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.
<i>29. 9. 17.</i>	<i>Fit</i>			

*T. Jamieson  
Capt. Case*



MENTAL CERTIFICATE

The following certificate will be attached to the report in the event of all other ranks being returned to duty for treatment.

Date of Examination	Present Mental Condition	In case of loss of reason the doctor to whom injury or disease directly attributed to active service	Is the soldier entitled to mental treatment	Remarks



A.G.R. Rank Name **CLARKE, William Valentine** ✓ Reg'l No. **724639** ✓

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

Place and Date of Enlistment **Lindsay, 2nd Decr., 1915.** Place of Birth **Co., Armagh, Ireland.**

Name and Address, Next-of-Kin **William James Clarke** ✓  
**Ballyshiel, Tanderagee, Co. Armagh, Ireland.** Relationship **Father.** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

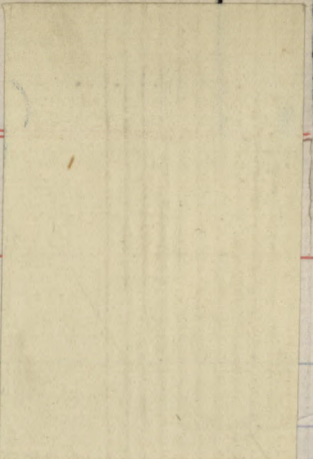
Discharge, Date and Place Reason Character **6 years**

H. W. &amp; V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
					<b>A.F.B. 103 CHECK</b> <b>11 DEC. 1916</b> <b>N. J. D.</b>
		Arrived in England per H. M. T. 2810		<b>31-7-16</b>	
<b>28.11.16</b>	<b>D.C. 109th</b>	<b>S.O.S. on train to 20th Bn</b>	<b>Witley</b>	<b>28.11.16</b>	<b>P<sup>2</sup> II. D.O. 333</b>
<b>11.12.16</b>	<b>20th Bn</b>	<b>Taken on strength.</b>	<b>field</b>	<b>29.11.16</b>	<b>75</b>
<b>22.5.17</b>	—	<b>Adm #13 stat hosp</b>	<b>Boulogne</b>	<b>13.5.17</b>	<b>Det. A516 S SW. Head Sec.</b>
<b>5.6.17</b>	—	<b>Inu (W) &amp; posted to 1st COHD</b>	<b>field</b>	<b>16.5.17</b>	<b>P<sup>2</sup> II-41 P<sup>2</sup> II</b> <b>1st COHD</b> <b>DJ</b>
<b>4-8-17</b>	—	<b>Adm Jankerton Mil. Hosp. Whitstable</b>	<b>Kent</b>	<b>16-5-17</b>	<b>C.L.B. 403</b> <b>G.S.W. Head Sec.</b>
<b>4-8-17</b>	—	<b>To Mil. Hosp.</b>	<b>Shorncliffe</b>	<b>30-5-17</b>	<b>C.L.B. 403</b> — " —
<b>4-8-17</b>	—	<b>To West Cliff Can. Eye-Ear Hosp</b>	<b>Folkstone</b>	<b>25-7-17</b>	<b>C.L.B. 403</b> — " —
<b>6-8-17</b>	<b>1CORD</b>	<b>TOS</b>	<b>Wandling</b>	<b>16-5-17</b>	<b>P<sup>2</sup> II-150</b>
<b>20.9.17</b>	—	<b>cease to be attached to Depot Coy &amp; proceed on Com. pend. Disch to Can. to C.D.D. Buxton</b>	<b>Wandling</b>	<b>20-9-17</b>	<b>P<sup>2</sup> II-195</b>



Date.	From whom received.	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.
23-10-17	1 <sup>st</sup> <del>C.</del> <del>ORD.</del> <del>S.O.S.</del>	to Canada (K.R.O. 3925 x 16 K.R. 101912)	W Sandling	18-10-17	Pt II - 228
	Dis depot	Ltr for Dulip	M.D. 2 Toronto	28/10/17	NR 396 Toronto Ont.





No 724639 RANK

Pte

NAME Clarke W. J.

T. O. S.

2-12-15.

UNIT

109th Battalion

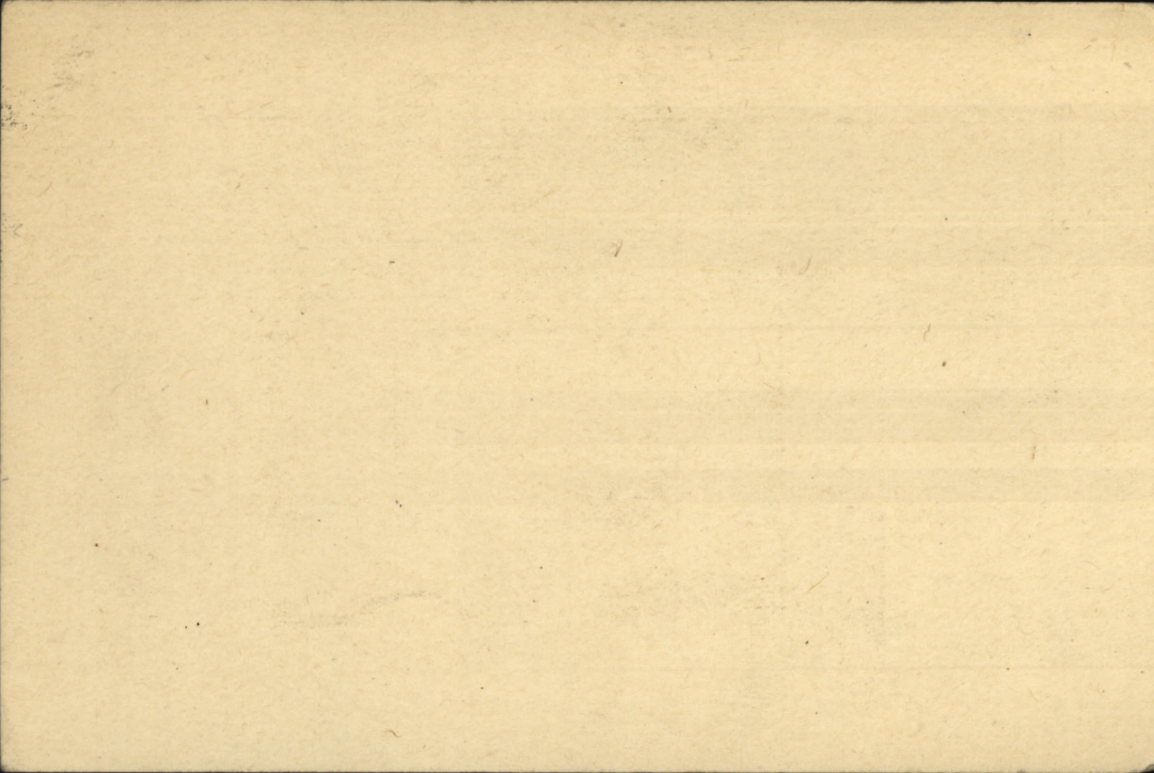
D.O. 12.3-12-15-

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 2	1915 Dec 31	✓		
1916 Jan	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916







649-C-17746.

CARD No. ✓

SURNAME.

Clarke.

CHRISTIAN NAMES

William Valentine

S.O.S. Wis.  
11-1-18. 2

REGL. No.

724 639.

RANK

Pte.

UNIT

109<sup>th</sup>

B<sup>n</sup>.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Clarke, William James

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Ballyshiel, Tandragee, <sup>Co</sup> Armagh, Ire.

COUNTRY OF BIRTH

Ireland, Co, Armagh.

DATE

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Dec 13<sup>th</sup> 1915

Sailed from Halifax 23/1/16 sent Olympic 488  
Jush.



MARRIED

SINGLE



*yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



HSB  
Number

124639

Rank

~~Private~~

Surname

CLARKE

Christian Name

William Valentine

Units

20th Am Cav Regt Theatre of War France

Date of Service

29-11-16

Remarks

Latest Address

Red Triangle Club  
Toronto Ont

Roll No.

200m.-6-21. vol

Page 18894



TOTAL SERVICE WHERE..... DATE AND PLACE OF OR  
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....

\* CROSS OU

DESP  
REG. NO. 6690  
NOV 29 1922



H. Q. Reference *649-C-19746*

*a. 22.4.22*

No. *724639* Rank Unit

Surname *Clarke*

Christian names *W. V.*

Kindly forward Medals, to which I am entitled by reason of my  
service in.....  
(Theatre of War)

with.....  
(Unit with which served in Theatre of War)

No. *126*

Street *Shaw*

Town *Toronto*

County *Ont*

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)



O. H. M. S.

POSTAGE  
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



Surname **Clark.** Christian Name or Names **W.B.** Reg. No. **724639.**  
Rank **Pte.** Unit **20th. Bn.** Co. Troop Batty.  
Hospital **13. Stat. B'logne.** Date of Admission **13-5-17.**

Transferred **13. Stat. B'logne.** Hosp. ~~XXXX~~

*Tanberton Mil U. hit stable Kins Hosp. 16.5.17*  
*D hornecliffe Mil Hosp. 30.5.17*  
*U. estcliffe Can Co. S. Foberton Hosp. 25.7.17*

Diagnosis **G.S.W. Head. Sev. R**  
(1) Later Diagnosis (if changed)  
(2)  
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

**C.L. 22-5-17. A/516.**

REMARKS

*4-8-17*  
*B403*

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



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



REGT'L. NO. 724639  
H. Q. FILE NO. 649

NAME Clark, William Valentine

RANK AND CORPS Otc. 20<sup>th</sup> Bn. Form 109<sup>th</sup> Bn.

FOLLOWS  
No. \_\_\_\_\_  
FOLLOWS

CABLE	
NO.	DATE
<u>M 5006.</u>	<u>22-5-17</u>
<u>J 35A</u>	<u>28-10-17</u>

"Otc"  
NATURE OF CASUALTY  
Adm. to No 13 Stat Hosp, Boulogne  
May 13<sup>th</sup> / 17 Gen. Led sev. ✓  
Sailed from Liverpool for Canada per H.S.  
Messanabia on Oct 18<sup>th</sup> 1917 authority



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 516	13 Strat: Boulogne	13-5-17	G sev. Head sev.
B 403	Sankerton Mill Whitstable Kent	16-5-17	" " " " "
B 403	Mill Shore	30-5-17	" " " " "
B 403	West Cliff Can Exe Folkestone	25-7-17	" " " " "











MARRIED OR SINGLE

Single

PLACE OF BIRTH

Co. Armagh Ireland

NAME AND ADDRESS OF NEXT OF KIN

Wm James Clarke

Ballyshiel, Tandragee, Co. Armagh, Ire.

RELATIONSHIP OF NEXT OF KIN

Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS EFFECTIVE DATE AUTHORITY

REG'L. No. 724639 RANK Pte

NAME

Clarke William Valentine

IF IN PERM. CORPS  
WHAT UNIT

UNIT 109th Bn

TRANSFERRED TO 20th Bn

DATE 1-1-17

AUTHORITY D.O. 333, 28-11-16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 1st B.O.R.D

DATE 21.6.17

AUTHORITY 12941, 5/4/17

PLACE OF ATTESTATION

Lindsay ont

TRANSFERRED TO Paysh. Dis.

DATE 23-9-17

AUTHORITY 12941, 5/4/17

DATE OF ATTESTATION

Dec. 2nd 1915

TRANSFERRED TO R. C. Beh

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15<sup>00</sup>

DATE EFFECTIVE

Aug 1 - 1915

PAYABLE TO

Managers Bank of Montreal Kingston ont.

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

Stopped EFFECTIVE 1/10/17

REASON Disch. to Canada

DISCHARGE DATE AND PLACE

25/9/17 Canada

REASON AND AUTHORITY

Prof. S.O. 5/9/17 med. unfit.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

Entered on N. E. Branch Indos.

Checked by H. Hillston

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (1-4), CASH PAYMENTS (1-4), ASSIGNED PAY, OTHER CHARGES, TOTAL DEBITS, BALANCE (CREDIT/DEBIT), PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS.

H. 118. 1/1/17. Cr. 4101 24







# PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... 13th August ..... 1917.

No. 724639 Rank Pte Name Clarke W.V.

Local Unit 109th Battrn Overseas Unit 20th Battrn Age 24

Examination held at Westcliffe Hosp.

DISABILITY.  
Overseas—Local  
(scratch one out).

ANOPHTHALMOS LEFT.

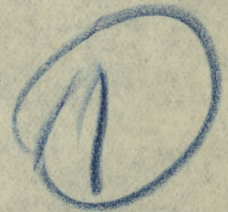
### PRESENT CONDITION.

R.Vision 6/6

Lt Anophthalmos. Artificial eye supplied.

Farmer

Call for 4 months.



### BOARD RECOMMENDS:—

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

### Signatures:—

Bat

Members

Newbold C. Jones Capt. President.

R.A. Hughes Capt.

APPROVED

14 AUG 1917

*S. L. Walker*  
CAPT  
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

*File Secp  
7-2-18  
B.C.*

Dated..... 1917. ....

For A.D.M.S.



DATE

BY

APPROVED

To the Board

BY

Signature

M. M. ...

President

Signature

1. ...

2. ...

3. ...

4. ...

5. ...

6. ...

THIS IS TO CERTIFY

...

...

PRESENT CONDITION

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

PROCEEDINGS OF A MEDICAL BOARD

...



Next of kin: Mother, Mrs. Margaret Clark,  
Ballyshiel, Tandragee, Co. Armagh, Ireland.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

Examined by  
J. McCulloch, Capt.,  
M.C.O.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

Man's address, Red Triangle Club, Toronto.

# MEDICAL HISTORY OF AN INVALID

B.P.C.

STATION Exhibition Camp, DATE Nov. 28th, 1917.

1. (a) Unit #2 Casualty (b) Regimental No. 724639 (c) Rank Pte.  
(d) Surname C. L. A. R. K. (e) Christian name Wm. Valentine.

2. Age last birthday 24 Date of birth 14th February, 1893.

3. Enlisted at Lindsay on 2nd December, 1915.

4. Personal description:—  
(a) Height 5 ft., 8 in. (b) Weight 145 (c) Complexion dark  
(d) Colour of hair black (e) Colour of eyes hazel (f) Identification marks Vacc  
light left.

5. Address after discharge (for the use of the Board of Pension Commissioners.)  
Red Triangle Club, Toronto.

6. Former trade or occupation Labourer.

7. (a) Service  
Years 1 Days 354 Com

PERIODS	
From	To
<u>2nd Dec., 1915</u>	<u>Nov. 11th, 1917.</u>
<u>Nov. 11th, 1917</u>	<u>To Date.</u>

(b) Has he been Overseas? France, 6 months.

8. Present disease or disability (use authorized nomenclature if possible) (1) Anophthalmia, Left eye. Com

(a) Date of origin (1) May 8, 1917 (2) Fall of 1917 (b) Place of origin (1) France. Com

(c) Cause\* (1) Shrapnel. (2) Aerial service Com  
\*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective:— Left eye removed by operation made necessary by shrapnel wound in left side of head just above left zygama; also complains of dizziness and headache.

Objective:— Left eye absent; artificial one provided; two scars left side of head, one over zygama and other behind ear. General condition, good. Heart and lungs, normal. Other systems, normal.

2. Subjective: Aching pain and swelling of right leg after walking 5 miles.

Objective: Moderate, Colossal varicose veins right leg: over

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

B. P. C. FOLIO  
FALSE DOCKET  
2

NO. 2  
MILITARY DISTRICT  
DEC 29 1917  
34-61-164

DEPT. OF PENSION  
649-6-1746



25-1-18

1454

25/1/18

25-1-18

Slight irregular thickening of vessel walls: No varicose ulcers: legs not swollen at present

Disability directly due to partial loss of right leg and of loss of left eye.

60m

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.



10. History ;

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

8 Vacc. marks left arm.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 40% (2) 50% Total 45% Com

12. Did the disability arise on or off duty? (1) (2) On duty.

13. Was a Court of Inquiry held? (1) (2) Does not apply.

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

Yes (1) (2) No. Does not apply.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) (2) No.

(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.)

16. 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. Can not say.

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

(1) Artificial Eye (2) None Com

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(1) (2) No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations

Com Miller Lieut  
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.)

I, the undersigned, W. V. Clarke, 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

W. V. Clarke.

Signature of soldier examined.



### OPINION OF THE MEDICAL BOARD

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

.....  
.....  
.....  
.....  
.....

**We concur with the preceding report.**

22. Is the soldier fit for

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

23. It is certified that the soldier

- ~~XXXXXXXXXXXXXXXXXXXX~~
- (a) Does require treatment.
  - (b) Does not require treatment.
  - ~~XXXXXXXXXXXXXXXXXXXX~~
  - (c) Should pass under his own control.
  - (d) Should not pass under his own control.

(Strike out condition not applicable).

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

~~that he be placed into Category B and be discharged~~

**as physically unfit.**

*W.T. McLean* Major.  
*W. J. Clark* Capt. President.  
*E.H. Robinson* " " Members.

Exhibition Camp, Toronto.

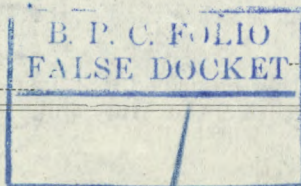
STATION December. 27th. 1917.

DATE .....

APPROVED BY

DATE

*Jan. 2nd 18.*



APPROVED BY

DATE .....

*Charles Carter M.D.*  
Assistant Director of Medical Services.

Director-General of Medical Services.



X, Ray Department,  
Moore Barracks, Canadian  
Hospital, Record No. 5926

8th August, 1917.

Capt. Jones,  
West Cliff Canadian Eye and Ear Hospital,  
Folkestone.

Pte. Clark, W.V., 20th Bn.

Two very small pieces of shrapnel  
in temporal region, external to skull.

*R. S. Christine*  
Capt. C. A. M. C.,  
O. i/c X, Ray Department,  
Moore Barracks, Canadian  
Hospital.



1900

PAID BY THE POST

West of the Canal in the West of the Canal  
Bokkara

the Canal, W.V. Canal

The very small pieces of land  
in the region, external to the

C.A.M.C.



# CONFIDENTIAL INFORMATION

Report No. HEM 11764

Class Duty Category C-111

No. of M.H.C. File

No. of Local File

No. of H.Q. File

Clarke, William V.  
Gen. Del.,  
Toronto, Ont.

D

No. 724639 Rank Pte. Original Unit 109th Present Unit 20th  
 Age 24 Height 5 ft. 8 ins. Complexion Dark Eyes Hazel Hair Black Character N.R.  
 Date of enlistment 2-12-15 Where enlisted Lindsay Where seen service France x3445  
 Ship returned by Delta 10 Date of arrival 28-10-17 Port of arrival Que.  
 Birthplace Ireland Religion C of E.  
 Name and address next of kin Mother, Mrs. M. Clarke, Bally Shiel, Tandraga, Co. Armagh  
 Notification of return to be sent to Ireland.  
 Cause of disability Not necessary

Anophthalmos left eye.

649-6-17746.

Condition which prevents the soldier from earning a full livelihood

In France 6 mos. Pt. was wounded May 8th, 1917 L. side of face about 1" to L. of ear. In Hosp. until Aug. 13th. Necessitated enucleation of L. eye. Vision in rt. eye 6/6. Also complains of headaches, dizziness. Phys. exam. Neg. scar well healed. Has been supplied with artificial eye.

Degree of incapacity (Please state in fractions) Eng. Board --- Canadian Board 40%

Probable duration of incapacity Permanent

Is final disability likely to prevent return to previous occupation? Does it render him permanently unfit for Military Service? NO.

Recommendation of Canadian Board

Destination to which transportation issued Duty Toronto, Ont.

Members of Board E. A. ROBERTSON CAPT. R. M. BRUNS CAPT. W. R. GRANT CAPT.

**INFORMATION TO BE FURNISHED BY SOLDIER**

W. M. CARRICK MAJOR

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

Occupation prior to enlistment Farming

Regular trade or profession do

Average earnings previous to enlistment 30.00 a mo & Board Any other income?

Name and address of last employer G. Kilgour, Eglinton, Toronto.

Rent per month If purchasing property amount due and annual payment, \$ \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference XXXXXXXXXX

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References Last empl.

Witness J. Mc Donnell

I declare that the above statement is correct.

Signature W. V. Clarke

Date Quebec 7-11-17.

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

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit Date Transf'd Class 1—Date Date Transf'd Class 3—Date Date

PENSION—Class Amount per year, \$ Period granted for Dating from

First payment date

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

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

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



**CONFIDENTIAL INFORMATION**

Report No. 1154  
 Class Class 3 - Discharge  
 Category Discharge  
 No. of Local File 1154  
 No. of M.C. File 1154  
 No. of File 1154

No. 1154 Rank Private  
 Age 24 Height 5-11 Eyes Blue Complexion Fair  
 Date of enlistment 3-15-18  
 Ship returned 1918  
 Birthplace London, Ontario  
 Name and address next of kin Mr. J. H. ...  
 Notification of return to be sent to ...  
 Cause of disability ...  
 Condition which prevents the soldier from earning a full livelihood ...  
 Degree of incapacity (Please state in fractions) ...  
 Probable duration of incapacity ...  
 Is final disability likely to prevent return to previous occupation ...  
 Recommendation of Canadian Board ...  
 Destination to which transportation should be sent ...  
 Members of Board ...

**INFORMATION TO BE FURNISHED BY SOLDIER**

DEPENDENTS	NAME	AGE	WHERE-EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					
6					

Occupation prior to enlistment ...  
 Regular trade or profession ...  
 Average earnings previous to enlistment ...  
 Name and address of last employer ...  
 Rent per month ...  
 Taxes ...  
 If carrying life or accident insurance, annual premium ...  
 If in receipt of sick benefits or other insurance—name of society ...  
 If unable to follow previous occupation, name of previous occupation ...  
 At what age soldier left school? ...  
 Has he taken any Technical or Continuation Classes, if so what? ...  
 Whether given Vocational Training while in Hospital in England. If so, what subjects? ...  
 References ...  
 Witness ...  
 Date ...  
 Recommendation by interviewer as to classes likely to be of use, and general remarks: ...  
 I declare that the above statement is correct.  
 Signature ...

First payment date ...  
 Pension—Class ... Amount per year ... Period granted for ... Dating from ...  
 Trans'd to ... Date ...  
 Trans'd Class 1—Date ...  
 Trans'd Class 3—Date ...  
 Amount forwarded to H. O. Unit ... Credit Clothing allowances ...  
 Last Pay Cert. Cr. ... Dr. ... Amount paid at Depot H. O. ... L. P. C. leaving Depot ...

Form No. 10  
 (a)  
 (b)  
 (c)  
 (d)  
 (e)  
 (f)  
 (g)  
 (h)  
 (i)  
 (j)  
 (k)  
 (l)  
 (m)  
 (n)  
 (o)  
 (p)  
 (q)  
 (r)  
 (s)  
 (t)  
 (u)  
 (v)  
 (w)  
 (x)  
 (y)  
 (z)



MEDICAL CASE SHEET.\*

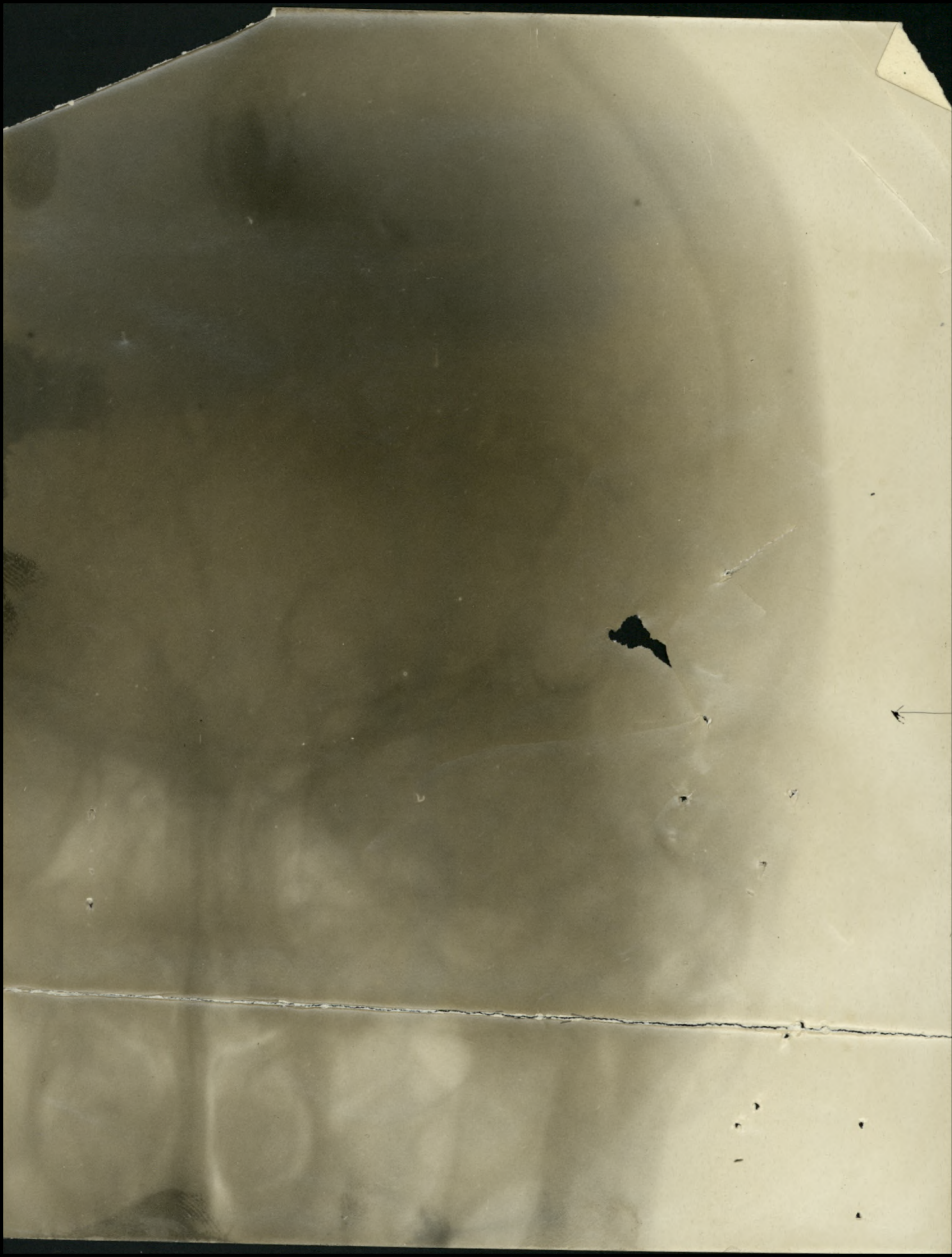
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5162	724639	Pte.	Clarke	Wm. V.
Year	Unit.	Age.	Service.	
1917	20th Bn. 109th Bn.	24	25 6/12 12 1/2	
Station and Date.	Disease			
24-7-17	glw. Anophthalmos Rt.			
	Wounded 8th May Vimy L Side Head & L.E. L Eye removed in France & head stitched up. All wounds healed. Rt = 6/10. L Anophthalmos.			
July 24.	See O.C. for Artificial Eye 1 <sup>20</sup> pm.			
" 30	Art. Eye admt. Eye.			
Aug 4	Reordered eye Supplied Eye			
	Board C.S. Referred for eye case.			
	M.S. recd Board 13 AUG 1917 CIII App Res CIII 17/8/17			

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











X. Ray Department,  
Moore Barracks, Canadian  
Hospital, Record No.....

5926

Pt. W. V. Clark

424639

Capt. Jones

West-Cliff Hosp.

26



No. **724639** Name **Clarke W U** **Sqn., Batty.,** } **A** Corps **109th Bn C.E.F.** Date of enlistment } **2/12/15** } G.C. Badges } Service or Proficiency Pay } **nil**  
 Date of last entry in Company Conduct Sheet } **nil** No. and date of last drunk } **nil** Period not reckoning towards freedom from extra fine } **nil** Sheet No. **1** Signature O.C. Company, etc. } **VW Lancaster** } Character } **good**  
**Capt**

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Witley</i>	<i>27.11.16</i>	<i>Pvt</i>		<i>Transferred to 20th Bn Overseas</i>	<i>27.11.16</i>	<i>26 Pk II 333</i>	<i>28.11.16</i>		
								<i>Adt Aseltine</i>	<i>Capt.</i>
								<i>ADJUTANT</i>	
				<i>Invalided to Eng Wds</i>	<i>16.5.17</i>	<i>W.H. Kestick</i>		<i>Major</i>	
						<i>O.C. #3620</i>			

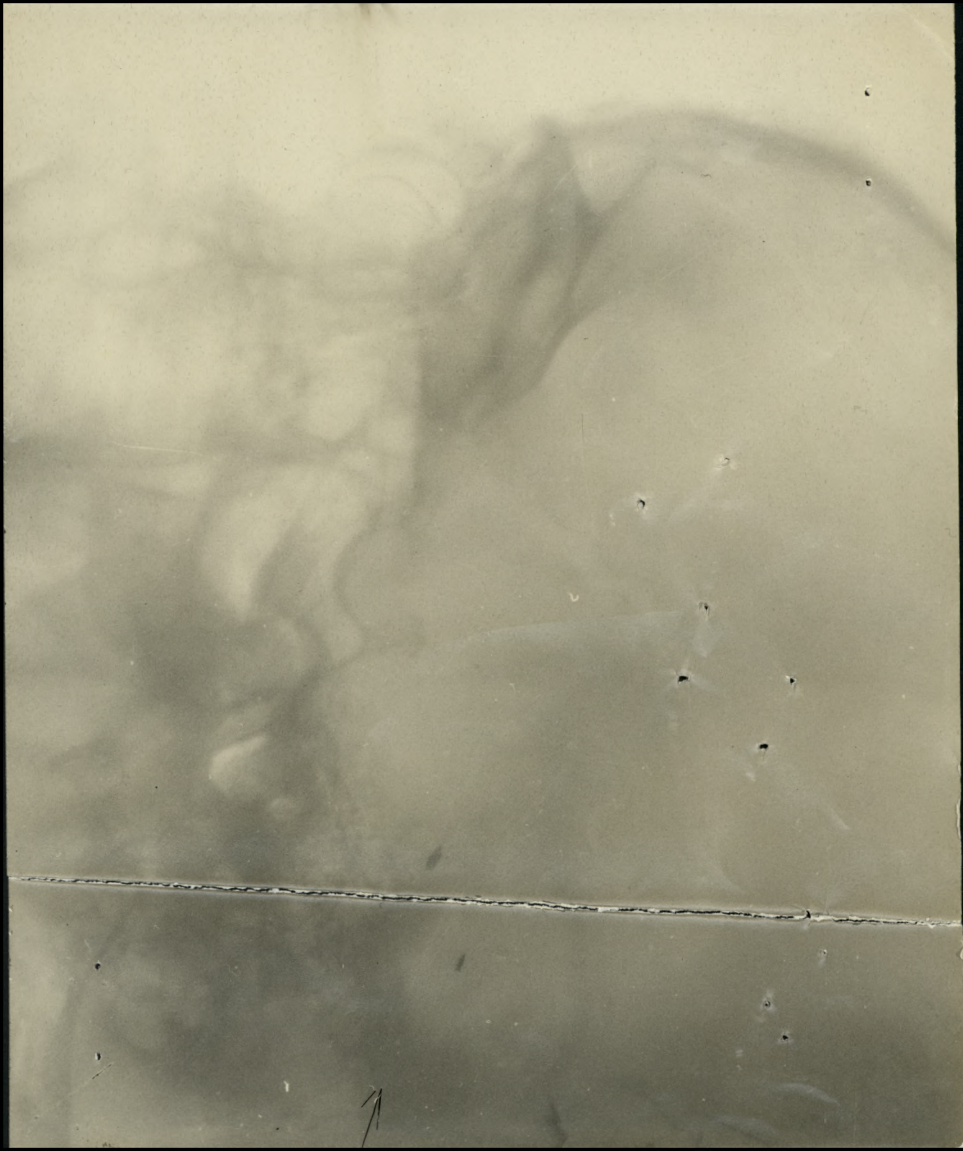
**109th Overseas Battalion, C.E.F.**

Army Form B. 122











X. Ray Department,  
Moore Barracks, Canadian  
Hospital, Record No.....

5926

Pfc W. V. Clark

424639

~~Capt Jones,~~

West-cliff Hosp.

52



C 708

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, G. E. F.

Regimental No. 24639 Rank Private Name Clarke William Valentine

Enlisted (a) 2.12.15 Terms of Service (a) 10 of 10 Service reckons from (a) 2.12.15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Laborer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
-------------	--------------------	---	-------	------	--

Embarked Canada Halifax 24.7.16  
Disembarked England Liverpool 31.7.16

Proceeded overseas for service with 20th. Btn. Witley

W. A. Seltner Capt.  
ADJUTANT  
109th Overseas Battalion, G. E. F.

CERTIFIED CORRECT.  
28-11-16  
14 DEC 1916  
CAN. RECORDS, LONDON.

~~Transf'd to 20th Bn, Overseas 28-11-16; D.O. 333-28-11-16.~~

W. A. Seltner CAPTAIN,  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY.

29/11/16 CB Depot Arrived taken on strength 20BN 29/11/16 NR. Pt 2.0.75 11/12/16  
do do Left for Unit Field 1/12/16 NR  
8/12/16 20th Bn Joined Unit do 4/12/16 B213

5-17 4 C.F.A. J. W. Hunt Lt Thunbader 29 3019-5-17  
14 12 Hlaty adm 13 Hlaty 13-5-17 M 3034  
15-17 13 Hlaty J. W. Hunt 16-5-17 M 3034

(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.]



UNITED STATES ARMY - FORM 1157 - (REV. 1-1-17)

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				

16-5-17	13 Staty	Inv(Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per HS STPatrick		16-5-17	W3083(A4615) Pg 2 41D/5-6-17.
---------	----------	--	--	---------	-------------------------------

*Whogau* Capt. for Lt.-Col., Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

6-8-17	1CORD	Taken on Strength	W Sandling	16-5-17	P/T O/150 <i>Ad</i>
--------	-------	-------------------	------------	---------	---------------------

20-9-17	10000	att. to Lt. Col. D. D. Buxton	W Sandling	20-9-17	P/T O/195
---------	-------	-------------------------------	------------	---------	-----------

*H. Hutton* Lieut. & Assist. Adjts for C. C. 1st C. O. R. D.

21 SEP 1917

TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No.

*F. Wine* Lt. Lt. Col. Commanding Canadian Discharge Depot.

18 OCT 1917

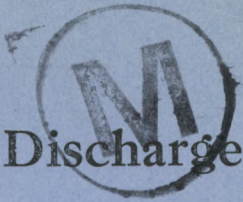
EMBARKED FOR CANADA FROM LIVERPOOL

Dis #2 Casualty Unit Toronto Ont 11th Jan 1918 Part 11-4

*F. Wine* Lt. Lt. Col. Commanding Canadian Discharge Depot.  
*H. Hutton* Lieut. for O.C. 2 Cas. Unit



This space to be for numbers.



# Proceedings on Discharge.

219/37  
MILITIA & DEFENCE  
JAN 31 1918  
CANADA

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

No. 724639	
Rank Private	
Name CLARKE. William, Valentine. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) #2 Casualty Unit (109th Bn)(1st CORD)	
Date of Discharge 11th January 1918.	
Place of Discharge Toronto. Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 24 ..... years..... 11 ..... months.	Descriptive Marks
Height..... 5 ..... feet..... 7 1/2 ..... inches.	
Complexion Dark	
Eyes Hazel	
Hair Black	
Trade Labourer;	
Intended place of residence } Red Triangle Club (To be given as fully as } Toronto. Ont. practicable.) }	
2. The above-named man is discharged in consequence of  Physical Unfitness.	
<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>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  Very Good HCB
	<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.)  Labourer.	

M. F. B. 218.

100m.-6-16.

H. Q. 1772-39-113

9-7-14  
AS

(OVER)

W.S.G. Comps  
1-2-19

Handwritten notes and signatures at the bottom right of the page.



81-1-18  
6999  
2-182  
1-2-18

97 31-1-18

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

*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.*



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.....

Nil

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) Toronto. Ont.

(Date) 11th January 1918.

Commanding *H. P. Beaver* Colonel

O. C. [unclear] Unit

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) Toronto. Ont. *W. V. Clarke* (Signature of Soldier.)

(Date) 11th January 1918. *H. P. Beaver* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2..years 40 days.

Total 2..years 40 days.

11. Confirmation of Discharge.

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

(Place) Toronto. Ont.

(Date) 11th January 1918.

(Signature) *H. P. Beaver* Colonel

District Casualty Officer, M. D. 2



**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.)



m.B.

80

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

DELTA 10  
OCT 28 1917

Army Form B. 268.

### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 **D U T Y** should be enclosed.)

No. 724639 Army Rank Pte.

Name Blake W.V.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st BORD

Battalion, Battery, Company, Depot, &c. 109 Bw  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age 24 years \_\_\_\_\_ months

Height 5 feet 8 inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Trade Farmer (2)

Intended place of residence (To be given as fully as practicable) { Toronto.

Descriptive marks.

Shrap head  
1 eye loss.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.



LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).  
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).  
(Army Form A 2.)
9. Regimental conduct sheet.  
(Army Form B. 120.)
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178.)
13. Medical report on invalid (if any).  
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.  
See section 11 on second page.
19. Active service casualty form.  
(Army Form B. 103).
20. Employment sheet.  
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).  
(Army Form B. 178).

Instructions as to the preparation, dispatch,  
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

{ \_\_\_\_\_  
6/12 France  
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (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 at his own request.*

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

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " \_\_\_\_\_

Total ... .. " " \_\_\_\_\_

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.



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.)

---



EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

724639 *Pt. Clarke W.V.*

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢	¢			
<del>25/6/17</del>	<del>730</del>			10	2	43	<del>Shannon</del>	<del>A Smyth</del>	✓
<del>17/7/17</del>	<del>1109</del>			10	2	43	<del>Shannon</del>	<del>Geo. Boyer</del>	✓
<del>27/7/17</del>	<del>1100</del>			10	2	43	<del>Westcliffe</del>	<del>Geo. Simpson</del>	✓
<del>14/8/17</del>	<del>1268</del>			10	2	43	<del>Shannon</del>	<del>Geo. Simpson</del>	✓
<del>17/8/17</del>	<del>1296</del>			10	4	67	<del>Shannon</del>	<del>Geo. Simpson</del>	✓
<del>7/9/17</del>	<del>219</del>			1	0	26	<del>Landings</del>	<del>Geo. Simpson</del>	✓
					63	26			✓







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*Bank Account  
For Credit*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *72 4639*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *W. V. Clarke*

Battalion *A. No. 109th Batta*

Beneficiary

Relationship

Address

Name *Manager Bank of Montreal*

Address *Kingston*

Change of Address *Out*

1 *For Credit of W.V. Clarke*

2

3

4

*1696 B9*

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

<i>1917</i>					
<i>Dec 31</i>			<i>225</i>	<i>225</i>	
			<i>x</i>	<i>x</i>	
<i>Ac Closed 31-10-17</i>					
<i>Returned per missanovic</i>					
<i>date 18-10-17</i>					
<i>FX 12-11-17</i>					
<i>Dis, 11/1/18 - H. 2. Fyle. 649-D-17746 -- F.D. 30</i>					
<i>Jac. 8/2/18</i>					

M. F. W. 128  
4004 6-17-1772-38-141  
L. L. 22320 - M. & D. 7883.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 4000-6-17-1772-89-1141  
 L. L. 22220-M. & D. 7383.



Pte Name *Clarke W. V.*

*Clarke William V. Gen. Del.,  
Toronto Ont.*

*c 2571*

Regimental No. *724639*

Unit *109th Bn*

Date of enlistment *2-12-15*

*M.B. 7-11-17 Duty*

Place of " *Lindsay*

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ *15.<sup>xx</sup>/<sub>xx</sub> 1-8-16 31-10-17*

*\$ 225.<sup>xx</sup>/<sub>xx</sub>*  
Reason for discharge

To whom payable *Mgt Bank of Montreal*

Character on discharge

*Missanabic 28/10/17*

*Kingston Ont*

*Cate CIII N.A. 649.6.17746*

Form 5351-M. & D. 6890.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>25-9-17</i>	<i>6</i>					<i>115.84</i>							<i>E. L. P. C.</i>
<i>26-9-17</i>	<i>30-11-17</i>	<i>66</i>	<i>1.00</i>	<i>66 =</i>	<i>66</i>	<i>.10</i>	<i>6.60</i>							<i>A.R. 11088</i>
														<i>A.R. 12716</i>
														<i>Boat</i>
														<i>C.D. Quebec</i>
														<i>Oct 1917</i>
										<i>15 =</i>		<i>129.33</i>		<i>C.P. Rend on 30/17</i>
										<i>En. Bal.</i>		<i>59.11</i>		<i>showing of adv. to 30/17</i>
												<i>188.44</i>		<i>and adv to M.D. 2.</i>
														<i>Sup. L. P. C. 60</i>
														<i>Op. Balance 58.51 59.11</i>
														<i>Safes 22/15<sup>00</sup></i>
														<i>Sup. L. P. 6.30/17</i>
														<i>M.D. 2. 22/18</i>

*ALB*

*28/11/17*

*Eng A.P. fr 1-8-16 30-9-17 \$ 210.<sup>xx</sup>/<sub>xx</sub>*







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

9528/189  
3259-W-7. *JS*

Name **Clarke, William Valentine**  
Surname Christian Name

Regimental Number **724639** Rank **Pte.**

Address (in full) **c/o. Red Triangle Club,  
Toronto, Ont.**

Unit **109th Bn. #2. Cas. Unit.**

Original Unit

District where paid **M.D. 2.**

Date of Discharge **11-1-18.**

P. D. P. Filing Number **7-222-2.**

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

L. L. 22573—M. & D. 800P.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	3548	10-1-18	33 00	3530	9-2-18	33 00	3450	9-3-18	3410		100 10
	<del>1266 1st</del>	<del>9-15-882</del>	<del>29.2.19</del>	<del>70.00</del>							
	<del>1472 2nd</del>	<del>440906</del>	<del>15/3/19</del>	<del>70.00</del>							

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

Remarks:



Dec'n No. 9528/189 **W. S. G.** File No. 03259-<sup>no</sup>W-22  
 Award..... days at \$ 70.00 per day \$  
 S. A..... months at \$ ..... per mo. \$ ..... \$350.00  
 Less P. D. P. Credited \$100.10  
 \$249.90  
 Less further debit balance \$ .....  
 Net due paid as below 249.90

170 Strachan Ave.  
 Toronto  
 Ont.

39-2-19  
 15-3-19  
 9/4/19  
 8-5-19

TO SOLDIER TO DEPENDENT					
0	Ag. No.	Ch No.	Am. ou	Ch No.	Amount
1	1266	15882	70.00		
2	11179	40906	70.00		
3	747B	41746	70.00		
4	654C	454035	39.90		
5					
6					
	Total		249.90	Total	

GEN'L AUDITOR  
 Posting checked by  
*Burchett*  
 Date 23-7-19











MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

OVERSEAS CONTINGENTS

Sheet No. 2. *Bank of Montreal*

PAYMENTS.

Name of Soldier *Clarke, W. V.*  
*724639, "A" Coy Pte. 109th Battr*

L. L. Job 310.-Req. 6674.

	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15.00</i>
				<b>AUG 1 1916</b>
April	1916			
May				
June				
July				
Aug.		<i>N 15068</i>	<i>15</i>	
Sept.		<i>M 15665</i>	<i>15</i>	
Oct.		<i>M 20238</i>	<i>15</i>	
Nov.		<i>M. 25009</i>	<i>15</i>	
Dec.		<i>J 30063</i>	<i>15</i>	
Jan.	<i>1917</i>	<i>M 37619</i>	<i>15</i>	
Feb.		<i>M 43840</i>	<i>15</i>	<i>15-R-</i>
March		<i>P 49629</i>	<i>15</i>	<i>15-B-</i>
April		<i>M 1109</i>	<i>15</i>	<i>15-R</i>
May		<i>L 7151</i>	<i>15</i>	
June		<i>Y 13848</i>	<i>15</i>	<i>15-B.</i>
July		<i>P 20685</i>	<i>15</i>	<i>B. 1</i>
Aug.		<i>U 27447</i>	<i>15</i>	<i>225</i>
Sept.		<i>S 34972</i>	<i>15</i>	<i>E.A.</i>
Oct.		<i>A 25507</i>	<i>15</i>	
Nov.		<del><i>L 54823</i></del>	<del><i>15</i></del>	<i>L 54823 cancelled</i>
Dec.				
Jan.	<i>1918</i>			<i>A/c Closed 31-10-17.</i>
Feb.				<i>\$ 225.00 Ret'd per Mission ship</i>
March				<i>Date 18-10-17. F. X. 12-11-17</i>
April				<i>Clerk N. K. eyes</i>
May				
June				
July				

*Joe*

*W.C.*

*215*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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.				



*Bank Account.*  
*Manager*

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Bank of Montreal*  
Address *Kingston*  
*Ont.*

*Credit*

By Whom Assigned *Clarke, W. V.*

Regtl. No. *724639*

Rank *Pte*

Corps *"h." Co. 109<sup>th</sup> Battr*

Rate *\$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				





1815

1815

1815

1815