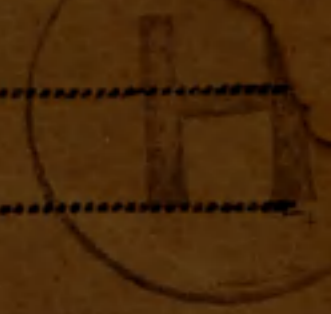


Proceedings of Court of Inquiry  
reported Missing on  
Active Service

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



- Attestation Papers.....
- 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..... 1
- Corps History Sheet..... 1
- Date and No. of Deposit Receipt for  
Purchase Money and Amount.....
- Parchment Certificate..... 1
- Medical Report for Invalids..... 1
- Medical History Sheet..... F2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

*Handwritten scribbles and marks.*

Name CLAYTON EARNEST DAWSON

Regt. No. 424133 Rank L/cpl

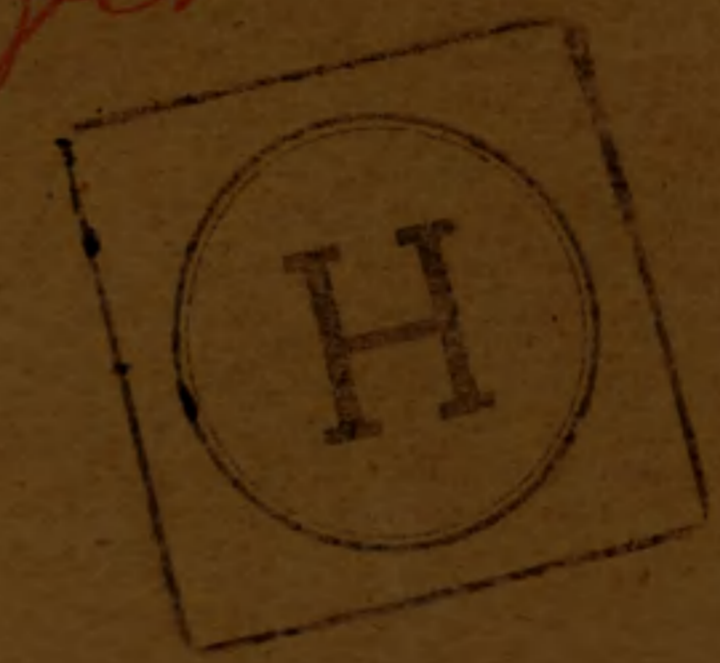
Corps 109<sup>th</sup> Bn.

*Complete Discharge to B.P.C. on 7/1/19*  
*2575 Ref B.P.C. - 988 of 4-2-19*  
*2-11-19*

23935

*Add 12-2-19*

*med unfit*



*Handwritten notes and scribbles.*

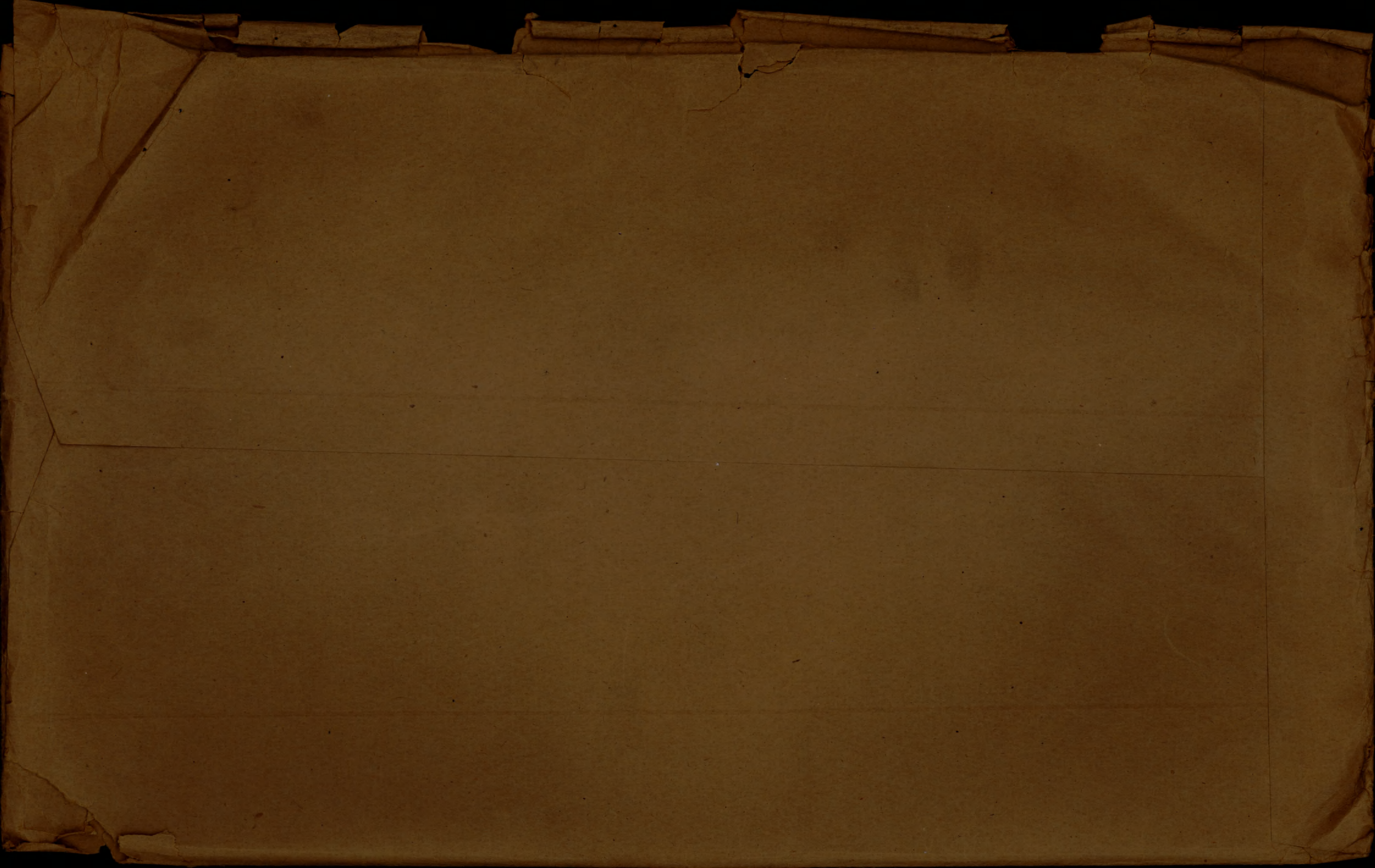
*Handwritten list of numbers:*  
a SW 3997-1  
a SW 122-1  
I.S.C. 732-1  
m SW 192-1

*Handwritten list of numbers and notes:*  
a SW 1237-5  
a SW 3172-1  
a SW 187-3  
misc  
m SW 67-1  
m SW  
1 PC

*Handwritten numbers:*  
3  
14-10  
14-10  
1 12

*Handwritten notes:*  
2 new card  
2 cards







FEB 18 1916

ATTESTATION PAPER.

No. 724133

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Clayton
- 1a. What are your Christian names?..... Earnest D.
- 1b. What is your present address?..... Dorset Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Haliburton County
- 3. What is the name of your next-of-kin?..... Mr. J. Clayton
- 4. What is the address of your next-of-kin?..... P. Dorset Ont Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... April 21 1897
- 6. What is your Trade or Calling?..... Farmer
- 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
- 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, Earnest D. Clayton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date FEB 18 1916 1916 Earnest Clayton (Signature of Recruit) Arnold R. Stinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date FEB 18 1916 1916 Earnest Clayton (Signature of Recruit) Arnold R. Stinson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Dorset this 8th day of March 1916 H. Cassidy (Signature of Justice)



# Description of Ernest Clayton on Enlistment.

Apparent Age 18 years 11 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. 10 ins.

Chest measurement { Girth when fully expanded..... 39 1/2 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Dark Brown

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... MAR 8 - 1916 191 .

Place..... Minden

[Signature] Capt.  
 Medical Officer.  
 109th Overseas Battalion, C. E. F.

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date..... MAR 8 - 1916 191 .

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



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 784138 (Rank) S/OPL.

Name (in full) CLAYTON ERNEST DAWSON. enlisted in  
the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Dorset Ont. on the 18th  
day of Feb. 1916.

HE served in England and France.

and is now discharged from the service by reason of "Medically Unfit".

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

Age 21.

Height 5' 10".

Complexion Medium

Eyes Blue.

Hair Brown.

Marks or Scars

Vacc. scars on left arm.

G.S.H. right hand 18-11-17

*E. D. Clayton*  
Signature of Soldier

*[Signature]*  
Issuing Officer  
**O. C. Discharge Sections,  
No. 2 District Depot**  
Rank

Date of Discharge Jan 24th 1919.

Appointment

Signed at Toronto Ont. this 24th day of Jan. 1919

in Military District No. No. 2

File Reference No. JAN 24 1919  
**DISTRICT DEPOT**

H.B.

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



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

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

Unit \_\_\_\_\_

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

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

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

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

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

Remarks \_\_\_\_\_

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

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

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Appointment

Uniform is not to be worn  
expiration of one month from  
date of discharge, except by special  
permission of G. O. C. district.

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



**CLINICAL CHART.**

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 20 CON

No. 724133

Rank and Name 4cpl Clayton E D

Age 20

Military Hospital Bath

Service 1<sup>10</sup>/<sub>12</sub>

Disease Bullet Hd Rt

Date of admission 20-11-17

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

Result \_\_\_\_\_

Dates of Observation	Days of Disease																														
	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Temperature, Fahrenheit	Time																														
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute			64																												
Respirations per Minute																															
Motions per 24 Hours			11																												



Ward 42 Hospital. No. of Bed \_\_\_\_\_ Date \_\_\_\_\_

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
774133	R/cpl. Clayton	20 Canadians	Knee

SHORT HISTORY OF CASE.  
(To be completed by M.O. i/c case.)

*Fracture of tibia and fibula  
P.O.L.*

REPORT ON RESULT OF X-RAY EXAMINATION.  
(To be completed by Radiographer.)

No. of Plate 634.6 & 4

*Comminuted fracture of shaft  
of 2nd metatarsal  
Tissue good*

Signature of M.O. *A. J. ...*

Date 14.11.17

Signature of Radiographer *[Signature]*

Date 14 Nov 17 *[Signature]*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

**C** 6824

Aug 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

7420  
~~6984~~

7420  
15

RATE OF ASSIGNMENT

--	--	--	--

5/2  
7/20  
8/2

## PARTICULARS OF SEPARATION ALLOWANCE

No. 724133  
 Rank Pte Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name E. D. Clayton  
 Battalion 109th Batts.  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

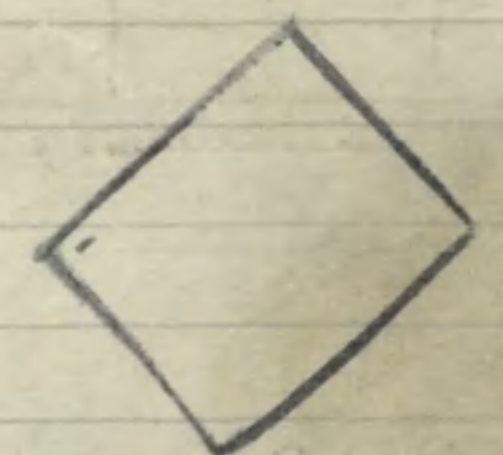
## PARTICULARS OF ASSIGNMENT

Name David Wesley Clayton  
 Address Dorset, Ont.  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					3273-E-48-319
Dec. 31			255 ✓	255 ✓	
Jan.	N 66638		15 ✓	15 ✓	
Feb	D. 95241		15 ✓	15 ✓	
Mar.	A 113431		15 ✓	15 ✓	
Apr	M 8746		15 ✓	15 ✓	
May	K. 19539		15 ✓	15 ✓	
June	G. 23490		15 ✓	15 ✓	
July	T 33506		15 ✓	15 ✓	
Aug	G. 36664		15 ✓	15 ✓	
Sept	G. 45059		15 ✓	15 ✓	
Oct	I 54256		15 ✓	15 ✓	
Nov	D. 54241		15 ✓	15 ✓	
Dec 1919	M. 68765		15 ✓	15 ✓	
			<del>15</del>	<del>15</del>	
			435	435	

M. F. W. 128  
4004-617-1772-39-1141  
L. L. 2220-M. & D. 7603.

A/c Closed 31-12-18  
 Ret'd per. Carmania  
 Date 30-12-18 M.F.W. 187 3-1-18  
 Closed RR appointed  
 M.D. 2 MR02B. 56176









MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

*David*

*6*

To Whom

*Wesley Clayton*

By Whom Assigned

*Clayton, E. D.*

Address

*Dorset  
 Ont.*

Regtl. No. *724133*

Rank *Pte*

Corps *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				





2.15

2.15



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*David Wesley Clayton*

PAYMENTS.

Name of Soldier

*Clayton, E. D.*  
*724133, Pte. 109th Battr.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				<b>AUG 1 1916</b>
April	1916			
May				
June				
July				
Aug.		<i>N 15072</i>	<i>15</i>	
Sept.		<i>M 15737</i>	<i>15</i>	
Oct.		<i>m 20312</i>	<i>15</i>	
Nov.		<i>M, 25078</i>	<i>15</i>	
Dec.		<i>930132</i>	<i>15</i>	
Jan.	<i>Ch 1917</i>	<i>N37727</i>	<i>15</i>	
Feb.		<i>2243951</i>	<i>15</i>	
March		<i>PH9742</i>	<i>15</i>	
April		<i>m 1220</i>	<i>15</i>	
May		<i>L 7765</i>	<i>15</i>	
June		<i>L 16871</i>	<i>15</i>	
July		<i>P20803</i>	<i>15</i>	
Aug.		<i>U 27560</i>	<i>15</i>	
Sept.		<i>S 35081</i>	<i>15</i>	
Oct.		<i>A 25629</i>	<i>15</i>	
Nov.		<i>L 54945</i>	<i>15</i>	
Dec.		<i>I 51841</i>	<i>15</i>	
Jan.	<i>1918</i>			
Feb.				
March				
April				
May				
June				
July				

*A.M.S.*

*mcc*

*15-L*  
*15-B-*  
*15-L*  
*L 7265, Canc'd. R.E.O.*

*S*  
*Cu*  
*6*  
*2*

*\$255.00*



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.				



OTTAWA.

*July 8<sup>th</sup> R*

1920.

From;

The Adjutant-General,  
Canadian Militia.

To ;

*724113 Ernest D. Clayton,  
Dorset, Ont.*

Sir,-

Enclosed herewith please find  
Military Will executed by you while in the  
C.E.F., and returned, the same being your  
own property.

*O. P. P. P.*

Lieutenant,  
for Lieut.-Col.  
Director of Records.  
for Adjutant-General.

1000.  
7-7-20  
LHp







CANADIAN ARMY DENTAL CORPS, O.M.F.C.

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLAYTON E. D.  
 REGIMENT 20 BN RANK L/C No. 724133

Date of Examination in England 19.12.18 Date of Examination in France \_\_\_\_\_



*M.P.2*  
 DIRECTIONS TO  
 DENTAL OFFICERS

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

### PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

*Yil*

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

*} yes*

KINMEL PARK,  
 NORTH WALES.

Signature of Dental Officer

*W. Kennedy*  
*Chief*



50 Вн 1913-14  
Стул 10 и 2/10  
Е. Д. 1913-14



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

M. F. W. 54. (A. F. B. 10)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 724133 Rank ..... Name Clayton ED  
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
DEC 22 1918	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919 PART II D. O. 7	
		Dis #2 D.D. Jan 24th 1919 Pt 11 #20.			Lieut. For O. C. No. 2 District Dep.
		<u>Bruce Simpson</u>			

O. C. Discharge Sections,  
No. 2 District Depot

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

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.







1206

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

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

# Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.  
Regimental No. 424133. Rank 1st Lt Name Clayton Earnest

Enlisted (a) 18.2.16 Terms of Service (a) O of W. Service reckons from (a) 18.2.16.

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Lanner.

CERTIFIED CORRECT.  
8 OCT 1916

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Embarked Canada		Halifax	24.7.16	
Disembarked England		Liverpool	31.7.16	
Transferred for Overseas Service with <u>20th</u> Batt (n) <u>OCT 5 1916</u>				
6/10/16	C B Dep Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O's 55d/10/16
do	do Left for	do	20/10/16	NR
27/10/16	20th Bn Arrived	do	23/10/16	B213
11.5.17	4 C.F.A. Ad. Beach adm through 5 C.F.A.		11.5.17	
25.5.17	adm 11/17, discharge duty		13.5.17	
19.5.17	20 Bn Taken on (b)	20 Bn	13.5.17	B213
4.4.17	Appntd Lt Vice Hales reported		29.6.17	B213
17-11-17	Wounded	71d.	11-11-17	
18-11-17	GSW Hand R. Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per At Panama	19-11-17		W3083. - 4375. Pt 2 86d/30-11-17.
		<u>Whogau</u>		Major for Lt-Col. A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.
26.11.17	1st CORP T.O.S. - from 20 <sup>th</sup> Bn	At W Sandling	20.11.17	Pt # 262

D. O. Pt. 11. No 279

29.5.17  
30.6.17  
16/11/17  
CAPTAIN, ADJUTANT, 109th BATTALION CAN INFANTRY

(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.  
for Colonel i/c Records



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				
10/2/18	1 <sup>st</sup> CORD.	S-off. S. to 5 <sup>th</sup> Res. Bn.	W Sandling	6/2/18	Bn Order. 41
9/2/18	O.C. 5 <sup>th</sup> Res	T. on S. from 1 <sup>st</sup> CORD.	W Sandling	6/2/18	Bn Order 40
15-2-18	O.C. 5th	S. Off. S. to 12th. Res. Bn	W. Sandling	15-2-18	Bn. Or 46 <i>[Signature]</i> CAPT. LIEUT. 1/c RECORDS 12th Res. Bn. C.E.F.
15-2-18	O.C. 12th	T. On. S. from 5th. Res. Bn	W. Sandling	15-2-18	Bn. Or 47
12.6.18	12 <sup>th</sup> Batt.	S.O.S to 1 <sup>st</sup> CORD	Willey	11.6.18	Part II 139 <i>[Signature]</i> Lieut 1/c Rec. Bn. 12th Res. Bn. C.E.F.
12.6.18	1st C.O.R.D.	T.O.S. 1st C.O.R.D. attached to 2nd C.C.D.	Willey	12.6.18	Part II D.O. No. 161 <i>[Signature]</i> LIEUT. 1/c RECORDS, 1st C.O.R.D.
12-6-18	2000	attached to 2000	B'shatt	11-6-18	- Do 138
19 JUL 1918	OC. 2nd C.C.D.	Ceases to be attached to 2nd C.C.D. on return to 12 <sup>th</sup> Res. Bn.	B-shatt	19 JUL 1918	Part 2 D.O. No. 169 <i>[Signature]</i> for OC. 2nd C.C.D.
22.7.18	1 <sup>st</sup> CORD	SOS to 12 <sup>th</sup> Res Batt	Willey	19.7.18	part II 201
19.7.18	12 <sup>th</sup> Res Bn	TOS 12 <sup>th</sup> Res Batt	Willey	19.7.18	part II 170
13.12.18.	do.	On Command to Stinmel Park.	do.	13.12.18.	Part II 296



Hospital.

Ward

No. of Bed

Witley Camp

Date

1<sup>st</sup> April

Regt'l. No.

Rank & Name

Corps

Part to be X-Rayed

727133

Lt Col Clayton, E. D.

12<sup>th</sup> Res. Bn.

Right Hand

Short History of Case:  
(To be completed by M.O. i/c Case)

Report on Result of X-Ray Exam.  
(To be completed by Radiographer)  
No. of Plate

Exam. Right hand.

2778

Fract. metacarpal 3<sup>rd</sup>

Piece of derapnel in  
tipper end of 2nd meta-  
carpal Right with some  
distraction of bone at  
this point

Signature of M.O.

J. Alister

Signature of Radiographer

W. Bonfield

Date

1/4/18

DATE

1-4-18

6091







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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 109th OVERSEAS BN., C.E.F.

(2) Regimental Number ..... 724133

(3) Full Name of Soldier..... Ernest Dawson Blayton

(4) Place of Birth..... Dorset, Ontario

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

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? ..... 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*

If so, state name and address *Jerry Blayton, Dorset, Ont.*

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs Eliza Blayton  
Dorset, Ontario*

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

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.

*\_\_\_\_\_*

(15) Are you insured? *No*

If so, in what Company? *\_\_\_\_\_*

Have you made arrangements for payment of your Insurance premium? *\_\_\_\_\_*

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

Date *JUL 11 1916*

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



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 724133 Rank L/Cpl Name Blayton N.E.  
(Surname first)  
Unit No. 2 District Depot. who was\* DISCHARGED  
On JAN 24 1919 191... to Outpatient I.S.C.  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 to JAN 24 1919 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		4 76
Regimental Pay..... <u>24</u> days at \$ <u>1</u> c. <u>05</u>		25 20
Field Allowance..... <u>24</u> days at \$..... c. <u>10</u>		2 40
Separation Allowance.....		35
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits <u>Subs. DO # 7</u> .....		12
Advances <u>16.370</u> .....	20	
Separation Allowance and Assigned Pay Cheque NO.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>17526</u> .....	59 36	
Total.....	49 36	79 36

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Dec 191 8 } (to) Assignee D.W. Blayton  
and Separation Allee. for month of..... 191..... }  
(Address) Dorset 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..... married or single.....  
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... DO # 21

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date JAN 22 1919  
Place TORONTO, ONT.

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.







WAR SERVICE GRATUITY.

FILE No. 25 61-294  
RECEIVED  
FEB 28 1919  
PAYMASTER  
MILITARY DISTRICT NO. 2

RECEIVED  
MAR 20 1919  
PAYMASTER  
MILITARY DISTRICT NO. 2

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 *Clayton* 2. Surname *Earnest Dawson*
3. Rank *S/Pl* 4. Original Unit *109 Batts* 5. Reg. No. *724133*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Mr. E. P. Clayton, Pardon  
PO ont Can*
7. Date of enlistment in the C.E.F. *Feb 18th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *none*
9. Relationship of such dependent *none*
10. Address, in full, of such dependent *none*
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:—  
*and 20 Batts July 20 1916 till  
Jan 2 1919*
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? *yes*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *109 Batts*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *109 Batts 20 Batts  
Feb 18 1916 till Jan 24 1919*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Received 8.70.00. by Paymaster no 2 District Toronto*

20. Have you been issued with a War Service Badge? If so, what class? *no*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

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

*24th Jan 1919* (b) Reason for discharge *Demobilization*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *none*

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. *20 Batt Oct 3rd 1916 till now 10th 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: *Mr. Earnest D. Layton*

Place of Residence: *Danvers, Ont*

Declared before me at: *Dorset*

This *17th* day of *March* 19. *19*

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

*E. Spence Notary Public*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724133	<del>Sgt</del>	Blayton	ED
Year		Unit.	Age.	Service.
1918				

Station and Date. Bramshott  
15.11.18

Disease Mumps

Left hand - swollen joint  
Duration - 3 days

JH. - neg

PH. - no illness except measles 7 yrs old  
wounded knee France, no disability  
Unusual - denied.

Present Illness -

Three days ago noticed both  
cheeks swollen slightly, carried on  
until this AM they were much more swollen  
+ tender - some pain in mastication -

Phy Exam. - TPR normal

Double parotitis - moderate - slight pain  
Submax + sublinguals normal  
No orchitis.

Other systems normal

Scar on dorsum Rt hand +  
in line from wound received in France

ED



Station  
and Date.



*S/epi* **CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_ No. 724133 Rank and Name 1st Lt. Layton S.D. Age \_\_\_\_\_ Military Hospital Barrack  
 Disease Mumps Date of admission 18.11.18 Date of discharge 6-12-18 Result Recovery

Dates of Observation	Time																											
	A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.	
Days of Disease	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Temperature Fahrenheit																												
Pulse per Minute	14      16 17      20																											
Respirations per Minute	15      20																											
Motility per 24 hrs																												

Signature [Signature] In charge of case.



# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°	.8	.6	.4	.2																									
106°	.8	.6	.4	.2																									
105°	.8	.6	.4	.2																									
104°	.8	.6	.4	.2																									
103°	.8	.6	.4	.2																									
102°	.8	.6	.4	.2																									
101°	.8	.6	.4	.2																									
100°	.8	.6	.4	.2																									
99°	.8	.6	.4	.2																									
98°	.8	.6	.4	.2																									
97°	.8	.6	.4	.2																									
	.8	.6	.4	.2																									
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature \_\_\_\_\_ In charge of case.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <b>11629</b> Year <b>1918</b>	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	

**724133** **Sgt.** **Clayton** **E. D.**  
**20. Can. Inf. Resv.** **20** **26 1/2** **10 1/2**

GCS Hosp  
Station  
and Date.

Disease **As S. W. Rt. Hand.**

But for

Occupation **Farmer.**



Enlisted 18-2-16 at Minden Ont.  
 Arrived Eng. 31-7-16 Arrived France 3-10-16  
 Wounded 1<sup>st</sup> 9-5-17 Shrapnel, 2<sup>nd</sup> 9-11-17  
 Through C.C.S. sent to 10<sup>th</sup> Genl Romen. trans-  
 ferred via Boulogne to Bath War Hosp 20-11-17  
 to 13<sup>th</sup> Can Genl 14-12-17, to 12<sup>th</sup> Reserve. re-  
 admitted 12<sup>th</sup> Can Genl 16-4-18. to Buxton.

Previous History:

Always healthy. Did training with.  
 Slightly wounded left side scalp &  
 left shoulder - No disability.

His present disability dates from 9-11-17  
 at which time he was wounded by shrapnel  
 dorsal surface middle third right 2<sup>nd</sup>  
 metacarpal. Hand was dressed at C.C.S  
 and at Romen gauze drain passed through.  
 Wd healed 5-2-18. While at Reserve  
 the wound reopened and he was re-  
 admitted to 12<sup>th</sup> Can Genl 16-4-18. His  
 X Ray report states "Piece of shrapnel  
 in upper third 2<sup>nd</sup> metacarpal Rt.  
 with some destruction of bone at this point"

Present Condition:

G.C. excellent. Complains of pain in  
 palm of hand which shoots up arm when  
 doing grasping movements. Healed scars  
 palm & dorsal surface of hand. Irregularity  
 in metacarpals & some induration.

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

Wt. W 6604/M 2870-1,000,000-7/17-H. & Sr. (10938). Forms I. 1237/12. (1239)  
 Slight restriction to flexion index finger  
 All other systems normal. To be dental officer  
 H. D. Perry



Station  
and Date.

27 MAY. 1918,

Ec. bath & massage to right hand

2. Act. & crafts for two hours in p.m.

3. Return on May 30 for category Lt. Robson Myn

29-5-18

All finger movements normal N.S.D.

30.5.18

This case sheet was returned to  
Palace to day at 4 p.m. and could not  
be sent up as required by Maj. Robson.

R. B. James

EXAM. MED. BOARD

3 JUN. 1918

G. O. S. H.

Di Lt. Robson Myn



A.G.R.

Rank \_\_\_\_\_ Name **CLAYTON, Earnest** ✓  
 Reg'l No. **724133** ✓  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? }  
 Married or Single **Single.** ✓  
 Place and Date of Enlistment **Dorset,**  
**18th Feb., 1916.** ✓ Place of Birth **Haliburton County.**  
 Name and Address, Next-of-Kin **Mr. J. Clayton,** ✓  
**P.O. Dorset, Ont., Canada.** ✓ Relationship **Father.** ✓

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

N/E. R.B. No. **16878.**  
 File R.L. \_\_\_\_\_  
 Category **CAN. OR**

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

H. W. & V., Ltd., 7165-16,

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrival in England per H. M. T. 2810		31-7-16	
5-10-16	109th Bn	S.O.S. to 20th Bn	Bramshott	5-10-16	Pt II. D.O. 279
11-10-16	20th " "	T.O.S. from 109th " "	Field	6-10-16	" IV 55.
4-6-17	—	Adm. # 5 Can. 7. Amb.	—	11-5-17	b/w A 526 3 SW Back
5-6-17	—	Rejoined Unit	—	13-5-17	— 527 —
16-7-17	—	app. S/cpl	—	29-6-17	PT I D.O. 49
16.11.17	Mt. CO (20)	To No. 46 Cas. Eng. Stat.	4th Field	11.11.17	C.L. A 65 (2) B.W. R. Hand
21.11.17	✓	To No 10 Genl. Hosp.	" No 10	14.11.17	C.L. A 69 (5)
23.11.17	✓	To Bath War Hospital	" Bath	20.11.17	C.L. B 71 (2)
26.11.17	1st C.O.R.D.	T.O.S. from 20th Bn.	" W. A. King	20.11.17	ET Post-110-262 (20th Bn P. 110-86 d/30.11.17)



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
19.12.17	1 <sup>st</sup> COR (20) No 13 Can. Genl Hosp.		Appl Hoating	15.12.17	C. L: B93(2)
9.2.18	5 <sup>th</sup> Res.	T.O.S. from 1 <sup>st</sup> COR	W'S'ling	6.2.18	PT II 40. { 1 <sup>st</sup> COR } PT II 41 d/10.2.18
15.2.18	12 <sup>th</sup> Res	T.O.S. from 5 <sup>th</sup> Res	"	15.2.18	" 40 (5 <sup>th</sup> Res) PT II 46 d/15.2.18
<del>10.2.18</del>	<del>7<sup>th</sup> COR</del>				
12.6.18	12 Res	SOS to 1 COR on com 2 CCD	"	11.6.18	Pl. 139 (16.12.6.18) 1 COR
19.7.18	-	S.O.S. from 16 <sup>th</sup> Res	Witting	19.7.18	PT II 170 (16.12.6.18) 1 COR 201d/22.7.18
13.12.18	12	on Com Kimmel Park	"	13.12.18	P296
16.1.19	✓	Cases on Com. Kimmel Pa ✓ SOS to Canada	✓	21.12.18	O.O. 13



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.  440 Year	Regimental No.  724 133	Rank.  4 Cpl	Surname.  Clayton	Christian Name.  Ernest D
		Unit.  20 CON	Age.  20	Service.  1 <sup>10</sup> / <sub>12</sub>
Station and Date.  BATH WAR HOSP.  20/11/17	A Disease or Wound. <i>GSW</i> <i>Hand Rt (Bullet) fract metacarpal bone 2</i>			
B.	Date & place of onset. <i>11-11-17 Ypres</i>			
C	If wound, state size & structures involved. <i>Prof W. through 2<sup>nd</sup> metacarpal bone.</i>			
D	Was wound or injury received in execution of duty or sickne caused by military service ?			
E	Condition on admission, signed by M O. <i>W. D. G. J.</i> <i>Shae</i>			
F	Treatment.			
G	Progress.			
H	Description of condition on discharge, signed by M.O. <i>Fit for Convalesc. Hosp. - Dr. 8-12-17.</i>			
I	I consider he is fit for:- I. Duty. II. Command Depot. III. Dut:			
	<i>Canal Court Hosp</i> <i>11/12/17</i>			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6601/M 2370-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]



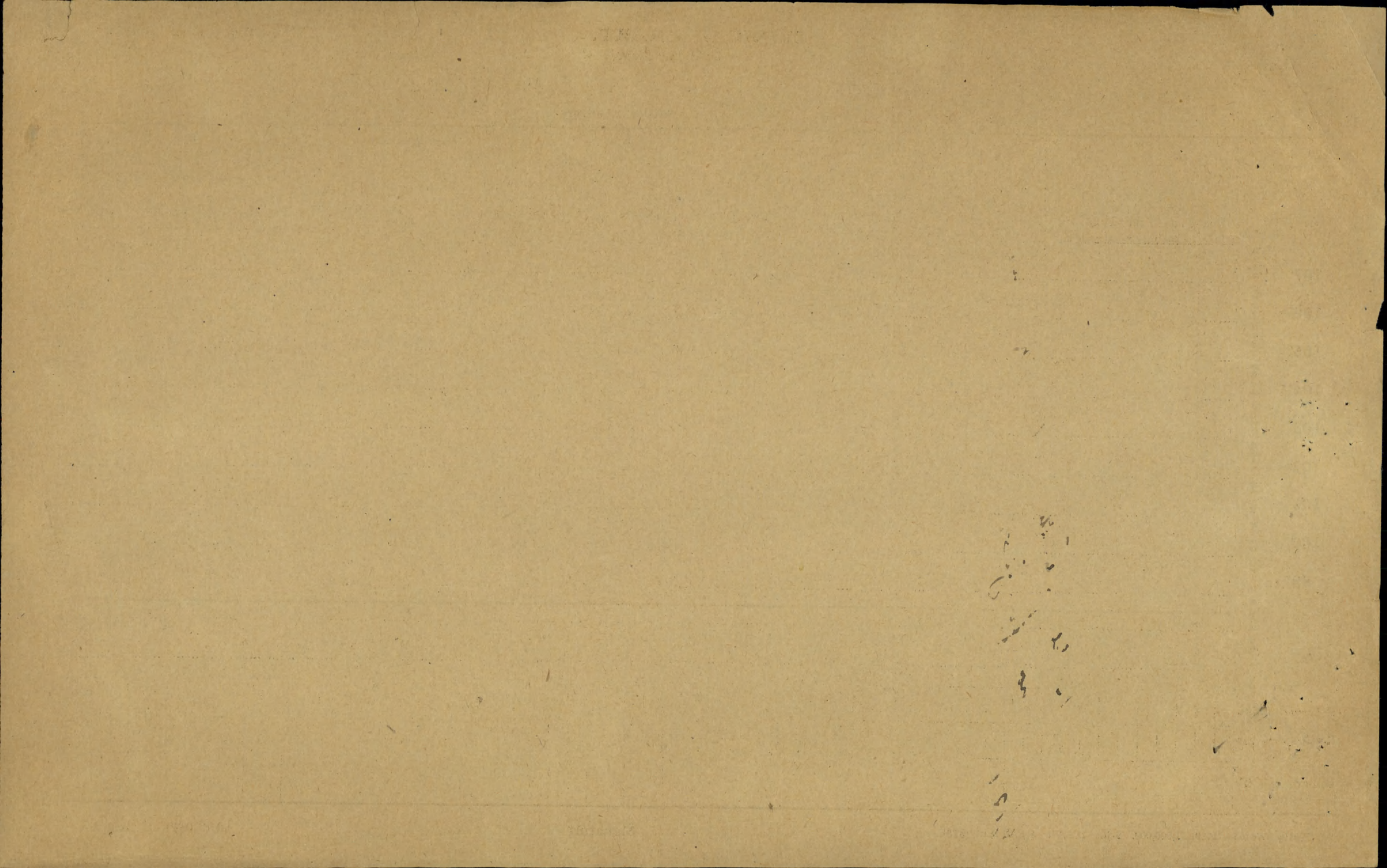
Station  
and Date.

11 21 41











# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

M.I. 465.  
200-18.  
1772-09-050.

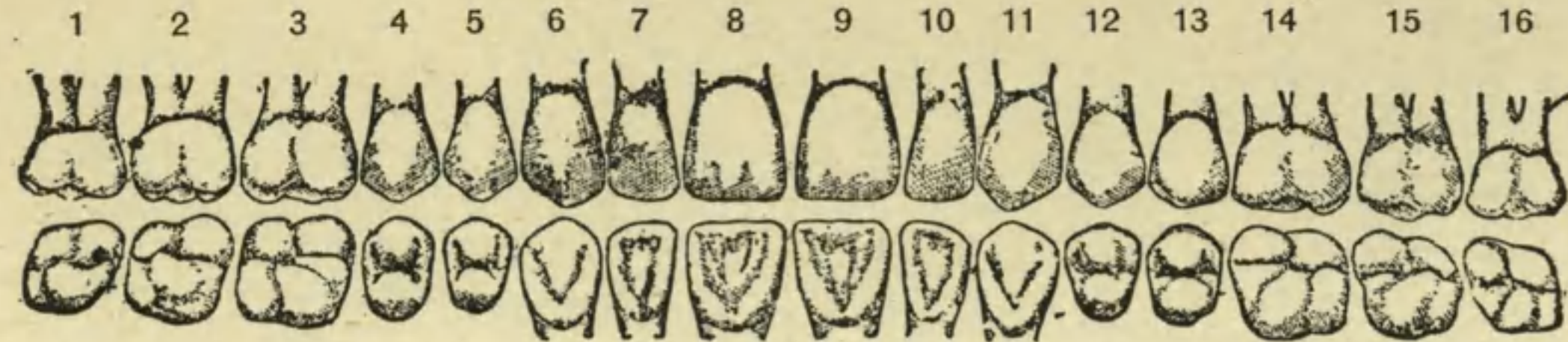
NAME OF SOLDIER

*Clayton, Ernest D.*

REGIMENT

RANK *4/4*

No. *724133*



## 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.

Condition on first Examination	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 District	REMARKS
												U	L	P			Gold	Porcelain				
<p><b>DISCHARGE EXAM.</b>  <b>CASUALTY CO. # 2 D.D.</b> Certificate issued for  Date <u>JAN 18 1919</u> <b>DENTALLY FIT</b></p>																						
																			<i>Manning Capt.</i>			







ORIGINAL

724133

MEDICAL HISTORY SHEET. ORIGINAL

Surname *B. Clayton* Christian Name *Earnest D.*

Examined { on *18* day of *February* 191*6*  
at *Minden*

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

Birthplace { City or Town *Dorset*  
County *Haliburton*

Apparent age *18 years*

Trade or occupation *Farmer*

Height *5* Feet *10* Inches

Weight *180* Lbs.

Chest measurement { Minimum *36* inches  
Maximum expansion *39 1/2* inches

Physical development *good*

Small-Pox Marks *none*

Vaccination Marks { Arm *Right. None Left. One*  
Number *One*

When Vaccinated last *March 9<sup>th</sup> 1916*

(a) Marks indicating congenital peculiarities or previous disease *None*

(b) Slight defects but not sufficient to cause rejection *None*

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<i>19/2/18</i>	<i>A</i>	<i>2<sup>nd</sup> CCD Regiment</i> <i>24 NOV 1917</i>
<i>23/5/18</i>	<i>TAB</i>	<i>J. McCulloch</i>

Date.	Result.	VACCINATIONS.
<i>9.3.16</i>	<i>Good</i>	<i>J. McCulloch</i>

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>15/6/16</i>	<i>Good</i>	<i>J. McCulloch</i>
<i>25/6/16</i>	<i>"</i>	<i>J. McCulloch</i>
<i>30/6/16</i>	<i>"</i>	<i>J. McCulloch</i>

Enlisted on *18* day of *February* 191*6* at *Minden*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109<sup>th</sup> Bn. C. E. F.</i>	<i>724133</i>		<i>18.2.16</i>
Transferred to	<i>21st Bn</i> <i>13<sup>th</sup> Res Bn</i>			<i>15.2.18</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Camp Toronto</i>	<i>18/19</i>	<i>95w. Pt. Band</i>	<i>3 for 3m</i> <i>J. McCulloch</i>

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.

20-5-18-20  
TAB

CANADIAN



Surname Clayton Christian Name Ernest J.

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 5. C.F.A.		11	5	17	13	5	17	G.S.W. Neck		Rejoined unit.	A526-M5516-4-6 A527 JP
Bath War Hosp:		20	11	17	14	12	17	G.S.W. Rt hand fract. metacarpal bone	24	13th. Ban. Gen. Hospital Hastings	W Leah
No 13 C.G.H. Hastings		14	12	17	6	2	18	G.S.W. Rt hand. with 1st metacarpal injury	54	Fracture of metacarpal bone of index finger of Rt hand.	R B Parryson Capt
No 12 CAN. GENERAL HOSPITAL.		16	4	18	16	5	18	G.S.W. Rt. Hand.	30	X Ray shows F.B. in shaft - 3 <sup>rd</sup> metacarpal of F.B. much callus in region alternate healing + breaking down of hand to Granville Special, No.	J. King Capt.
GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 16 MAY 1918 OFFICE BUXTON		16	5	18	12	6	18	G.S.W. Rt hand	26	All finger movements normal Calson II; Robinson Boyd Comes	R B Harris Capt
No 12 CAN. GENERAL HOSPITAL.		18	11	18	6	12	18	Mumps	14	Acute case - double parotitis No complications. Recovery. Afebrile	C. J. Lawton Capt



**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... 724133 Name..... Blayton Surname..... Ernest Lawson  
 Unit or Corps..... 20th In (12th Reg) (If a soldier) Regtl. No..... 112  
 Born at..... Dorset Eng on, date..... 21/4/1899  
 Signature (for identification)..... E D Blayton

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight..... 198 lbs.  
 Height..... 5 ft. 11 ins.

None

**2. NUTRITION AND DIATHESIS ?**

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM ?**

Normal

**4. RESPIRATORY SYSTEM.**

Normal

**5. HEART ?**

Abnormal Sounds? None

Abnormal Size? None

Pulse Rate? 72

Intermittence or irregularity? None

**6. ARTERIES.**—Any hardening?

Normal

**7. DIGESTIVE SYSTEM ?**

Normal

**8. GENITO-URINARY SYSTEM ?**

Urinalysis—s.g.?..... 1018

Reaction?..... ac

Albumen?..... Nil

Sugar?..... Nil

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

Normal

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

**11.** Opinion as to the health and physical condition of the one examined?

Good

Examined at..... Kenil Park

Signed..... W. J. Zittle Capt M.O.

Date..... 12/12/18

Signed..... J. P. Adams Capt M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.







**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. 7.176 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	724133	L/cpl	Clayton	R.D.
	Unit.		Age.	Service.
	20 Bn Can.		20	2

Station and Date.	Disease
13 Can. Gen. Hosp. 14/12/17 26/12/17	G.S.W. at hand. comp. fracture Bullet evidently fractured metacarpal bone of index finger. See x-ray report large amount of callus thrown and wound open but no pus - Large amount of callus on shaft of metacarpal bone - exit wound open superficial - entrance wound healed.
7/1/18 22-1-18	Improving - getting more movement in finger Is almost able to completely close index finger - mass of callus decreasing.
4-2-18	Still quite a lump of callus on back of hand but good movement in finger Discharged

*W.D. Pausan*

Dis to Duty, 6/2/18







Station  
and Date.

Slightly limited on ventral aspect.  
Healed Scar. Longitudinal over lower half  
of meta carpal.

X-ray # 2978 7-4-18

" Piece of sharp nail in upper 3<sup>rd</sup> of 2<sup>nd</sup> metacarpal

Right with some destruction of bone at this point

R.P. Borden caps.

17-4-18 same as 1027 alt = a supro

17-4-18 Recurrent Convalescent  
I.B. small pin head size of metal  
old Comp. fr. some displacement  
will improve w/ massage



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 1194 Year 1918	Regimental No. 724133	Rank. R/Cpl. Unit. 12 <sup>th</sup> Reserve	Surname. Clayton	Christian Name. G. D. Age. 20 Service. 26/12
Station and Date. 16-11-18 #13 Genl	Disease G.S.W. Rt. Hand.			
Complaint - Slight pain & loss of motion Rt. Hand - G.S.W.				
P.H. Army	Recalls no previous illness. Served several years in France 3-10-16 Wounded 1 <sup>st</sup> G.S.W. Head & Back 9-5-17 Slight " 2 <sup>nd</sup> G.S.W. Rt. Hand 9-11-17 Evacuated to England - Bath War Hosp. 20-11-17 to 14-12-17 #13 Genl 14-12-17 to 6-2-18			
P.J.	States that after overseas furlough he reported to 12 <sup>th</sup> Reserve. On second day went to work but was taken off because of hand condition. He says he was able to carry on and volunteered to go on draft to France but was not allowed to do so.			
P.E.	H.D. & A. - Exceptionally so. - Pupils & reflexes normal. Heart & lungs normal. Abd.			
Local	Ext Genitalia & Extremities negative save for Rt. Hand - Dorsum of 2 <sup>nd</sup> metacarpal mid shaft. 1" longitudinal incision healed. Raised hard tumor which feels like bone callous 1/2 high 1 1/2" at base. Good power & movement of fingers but flexion at metacarpophalangeal joint			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]



No. 12 Canadian General Hospital.

21.  
30

URINE LABORATORY.

Ward 16.....

Date April 16th 1918.

Reg. No. 724133 Rank J. Q. Name Leighton Unit 1st Reserve

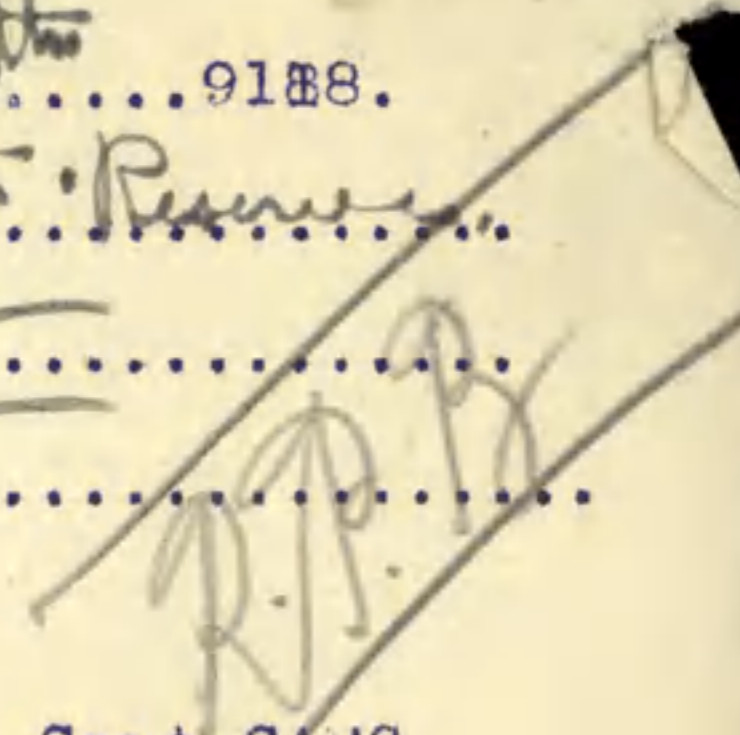
Reaction Acid Sp. Gr. 1.027 Bile =

Albumen Neg Sugar Neg Blood

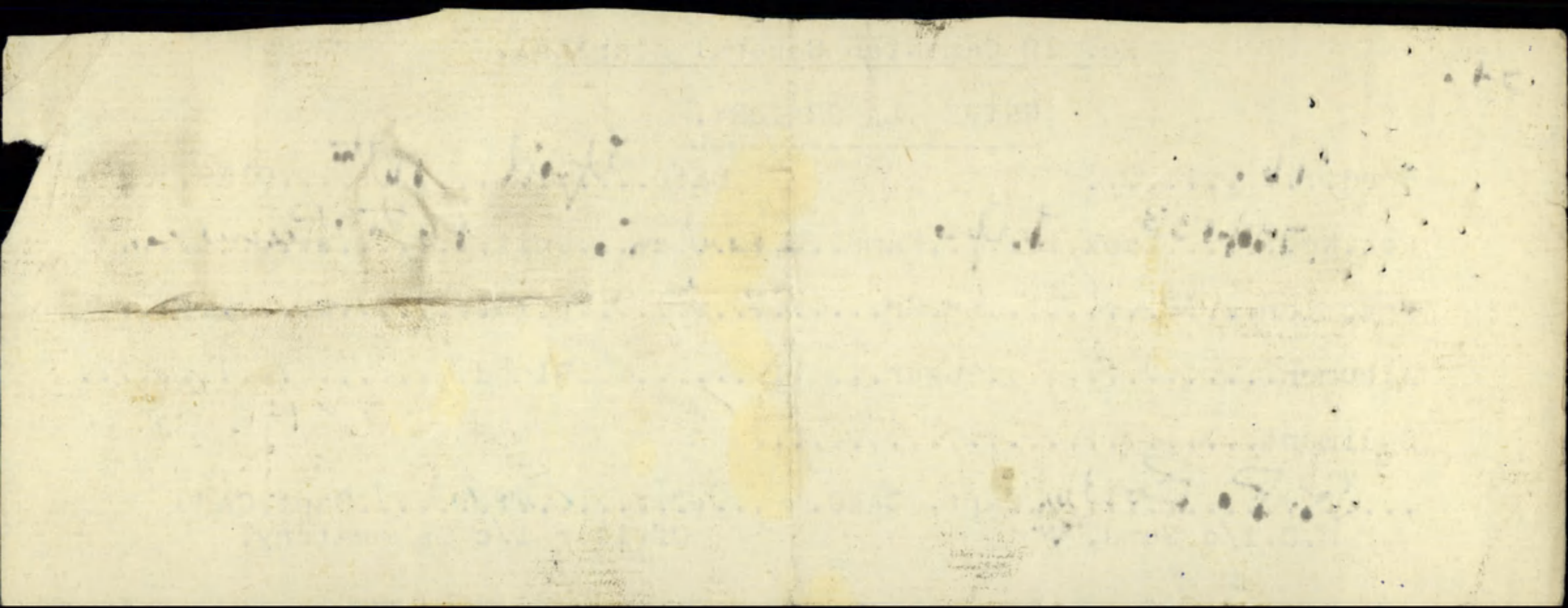
Sediment.....

R. P. Borden Capt. CAMC.  
M.O. i/c Ward

R. S. Moten Capt. CAMC.  
Officer i/c Laboratory









Surname Clayton Christian Name or Names E. Reg. No. 724133  
 Rank Pte/Plt. Unit 20th Bn Troop Batty. 12. Res.  
 Hospital 5. CC.F. Amb. 11-5-17 Date of Admission

Transferred 46. Cas. big str. Hosp. 11.11.17  
 10 Gen Rowen. Hosp. 14.11.17  
 Bath Was, Bath. Hosp. 20.11.17  
 136an Genl. Hastings Hosp. 15.12.17.

G.S.W.. Back

Diagnosis

- (1) Bw. R. Hand. N  
 Later Diagnosis (if changed)  
 (2) G. S. W. R. Hand "Old" 40  
 (3) Mumps. R  
 Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 4-6-17 A526  
 5-6-17 A527 Duty. 13-5-17 REMARKS R

11.11.17 265-2

Dis. 6.2.18

22.11.17 A69(5)

Dis. 10.6.18.

24.11.17 B71(2)

Dis - 6.12.18.

20.12.17 B93(3)

8.2.18 B134-1

25.4.18 6197

20.5.18 6218

13.6.18 6239

22.11.18 6378

9-12-18 6392

A.M.D. 2 DEPT.



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 12. C. G. Bramshott.

16. 4. 18.

2. G. S. Buxton

17. 5. 18

12. Gen. Gen. Bramshott.

19. 11. 18.

3.

4.

5.

6.

7.



Name CLAYTON, Ernest Rank L/Cpl Regtl. No. 724133

Original unit 12th Res. Present unit 12th Res. M. or S. Age 20 Religion Meth. Fyle Depot  Ref. H.Q.

Port, ship, and date of arrival Carmania Halifax. 30-12-18.

Next of kin Mr. J.C. Clayton. Dorset. Ont.

Address on leave same

Address on discharge same

Transportation issued Yes No Date  Character on discharge

Previous occupation Farmer Date and place of enlistment Dorset. 8-3-16

Diagnosis Machine Gun Wound Date of Medical Boards 18-1-19

Date. <u>I.O.S</u>	Remarks	Pt. 2 Order No.
<u>22-12-18</u>	<u>Posted to Cas. Co. (Ex. Camp) 30-12-18</u>	
	<u>Leave &amp; Subs. from 2-1-19 to 16-1-19</u>	<u>7</u>
<u>24-1-19</u>	<u>SOS DISCHARGED "MED. UNFIT" 91 days PDP &amp; C.A. (To take OUT-Pat. treat't with I.S.C.)</u>	<u>21</u>

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







SURNAME.

Clayton

CARD NO.

CHRISTIAN NAMES

Ernest

2/ ✓  
SOS-Reg-24-1-19 mu  
100.2107. POLL. 21-1-18  
#21010

REGL. No.

724133.

RANK

Pte

UNIT

109th

Batt

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Clayton, J. C.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Worset, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Haliburton Co., Ont.

DATE

Apr 21st 1897

PLACE OF ATTESTATION

Worset, Ont.

DATE

Mar 8th 1916

L. L. 94504. M. & D. 6512.

Sailed from Halifax

23/7/16 per SS Olympic 4889  
R/C 30-12-1843  
M. F. W. 22, 250M, 2-16. H. Q. 1772-39-339.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Yes Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

11

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

39 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

dk Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Mar 8th 1916



REGT'L. NO. 724133

NAME Clayton, Ernest

H. Q. FILE NO. 649

RANK AND CORPS Det. Lt. Col. 20<sup>th</sup> Ba. Inf 109<sup>th</sup> Bn.

FOLLOWS  
No.

CABLE	
NO.	DATE
M. 5516	3-6-17
42-1	
M. 6370	18-11-17

NATURE OF CASUALTY

R.

Adm. to 5<sup>th</sup> Hd. Amb. May 11<sup>th</sup> /17  
 Issued back

Adm. 46 Cas. Clg. Str. Nov. 11<sup>th</sup> - 1917 G. S. W. R. - Hand

FOLLOWS



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A526	5 Can. Fed. amb.	9 11-5-17	Shw. Back.
A527	Rept from Bath Nijlunh	13-5-17	" " " " 256 (1)
W65-2	#46 Gas clear. Stat	11-11-17	B. W. R. Hand (1st Cent Ont.)
A69-5	#10 Gen Rowen	14-11-17	B. W. R. Hand (1st Cent Ont.)
B71-2	Bath War. Bath	20-11-17	" " " " " " 13-12-17
B93-2	EX #13 Can Gen Hastings	15-12-17	B. W. R. Hand (1st Cent Ont.)
B.134	Discharged	6-2-18	" " " " " " 7-1-18 4-3-18
6197	12 Can Gen H. Gram	16-4-18	Geo. P. Hand, Ed
6218	Geno Can. Spect Buxton	17-7-18	" " " " " "
6239-1	Disc	10-6-18	" " " " " "
6378	12 Can Gen Craushott	19-11-18	" " " " " "
6392	Discharged	6-12-18	" " " " " "



*AW*

*#72 Canham Hospital  
Brunswick*



AT

A. & D. No.

*194*

PL. OF ACTION

RANK

*Pvt*

REG. No.

*724133*

UNIT

*12<sup>th</sup> Res Bn 5<sup>th</sup> Coy*

SICK OR WOUNDED

NAME

*Clayton L D*

AGE

*20*

RELIGION

*C of G*

PLACE IN HOSPITAL

*Ward 19<sup>16</sup>*

DIAGNOSIS

*G.S.W. Rt hand*

ADMITTED

*16-4-18*

FROM

DISCHARGED

TO

TRANSFERRED

*16-5-18*

*Granville*

SERVICE AT HOME

*26/12*

IN FIELD

RESULTS

*6/12*

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















Granville Can. Spi. Hospital,

Form DMS 1401.

A. & D.  
CARD

HOSPITAL.

DI.

AT.....

A. & D. No. T1629 PL. OF ACTION.....

RANK L/Pl REG. NO. 724133 UNIT 20TB.V (12th Res Bn) SICK OR WOUNDED

NAME Blayton G.D. AGE 20 RELIGION meth

PLACE IN HOSPITAL P 122/574

DIAGNOSIS Gsw Rt Hand.

ADMITTED 16 MAY 1918 FROM 12th Can Gen Branshott

DISCHARGED 10 JUN 1918 TO 2nd C.C.D. Branshott

TRANSFERRÉD.....

SERVICE AT HOME 26/12 IN FIELD 15/12

RESULTS.....

26 days

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

[P.T.O.]







V.E. Ernest

1ST GEN. ONT. REG

Name Clayton

Rank

4 CPL

Reg. No. 724133

Unit

~~20th Bn~~

12 Res

Next of Kin

Canada

N  
D

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
11-11	No 46 C.C. Str	BWR Hand		A65	116370	7917
14-11	No 10 G.H. Rowen		do	A69		16359
20-11	Bath War Bath		do	B71		6629
15-12	B.C. Lt. Wastrop		do	B93		8425
6-2-18	Discharged		do	D124		2989
16-4-18	12 C of H Bramshott	fsw. R. Hand		0197		16478
17-5-18	Grant G. St. Buxton		do			18190
10-6-18	Discharged		do	234		5661
19-11	12 C of H Bramshott	humps		03		1477
6-12	Discharged		do	6.392		197







12. Can Gen HOSPITAL.



AT 10601

A. & D. No. PL. OF ACTION

RANK 1st REG. No. 424133 UNIT 12th Reserve SICK OR WOUNDED

NAME Clayton E. AGE 22 RELIGION Meth

PLACE IN HOSPITAL Army

DIAGNOSIS Mumps

ADMITTED 18 11 18 FROM

DISCHARGED DEC 6 1918 To home

TRANSFERRED

SERVICE AT HOME 3/1 IN FIELD

RESULTS 12

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



REMARKS.





No. 724133 RANK *Ple*

NAME *Clayton E.* *D.*

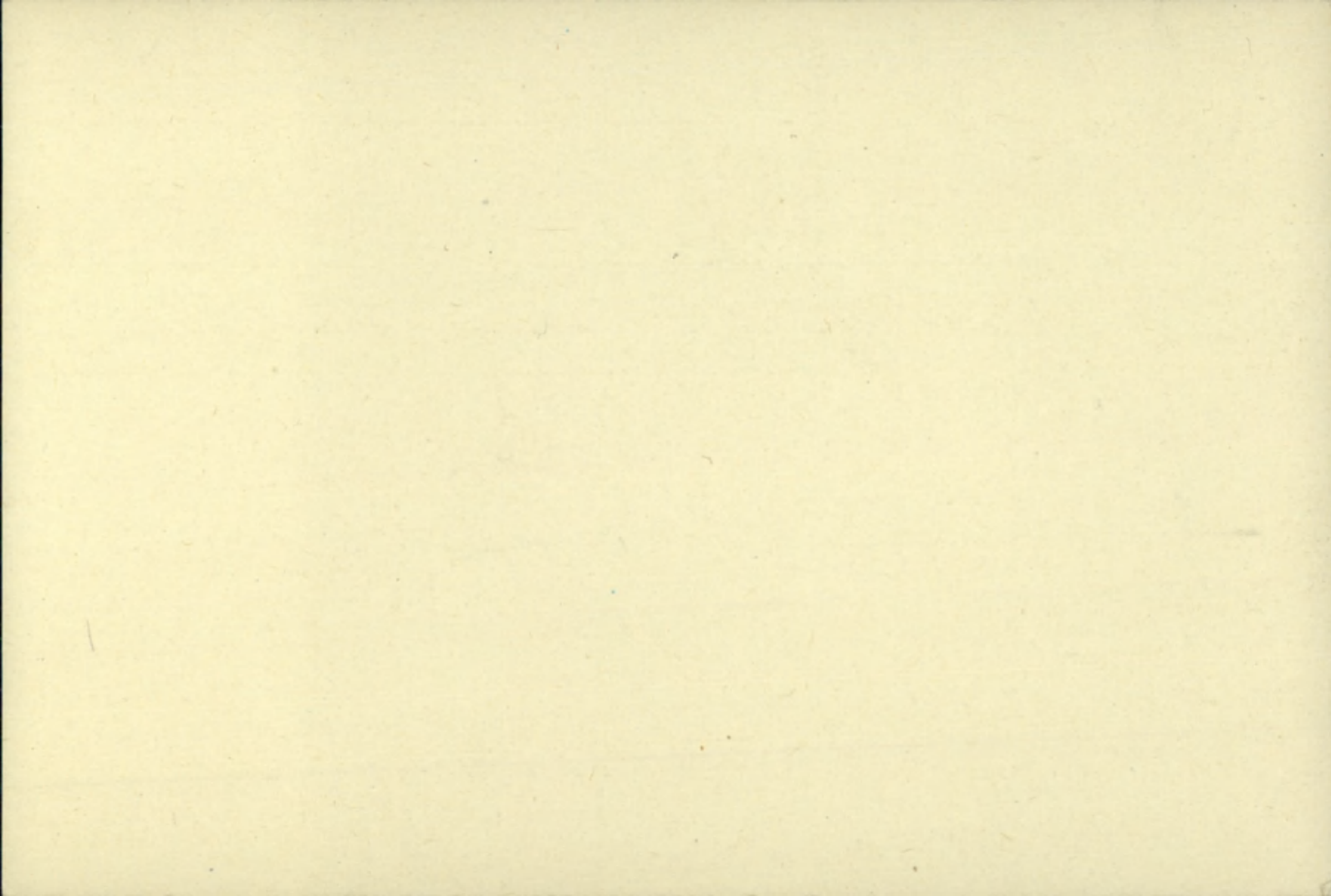
T.O.S. *18-2-16.* UNIT *109th. Battalion*  
*A.O. 111.29-3-16*

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 18</i>	<i>1916</i> <i>Mar 31</i>	<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED  
JUL 23 1916







Number *724133* ✓  
Surname *CLAYTON* ✓ Rank *Sgt* ✓  
Christian Name *Earnest Dawson* ✓  
Units *20th Bn Can Div* ✓ Theatre of War *France* ✓  
Date of Service *6-10-16* ✓  
Remarks  
Latest Address *P.O. Horset* ✓  
*Out.*  
Roll No. *Belage 21596*  
Dom. -6-21. ✓



## GRATUITY (IMPERIAL)

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

REC'D  
DEC 4 1922  
5137











LIST OF DISCHARGE DOCUMENTS.

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



SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)

28.31/1/19

1. No.	724113	
2. Rank.	L/CPL.	
3. Name.	CLAYTON ERNEST DAWSON.	
4. Unit.	109th Bn. (#2 D.D.).	
5. Date of Discharge	Jan 24th 1919	Place TORONTO, ONT.
6. Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority.	D.O. D.D. #2 Pt11 #20.	
8. Proposed Residence after Discharge	Dorset Ont.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><i>Ernest Dawson Clayton</i>                  Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place TORONTO, ONT.</p> <p>Date Jan 24th 1919..</p> <p>Signature <i>Lucas</i>                  (O. C. Discharging Unit.)</p>	

O. C. Discharge Sections,  
 No. 2 District Depot



















724133

Recpt.

Clayton E. D.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
			33440					2670	36110					4932	1777	1410		150	23119	12991							
June 30	1 <sup>00</sup> / <sub>10</sub>	33						33	15221/5					267				15	1767	14524							
July 31	1 <sup>05</sup> / <sub>10</sub>	3565						10	3575 298 2/6					268				15	1768	16331			75		Appld fee Cpl. 29/6/17 B.O. 40 16 7/17 Under Cr. 2 days @ .05.		
Aug 31		3565						3565	244 8/6					535				15	2035	17861			150				
Sept 30		3450						3450	331 9/7	562 30				535	267			15	2837	18474			225				
		473 20						2680	500 00	501 14/8	1583257	cc'd.		6537	2312	1677		210	315 2/6								
MONTH PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLG. ENG.															
1947																											
Sept 30 Balance			18474							18474	225																
Oct 2/6 pay			3565							15	20539	30															
Nov 2/6 pay			3450							15																	
				AR 701. 30/9. 20/2			268																				
				" 771. 19/10			446																				
				" 626 19/9			268																				
				" 838 3/10			357																				
				R. 7159 28/11/17			487																				
Dec 2/6 pay			3565				1826			15	22728	450															
Jan 2/6 pay			3565							15																	
				C.G.P.																							
				AR 46 28/12/17 13 <sup>00</sup> / <sub>10</sub> H. H.			973			15	23820	525															
Feb 2/6 pay			3220				973			15																	
				C.G.P.																							
				AR 579 14/18 13 <sup>00</sup> / <sub>10</sub> G.H.			243																				
				AR 708 21/18 13 <sup>00</sup> / <sub>10</sub> G.H.			243			15	25054	650															
Mar. Sick 7. 4/18 to 18/18 - 12 days @ 73			876				486			15																	
				C.G.P.																							
4/18 P.			3565																								
				A.R. 781. 4/2/18. 13 <sup>00</sup> / <sub>10</sub> Gen. Hosp			4867																				
				AR 1496 24/2 12 Res			1703																				
				✓ 1826 15/3			973																				
				✓ 1371 24/3 C.D.T.			487			15	19965	725															
			44441				1030																				



\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *CLAYTON Earnest D.*

EFFECTIVE DATE: *1/8/16* EFFECTIVE DATE: *1/19*

NUMBER: *724133*

AMOUNT: *\$15.00* AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte Lt Col.</i>

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mrs. Wesley Clayton (mother)  
Dorset, Ont.  
Canada.*

UNIT AND TRANSFERS

ORIGINAL UNIT: *109 Bw.*  
DATE ACCOUNT FIRST OPENED: *1-8-16.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
			<i>1.e.o.R.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>14/11</i>	<i>359</i>		<i>24 73</i>				
<i>9/12</i>	<i>3599</i>		<i>20 33</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 05</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discha to ban 19 Rhyb M 8 9 1/2 18 6-14 39 76*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>March 31</i>	<i>Pat. Fwd.</i>								<i>199 65</i>		
<i>April</i>	<i>Lt Col Pay</i>	<i>34 50</i>		<i>AR. 105 12/4 12 Res.</i>	<i>9 73</i>			<i>15</i>	<i>209 42</i>		
<i>May</i>	<i>✓</i>	<i>34 50</i>		<i>✓ 619 1/5 12 C.G. Hoop.</i>	<i>4 87</i>						
		<i>35 65</i>		<i>✓ 2116 23/5 45H. Buxton</i>	<i>2 43</i>						
				<i>Cap</i>				<i>15</i>	<i>222 77</i>		
		<i>35 65</i>			<i>7 30</i>			<i>15</i>			
<i>June</i>	<i>✓</i>	<i>34 50</i>		<i>b.a.p.</i>				<i>15</i>			
				<i>AR 2726 11/6 ✓</i>	<i>4 87</i>						
				<i>✓ 1943 14/6 2 Res</i>	<i>4 87</i>						
				<i>✓ 2173 27/6 ✓</i>	<i>5 86 4</i>				<i>130 09</i>		
		<i>34 50</i>		<i>b.a.p.</i>	<i>11 18</i>			<i>15</i>			
					<i>1</i>			<i>15</i>			
<i>July</i>	<i>Lt Col Pay</i>	<i>35 65</i>		<i>AR 2606 11/7 2 Res</i>	<i>4 8 91</i>				<i>101 83</i>		
				<i>AR 1440 24/7 12 Res</i>	<i>19 47</i>				<i>82 36</i>		
		<i>35 65</i>			<i>6 8 38</i>			<i>15</i>	<i>20 65</i>		
<i>Aug</i>	<i>Lt Col Pay</i>	<i>35 65</i>		<i>b.a.p.</i>				<i>15</i>	<i>103 01</i>		
				<i>AR 1727 14/8 12 Res</i>	<i>19 47</i>				<i>83 54</i>		
				<i>AR 1941 27/8 ✓</i>	<i>21 90</i>				<i>61 64</i>		
		<i>35 65</i>			<i>21 37</i>			<i>15</i>			
<i>Sept.</i>	<i>Lt Col Pay</i>	<i>34 50</i>		<i>b.a.p.</i>				<i>15</i>	<i>81 14</i>		
				<i>AR 2254 12/9 ✓</i>	<i>9 73</i>				<i>71 41</i>		
				<i>AR 2395 20/9 ✓</i>	<i>9 73</i>				<i>61 68</i>		
		<i>34 50</i>			<i>19 46</i>			<i>15</i>			
<i>Oct.</i>	<i>Lt Col Pay</i>	<i>35 65</i>		<i>b.a.p.</i>				<i>15</i>			
				<i>2658 12 Res Bw 15 10</i>	<i>9 73</i>						
				<i>2954 ✓ 28 10 18</i>	<i>21 33</i>				<i>48 27</i>		
		<i>35 65</i>			<i>34 06</i>			<i>15</i>			

*agreed 20-11-18 CRH*



NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Nov	<del>34</del> L/Cps	34	50					15	48 27		
				Dec	L/Cps	35	65	3159. 12 Res 15/11	24	33		15	88 27		
								3579. 12 Res 9/12	24	33			39 76		
						70	15		48	66		30	39 76		



OPINION OF THE MEDICAL BOARD

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

WE CONCUR.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Right hand. Massage & Electricity as an outpatient, under the I.S.O.

(b) Does not require treatment. for 3 months.

(c) Should pass under his own control.

(d) Should not pass under his own control. ----

(Strike out condition not applicable.)

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

having been found medically unfit for further service. For treatment

under the I.S.O. as an out-patient for 3 months. Category "D-3".

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

PLACE Exhibition Camp, Toronto.

DATE January 18th. 1919.

*[Signature]* President.  
*[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE.....

DATE.....

APPROVED BY..... APPROVED BY.....

*[Signature]* Assistant Director of Medical Services. *[Signature]* Director-General of Medical Services.

DATE Jan 19..... DATE.....

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Exhibition Camp. DATE Jan. 18th. 1919

1. 1 (a) Unit No. 2 D. D. (b) Regimental No. 724133 (c) Rank Cpl.

(d) Surname CLAYTON (e) Christian name Ernest Dawson.

(f) Home address DORSET, Ontario.

(g) Next of Kin Merry Clayton. (h) Relationship Father.

(i) Address of Next of Kin DORSET, Ontario.

2. Age last birthday 21 Date of birth April 23rd. 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Dorset, Ont. (b) Date Feb. 28th. 1916

4. Personal description:

(a) Height 5'10" (b) Weight 182 (c) Complexion Medium.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	PERIODS	
	Years	Days
	<u>2</u>	<u>324</u>

	PERIODS	
	From	To
Canada.....	<u>Feb. 28th. 1916</u>	<u>July 1916</u>
England.....	<u>July 1916</u>	<u>Oct. 3rd. 1916</u>
France or other theatres of War.....	<u>Oct. 3rd. 1916</u>	<u>Nov. 20th. 1916</u>
	<u>Nov. 20th. 1917</u>	<u>date.</u>

7. Original disease, or injury Machine Gun Wound, Right Hand.

(a) Date of origin Nov. 11th. 1917 (b) Place of origin France

(c) Cause Machine Gun.

M. F. B. 227.

300M-S-18.  
1772-59-117.

LWJ.



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

Partial loss of function of right hand.

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

OBJECTIVE:

One inch scar from a machine gun wound at the meta-carpal phalangeal joint of index finger at right hand. Scar well healed - non-adherent. All fingers movements normal. Some loss of power in the index finger. Loss of grip in right hand 50% less compared with the right hand.

SUBJECTIVE:

Has some weakness in that hand. Cannot do much work with that hand. Gets a dull aching pain over the site of the scar, radiating sometimes to wrist on moderate exertion. In cold weather, pain is more aggravated, warm weather relieves condition. Occasionally perspires in that hand. When writing cannot hold pen very long. His hand becomes weak.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System NO Cardio-Vascular System NO Genito-Urinary System NO
Special Senses NO Respiratory System NO Integumentary System NO
Disturbances of Mentality NO Digestive System NO Muscular System NO
Osseous and Joint Systems NO Any other general condition NO

No hernia, haemorrhoids, varicocels, or varicose veins. Urinalysis- Albumen and Sugar, none.

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

In France 11 months prior to wound. On Nov. 11th. 1917 was wounded in right hand from a machine gun. Had ten days treatment in France operation and dressings. Hand was not improved- had considerable swelling and stiffness of fingers. Transferred to Bath War Hospital, Eng. 20/11/17 for one month- dressing and massage. Hand was not healed up but had some movements of fingers. Transferred to No 13. C.G.H. at Hastings, for 2 months- His hand became much improved. Was able to do a little work in that hand.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Measles- childhood.

Rumps in England. 1918- good recovery.

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

Gunshot wound, right hand in France, 1917.

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

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

Not applicable.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months with treatment.

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

In France- 10 days treatment, operation and dressings. In England- 6 months - dressings & massage.

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

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

16. Can the former trade or occupation be resumed? NO- Has to have full control of both hands.

(If not, briefly state why)

17. Recommendations. Recommended for further treatment with the I.S.C. as an out-patient. Category "D-3"

Dr. P. F. Johnston Lt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

Ernest Dawson Clayton.

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

#724133 E.D. Clayton Rank S/Cpl Signature of invalid examined.