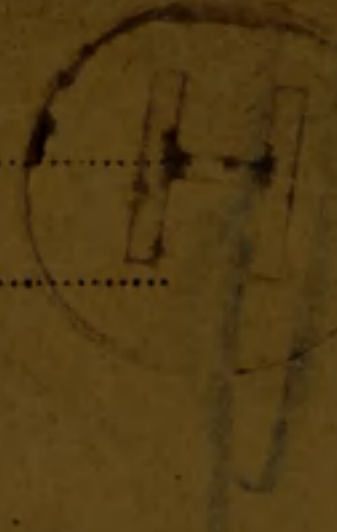


22-1-19

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



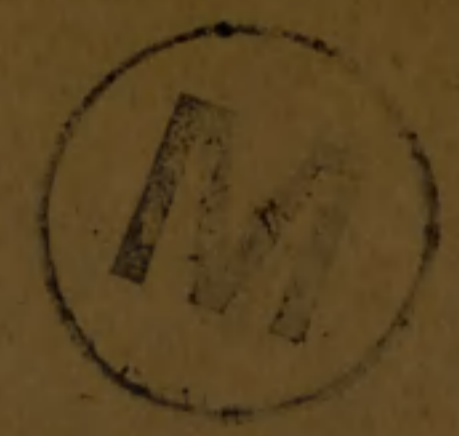
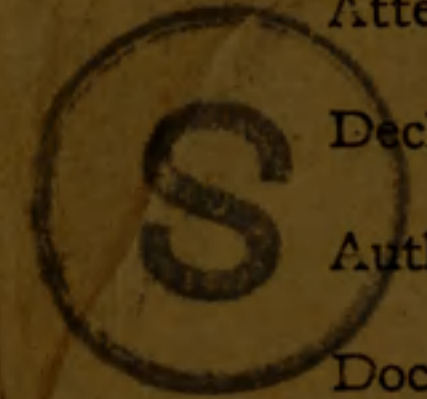
28302

Proviso on Disc. forwarded to B.P.C on
M.F.W. 2505 Ref B.P.C - 167 of
docs. Rtd 22-1-19
31.1.19

- 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.....

38

Name **COLE WM JOHN**
 Regt. No. 725197 Rank PLi
 Corps 109th Bn. (No. 2.D.D.)
 "Med. unfit"



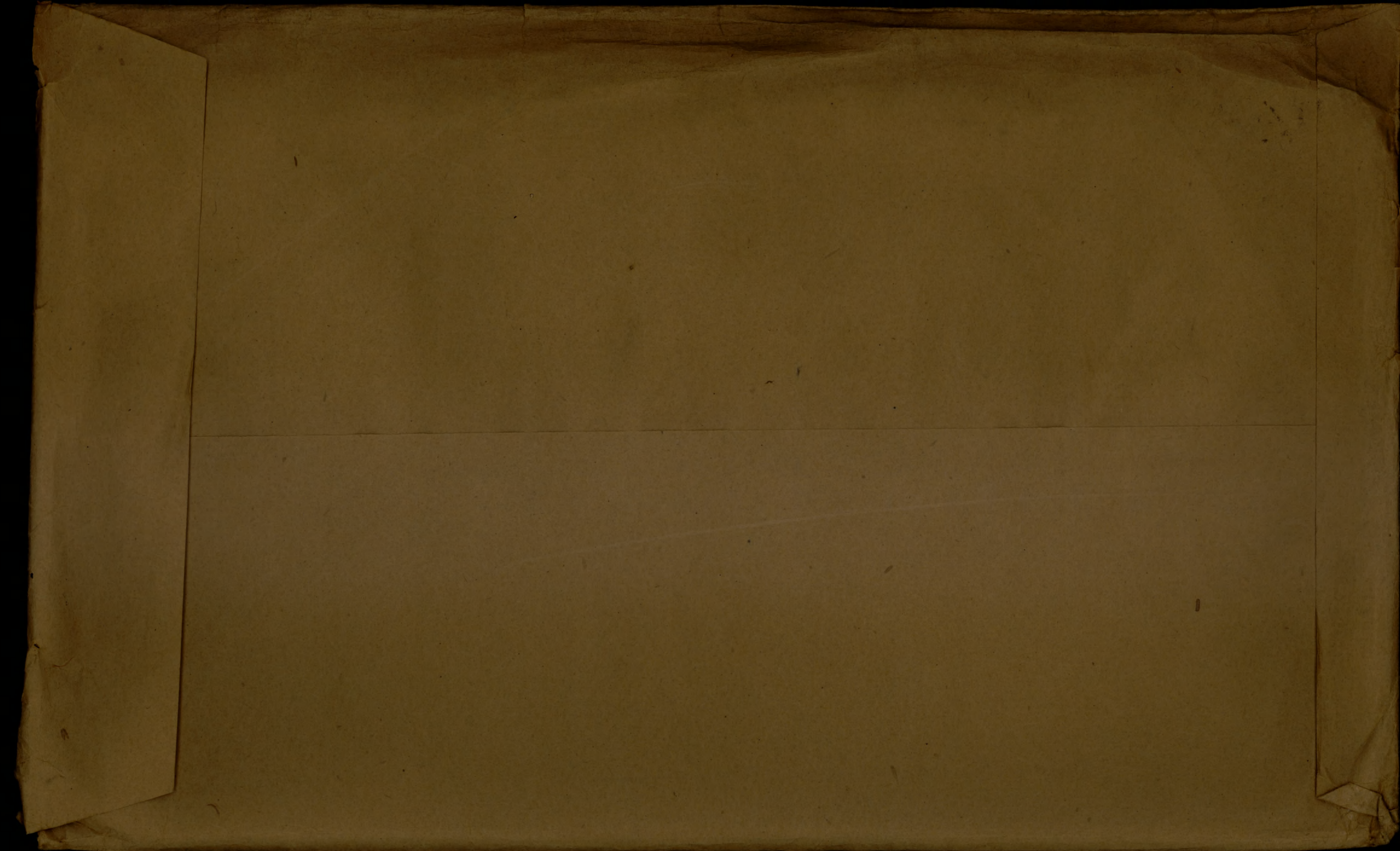
- A & W. 3997
- M & W. 125
- A & B. 122
- M.H.C. 132
- M & W. 192
- M & W. 2571
- M. F. W. 62.

403778

23-19
15-19
11-19

100m-6-17.
H. Q. 4772-39-935.

Reuts
1 Pay. Part 2



Jan 31 1916
1844

B

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

No. 725197

ORIGINAL
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Cole*
- 1a. What are your Christian names? *William John*
- 1b. What is your present address? *Danald, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Slago, York Co. Ont.*
- 3. What is the name of your next-of-kin? *Margaret Alzina Cole*
- 4. What is the address of your next-of-kin? *F.O. Donald, Haliburton Co. Ont. Canada*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *April 22nd 1888*
- 6. What is your Trade or Calling? *Labourer*
- 7. Are you married? *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William John Cole*, 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.

William John Cole (Signature of Recruit)

Date *Jan 31* 1916

A.R. O'Regan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William John Cole*, 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.

William John Cole (Signature of Recruit)

Date *Jan 31* 1916

A.R. O'Regan (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 *Renssley* this *31st* day of *January* 1916.

[Signature] (Signature of Justice)

6
984

1844

Description of William John Cole on Enlistment.

Apparent Age... 27 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... 4 ins.

Chest measurement. { Girth when fully expanded... 37 ins.
 Range of expansion... 3 1/2 ins.

Complexion... Dark

Eyes... Brown

Hair... Dark Brown

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

Third finger of left hand off.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date... January 31st 1916.

Place... Imbrosy

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

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date... **JAN 31 1916** 1916

CANADIAN EXPEDITIONARY FORCE

1844

Discharge Certificate

This is to Certify that No. 725197 (Rank) Pte.

Name (in full) COLL. WILLIAM. JOHN. enlisted in
the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 31st.
day of Jan. 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 C. 36

Height 5' 4"

Complexion Dark

Eyes Brown

Hair D. Brown

WJ Coll

Signature of Soldier

Marks or Scars

Vacc. Scars on Left Arm.

G. S.W. Buttock Right. (12-4-17.)

Issuing Officer

W H Joergle
Capt

Date of Discharge Jan. 11th-1919.

O.C. No. 2 District Depot.

Appointment

Signed at Toronto, Ont. this 11th day of Jan. 1919.

in Military District No. 2

File Reference No.

No. 2
JAN 11 1919
DISTRICT DEPOT

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 not to be worn after
30 days of discharge unless written
authority has been granted by
the G. O. C. of district.*

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

13439-W-31

DEPARTMENT OF MILITIA AND DEFENCE.

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 John* 2. Surname *Cole*
3. Rank *Pte* 4. Original Unit *109th O.S. Bn* 5. Reg. No. *725-197*
6. Address, in full, to which future payments of gratuity are to be forwarded
Wm. John Cole - Lindsay, Ontario
7. Date of enlistment in the C.E.F. *Jan 30th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Margaret Alberta Cole
9. Relationship of such dependent
Wife
10. Present address, in full, of such dependent
Lindsay Ont Canada
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:
109th O.S. Bn in England from July 31st 16 to Dec 5th 1916 when I went to 38th Bn in France was wounded on Apr 9th 1917 & went to England
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
From Jan 30th 1916 until Jan 11th 1919 - 109th O.S. Bn and 38th O.S. Bn Canada, England & France
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-enlistment 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

My wife & I have received 6 months War Service Gratuity & allowances - M.D. - No 2

20. Have you been issued with a War Service Badge? If so, what class? *Yes - Class B*

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

Jan'y 4th 1919 (b) Reason for discharge *Medically unfit for further service*

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 *no*

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 *Yes. I served*

with the 38th Bn in France and was wounded at Vimy Ridge Apr 9th 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: *W. J. Coll*

Place of Residence: *Lindsay Ont*

Declared before me at: *Lindsay*

This *twelfth* day of *July* 19*18*

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

*Jesse Bradford
a comm^r or*

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

Certified Correct.
District Paymaster.

7.25197

1844

6-310 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Coll Christian Name William John

Examined { on 31st day of January 1916.
at Lindsay
Birthplace { City or Town Sligo
County York Cty. Ontario

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

Apparent age 27 years
Trade or occupation Laborer
Height 5 Feet 4 Inches
Weight 125 Lbs.
Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 37 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT, <u>21 APR. 1916</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left one
Number one

Date	Result	VACCINATIONS
<u>21.1.16</u>	<u>good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.

When Vaccinated last January 31st 1916
(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>22/9/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>17/11/16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

Enlisted on 31st day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt. C.E.F.</u>	<u>725197.</u>		<u>31.1.16.</u>
Transferred to.....	<u>38th Bn</u> <u>6th Res.</u>	<u>2/2/16</u>		<u>15/2/18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Quebec</u>	<u>31.8.17</u>	<u>Til for duty A III</u>	<u>Fit for duty A III</u>
<u>Seaford</u>	<u>5-XII-17</u>	<u>Pain in Ductus</u>	<u>3 1/2 - new vac cap</u>
<u>Witley</u>	<u>14-5-18</u>	<u>Myalgia</u>	<u>3 1/2 - J. McCulloch</u>
	<u>15/11/18</u>		<u>STANDING MEDICAL BOARD!</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.

Ex Camp Toronto, Jan 6/18 Myalgia BT J. McCulloch

CANADIAN

1844

Surname *Tob* Christian Name *William John*

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.
		Admission into Hospital.			Discharge from Hospital.					
		Day	Month	Year	Day	Month	Year			
<i>Barnet War Hospital</i>		<i>15</i>	<i>4</i>	<i>17</i>	<i>4</i>	<i>6</i>	<i>17</i>	<i>G. H. B. B. B. B.</i>	<i>50</i>	<i>Bepped</i>
<i>McK Epcom</i>		<i>5</i>	<i>6</i>	<i>17</i>	<i>27</i>	<i>JUN</i>	<i>1917</i>	<i>"</i>	<i>23</i>	<i>Has had special Exercise Now fit for physical training 2 1/2</i>

Signature
of Medical Officer.

W. J. B. B. B.

Date *5/6/17*

HIGH B. B. B.

DUPLICATE

L.C. 54-21-23-53

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 OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725197.....

(3) Full Name of Soldier William John Cole.....

(4) Place of Birth ~~Slagio~~ Slagio.....

Ont. Canada

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

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

(b) Present Postal Address Kinmount.....

Ont. Canada

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

(8) Have you any children? Yes.....

If so, give number of boys and girls 1 boy and 2 girls.....

Also their names and ages William Edward age 8 years.....

Eva 5 years, Rosenna 1 years Old.....

(9) Is your Father alive?..... Yes.....

If so, state name and address William Henry Cole Hocklin Ont.

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Bella Jane Cole

..... Hocklin Ont

(11) If your Mother is a widow..... NO.....

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

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

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

xMargaret ElginxCole

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

Yes

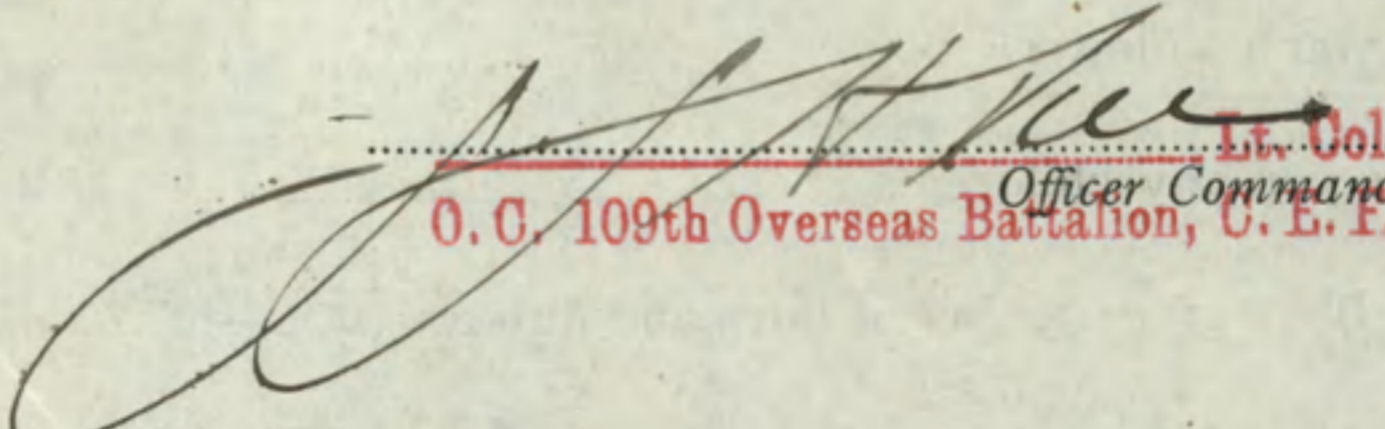
(15) Are you insured?..... No.....

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

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

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

Date..... July 7th 1916.....


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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

M.F.B. 465.
M-6-18.
2-39-950.

NAME OF SOLDIER *Capt. William John*

REGIMENT

RANK *1st Lt.*

No. *725197*



INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<p>DISCHARGE EXAM. EXHIBITION CAMP CERTIFICATE ISSUED FOR</p> <p>DATE <i>JAN 6 1919</i></p> <p>DENTALLY FIT</p> <p style="text-align: right;"><i>W. Murray Capt.</i></p>																					

1844

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 5th December 1916

No. 725197 Rank Pvt Name Bole, W.J.

Local Unit 7th Res B Overseas Unit 38th Batt Age 39

Examination held at SMB Seaford

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

PAIN IN BUTTOCK

PRESENT CONDITION.

4 mos. in France. Returned for S.S.W. in Buttock 9-5-17 Very
complain of Pain in rt buttock following
S.S.W.
Pain in left side.
Exam: 1) No special tenderness in wound of buttock,
it is well healed.
2) Pulse rate 88 no cardiac murmur.

BOARD RECOMMENDS:—

1. Fit for Duty BT
2. Fit for duty after 14-5-18 14-5-18 weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members { [Signature] President.
[Signature]
[Signature] capt

APPROVED 5- DEC 1917

Dated at Seaford 1916.

APPROVED

T.J. Graham
Captain, C.A.M.C.
for A.D.M.S., Canadians. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Form No. 10
1916

Dated at 1916

No. Rank Name
Local Unit Overseas Unit Age

Examination held at

DISABILITY
Overseas - Local
Examination held at

PRESENT CONDITION

BOARD RECOMMENDATIONS

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:

..... President

Members

APPROVED

Dated at 1916

Please quote reference.....

Your reference.....

Military Hospitals Commission

CANADA

From:—The District Vocational Officer,

2 Depot.

Et Camp

To:—The Officer Commanding,

" 2 Depot

725197 Mr

Sole Wg.

Sir,—

I beg to inform you that the marginally named

man was interviewed by a Vocational Officer
(Man, N. C. O., Etc.)

on *Jan 6th* 1919, and all particulars with reference to his education and industrial history have been entered upon Form M.H.C. 156.

[Signature]
Vocational Officer.

Military Hospitals Commission

CANADA

From: The District Vocational Officer

To: The Officer Commanding

I beg to inform you that the marginally named

was interviewed by a Vocational Officer

on 19/11/45 and all particulars with reference

to his education and industrial history have been entered upon Form

M.H.C. 156

Vocational Officer

1844

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

M. F. W. 54. (A. F. B. 123.)
250M.—1-16.
H. Q. 1772-39-970.

Casualty Form—Active Service.

Unit, Regiment or Corps 6th Can Res Bn.
 Regimental No. 725197 Rank Pte. Name Sole William John
 Enlisted (a) 31.1.16 Terms of Service (a) Dr. W. Service reckons from (a) 31.1.16
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged _____ Qualification (b) Labourer.

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				
23.3.18	Dr. W. Res.	S.O. 5. 6 th Res. Bn. reporting to C.O.R.D.	Seaford	19.3.18	Pt. II B.O. 70 <i>[Signature]</i> OFFICER in CHARGE 6 th CAN. RES. BN.
10/4/18.	C.O.R.D.	Relinquish on strength of C.O.R.D. as shown on com to Pioneer School	Seaford	19/3/18	Pt II DO 97
10/4/18	C.O.R.D.	ceases to be on command to Pioneer School as shown on com to Res. Cpl. Co for duty	Seaford	8/4/18	Pt II DO 97 <i>[Signature]</i> Adjutant, for Officer Commanding, East Ont. Regt'l Depot.
6/5/18.	C.O.R.D.	Pt II DO 97 dated 10/4/18 amended to read effective date as 29/4/18.			Pt II DO 120. <i>[Signature]</i> Adjutant, for Officer Commanding, East Ont. Regt'l 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

1844

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				
30-4-18	O.C. C.R.C.C.	Attached from E.O.A.D. for all purposes.	Seaford.	29-4-18	Pt. II D.O. 39.
10.5.18	O.C. C.R.C.C.	Ceases to be attached	Seaford	8.5.18	Pt II D.O. 44. <i>Geo. J. Crofton</i> C.C. CANADIAN RESERVE CYCLIST Co.
19/5/18	E.O.R.D.	Attd Depot head.	Witley	19/5/18	Pt 2 D.O. 123.
23/11/18	E.O.R.D.	ceases to be attached on Proceeding to Port of Embarkation	Witley	23/11/18	Pt 2 D.O. 291 <i>J. J. Jackson</i> LIEUT. OFFICER i/o RECORDS
26 NOV 1918	E.O.R.D.	On command 1st C.D.D. Buxton.	Witley	25 NOV 1918	D.O. 393. <i>J. J. Jackson</i>LIEUT. OFFICER i/o RECORDS,
26 NOV 1918		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 280 Ceases to be attached C.D.D. Buxton on embarking for Canada.			Lt. for Lt. Col. Commanding Canadian Discharge Depot.
7.12.18		Sailed for Canada			

1844

f 310

Qlsm

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

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

250M.—1-16,
H. Q. 3772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425797 Rank Private Name Cole William John

Enlisted (a) 31-1-16 Terms of Service (a) D of W. Service reckons from (a) 31-1-16

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

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

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				

CERTIFIED CORRECT
 12 DEC. 1916
 CAN. RECORDS, LONDON.

Embarked Canada Halifax 24.7.16
 Disembarked England Liverpool 31.7.16

Autsethine Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

4-12-16 O.C. 109th. Proceeded overseas for service with 38th. Btn. Witley 3-12-16 D.O.Pt. 11 339

Autsethine Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

6.12.16 C.B.D. TAKEN on STRENGTH 38th Havre
 7.12.16 » Left for Unit FIELD
 16.12.16 Unit Joined Unit FIELD
 12.4.17 13 Gen. 13 Gen. Puttack R. 13 Gen.

6.12.16 N.R. P.H. 042 a 13.12.16
 7.12.16 N.R.
 9.12.16 B. 213. DCS. 69. 30. 12.16
 12.4.17 W3034-263

(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.]

725197 Pte W. J. Cole.

1844

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				
13.4.17	13 th Gen Hosp.	G. J. W. Buttock. R. posted to C. onk Regt super. seaford per H.S. Princess Elizabeth.		13.4.17	W3083 No 5756. 1 st order 25 48 d/28.4.17 J. Manderson Lieut for Major Dalry. Can serv. 3 rd Echelon post.
26.4.17	60RD	T.O.S. from 38 th Bn	Seaford.	15.4.17	Pt II No. 45 P. H. H. Peis. Capt LIEUT! FOR LT; COL; I/C RECORDS, C.O.M.F.
6-9-17		DISCHARGED FROM 8 th C.C.D. Seaford TO 7 th Res Bn.			PART II D. O. NO. 118. 7-9-17 J. Maeth For O.C. 3 rd Canadian Command Depot.
6.9.17	7 th Res.	T.O.S. from 3 rd C.C.D.	Seaford	6.9.17	B.C. pt II - 214
8/12/17	7 th Res	Att. to C.O.M.B.	Seaford	8/12/17	NO 296.
8/12/17	7 th Res	Attached from C.O.M.B.	Seaford	8/12/17	NO 296.
1.2.18	U.S. 7 th REGEN BATTALION	Leaves to be attached from CORN	Seaford	31.1.18	PT II NO. 27.
1.2.18	U.S. 7 th REGEN BATTALION	T.O.S. from CORN.	Seaford	31.1.18	PT II NO. 27.
16/2/18	oc. 6 th Res.	S.O.S. 7 th Res. & 185 6 th Res.	Seaford	15/2/18	PART II NO. 40

1844

3rd sheet

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 725197 Rank pte Name Cole William John
C. E. F.

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

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).....

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 7 1918	o/s				
					<p><u>T.O.S. No. 2 District Depot, Part II, D.O. No. 50</u></p> <p><i>[Signature]</i> Lieut. For O.C. No. 2 District Depot</p> <p>Dis. #2 D.D. Jan. 11th-1919. Pt. 11.#8</p> <p><i>[Signature]</i></p> <p>For O.C. No. 2 District Depot.</p>

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

2.

1844

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

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

REGTL. No. 725197* NAME COLE-W.J. RANK Plt UNIT C.A.D.C.

Date of Examination

19-11-18

Present Dental Condition

Fit.

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

Has he ever declined Dental Treatment?

Recommendation

Date.....



Station.....

Signature of Examining Officer.....

H.R. Conway

Capt. C.A.D.C.

* Name should be entered in block letters.

MI

U.S. DEPARTMENT OF THE ARMY

ABSTRACT OF THE REPORT

The following is a summary of the report...

Report No. 1000-1000-1000-1000-1000

General Information

Personnel

In case of loss of report, the loss is the loss due to the loss of the original, which is not recoverable.

Classification

Recommendations

Date

Signature

Approved: _____
Special Agent in Charge

1844

A.G.R. Rank Name **COLE, William John** ✓ Reg'l No. **725197** ✓

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

Place and Date of Enlistment **Lindsay, 31st Jan., 1916.** ✓ Place of Birth **Slago, York Co., Ontario.** ✓

Name and Address, Next-of-Kin **Margaret Alzina Cole,** ✓
P.O. Donald, Haliburton Co., Ont., Canada. ✓ Relationship **Wife.** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No.	2088
File R.L.	
Category	C 1 0 2

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	A.F.B. 103 9 DEC 1916 D. Stern
4.12.16	OC 109 th Bn	SOS on tfr to 38 th Bn	Witley Hild.	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	Bmsht	6.12.16	Pt II DO 242.
20.4.17	✓	Adm 13 Gen Hosp	Boulogne	12.4.17	GRA 176 GSW.R. Buttak ON.
23.4.17	✓	Adm Barnett War Hosp	Hugh Barnett.	15.4.17	Ch. B 169 ✓
28.4.17	✓	Posted to. EORT	Skeld.	13.4.17	Pt II DO 45 + 45 EORT 26.4.17
9.6.17	✓	1fd. Can Convalesc Hosp	Epsom.	6.6.17	Ch. B 208.
4.7.17	✓	Dis ✓ ✓ ✓	✓	27.6.17	Ch. B 228
7.7.17	3" C.C.D.	Att. for. P.T. etc.	Seaford	27.6.17	Pt II 116 + EORT Pt II 120
7.9.17	✓	Cases to be att on proc. to 7 th Reg	✓	6.9.17	Pt II 168.

1844

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.				
6.9.17	7 th Res.	LoS from EORD.	Seaford	6.9.17	EORD Pt. II 214 Y Pt. II 180 d 8.9.17
8.12.17	✓	Posted to 4 att ^d from EORD	✓	8.12.17	E.O.R.D. Pt. II 296 Y Pt. II 273 d 10.12.17
1.2.18	✓	Cases to be attached from EORD on posting from that unit	✓	31.1.18	E.O.R.D. Pt. II 27 Y Pt. II 33 d 2.2.18
16.2.18	6 th Res.	Posted from 7 th Res. Bn.	Seaford	15.2.18	Pt. II 40 C.P.S. Pt. II 22 d 13.3.18 E.O.R.D.
23.3.18	✓	Posted to E.O.R.D. on com. Can. Pioneer School	✓	19.3.18	Pt. II 70 Y Pt. II 97 d 10.4.18.
10.4.18	E.O.R.D.	Cases on com. Can. Pioneer School & on com. Can. Res. Cyclists Seaford	Seaford	8.4.18	²⁹ Pt. II 120 d 4/5/18 Pt. II 97 Y Pt. II 28 d 8/8/18. + G.R.C.C. Pt. II 39 d 130 4/18 Pt. II 44
9/5/18	✓	Cases on com. Can. Res. Cyclists	✓	8-5-18	Pt. II 123 + G.R.C.C. d 10 5/18
26.11.18	✓	On com. to C.D.D. Buxton	Witley	25.11.18	30 293.
24-12-18	✓	Cases on Com ^d C.O.D. Buxton & in SOS TO C.E.F. in Canada (Low Category)	"	7.12.18	" 317

Temp Record Sheet

6th Res

725194 Pk bole Wp

13 3 18 bar Pch of bom from 6th Res Bn. The Seaford 9 3 18 Pt 1100 22

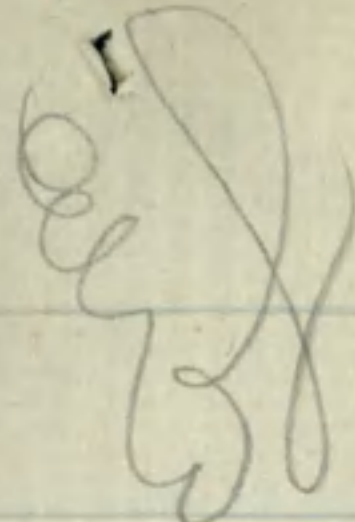
8/19 CPL. Cases to be attached. Signed 8.4.18 P. 1100. 28

Entered
A.G.
24/4/18

111
110

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



Name Cole, William J.
Surname Christian Name

Regimental Number 725197 Rank Pte. Address (in full) Lindsay, Ont.

Unit E.O.R.D. 109th Bn.

Original Unit

District where paid M.D. 2.

Date of Discharge 11-1-19.

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

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		

M. F. W. 127.
25M.—8-18.
1772-89-1140.

Remarks: Account opened 10-1-19.

File No.

WAR SERVICE GRATUITY.

Register No.

7

Reg. No. Dependent

Name Address

Address \$

..... \$

..... \$

..... \$

..... \$

Pay Soldier \$ Pay Dependent \$

.....

.....

.....

Clerk Less further Dr. Bal.

..... or overpayment. Net

Dec'n No	W. S. G. File No
Award days at \$	per day \$
S. A. months at \$	per mo. \$
Less P. D. P. Credited	
Less further Dr. Bal.	
or overpayment	

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

GEN'L AUDITOR
 Posting checked by

 Date

289

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Margaret R. Cole*
 Address *Kinmount*
Ont.

Wife

By Whom Assigned *Cole, W.J.*
 Regtl. No. *725197*
 Rank *Pte*
 Corps *"B.C." 109th 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				



12

012109

Q 1210

012109

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-4-16.
 1772-30-819.

Sheet No. 2 *Mrs Margaret A. Cole* *Wife* OVERSEAS CONTINGENTS
 L. L. Job 310.-Req. 6374. PAYMENTS.

Name of Soldier *Cole, W. J.*
725197 "B" Coy Pte. 109th Baltn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15.00</i>
April	1915			
May				
June				
July				
Aug.		<i>Q 15103</i>	<i>15</i>	
Sept.		<i>Q 17562</i>	<i>15</i>	
Oct.		<i>Q 22126</i>	<i>15</i>	
Nov.		<i>Q 26584</i>	<i>15</i>	
Dec.		<i>L 31895</i>	<i>15</i>	
Jan.	1917	<i>Q 35983</i>	<i>15</i>	
Feb.		<i>Q 42324</i>	<i>15</i>	<i>15 (J)</i>
March		<i>S 49871</i>	<i>15</i>	<i>15-L</i>
April		<i>V 1139</i>	<i>15</i>	<i>15-Ch</i>
May		<i>07045</i>	<i>15</i>	
June	<i>N 18319</i>	<i>E 13983</i>	<i>15</i>	<i>15-Ch E 13983 Cancelled</i>
July		<i>I 26007</i>	<i>15</i>	<i>15</i>
Aug.		<i>B 31118</i>	<i>15</i>	<i>R.</i>
Sept.		<i>X 35935</i>	<i>15</i>	<i>D</i>
Oct.		<i>K 47124</i>	<i>15</i>	
Nov.		<i>G 49094</i>	<i>15</i>	
Dec.		<i>L 55705</i>	<i>15</i>	<i>255</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AEH

ps

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.				

SEPARATION ALLOWANCE

Name Margaret E. Cole.
Address Kinmount
Ont.

Name of Soldier W. J. Cole.
Regtl. No. 725-197
Rank PL
Corps 109th Batta^y

Relation to Soldier } Wife
wife, child or mother }

To what Corps belonging }
when called out }

PAYMENTS

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



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0. 11 10
11 10
11 10

11 10
11 10
11 10

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Margaret E. Cole

^{Wife}
PAYMENTS.

Name of Soldier

Cole, W. J.
925197

PLC

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	0846	40	40 to adjust
May		05041	20	20
June		K8677	20	20
July		Z7688	20	20
Aug.		L11890	20	20
Sept.		S15415	20	20
Oct.		A18946	20	20
Nov.		C22174	20	20
Dec.		C25722	20	20
Jan.	1917	28593	20	20
Feb.		D31406	20	20
March		D34491	20	20
April		G582	20	20
May		E4011	20	20
June		H6898	20	20
July		I1606	20	20
Aug.		K13923	20	20
Sept.		J16647	20	20
Oct.		P22326	20	20
Nov.		E26612	20	20
Dec.		O25949	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300

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MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

Separation and Assigned Pay Branch

C 7031 Aug 1st 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	20	30	
----	----	----	--

1-12-17
P.C. 3257
42816

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **425197**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **W. J. Cole**
 Battalion **109 Bn.**
 Beneficiary **Margaret E. Cole**
 Relationship **Wife**
 Address **Kin Mount Ont.**

PARTICULARS OF ASSIGNMENT

Name **Mrs. Margaret E. Cole - Wife**
 Address **Kinmount - Ont.**
 Change of Address
 1 **Lindsay, Ont. 8/18.**
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1914					
Dec. 31		440	255	695	
Jan	N 66978	30	15	45	m
Feb.	D 96423	25	12	40	
Mar.	A 11464	25	12	40	✓
Apr.	N 7987	25	15	40	
May	M 13038	25	15	40	
June	E 24663	25	15	40	✓
July	D 8045	25	15	40	
Aug.	D 37878	25	15	40	
Spt.	J 46352	25	15	40	
Oct.	D 55559	25	15	40	
Nov.	D 55542	25	15	40	
Dec.	D 64991	45	15	60	
		762	435	1200	

CANADIAN
 ASSIGNED PAY AUDITED
 30-10-18
 [Signature]
 AUDIT CLERK
 DATE 16/10/19

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7593.

3¹²/₁₁
 A/c Closed
 Bet'd per
 Date
 Clerk
 Olympic
 54048-D-1912



*Name L. COLE, Jim John Rank Pte. Regtl. No. 735197

Original unit Present unit 109th Bn M. or S. Age 30 Religion C of E. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Halifax, Olympic 14-12-18.

Next of kin Wife Margaret Alma Cole Donald Haliburton Co Ont.

Address on leave same

Address on discharge Lindsay, Ont.

Transportation issued Yes No Date 11-1-19 Character on discharge

Previous occupation Wife. Date and place of enlistment Lindsay Jan 31st 1916.

Diagnosis G.S.W. Date of Medical Boards 30-12-18.

Date. T.O.S.	Remarks	Pt. 2 Order No.
7-12-18	Posted to Cas. Co Ex. Camp 14-12-18. Leave from 19-12-18 to 3-1-19.	
11-1-19	Subs" S.O.S. DISCHARGED "MED. UNFIT" (91 days PDP. & clo' all')	250

Date.

Remarks.

Pt. 2 Order No.

1844

Surname	Christian Name or Names	Reg. No.
Cole	W J	725197
Rank	Unit	Co. Troop Batty.
Pte	38th Batt	

Hospital	Date of Admission
13 Gen Boulogne	12-4-17
Transferred <i>13 Gen. Boulogne.</i>	13-4-17
Barnett War Herts	Hosp. 15-4-17
<i>Epsom Co. W.</i>	Hosp. 6.6.17

Hosp.

Hosp.

Diagnosis G.S.W. rt Buttock R

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L.20-417	A 176
23-4-17	B 169

Dis. 27.6.17.

Date

REMARKS

9.6.17. B208,
4.7.17. B 228

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

21

1844

REGT'L No 725197

NAME

Cole William John

H. Q. FILE No. 649-

RANK AND CORPS

Plt 38th Bn. Form 109th Bn.

FOLLOWS
NO.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

C.

M 2408.

20-4-17.

Adm. W & Stat. Hosp Wimersey Apr. 17.
G.S. Rt. Buttock 17.

1844

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A176	#13 Gen Boulogne	12-4-17	Slw R Buttack
B169	Barnett Way High Barnett Hts	15-4-17	" " " "
B208	Can Conch Woodcote R Epton Surrey	6-6-17	" " " " 3-7-17
B228	Bisch	27-6-17	" " " " 27-7-17

No. 725 197. RANK *Pte*

NAME *Cole. W.* *J.*

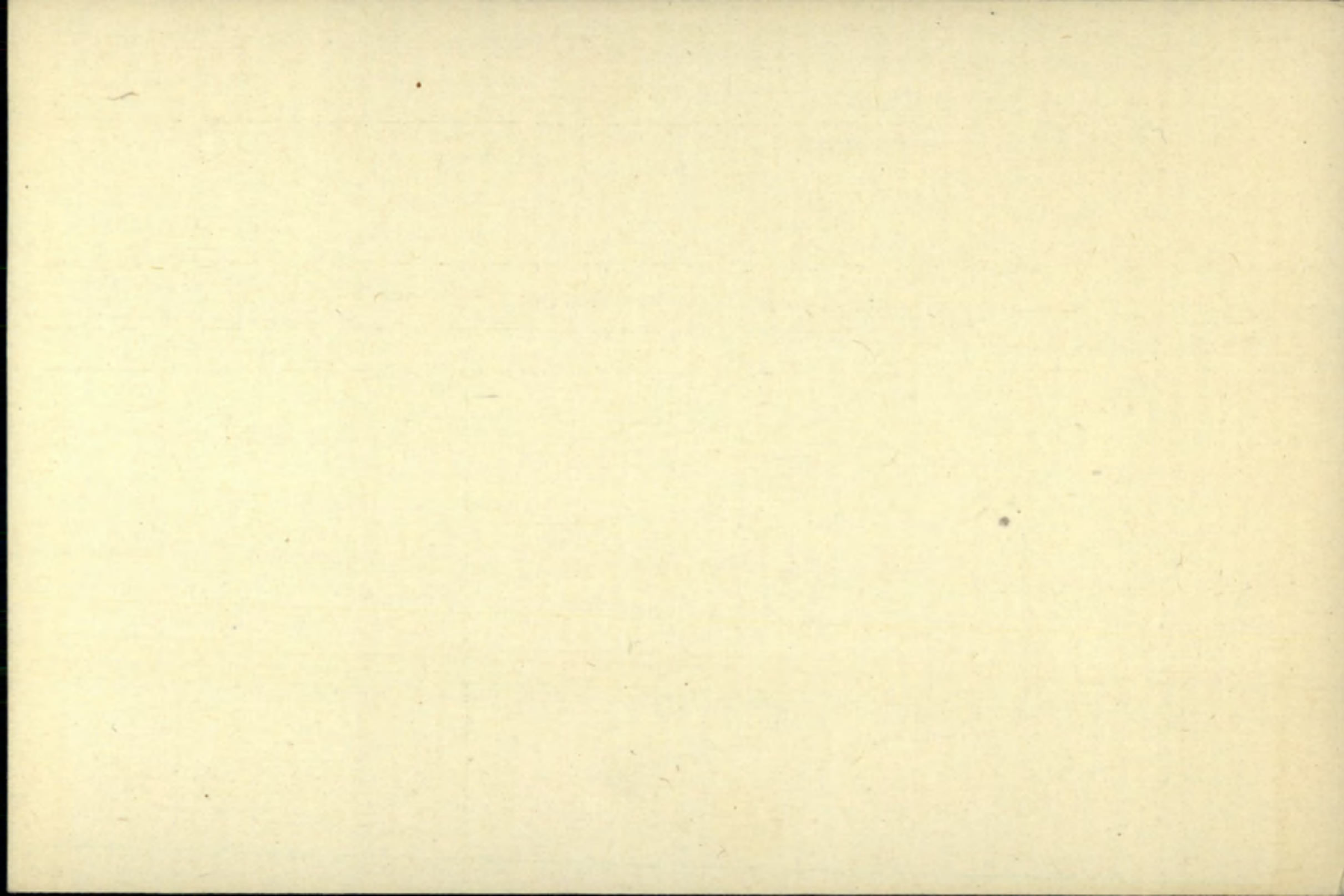
T. O. S. 31-1-16.
D. D. 62. 1-2-16.

UNIT *109th. Battalion.*

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 31</i>	<i>1916.</i> <i>Feb. 29</i>	<i>✓</i>		
	<i>Mar.</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



SURNAME.

Cole,

2 CARD NO. ✓
S.O.S. *210*. M. U. 11-1-19.
W.O. 57 FOLL. 8/1/19 *3*
H. 2-10-10

CHRISTIAN NAMES

William John

REGL. No.

725197

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Cole, Mrs Margaret. Alysia

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

~~*Donald, Haliburton Co., Ont*~~

Lindsay, Ont.

CHANGE OF ADDRESS

S.a.p. 20-9-19

COUNTRY OF BIRTH

Canada, Slago, York Co.,

DATE

April 22nd, 1888

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

(Ont) Jan. 31st, 1916

*Sailed from Halifax 23/7/16 see *Stamps* 388*

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

27

YEARS

9

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

W. Brown.

DISTINGUISHING MARKS

3rd finger of left hand off.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 31st, 1916.

Inv

Number 725197 Rank *1st Lt*

Ham
Surname COLE

Christian Name William John

Units 38th Bureau Theatre of War France

Date of Service 4-12-16

Remarks

Latest Address ~~Lindsay Bryden~~
Out

Roll No.

200m.-6-21.M. *Page 22331*

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

M.D. No.

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....

(Street)

(City or Town)

(Province)

Name of one person to be notified of arrival.....

Address.....

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

Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.

50 M.-1-19.

1772-39-1269.



List 767 6-2-32

LIST OF DISCHARGE DOCUMENTS.

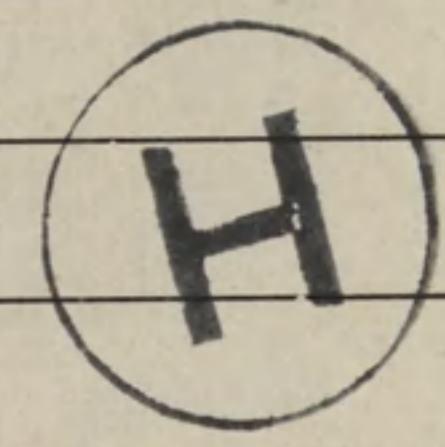
- Attestation Paper, Triplicate..... Militia Form W. 23
- or Particulars of Recruit..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents 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

7844

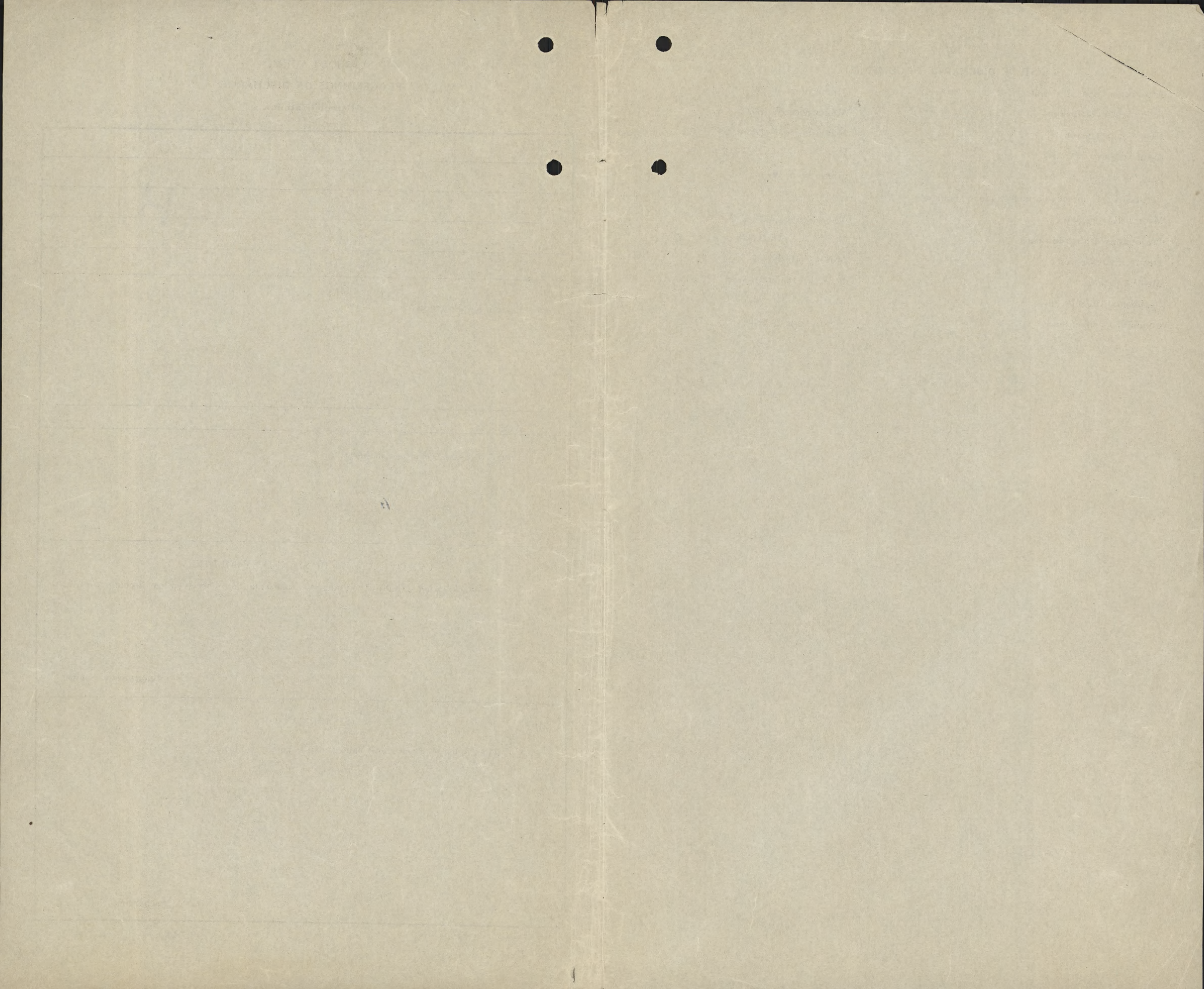
SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

21/1/19

1. No.	725197	
2. Rank.	Pte.	
3. Name.	Cole. William. John.	
4. Unit.	109th Bn. (#2 D.D.)	
5. Date of Discharge	Jan. 11th-1919.	Place TORONTO, ONT.
6. Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE	
7. Authority.	D.O. D.D. #2 Pt. 11.#8	
8. Proposed Residence after Discharge	Lindsay, 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>.....</p> <p><i>William John Cole</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. 11th-1919.</p> <p>.....</p> <p>Signature..... <i>[Signature]</i> (O. C. Discharging Unit.)</p>	



Handwritten initials and date: K.P. 207 11-2-19



1844

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it.

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

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

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

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

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

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

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

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

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

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

1844

Reserved for M.H.C.

Regt. No. 725197 Rank P.T.E. Surname COLE Christian WILLIAM Name JOHN
Unit or Corps—(a) Overseas from United Kingdom 28th BATT. (b) in United Kingdom FORD
Born at—Town SLAGOE County or Province ONT Country CANADA
Date of Birth—Day 22 Month APRIL Year 1879 Age 39 yrs 7 months
Joined at LINDSAY ONT CANADA Date 31st JAN 1916
Former trade or occupation CONTRACTOR
Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 5 inches 4 Colour of eyes BROWN
Signature of Soldier (for identification purposes) William John Cole

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a)
Disabilities Group (b)
Disabilities Group (c)

MYALGIA - ADHERENT. scar. buttock RT.

2. CAUSE OF DISABILITY

Table with 4 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above, Place of origin, Date of origin.

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

- (i) As to Group (a) above? no If yes, has Active Service aggravated it? na
(ii) As to Group (b) above? n.a If yes, has Active Service aggravated it? na
(iii) As to Group (c) above? n.a If yes, has Active Service aggravated it? na

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

- (i) As to Group (a) above? yes
(ii) As to Group (b) above? n.a
(iii) As to Group (c) above? n.a

1844

5. MEDICAL HISTORY.

Patient states that he was wounded in Battle of Arras 9/4/17. Was discharged from hospital Jan 27/1918 and since that has always been troubled with stiffness in hip and thigh R. worse in damp weather. Went to C.C.D. 6th Reg. Pa but was unable to do full duty. Casually from shell 13/4/17 J.S.W. Bullard R. posted to E.O.R.D. escaped for H.S. Review Elmsbeth. On C.H.S. shows "On C.H.S. from 5/6/17-27/6/17 J.S.W. Bullard R." Has had special exercise used for special physical training. Boarded Dec 5th 1917 escaped. Patient Bullard B.

6. PRESENT CONDITION.

Deep scar 8" long transverse right buttock deeply adherent in Gluteal muscles. Not freely healed. Stiffness in flexing thigh. Complaint of pain about knee & down thigh. worse in damp weather. Respiratory system normal. Genito-Urinary system normal. Cardiovascular system normal.

7. OPERATION.

(i) Was one performed? Yes (ii) If so, state what. Excision of scar. (iii) Was one advised and declined? No.

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

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

(ii) If so, describe. No.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B1 (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No

Date of Report Nov 15th 1918 Station Witley Surrey Signed J. Fullin Cap Officer in medical charge of case.

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

Dated at Camp Witley Station, on 15th Nov 1918

1844

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier (b) Misconduct of the Soldier

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

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? all

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent? No (ii) If not permanent, what is its probable minimum duration (in months)? three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No

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

18. REMARKS:—On stepping forward he gets pain when hip is flexed a little less than. Knee can be extended fully with thigh flexed to 90 degrees without making pain.

19. RECOMMENDATION:—(a) Fit for duty? (state category) B1 (b) Invalid to Canada? No (c) Discharge from Service as permanently unfit? No

Date of Board 15/11/18 Station Witley Signatures of the Board J. Fullin, Capt. Call, for President, J. Hammond, Capt. Case.

Approved W. Nicholson MAJOR, Station Witley, A.D.M.S. CANADIAN TROOPS. WITLEY. 15 NOV 1918 A.D.M.S. HEADQUARTERS 191

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 except #17 Category "C-3"

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.)

- (b) Does not require treatment.
 (c) ~~Should pass under his own control.~~
 (d) Should not pass under his own control.
 (Strike out condition not applicable.)

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

That he be placed in Category "C-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, *Julian Boyd* President.
[Signature] Members
 DATE January 6th 1919

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..... President.
 DATE..... Members

APPROVED BY *[Signature]* APPROVED BY *[Signature]*
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE Jan 11 1919 DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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, Toronto DATE Dec. 1918.

- 1 (a) Unit #2 District Depot (b) Regimental No. 725197 (c) Rank Pte.
 (d) Surname COLE (e) Christian name William John
 (f) Home address Lindsay P.O. Ontario.
 (g) Next of Kin Mrs. Margaret Atrine Cole (h) Relationship Wife
 (i) Address of Next of Kin Lindsay P.O. Ontario.
2. Age last birthday 38 Date of birth April 22/1888
3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont (b) Date Jan. 31/16
4. Personal description:
 (a) Height 5'4" (b) Weight 126 (stripped) (c) Complexion Dark
 (d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.

5. Former trade or occupation Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>2</u>	<u>337</u>

	PERIODS	
	From	To
109th Battalion C.E.F.		
Canada	<u>Jan. 31/16</u>	<u>June 1916</u>
England	<u>June 1916</u>	<u>Dec. 1916</u>
France or other theatres of War	<u>Dec. 1916</u>	<u>April 1917</u>
<u>England and Canada</u>	<u>April 1917</u>	<u>To date</u>

7. Original disease, or injury Gun shot wound with adherent soar of right buttock.
 (a) Date of origin April 9th 1917 (b) Place of origin France
 (c) Cause Shrapnel

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 muscles of right buttock.

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;— 8" Scar deeply adherent in muscles of right buttock. Scar runs transversely across gluteal muscles. Scar clean and well healed. Scar tender on pressure at several points. No limitation of movement in limbs.

Subjective;— Man complains of pain and stiffness in muscles of right buttock and right thigh. Describes pain as aching in character. Pain worse in wet weather. Cannot walk or march more than one mile without stopping on account of pain in Buttock.

(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 as above
Osseous and Joint Systems no Any other general condition no

Urinalysis;— No haemuria, No albumen, No sugar, No Haemorrhoids, No varicosele, No Varicose veins.

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

Wounded in buttock April 9th 1917 by nose cap of shell. In hospital in England for about 3 months. Wound healed up well but remained sore and painful especially in wet weather. Was given physical drill and exercise and massage for condition but did not seem to improve conditions

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).)

Pneumonia 1904 Good recovery

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

Large crescent deeply adherent scar transversely across right buttock.

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? (a) No (b) no

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

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

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

Hospital treatment England for 3 months.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

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

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

(If not, briefly state why)

17. Recommendations Category "B-2"

J. C. Greenlee Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Wm. John Cole 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.

WJ Cole Rank. Signature of invalid examined.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 56

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

Regimental No. 725197 Rank Pvt Name Cole Wm J
 Corps No. 2 District Depot who was* DISCHARGED

On JAN 11 1919 191... to...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jany 1 191...
 to JAN 11 1919 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	247	
Advances by Cheques } No.			Reg'tl. Pay..... 11 days at \$ 1 ⁰⁰ c.	11	00
Assigned Pay and Sep'n Allee. No. <u>14820</u>	10	65	Field Allow..... 11 days at \$ 10 c.	11	00
Other charges.....			Separation Allowance* (Monthly).....	10	65
Payment on transfer or discharge No. <u>14819</u>	119	57	Other Allowances*.....		
Bal. Cr. (to be paid by the new unit).....			Other Credits* <u>clothing</u>	35	00
Total.....	60	22	Bal. Dr. (to be deducted by new unit).....		
			Total.....	60	22

*Give particulars.

A monthly stoppage of \$ 1.50 (†) has..... (‡) been paid on account of Assigned Pay for the month of Decr 1918 and Sep'n Allee. for month of Jany 1919 (to) Assignee Mrs Margaret E Cole Lindsay
 (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.

Out 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..... yes yes
- (3) cause of discharge..... authority DoS
- (4) authority for transfer.....

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

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
 Date JAN 9 1919
 Place TORONTO, ONT.
[Signature] CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The name of the member of the Force (Write Name, Rank, Number, etc.)

Name: _____

No. of District Depot: _____

Final "discharge" or "transfer"

The following is a statement of the amount of the above named member's pay and allowances as of the date of discharge or transfer:

Amount		Description	
£	s		
		Basic Pay	£ 100 00
		Post Allowance	£ 20 00
		Gratuity Allowance (Monthly)	£ 10 00
		Other Allowances	£ 5 00
		Other Credits	£ 3 00
		Has been deducted by law (10)	£ 10 00
		Total	£ 128 00
		Due outstanding	£ 128 00

(1) If the member is entitled to a gratuity, the amount thereof shall be paid to him at the time of his discharge or transfer.

(2) If the member is entitled to a gratuity, the amount thereof shall be paid to him at the time of his discharge or transfer.

(3) If the member is entitled to a gratuity, the amount thereof shall be paid to him at the time of his discharge or transfer.

On Transfer of an Officer

ONE MEMBER OF THE FORCE has been transferred by the War Office to the following unit:

NAME: _____

UNIT: _____

DATE OF TRANSFER: _____

I have carefully examined the statement of account and find it to be a correct statement of the pay due to the Unit.

Date: _____

Signature: _____

Rank: _____

Remarks: _____

CANADIAN DISCHARGE DEPOT, C.E.F.
BUXTON, DERBYSHIRE
NOV 26 1918
FILE _____
Mrs Three
Army Form W3997.

Regtl. No. 725197 Rank PTE "OLYMPIC"

Name COLE Wm JOHN Sa-7.12.18. Ar-14.12.18
(Christian Names in full) (Surname)

Unit E.O.R.D. Regt. 109 Bn. or Corps

Category BI Next of kin WIFE

REASON FOR RETURN

Medical Board held at Witley 15/11/18 1918

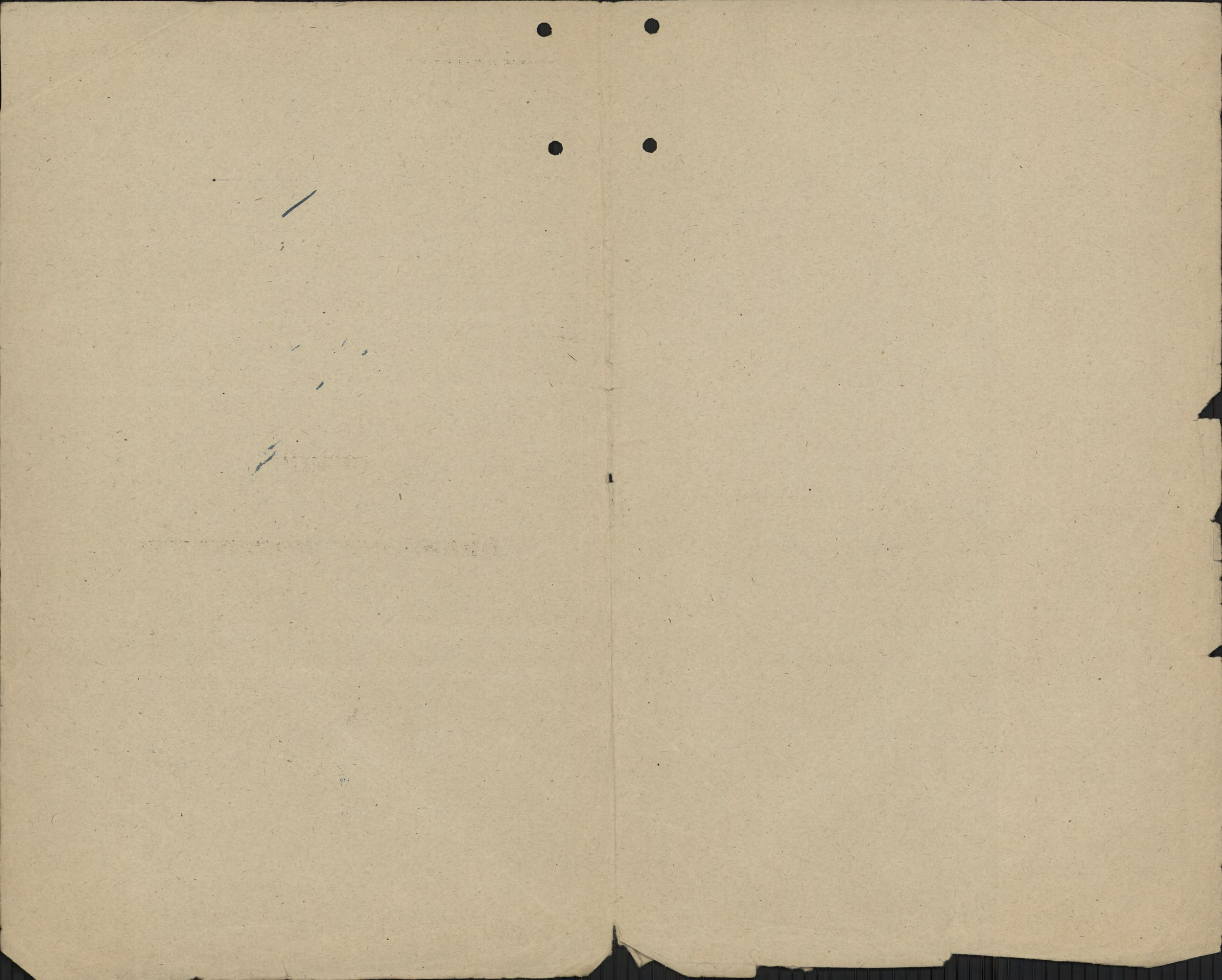
Returned to Canada in accordance with instructions under paras. 7 & 9 of A.G. 5-1-22 of April 5th, 1918.

INTENDED PLACE OF RESIDENCE Category LINDSAY ONT.

COVER
FOR
DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS AND DECORATIONS FRANCE 4 MONTHS

SAILED
DEC 7 1918
ARRIVED
14 12 1918



Ent. Rank

e-476

No. 2 DISTRICT DEPOT

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S.

REGT. No. 725197 RANK *Plt* NAME (IN FULL) *COLE, Wm J.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT <i>E.O.R. D 109th Bn</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST) <i>Lindsay Ont</i>
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
<i>yes</i>					<i>15⁰⁰</i>	<i>1-1-19</i>	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs Margaret E. Cole</i>		
ADDRESS					ADDRESS		
					<i>Lindsay, Ont.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>Toronto 11/1/19</i>	<i>M. W. D.O.S. Yes</i>

doc. complete

MONTH	N. OF DA'S	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
		AMOUNT	RATE	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		\$
1919																									
Jan 1-11	1	10	12	10	24	35	60	22	148	19		145	20	49	57	10	65								<i>Dec 3rd Dec 1918 2⁴⁷ 35^{xx} clothing 10⁶⁵ Sep Allow</i>
																									<i>153 days</i>
							500	00																	<i>cheque mailed 13/1/19</i>
																									<i>A-2536-A-2537 mailed 11/2/19</i>
																									<i>242299-242300 mailed 9/4/19</i>
																									<i>W.S/G. PAID IN FULL</i>
							500	-																	<i>Wm. M. M. CAPTAIN PAYMASTER WAR SERVICE GRATUITY</i>

* Strike out whichever inapplicable.

ASSIGNED PAY. ~~ENGLAND OR CANADA.~~ SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *COLE William John*

EFFECTIVE DATE: *1/8/16.* EFFECTIVE DATE: *15-00*

NUMBER: *725197.*

AMOUNT: *15-00* AMOUNT: *15-00*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Wm A Cole
Remount One Wife

Pls.

Stopped Medicine 1-17-18

UNIT AND TRANSFERS

ORIGINAL UNIT: *109 B Bu.*

DATE ACCOUNT FIRST OPENED: *1/8/16.*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15-11-18	995	Walter	9 73				
15-17	1248	Unknown	9 73				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
	<i>1/11/17</i>		<i>EOR D</i>
	<i>1/11/19</i>	<i>26/2/19</i>	<i>Canada Sec</i>

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DAILY RATES OF PAY AND ALLOWANCES

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Transferred to Canada 1-17-18 G.D. NR. 9 d/18-11-18 Disposal. A.P. 6 15-44*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 18</i>	<i>But forward</i>								<i>2518</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>Apr off.</i>				<i>15</i>			
				<i>Apr. 61. 8/4/18 13th Rec.</i>	<i>9 73</i>						
				<i>AR 357 27/4/18 Details Seaforth</i>	<i>7 30</i>				<i>26 15</i>		
<i>May</i>	<i>P.P.</i>	<i>33</i>		<i>AR 1200 15/5/18 3rd CCD</i>	<i>17 03</i>			<i>15</i>			
		<i>34 10</i>		<i>✓ 140 ✓ 27/5/18 ✓</i>	<i>4 87</i>			<i>15</i>	<i>30 65</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>Can a P June</i>	<i>14 60</i>			<i>15</i>			
				<i>AR 1915 1/6/18 3rd CCD</i>	<i>9 73</i>						
				<i>✓ 2864 28-6-18 ✓</i>	<i>4 87</i>			<i>15</i>	<i>34 05</i>		
		<i>33 -</i>			<i>14 60</i>						
<i>July</i>	<i>P.P.</i>	<i>34 10</i>		<i>C.A.P. July</i>				<i>15</i>			
				<i>AR 3132 16/7/18 3rd CCD</i>	<i>9 73</i>						
				<i>✓ 3649 28/7/18 ✓</i>	<i>14 60</i>			<i>15</i>	<i>28 82</i>		
		<i>34 10</i>			<i>24 33</i>						
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>C.A.P. August</i>				<i>15</i>			
				<i>AR 4302 15/8/18 3rd CCD</i>	<i>9 73</i>						
				<i>✓ 4840 29/8/18 ✓</i>	<i>4 87</i>			<i>15</i>	<i>33 32</i>		
		<i>34 10</i>			<i>14 60</i>						
<i>Sep</i>	<i>✓</i>	<i>33 -</i>		<i>C.A.P. Sept</i>				<i>15</i>			
				<i>AR 5359 10/9/18 3rd CCD</i>	<i>9 73</i>						
				<i>✓ 6151 23/9/18 ✓</i>	<i>9 73</i>			<i>15</i>	<i>31 86</i>		
		<i>33 -</i>			<i>19 46</i>						
<i>Oct</i>		<i>34 10</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>6544 10/10 ✓</i>	<i>9 73</i>						
				<i>7454 28/10 ✓</i>	<i>24 33</i>				<i>16 90</i>		
				<i>9954 11/11 ✓</i>	<i>34 06</i>			<i>15</i>			
		<i>34 10</i>		<i>3167 3/12 ✓</i>	<i>9 73</i>						
				<i>✓ 1116 ✓</i>	<i>4 87</i>			<i>15</i>	<i>20 30</i>		
		<i>33 -</i>		<i>C.A.P.</i>	<i>14 60</i>			<i>15</i>	<i>20 30</i>		

CANADIAN ASSIGNED PAY AUDITED
30%
AC Throveloe
AUDIT CLERK
DATE 16.5.19

Checked *Efill*
21-11-18

1919 NUMBER

775197

RANK

PL

NAME

COLE

William John

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	no fund								2030	-	
Mar 19				A.R. 1248. Epsom 7/6/17	973				10.57		
				SPS to Canada 7/17/18 DO 217 24/12/18 E.P.D.							