









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

No. *724210*

Folio.

**TRIPPLICATE**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS.)

- |   |                            |
|---|----------------------------|
| 1. What is your surname?  | <i>Cooke</i>               |
| 1a. What are your Christian names?  | <i>William Howard</i>      |
| 1b. What is your present address?   | <i>Cobocook, Ont.</i>      |
| 2. In what Town, Township or Parish, and in what Country were you born?                                       | <i>Beech's Ont. Canada</i> |
| 3. What is the name of your next-of-kin?  | <i>Mrs John Cooke</i>      |
| 4. What is the address of your next-of-kin?   | <i>Cobocook, Ont.</i>      |
| 4a. What is the relationship of your next-of-kin?   | <i>Mother</i>              |
| 5. What is the date of your birth?  | <i>16th October 1893</i>   |
| 6. What is your Trade or Calling?   | <i>Basket Maker</i>        |
| 7. Are you married?   | <i>no</i>                  |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?  | <i>yes</i>                 |
| 9. Do you now belong to the Active Militia?   | <i>no</i>                  |
| 10. Have you ever served in any Military Force?<br><small>If so, state particulars of former Service.</small> | <i>no</i>                  |
| 11. Do you understand the nature and terms of your engagement?  | <i>yes</i>                 |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }             | <i>yes</i>                 |

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

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

*W. H. Cooke* (Signature of Recruit)

Date *APR 1 1916* 191 . *[Signature]* (Signature of Witness)

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

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

*W. H. Cooke* (Signature of Recruit)

Date *APR 1 1916* 191 . *[Signature]* (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 *Cobocook* this *4th* day of *April* 191*6*

*[Signature]* (Signature of Justice)



Description of *William Howard Cooke* on Enlistment.

Apparent Age... *23* years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... *5* ft. *5 1/4* ins.

Chest measurement { Girth when fully expanded..... *34 1/2* ins.  
 Range of expansion..... *3 1/2* ins.

Complexion ..... *dark*

Eyes ..... *blue light*

Hair ..... *dark brown*

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

*scab left from boil raised 1/8 in above surface on back of neck to right of Median line 1 1/2 in below base of skull  
 scar 1 in long on outer side of left foot over metacarpal bones.*

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..... *APR 1* 1916

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

Place..... *Sabacont*

\*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:—

**INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT**

**HOSPITAL REPRESENTATIVE, DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW**

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date..... *APR 1* 1916



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 724210 (Rank) Private

Name (in full) COOKE, William Howard. enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Coboconk, Ont. on the 1st

day of April 19 16.

HE served in Canada, England and France.

and is now discharged from the service by reason of being medically unfit for further

War Service. Authority Med. Board D/2-10-18. R.O. 1080.

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

Age 26 yrs

Marks or Scars Scar palm of right hand.

Height 5 ft. 6 in.

Scar on heel of right foot.

Complexion Fair

Eyes Blue

Hair Brown

W. H. Cooke

Signature of Soldier

M. R. Clarke Lieut.

Issuing Officer  
O. C. Discharge Section

No. 3 District Depot Rank

Date of Discharge 11-10-18.

Appointment

Signed at Kingston, Ont. this 11th day of October 19 18

in Military District No. 3

File Reference No. 3DD-3-C-147. D/9-10-18.

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. 724210 (Rank) Private Name Cooke, W. H.

Unit No. 3 District Depot.

Address on Discharge Cobocook, Ont.

Character and Conduct Very Good

Former Occupation Basket maker

Special Qualifications of Value in Civil Life Machinist

Medals and Decorations nil

Remarks nil

Signed at Kingston, Ont. this 11th day of October 1918

W. R. Clarke  
Name of Officer Lieut.  
O. C. Discharge Section  
No. 3 District Depot  
Rank

Appointment



Report No. 11130

Class D 5

Cook Wm. H.,  
Catoconk, Ont.

No. of M. H. C. File  
No. of Local File  
No. of H. Q. File

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

No. 724210 Rank pte Original Unit E1 Present Unit  
Age 25 Height 5 ft. 5 ins. Complexion dark Eyes blue Hair dark Character good  
Date of enlistment Apr 1916 Where enlisted above place Where seen service France 3653  
Ship returned by L. Castle Date of arrival 30-9-17 Port of arrival Hlx.  
Birthplace Canada Religion Methodist  
Name and address next of kin mother  
Notification of return to be sent to Mrs. Elizabeth, cook,  
Cause of disability C. S. W. Rt. foot. above place

Condition which prevents the soldier from earning a full livelihood Five months in France 16-2-17.  
Shrapnel wound rt. hand now healed 16-2-17. Was struck by piece of shrapnel on heel below insertion of tendon achillas shattered foot coming out 1" below and external ankle lacerating the skin from point of entrance in a circular direction to within 4" out. ext. ankle a scar 4" long between big toe and int. ankle result of operation where pieces of bone were removed. Foot fairly well healed. Slight flexion and extensions of foot now very little pain. Not able to put weight on foot

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

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 75% DIS 75%  
Probable duration of incapacity 6 months  
Recommendation of Canadian Board Conv. Home  
Destination to which transportation issued Kingston  
Members of Board Drs. MacDonald Proudfoot, and Peake

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	none				
2					
3					
4					
5					

Occupation prior to enlistment Basket worker  
Regular trade or profession  
Average earnings previous to enlistment Any other income  
Name and address of last employer Gull River Lumber Co.  
Rent per month If purchasing property amount due and annual payment, \$  
Taxes If Homestead, when is patent due?  
If carrying life or accident insurance, annual premium  
If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$  
If unable to follow previous occupation, name preference  
At what age soldier left school? What grade, standard, &c., was he in?  
Has he taken any Technical or Continuation classes, if so what?  
Whether given Vocational Training while in Hospital in England. If so, what subjects?

References  
Witness W. B. McCoy I declare that the above statement is correct.  
Date 3-10-17 Signature W. H. Cook

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

C 7307

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L. P. C. leaving Depot, \$  
Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date  
PENSION—Class—Amount per year, \$—Period granted for—Dating from—  
First payment date—

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



ity contained in P.C. 4465, Treatment  
ded as follows:

*John W. [unclear]*





DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

14527

*289*

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 Howard* 2. Surname *Cooke*
3. Rank *pte* 4. Original Unit *109<sup>th</sup>* 5. Reg. No. *724 210*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*William Howard Cooke*  
*Coboconk Ont.*
7. Date of enlistment in the C.E.F. *1st April 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? *none*
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:—  
*yes. 21st Bn. France 1st of October 1916 to 6 of Feb 1917.*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no. Canada England France.*
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 *served in 109<sup>th</sup> Bn. from 1st April 1916 till 1st Oct 1916. served in 21st Bn. 1st Oct 1916 till 11 Oct 1918. Total time 2 yrs 6 months 21 days.*
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. *1 enlistment*  
*Reg. no 224210 109<sup>4</sup> Bn.*
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 *paid by*  
*post discharge pay #101.30 Capt. Peters.*  
*One hundred and one dollars and thirty cents.*
20. Have you been issued with a War Service Badge? If so, what class? *none*
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 *none*
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 *11<sup>th</sup> day of Oct. 1918.* (b) Reason for discharge *G.I.S. W. Rt. hand and Rt. foot Compound fracture loss of ocularis and strabismus.*
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!*  
*21st Bn. of Canadians.*  
*1st. of Oct. 1916. — 16 Feb. 1917, wounded.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*  
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

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

Signature of Applicant: *William H. Cooke*  
 Place of Residence: *Coboconk Ont.*

Declared before me at: *Coboconk*

This *10<sup>th</sup>* day of *January* 191*9*.

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

*J.C. Birchard.*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Oct 11/18</i>	<i>33.00</i>			
<i>Nov 11/18</i>	<i>33.00</i>			
<i>Dec 11/18</i>	<i>34.10</i>			

Certified Correct.

*Total amount paid \$100.10*

*Blumenberg*  
 District Paymaster.



QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date October 10th, 1917.

No. 724210 Rank Private Name Cooke, W.H.  
 Corps 21st Battalion,  
 Address Coboconk,  
 Next of Kin Mrs. Elizabeth Cooke,  
 Occupation Basket-maker.  
 Age 25  
 Enlisted 1st. April, 1916.  
 Examined by Dr. Austin,  
 Height 5'- 6"  
 Chest 33"  
 Complexion Fair  
 Hair Brown  
 Eyes Blue  
 Religion Methodist.  
 History:—

*Trans to Leek Isl.  
 July 29/18*

England July 1916, France October 4th, 1916.  
 Wounded February 16/17 at Vimy Ridge. (1) On rt. hand  
about middle of palm. (2) On rt. foot. (3) Left hip.  
 Sent to No.2 Clearing Station, thence to 26th General  
 Hospital, Etaples, thence to No.2 Le Harve, thence to  
 Military Hospital, Devonport, thence to Taplow, where  
 he was boarded for Canada. Reached Halifax September  
 29th/17. Queen's Military Hospital October 10/17.

Operation. Nov. 13th/17. Q.M.H.

Vertical incision was made over region  
 of os calcis which had been badly shattered so that most  
 of his heel was formed by astragalus. Some debris of bone  
 was curetted. (General Anaesthetic).

Observation:—

Shrapnel wound rt. hand about middle of  
palm. Healed. Normal movement of fingers. Loss of  
sensation of index fingers. (2) Rt. foot; large scar extend-  
 ing from just below insertion of achillis to about 3" below and  
 in front of external malleolus. Slight discharge from this.  
 Another scar about 3 inches long extending from just in front  
 of internal malleolus of foot to within 2" big toe.  
 Removal of dead bone. Ankle partially ankylosed about 50%  
 movement. Can move big toe but not the others. They can be  
 moved by force. He can put only a little weight on toes.  
 (3) Flesh wound on left hip. Healed; no disability.

On Discharge to Leek Island;

Sinus all healed, but foot very  
 painful and requires watching and kept as quiet as possible  
 for short period yet. Fit for leave.

Pay On Boat  
 At Quebec  
 Cheque

*R. J. Tucker*  
*7513*

Received R. J. Tucker, Lieut.







## CANADIAN CONTINGENT EXPEDITIONARY FORCE

)HVW

## LAST PAY CERTIFICATE

ORIGINAL

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

Regimental No. 724210 Rank..... Pte. Name..... Cook, W.H.

Corps..... 109th Battalion who was\* Discharged

On October 11th 1918, to Category "E"

\*Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... <u>11</u> days at \$ <u>1</u> c.	<u>11</u>	<u>00</u>
by } No. <u>Clothing 9627</u>	<u>35</u>	<u>00</u>	Field Allow. .... <u>11</u> days at \$..... <u>10</u> c.	<u>1</u>	<u>10</u>
Cheques } No.....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clothing</u>	<u>35</u>	<u>00</u>
Other charges .....			Other Credits*.....		
Payment on transfer or discharge No. <u>9628</u>	<u>12</u>	<u>10</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>47</u>	<u>10</u>	Total.....	<u>47</u>	<u>10</u>

\* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of Sept. 1918 } (to) Assignee Mrs. J. Cook,  
 and Sep'n Allee. for month of ..... 191..... }  
 (Address) ..... Coboconk, 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 1/4/16.

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge..... authority 3MD.88-C-221. OC. 3DD  
9/10/18.

(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..... October 9th, 1918.

Place..... Kingston, Ont.

W. Peters Captain,  
 OFFICER I/C DEMOBILIZATION PAY DIV.  
 MILITARY DISTRICT NO. 3  
 Paymaster.

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

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

M. F. W. 44.

Cheque #9628 attached.



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..... *D. Coy. 129 O/S Am.*

(2) Regimental Number..... *724210*

(3) Full Name of Soldier..... *William Howard Cooke*

(4) Place of Birth..... *Breckin*

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

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

(b) Present Postal Address..... *Tobacco*

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

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

If so, give number of boys and girls.....

Also their names and ages.....



(9) Is your Father alive? *Yes*  
If so, state name and address *John Cooke Cobocomb*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Elizabeth Cooke Cobocomb*

(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? *Yes*  
If so, in what Company? *Manufacture Insurance Coy, and Canadian order of odd fellows*  
Have you made arrangements for payment of your Insurance premium? *Yes*  
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 19 1916** .....

*[Signature]*  
Officer Commanding **Major**  
109th Overseas Battalion, C. E. F.



Taplow, Bucks.

CONFIDENTIAL.

191

B. 2/

From O.C., Duchess of Connaught  
Canadian Red Cross Hospital,  
Taplow, Bucks.

To D.D.M.S., Southern Command,  
Salisbury.

Sir:

I have the honor to enclose  
herewith duplicate copy of Army Form A.45  
for the marginally named Officer, and beg  
to state that            paras. of the  
War Office Letter concerned have been  
carried out.

Original copy has been  
dispatched to War Office under this  
date.

Captain & Registrar, C.A.M.C.  
for Officer Commanding.

Dict. EAN/R. Encl.



ELECTRICAL AND MASSAGE TREATMENT.

Name Cooke Rank Private No. 724210 Unit 21 Cav.

Diagnosis GLW. l. foot Ward 2

Description of present condition Wound slightly deep. ankle stiff  
first two fingers of rt. hand - loss of sensation, movement good

Treatment required Light massage

Day and hour of treatments Daily 9am Tues. Thursday + Saturday

Date. Diary of progress and change of Treatment.

June 14. 15. 1st pt.

18. 19. 20. 21.

20. 23.

June 25 Ankle tends fairly well but ft. has no power in it.

26. 27. 28. 29.

July 2 Condition much the same. Slight discharge from wounds.

3. 4. 5. 6. 7.

9. 10. 12. 14. Tues. Thurs. Sat.

17. 19. 21. 24. No change.

28. 31 August

24. operation (discontinued for a while)

26th  
August



MEDICAL CASE SHEET

Bed 15

No. in Admission and Discharge Book. 441.

Year 1917.

Regimental No. 72410.

Rank. Pfc

Surname. Cooke, W. J.

Christian Name. William Howard

Unit. 21st Canadians 2nd Div.

Age. 25

Service. 18/12

DUCHESS OF CONNAUGHT

Station and Date.

Disease

BSW to Foot. Co France?

Taylor 8-6-17

Wounded at Arras by shrapnel on 16-2-17. To 26 General Hospital from #42 C.C.S. where bone removed and wound drained. About April 4th to 2 General Hospital. Thence in 13 days to Drouot Military on 19-4-17. Arrived here in good general condition. Foot scar running around heel internally below ankle internal malleolus. Operative scar on inside of instep. Function of foot poor. Cannot use very much but improving. Slight discharge from old wound. B.S.W.

8-6-17

X ray - old badly comminuted fracture of os calcis with loss of bone substance and number of loose probably dead bone around lesion. Cuboid displaced inward and forward with fracture same. Improving. B.S.W.

13-6-17

21-6-17

28-6-17

Discharge less. Awaiting open treatment. B.S.W. Since pieces of bone removed. Discharge fairly well. B.S.W.

5-7-17

19-7-17

2-8-17

Improving. less discharge. B.S.W. Healing slowly. B.S.W. Boarded Canada. B.S.W.

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



Station  
and Date.

7-8-17

Taken to Dr. Sims of foot wrapped  
and packed with B. D. P. returned in  
good condition

8-8-17

Condition of foot good. Temperature normal. GBW

19-7-17

Two dental fillings

GBW

16-8-17

Healing well.

GBW

7-9-17

Healing. Condition of foot much better GBW

13-9-17

Healing slowly. GBW

19-9-17

To Liverpool. GBW



ORIGINAL

724210

MEDICAL HISTORY SHEET. ORIGINAL

Surname Cooper Christian Name William Howard

Examined { on 1 day of April 1916.  
at Tobacco.  
Birthplace { City or Town Brockton  
County Ontario

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

Apparent age 27 years  
Trade or occupation Basket Maker  
Height 5 Feet 5 1/2 Inches.  
Weight 138 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 37 1/2 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left One  
Number One

Date.	Result.	VACCINATIONS.
<u>4.4.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 4<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>18.5.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>26.5.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>7.9.16</u>	<u>"</u>	<u>Dr Boyd</u> <u>no</u>

Enlisted on 1 day of April 1916 at Tobacco

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724210</u>		<u>1.4.16</u>
Transferred to	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Approved</u> A.D.M.S. CANADIANS, LONDON AREA, LONDON, 8 AUG 1917	<u>1-8-17</u>	<u>Impaired function of rt. foot &amp; left hand</u>	<u>Discharged to Canada</u> <u>Medical Officer</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.



Christian Name *William Howard*  
 Surname *Booker*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Devonport Military</i>		20	4	17	7	6	17	<i>G.S.W. Rt Heel.</i>	<i>49.</i>	<i>antiseptic dressings</i>	<i>J. Ingham</i>
<i>DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL. Taplow, Bucks.</i>		7	6	17				<i>Comp. frac os. calcis</i>			
								<i>G.S.W. Rt foot.</i>		<i>Rt Heel still discharging. Badly comminuted fracture os calcis and cuboid. Function poor. Partial loss (slight) function Rt Hand. Involute Cause</i>	<i>22-7-17</i>
								<i>Rt Hand.</i>			
										<i>HOSPITAL REPRESENTATIVE, DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW.</i>	<i>J. Whistler</i>
		19	9	17				<i>do.</i>			
<i>Queens Military Kingston</i>		10	10	17	29	6	18	<i>G.S.W. rt foot</i>	<i>26</i>	<i>Trans to Leek Island</i>	<i>A. Stevenson Capt. A.M.C.</i>
<i>Leek Island Mil Hosp</i>		29	6	18	24	9	18	<i>rt hand</i>			
<i>Kingston Queens M Mil Hosp</i>		24	9	18	7	10	18	<i>G.S.W. rt foot</i>	<i>13.</i>	<i>Dis to Gas Co.</i>	<i>A. Stevenson Capt. A.M.C.</i>



# CLINICAL CHART.

Army Form B. 181.

Corps 2/ Canadians 2<sup>nd</sup> Div.

(To be attached to Case Sheet.)

Military Hospital

Rushmore of S. Toplow.

No. 724210

Rank and Name

Pl-Cook W. H.

Age

15

Service

Disease

Date of admission

7.6.17

Date of discharge

19/9/17

Result

Dates of Observation

Days of Disease

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.		
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Operation  
 marked by  
 at 10:30 a.m. 14/10  
 marked by  
 at 10:30 a.m. 14/10

Discharge

Signature W. H. Cook

In charge of case.



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

M. F. W. 54. (A. F.)  
350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps #3 Dist Depot.  
 Regimental No. 724210 Rank Pvt Name Wm G Cook  
 C. E. F.  
 Enlisted (a) -3-16 Terms of Service (a) 10 years 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				
18-4-18	M. S. B. C.	3 D. D. Kingston		11-10-18	H. Q. 1
11-10-18		S. S. 3 D. D.		11-10-18	H. Q. 176

*M. B. Clarke*  
 O. C. Discharge Section  
 No. 3 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. [P.T.O.]



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				



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

File 2160

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 24210 Rank Private Name Cooke William Howard

Enlisted (a) 1-4-16 Terms of Service (a) D of W. Service reckons from (a) 1-4-16

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) Basket-Maker.

CERTIFIED CORRECT,  
12 OCT. 1916.  
CAS. RECORDS LONDON

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			
	Embarked Canada	Halifax	24.4.16	
	Disembarked England	Liverpool	31.7.16	
	appointed <del>Private</del> <sup>prov</sup> <del>Private</del> <sup>prov</sup> 2/cpl.	Bramshott	19.8.16	Part II Order 252
	Transferred for Overseas Service with 21st Batt'n		OCT 5 1916	D.O. Pt. 11 No. 279
	C.B.D. Arrived & Taken on Strength	C.B.D.	6/10	Pt. II O. 58. 9/9-10-16.
	" " Reverts to Private	C.B.D.	6/10	<u>W. H. Telling</u> CAPTAIN.
	" " Left for unit.	en route	20/10	N.R. 20 ADJUTANT.
	21st Batt. Turned unit.	21st BATTALION	22/10	B-213 27/10.
	Do. Is duty from Lewis Det Gun Course.		17/11/16	B 213 27/11/16.
	26 General G.S.W. foot and hand (perf.)	In Field	11/12/16	B-213 15/12
	6 C.F.A. G.S.W. Foot R. & hand R. (perf.)	6 C.F.A.	19-2-17	W. 3034
	Do Transferred to	42 C.C.S.	16-2-17	a 36 1/2
	42 C.C.S. Do Adm	Do.	16-2-17	D.C.S. 24/2
	Do Transferred to	U. S. No. 23	19-2-17	D.C.S.
	26 Gen'l Adm		8-4-17	W. 3034.
	2 General G.S.W. Foot R.	2 General	9/4	W. 3034.

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



724210

Cooke, W. H.

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				
	2 General	Invalided (Wounded) & posted to Eastern Ontario Regtl. Depot per H.S. "gratuitly. Ce."	Seaford	19-4-17	W.3083 No. 8548 PC-II O.50 d/3-5-17.
3.5.17	EORH. P.M.C.	To S. from 21 <sup>st</sup> Bn.	Seaford	21-4-17	PC-II 52. Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
		INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT			LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F. HOSPITAL REPRESENTATIVE, DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 Form. 4-16.  
 1772-39-319.

Sheet No. 2. Mrs John Cooke

L. L. Job 310.—Req. 6574.

PAYMENTS.

Name of Soldier Cooke, William, H.  
 724210 Q Coy Pte. 109<sup>th</sup> Battn.

Month.	Year.	Cheque No.	Amt.	Remarks
				<del>15.00</del> 20 <sup>00</sup> Oct 1st/1916
April	1916			
May				
June				
July				
Aug.		V 15148	15	
Sept.		T 16884	15	
Oct.		T 21953	15	
Nov.		C 25860	13	
Dec.		K 32322	30	Dec chq 30 <sup>00</sup> to adj Oct & Nov
Jan.	1917	W 32250	20	20 <sup>00</sup> future
Feb.		W 39235	20	20 <sup>00</sup>
March		X 48363	20	20 <sup>00</sup>
April		P 1364	20	20 <sup>00</sup> 20 <sup>00</sup> overpaid Sept/17
May		21590	20	recovered by R P M
June		A 13863	20	20 <sup>00</sup> (see file) for March 14 <sup>11</sup>
July		W 23257	20	e
Aug.		C 27338	20	lc
Sept.		C 34588	20	lc
Oct.		<del>P 46815</del>	<del>20</del>	
Nov.				..... A/c Closed
Dec.				Ret'd per <u>Llandowry Castle</u>
Jan.	1918			270 <sup>00</sup> Date 19.9.17 F. X 9.10.17.
Feb.				..... Clerk..... <u>S.M.C.</u>
March				
April				
May				
June				
July				

*W.A.C.*

*Cancelled*

*270*



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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Mrs John Cooke  
 Address Cobscook  
Pnt

By Whom Assigned Cooke, William, H.  
 Regtl. No. 724210  
 Rank Pte.  
 Corps "D." Co. 109<sup>th</sup> Battr

Rate ~~15.00~~ 20.<sup>00</sup> Oct 1st/16.  
2 M 6/10/16. a.p.d 9/11/16

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				

3 J 93

acc closed.



Pte Name *Cooke Wm Howard*

M. F. W. 41  
1 0M-7-16  
1772-39 889  
L.P. C. No. 62307

Regimental No. *724210*

*Home*  
Name and address of next-of-kin *Catoconk Ont*

Unit *109 Bn*

Date of enlistment *Apr 1916*

*M B 3 10/17 Catoconk Home*

Place of " *Catoconk*

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ <sup>15-1<sup>8</sup>/<sub>16</sub>-30<sup>9</sup>/<sub>16</sub></sup> ~~20-1<sup>9</sup>/<sub>16</sub>-30<sup>9</sup>/<sub>17</sub>~~ *270*

Reason for discharge

To whom payable *Mrs John Cook*

Character on discharge

*Lland Castle 30<sup>9</sup>/<sub>17</sub> Catoconk out*

*Cate D 3 N. O. 649 to 9377*

Job 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	<i>16.8.17</i>							<i>66 40</i>								<i>E. L. P. C.</i>
<i>17.8.17</i>	<i>31.10.17</i>	<i>76</i>	<i>1</i>	<i>76 =</i>	<i>76</i>	<i>10</i>	<i>7 60</i>		<i>150 =</i>					<i>90 =</i>		<i>D. D. Hal</i>
													<i>20 =</i>			<i>Sept 1917</i>
																<i>L. R. Chgo Devamp 2/17</i>
																<i>L. P. C. readout 17</i>
																<i>showing apc adjts 31 17</i>
																<i>and up to 6 unit</i>
																<i>S. A. up not paid</i>
																<i>recovery 10<sup>00</sup></i>
																<i>1 1/2 17</i>
									<u><i>150 00</i></u>							
																<i>cr Bal</i>

*Eng A. P. Chgd fr 1<sup>8</sup>/<sub>16</sub> to 31<sup>8</sup>/<sub>17</sub> - \$ 250*

*GR*







# POST DISCHARGE PAY OFFICE

14527-285

Three months pay and allowances after discharge.

Name **COOKE WM.H.**

Surname

Christian Name

Regimental Number **724210**

Rank **Pte.**

Address (in full)

**Coboconk. Ont.**

Unit **109 Bn.**

Original Unit

District where paid

*M. D. 3.*

Date of Discharge

P. D. P. Filing Number

**18-174-3.**

Rates:—Regimental pay \$

per diem: Field Allowance \$

per diem. Separation Allowance \$

per month.

L. L. 40033—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		
100.10	3426	11-10-18	33.00	3256	11-11-18	33.00	2789	11-12-18	34.16		100.10
<i>116215</i>	<i>13738</i>	<i>27.2.19</i>	<i>70.00</i>								
<i>49202</i>	<i>34840</i>	<i>1379</i>	<i>9000</i>								

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

Remarks:



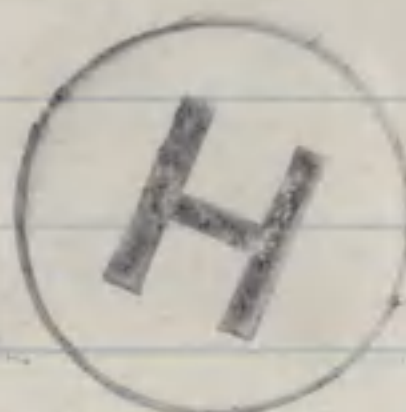




A.G.R. Rank *L/Cpl* Name COOKE, William Howard ✓ Reg'l No. 724210 ✓  
 Unit 109th Bn. If in perm. Corps, } Married or Single Single. ✓  
 What Unit? }  
 Place and Date of Enlistment Coboconk, 1st April, 1916. ✓ Place of Birth Brechin, Ont., Canada. ✓  
 Name and Address, Next-of-Kin Mrs. John Cooke, ✓ Relationship Mother. ✓  
 P.O. Coboconk, Ont., Canada. ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

N/E. R.B. No 4880

File R.L. ....

Category *True Can.*

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	
8-9-16	O.C. 109 <sup>th</sup>	<sup>Prov</sup> App'd L/Cpl	Bramshott	19-8-16	H. II S.O. 252 ✓
5-10-16	Do.	S.O.S. to 21 <sup>st</sup> Bn	Do	5-10-16	R. II S.O. 279 Rank <i>2nd Lt</i>
9-10-16	21 <sup>st</sup> Bn	<b>Taken on strength.</b>	Field	6-10-16	Part 58.
"	"	Reverts to Rank of Pte on arrival	"	6-10-16	58
2-3-17	"	Adm No 26 Gen Hosp	Etaples	19-2-17	GRA 452 9 1/2 ft Stand On
12-3-17	"	O.C. No 26 Gen Hosp Reports	"	9-3-17	460 " " On
27-3-17	"	<sup>Dangerously ill</sup> Condition improved	"	21-3-17	472
20-4-17	"	Transf. to No 2 Gen Hosp	Harze	9-4-17	491 " " 0
30-4-17	✓	Adm Mil Hosp	Devonport	21-4-17	Cl. B. 333.

A.F.B. No

10 OCT 1916



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.				
3.5.17	EORV	T.O.S. from 21 <sup>st</sup> Bn	Seaford	21.4.17	Pk 70.52. + 50. 21 Bn
13.6.17	COVLD	1fd. 17 ofc. Can Red x Hsp	Taplow.	8.6.17	Cl. B368
4-10-17	LEOR. (21)	Discharged ———	—	19-9-17	CLB28
28.9.17	EORV.	S.O.S. to Canada for discharge	Seaford	19.9.17	Pt. II 200.
		Dis in Canada per H.S. Llandovey Castle ex Liverpool		19.9.17	
		Dis spo. To Conv. Home	M.D.3 Kingston	30.9.17	N.R. 375



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Oct 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *724210*

Rank *Pte*, Promoted Reverted Discharge

Soldier's Name *William H. Cooke*

Battalion *109 Bn. D. Co.*

Beneficiary

Relationship

Address

Name *Mrs John Cooke*

Address *Colloconk. Ont.*

- Change of Address
- 1
  - 2
  - 3
  - 4

*94  
36*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>			<i>270</i>	<i>270</i>	<i>Ac closed. Last A.P. cheque issued in Sept 17. Ret'd per "Plaudrony Castle" 1917. F.X 9<sup>10</sup>/<sub>17</sub>. E. J. C. 3<sup>12</sup>/<sub>17</sub>.</i>
<i>Dec 31</i>			<i>xx</i>		



Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 2230-M. & D. 7693.



Dep C. Hospital.

Ward J-2

No. of Bed \_\_\_\_\_

Date 8.6.17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
724210	Pte <sup>W.H.</sup> Cooke	21 Canadian 2nd Div	Right Foot.

SHORT HISTORY OF CASE. <sup>25</sup>

(To be completed by M.O. i/c case)

PSW. Rt Foot.  
From Devonport  
Military

Condition of part  
please

Signature of M.O. B. Swell

Date 8.6.17

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 4335<sup>1.2</sup>

Old badly comminuted fracture  
of os calcis with loss of bone substance  
and a number of loose probably dead,  
bone round lesion. Cuboid displaced  
inward & forward with possible fracture  
of same

Signature of Radiographer E.A. Crossley

Date June 9<sup>th</sup> 17



4322

A





J. 2

plc W. H. Cooke 724216 -

R. Lool -



\*Name *Cooke W<sup>m</sup> Howard* Rank *PIE* Regtl. No. *724210*  
 Original unit *109<sup>th</sup> B<sup>n</sup>* Present unit *21<sup>st</sup> Bn* M. or S. Age *26* Religion *Math* Fyle Depot *3-C-147*  
 Ref. H.Q. Port, ship, and date of arrival *Halifax. Llandowery Castle 30-9-17.*  
 Next of kin *Mrs. John Cook Cobocank Ont.*  
 Address on leave  
 Address on discharge  
 Transportation issued Yes No Date Character on discharge  
 Previous occupation *Becket worker* Date and place of enlistment *1-4-16 Cobocank.*  
 Diagnosis *G.S.W. Rt foot.* Date of Medical Boards *2-10-18 Cal. E.*

Date.

Remarks

Pt. 2 Order No.

<i>18-4-18</i>	<i>Posted to Hospital Sec'n - Queen's</i>	<i>H 51</i>
<i>10-5-18</i>	<i>Granted leave with subsistence to 14-5-18</i>	<i>H 524</i>
<i>29-6-18</i>	<i>Transferred to Leek Island</i>	<i>N.O. 77</i>
<i>24-9-18</i>	<i>Transferred from Leek Island to Queen's unit</i>	<i>H 5 162</i>

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



Date.

Remarks.

Pt. 2 Order No.

7-10-18

Transferred to Gas Coy

NS 172

11-10-18

Trans. to Discharge Section

C.C. 176



Surname: **Cooke** Christian Name or Names: **W.H.** Reg. No.: **724210**  
 Rank: **Pte** Unit: **21st Bn** Co.: **C.O.** Troop: Batty.  
 Hospital: Date of Admission:

26.G.H. Etaples 17-2-17  
 Transferred 2 Gen. Hosp. Havre Hosp. 9.4.17  
 Departure Mil Hosp. 21-4-17  
 Dec. of Conv. R + Faplow Hosp. 8-6-17  
 Hosp.

Diagnosis **G.S.W. Foot & Hand**

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

Additional Diagnosis: if more than one state present

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

**DISPOSITION**

C.L.2-3-17 A452  
 " 12.3.17 A460;  
 " 27.3.17 A472.  
 20.4.17 A491(2)  
 30-4-17 B 333  
 " 13-6-17 B369  
 2-10-17 B28

*Dang. ill. 9.3.17*  
 REMARKS  
*Con. imp. 2.1.3.17.*  
*Dis 19.9.17*  
 Dis to Canada per  
 HS "Llandoverly Castle"  
 from Liverpool 19-9-17

R



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



4322

R

35





T. 2

pte. Co. H. Cooke 724210

R. Fool-



No 724210 RANK Pte.

NAME Cooke, W. N.

T.O.S. 1-4-16. UNIT 109<sup>th</sup> Battalion.  
(S.O. 119 of 7-4-16)

M. D. 1916

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916. April 1.	1916. April 30	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED  
JUL 23 1916



SURNAME.

*Cooke*

3

CARD NO.

CHRISTIAN NAMES

*William Howard*

*SOS Ar PL. 11-10-18.*

*Do 177. 11-10-18.*

*3*

REGL. No.

*724 210*

RANK

*Pte.*

UNIT

*109th # 3 B.D.*

*Bn.*

FORMER CORPS

*Mil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Cooke, Mrs. John*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Coboconk, Ont.*

COUNTRY OF BIRTH

*Canada, Brechin, Ont.*

DATE

*Oct. 16th, 1893*

PLACE OF ATTESTATION

*Coboconk, Ont.*

DATE

*Apr. 4th, 1916*

*Sailed from Halifax*

*23/7/16 per SS Olympic 4889*

*R/B. 30/9/17.*

*gas*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Basket Maker*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*23* YEARS

MONTHS

HEIGHT

*5* FEET

*5 1/4* INCHES

CHEST MEASUREMENT

*37 1/2* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Dark*

EYES

*Light blue*

HAIR

*Dark brown*

DISTINGUISHING MARKS

*Spot left from boil raised 1/8" above surface on back of neck to right. Median line 1 1/2" below base of skull. Scar 1" long on outer side of left foot over metacarpal bones.*

MEDICAL EXAMINATION.

PLACE

*Coboconk, Ont.*

DATE

*Apr. 1st, 1916*

*Sailed for Canada per Hosp. Ship "Llandovery Castle" (Auth. T-352) 19/4/17*

*Present Address: Coboconk, Ont.*



a22.

Number 724210 Rank Lt Col

Surname COOKE

Christian Name William Howard

Units 21<sup>st</sup> Bn Can Div Theatre of War France.

Date of Service 6-10-16

Remarks

Latest Address ~~Lobocook, Ont.~~

Washago

Roll No. 23 Page 18735 Simcoe Ont

200m.-6-21.M.



# 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











REGT'L NO 724210

NAME

Cooke William Howard.

H. Q. FILE NO. 649-

RANK AND CORPS

Pte 21st Bn (form 109th Bn)

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

No.	DATE	NATURE OF CASUALTY
09598	1-3-17	Adm. to 6 Gen Hosp Feb 19th 1917 Gsw foot & Hand ✓
M. 50.	10-3-17	Dangerously ill. No. 26. Gen. Hosp Mar. 9th 1917 Gunshot wound foot; hand ✓
M 754	26-3-17	Prev. rep. dangerously ill Now progressing favourably. No 26 Gen Hosp. Staples March 21st 1917 Gsw Foot Hand ✓
J 352	24-9-17	Sailed from Liverpool for Canada per Hs bark Castle m. Sept 19th 1917 Loss function Rt foot



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A452	#26 Gen. Staples	19-2-17	G.W. foot & hand
A460	O.C. #26 Gen. Staples	9-3-17	G.W. foot & hand, Dangerously ill
A472	#26 Gen. Staples	21-3-17	Condition improved. Prev. dang. ill. G.W.
A491 <sup>(2)</sup>	to no. 2 Gen Havre.	9-4-17	G.W. Foot & Hand
B323 <sup>(2)</sup>	Mil. Newport	21-4-17	G.W. foot - sev.
B349	Duchess of Cornwall	8-6-17	G.W. Rh foot 11-4-17
B28	"Disc"	19-9-17	G.W. Foot & Hand
285	M.H. Co. Kingston	11.10.17	Posted as O.P. Queens
304	"	20.10.17	S of L. Queens
356	"	21.12.17	O.P. Queens







HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



100

NOV 21 1918

1808

18-4-44

Card Des. 25-11-18 a.k.

BPC 53232

5081

This space to be for numbers

### Proceedings on Discharge.

REPT  
MILITARY OFFICE  
NOV 21 1918  
CANADA

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

No. 724210	
Rank Private.	
Surname <u>Cooke</u>	
Christian Name <u>William Howard</u> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>No. 3 District Depot.</u>	
Date of Discharge <u>11-10-18.</u>	
Place of Discharge <u>Kingston, Ont.</u>	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>	
Age <u>26</u> years..... months.	Descriptive Marks <u>Scar palm of right hand.</u> <u>Scar on heel right foot.</u>
Height <u>5</u> feet..... <u>6</u> inches.	
Complexion <u>Fair.</u>	
Eyes <u>Blue.</u>	
Hair <u>Brown.</u>	
Trade <u>Basket maker.</u>	
Intended place of residence <u>Coboconk, Ont.</u> <small>(To be given as fully as practicable.)</small>	
<b>2. The above-named man is discharged in consequence of being medically unfit for further War Service</b> Authority <u>Med. Board D/2-10-18. R.O. 1080.</u> H.Q. File <u>3MD-88-C-221</u> File <u>3DD-3-C-147.</u>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<b>3. Conduct and character while in the service have been, according to the records, etc.</b> <u>Very Good</u>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b> <u>Machinist</u>	

M. F. B. 218.  
100M.—1-17.  
H. Q. 1772-39-113.

W 89 Comp  
8-2-19 ms

POST DISCHARGE PAY  
MILITARY DISTRICT No. 3

(OVER)

Rec'd 3-20

### List of Discharge Documents.

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

\*Only if discharged "Medically unfit."

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



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

NIL

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

6. Medals and Decorations.....

NIL

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

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

(Place)..... Kingston, Ont.

*M. B. Clarke* Lieut.

O. C. Discharge Section  
No. 3 District Depot

(Date)..... Oct. 11, 1918.

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... *W. H. Cooke* (Signature of Soldier.)  
Kingston, Ont.

(Date)..... *J. H. Hadden* (Signature of Witness.)  
Oct. 11, 1918.

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... 2 years 194 days.

Total..... 2 years 194 days.

11. Confirmation of Discharge.

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

(Place)..... Kingston, Ont.

(Signature) *M. B. Clarke* Lieut.

O. C. Discharge Section  
No. 3 District Depot

(Date)..... Oct. 11, 1918.

Reservations referred to at Para. 8.

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

*W. H. Cooke*

Attestation Paper	Military Form B. 202	Reg. Conduct Sheet
Proceedings on Discharge	" " B. 203	Statement of Man's Account on Transfer and Last Pay Certificate
Attestation	" " B. 204	Medical Report for Invalids
Medical History Sheet (in the event of discharge having been granted)	" " B. 205	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 206	Medical Report for Invalids
	" " B. 207	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 208	Medical Report for Invalids
	" " B. 209	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 210	Medical Report for Invalids
	" " B. 211	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 212	Medical Report for Invalids
	" " B. 213	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 214	Medical Report for Invalids
	" " B. 215	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 216	Medical Report for Invalids
	" " B. 217	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 218	Medical Report for Invalids
	" " B. 219	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 220	Medical Report for Invalids
	" " B. 221	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 222	Medical Report for Invalids
	" " B. 223	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 224	Medical Report for Invalids
	" " B. 225	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 226	Medical Report for Invalids
	" " B. 227	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 228	Medical Report for Invalids
	" " B. 229	Statement of Man's Account on Transfer and Last Pay Certificate
	" " B. 230	Medical Report for Invalids











OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

- (a) ~~General service~~, (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) ~~Temporary 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 not require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

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

With pensionable disability.

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.

Wm. Gibson, Capt. AMC. President.

PLACE: Kingston.

S. M. Asselstein, Capt. AMC.

Members

DATE: Oct. 2nd, 1918.

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.

President.

PLACE:

Members

DATE:

APPROVED BY

APPROVED BY

M. Craig, Capt. AMC. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE: October 4th, 1918.

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: Kingston, DATE: Sept. 30th, 1918.

1. 1 (a) Unit: 21st Bn. (b) Regimental No: 724210 (c) Rank: Pte.

(d) Surname: Cooke (e) Christian name: William E.

(f) Home address: Cobocnck, Ont.

(g) Next of Kin: (h) Relationship:

(i) Address of Next of Kin:

2. Age last birthday: 26 Date of birth: Oct. 16th, 1892

3. Enlistment, or Appointment (if an Officer) (a) Place: (b) Date:

4. Personal description:

(a) Height: 5' 6" (b) Weight: 137 (stripped) (c) Complexion: Fair

(d) Colour of hair: Brown (e) Colour of eyes: Blue (f) Identification marks, Scars, etc.

Scar palm of rt. hand. Scar around heel rt. foot.

5. Former trade or occupation: Basket-maker.

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

Has he been overseas? YES, France, five months.

PERIODS

From To

Canada: 109th Bn. April 1/16. Oct. 1916.

England: 21st Bn. Oct. 1/16. Date

France or other theatres of War:

7. Original disease, or injury: 1. G.S.W. rt. heel. 2. G.S.W. palm rt. hand.

(a) Date of origin: 1. 2. Feb. 16th/17. (b) Place of origin: 1. 2. Vimy Ridge.

(c) Cause: 1. 2. G.S.W.

M. F. B. 227.

300M-8-18.  
1772-89-117.



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

- 1. Effects following G.S.W. rt. hand.
- 2. Effects following G.S.W. rt. heel.

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

Subjective symptoms :- Man complains of slight soreness in palm of rt. hand when pressure is applied & a dead feeling in 1. index finger.

Objective :- Scar about centre of rt. palm. This is healed and gives very little disability when movements index finger normal. Slight dulling of sensation especially along outer border. No disability of rest of fingers - grip & movements normal. 2. Subj. Man complains of pain across ankle and along external border of foot whenever he puts weight on foot. Obj. Large slightly depressed adherent scar extending from just below insertion of Tendo Achilles to about 3" in front and slightly below external malleolus. There is another scar 3" long extending from just in front of internal malleolus to within 2" of great toe. This was an operative scar for removal of dead bone. A great part of os calcis has been blown away as well as cuboid. Foot is

(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..... Cardio-Vascular System..... Genito-Urinary System.....  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... Respiratory System..... Integumentary System.....
- Disturbances of Mentality..... Digestive System..... Muscular System.....
- Osseous and Joint Systems..... Any other general condition.....

Con. from #9 (a). marked deformed, especially around heel. Planter arch is gone. Movements of ankle restricted. Dorsal flexion about 20% normal. Planter flexible about 10%. No eversion or inversion. Some movements of great toe, slight for others. Has a boot raised on internal side & wears a leather ankle support. He can walk nearly a mile with aid of a cane but requires a rest before going any further. He can walk across a floor without aid of cane. Muscles of leg are somewhat atrophied from disuse. Measurements:

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

Rt. above malleolus	8-1/4"
Lt. " "	8-1/2"
Rt. Calf	12"
Lt. " "	13-1/2"

Sensation normal. He can't wear an ordinary boot as heel is broadened out and deformed. X-Ray shows - Os calcis badly shattered & cuboid blown off.

10. HISTORY. Went to France on October 4th/16 - Wounded Feb. 16/17. at Vimy Ridge on (1) Right hand (2) Rt. Heel. Has had several operations performed on heel for removal of dead bone.

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).)

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

11.—(a) Did the disabling condition have its origin before enlistment? **Not applicable.**

(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? **1. 2. 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? **1. Nil 2. Permanent.**

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

**English Military Hospital,  
Q.M.H. since Oct. 10th, 1917.**

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? **NO**  
(If not, briefly state why)

17. Recommendations.....  
**That this man be discharged from the service & given a pensionable disability.**

**R. J. Tucker, Lieut. CAMC.**  
*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..... **William H. Cooke.**..... 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.....

**William H. Cooke.**..... **Pte. Rank.**  
*Signature of invalid examined.*



Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at ...

on the ... day of ... 191... Is the disability fully indicated in Part I (1) ?

Members of the Board :-

Is the cause of the disability fully indicated in Part I (2) ?

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :-

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as present for earning a full livelihood in the general market for untrained labour?

15. THE PENSIONABLE DISABILITY.—see Part I (3). Approximation on Active Service of a disability existing previous to joining is to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (14) is due to causes arising during Active Service?

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

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

18. Remarks.

19. Recommendation: (a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Date of Board ... 191...

Signatures of the Board: J.C. Medicine M.D. C.A.M.C., A.R. Robertson Capt. C.A.M.C., A.D.M.S. CANADIANS LONDON AREA.

Reserved for M.H.C.

5. If a cause of disability was an injury received on Active Service, was it received ...

Regt. No. 724210 Rank Pter Surname COOK Christian Name WILLIAM H.

Unit or Corps—(a) Overseas from United Kingdoms # 21st Canadians In United Kingdom 109th Canadians

Born at—Town Brechin Mara Province Ontario Country Canada

Date of Birth—Day 16th Month October Year 1891 Age 25 yrs 5 months

Joined at Cookomb Ont. Date Feb. 1916

Former Trade or Occupation Basket Maker

Permanent marks or peculiarities that will serve for future identification: Small scar, circular, anterior to left malleolus. Small wart - palm of left hand.

Height—feet 5 inches Colour of eyes Blue

Signature of Soldier (for identification purposes) COOK

Medical Report

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Disabilities Group (a) PARTIAL LOSS OF FUNCTION RIGHT FOOT. Group (b) LOSS OF FUNCTION INDEX FINGER RIGHT. Disabilities Group (c) N.A.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Rows include GSW right foot and GSW Right Hand.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? no. (ii) As to Group (b) above? no. (iii) As to Group (c) above? no.

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? yes. (iii) As to Group (c) above? N.A.



5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? **Yes** (ii) While off duty? **No** (iii) Was a Court of Inquiry held? **No** (iv) Where? **Canada** (v) Opinion of the Court? **Canada**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

While on duty in firing zone patient was wounded by enemy shrapnel passing through the heel of right foot and palm of rt. hand. Taken to 42nd where operation done for removal of shrapnel and pieces of bone from hand and foot. To 26 Gen. Dressings. Thence to 2 Gen. Havre. Thence to Devonport Military. Thence to Taplow 8-6-17 Dressings. Permanent marks or peculiarities that will serve for identification: Scars—one linear from tarso-metatarsal joint backwards around posterior part of heel to point below internal Malleolus. Operative scar on internal aspect of instep. Small circular scar over upper palm of right hand.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Generally good. Sinus still discharging slightly. X-ray shows badly comminuted fracture of os calcis and fracture of cuboid. Function of foot poor. Able to bear some weight on toes, unable to put heel to ground. Improving slowly. Loss of sensation in index finger otherwise right hand is normal. Good function. Scars as above.

8. OPERATION. (i) Was one performed? **Yes** (ii) If so, state what. **For removal of shrapnel and bone.** (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.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No** (ii) If so, describe.

Place of origin of disease or injury to which the disability is due: **N.A.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No** (b) Fit for base duty? **No** (c) Invalid to Canada? **Yes** (d) Discharge from the Service as permanently unfit? **No**

Date of Report: **July 22nd 1917** Signed: **J.B. Wiswell Capt. C.A.M.C.** Officer in medical charge of case.

Station: **Canadian Military Hospital Taplow Bucks**

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

**W. Langmuir Watt** Col. C.A.M.C. Officer in Charge of Hospital

Dated at: **Taplow Bucks** Station, on: **Aug 1st 1917**

Proceedings of a Medical Board on the Soldier mentioned in Part I. Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pension Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes**

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes**

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier? **No** (b) Misconduct of the Soldier? **No**

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) **100%**

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.) **ALL**

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent? **Yes** (ii) If not permanent, what is its probable minimum duration (in months)? **Not applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not applicable**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No** (b) Fit for base duty? **No** (c) Invalid to Canada? **Yes** (d) Discharge from service as permanently unfit? **Yes**

Classification for the Military Hospitals Commission.

Date of Board: **1 Aug. 1917**

Station: **Duchess of Connaught Canadian Red Cross Hospital Taplow Bucks.**

Approved: **J.C. Meekins Maj. C.A.M.C.** President. **A.R. Robertson Capt. C.A.M.C.** Signatures of the Board.

Dated at: **Taplow Bucks** Station, on: **Aug 1st 1917**

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

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