

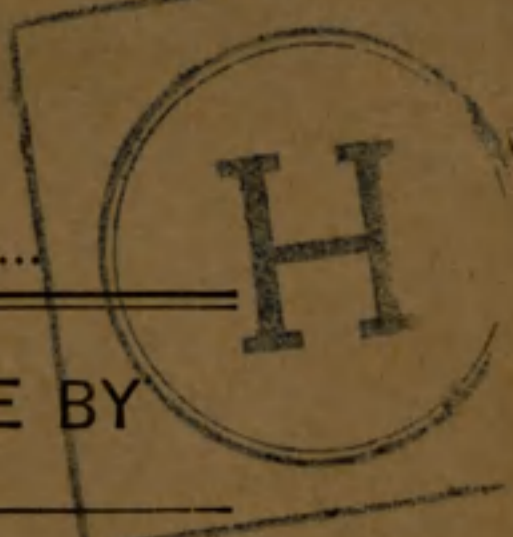
C.E.F. REGIMENTAL DOCUMENTS

NAME **COOPER, THOMAS W.**

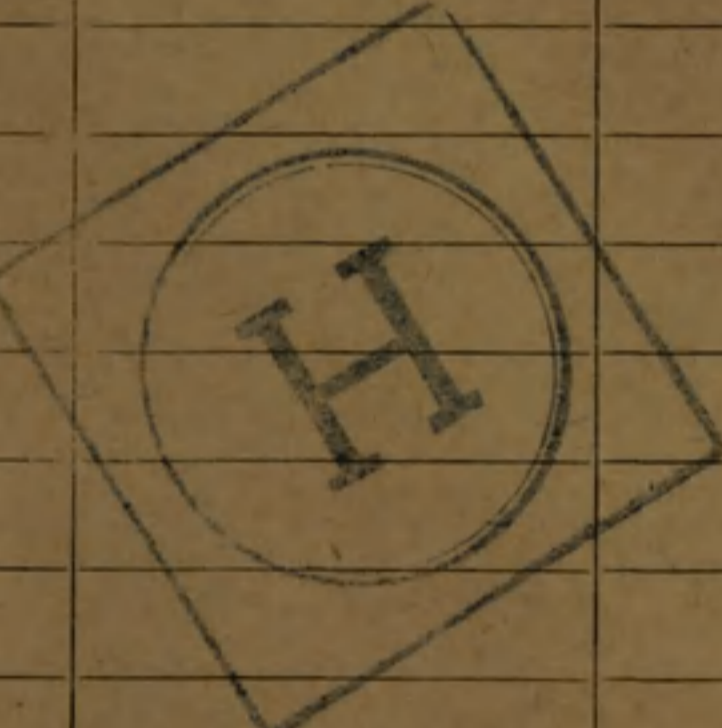
REGT. No. **725011**

UNIT **109 BN**

H. Q. FILE No. **35201**



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 17d)					<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<b>PHYS. U.</b>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					





A. B. Coy.  
No. 725-011

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

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

- 1. What is your surname?..... *Cooper*
- 1a. What are your Christian names?..... *Thomas Wilks*
- 1b. What is your present address?..... *75 Pope Ave. Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *South Staffordshire Eng.*
- 3. What is the name of your next-of-kin?..... *Anna Cooper*
- 4. What is the address of your next-of-kin?..... *7. Bilston Road Gosselock near Tipton*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Nov. 25<sup>th</sup> 1890*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

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

I, *Thomas Wilks Cooper*, 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.

*Thomas W Cooper* (Signature of Recruit)

Date *Dec 11<sup>th</sup>* 191*5*. *Wm Stampley* (Signature of Witness)

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

I, *Thomas Wilks Cooper*, 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.

*Thomas W Cooper* (Signature of Recruit)

Date *Dec. 11<sup>th</sup>* 191*5*. *Wm Stampley* (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 *Lindsay* this *4<sup>th</sup>* day of *January* 191*6*.

*[Signature]* (Signature of Justice)

*l*  
*12*  
*27*

# Description of Thos. Wilks Cooper on Enlistment.

Apparent Age 25 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.)

*Scar on forehead*

Height 5 ft. 1 ins.

Chest measurement { Girth when fully expanded 35 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec. 11th 1918

Place Lindsay

*J. M. C. C. C.*  
 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.

Thomas Wilks Cooper 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.

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

Date JAN 10 1916 1916

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725011. (Rank) Private.

Name (in full) COOPER, Thomas Wilkes, enlisted in  
the 109th Battalion.

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont., on the 10th  
day of December 1915.

HE served in England.

and is now discharged from the service by reason of "Physical Unfitness"

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

Age 27 years.

Height 5' 2½".

Complexion Swarthy.

Eyes Brown.

Hair Black.

Marks or Scars

Scar on forehead above right  
eye.

Vaccination marks .....3.

J W Cooper  
Signature of Soldier

H B Beumer

Issuing Officer

Captain

For Lieut.-Colonel,

O.C. No. 2 District Depot.

Rank

Date of Discharge June 14th 1918.

Appointment

Signed at Toronto Ont., this 14th day of June 1918.

in Military District No. 2

File Reference No. \_\_\_\_\_

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. **725011.** (Rank) **Private.** Name **COOPER, Thomas Wilkes.**

Unit **109th Battalion.**

Address on Discharge **71 Regent St. Toronto Ont.**

Character and Conduct **Very Good**

Former Occupation **..... Laborer.**

Special Qualifications of Value in Civil Life

Medals and Decorations **..... NIL.....**

Remarks **..... NIL.....**

Signed at **Toronto Ont.** this **14th** day of **June** 19**18.**

*H. S. Bevan*  
Captain,  
For Lieut.-Colonel,  
O.C. No. 2 District Depot.  
Name of Officer

*Uniform not to be worn after date of discharge unless written authority has been granted by the Q. A. C. of district.*

Rank

Appointment

# EXAMINATION

BY

## STANDING MEDICAL BOARD, BRAMSHOTT.

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

No. 725011 Unit 109 Rank Pte

Name Cooper J.W. Age 26

Examination held at Bramshott, Hants.

DISABILITY. ✓, D.H.

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

Present Condition:

*He has valvular disease of his heart but there is good compensation and he has always been able to carry on without any difficulty.*

Board recommends:

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

Signatures:

Members { A. Stewart Maj. Pres.  
J. H. ... Maj.  
N. ... Capt.

Approved.

Bramshott 28 AUG 1916 1916.

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

Name Pte F W. Cooper  
S. W. Cooper

Regimental No. 725011

Name and address of next-of-kin

Unit Hosp Sect. 1st Corp.

Date of enlistment

Place of " "

Married (yes or no) no

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*Handwritten notes:*  
109  
2A  
paym  
Ma  
Jm  
Spc

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					
May 31	June 14	15	1	15	15	10	150	✓	2450	23140	5640	110	33	205 DDS 2 Dis 2054

*Handwritten note:*  
109  
paym





*MWR*

Name *Pte. Cooper, J.W.*

M. F. W. 41  
100M-1-18. *DO. 81*  
1772-39-889.  
*#2 D.D.*

Regimental No. *725-011*

Name and address of next-of-kin

Unit *1st C.O.R.D.*

*Spadina*

Date of enlistment

Place of

Married (yes or no) *No.*

Date and place discharged *Transf. to Cas. May 30/18*

Amount of pay assigned monthly \$*15. Pd. to 30-11-17*

Reason for discharge

To whom payable *Mrs. Annie Cooper*

Character on discharge *D.O. 50*

*7 Bilston Rd, Nr. Lipton, Stafford, England*

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<i>Dec. 6</i>	<i>Mar 31</i>	<i>116</i>	<i>1-</i>	<i>116-</i>	<i>116</i>	<i>10</i>	<i>1160</i>	<i>1605</i>	<i>65677</i>	<i>9165</i>			<i>9165</i>	<i>Out Mar. 5 ind. DO. 73</i>
								<i>8 - 15165</i>					<i>Cr. 160 - In</i>	<i>" 15 DO. 77</i>
<i>Apr. 1</i>	<i>30</i>	<i>30</i>	<i>1-</i>	<i>30-</i>	<i>30</i>	<i>10</i>	<i>3-60-</i>		<i>67487</i>		<i>75-</i>			<i>Wh. MFL</i>
									<i>93 - 70366</i>	<i>18-</i>			<i>93 - Wh.</i>	<i>ATL</i>
<i>May 1</i>	<i>30</i>	<i>30</i>	<i>1-</i>	<i>30-</i>	<i>30</i>	<i>10</i>	<i>300</i>		<i>3300</i>	<i>44254</i>	<i>15-</i>			
								<i>Dr B</i>	<i>11077444</i>	<i>19 10</i>			<i>3410 Wh.</i>	







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

26

*Handwritten scribble*

Name **Cooper, T.W.**  
Surname Christian Name

Regimental Number **725011** Rank **Pte.** Address (in full) **71 Regent St.,**  
 Unit **109th Bn.** **Toronto, Ont.**

Original Unit

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

Date of Discharge

P. D. P. Filing Number **13-585-2.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	9626	13-7-18	33 00	9141	13-8-18	34 10				33 00	67 10

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

Remarks:

File No. 03679-T-18

11-7-19  
E.W.M.

**WAR SERVICE GRATUITY.**

Register No. C 509

*SP*

Reg. No. 725011

Dependent *Nil*

Name *Cooper D J*

Address

Address *71 Regent St  
Toronto, Ont*

Dec'n No. .... V. S. O. File No. ....  
Award ... days ...  
S. A. ... months at \$ ...  
Less P. D. P. Cred. ...

Pay Soldier \$ *249.90*

Pay Dependent \$

*W. L. Hanson  
W. L. Hunter*

Days *143* Rate *70* Due *350.00*

Less P.D.P. credited *100.10*

Clerk *J. M. Bamish*

Less further Dr. Bal. or overpayment. *0.00*

Net *249.90*

*R  
W131  
12/11/19*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<i>1 26-7-19</i>	<i>3365</i>	<i>49574</i>	<i>70.00</i>	<i>29-7-19.</i>	<i>1</i>			<i>✓</i>
<i>2 26/8/19</i>	<i>12872</i>	<i>501061</i>	<i>70.00</i>	<i>26-8-19</i>	<i>2</i>			
<i>3 199/19</i>	<i>29779</i>	<i>523513</i>	<i>70.00</i>	<i>209.19</i>	<i>3</i>			
<i>4</i>			<i>39.90</i>		<i>4</i>			
<i>5</i>					<i>5</i>			
<i>6</i>					<i>6</i>			

GEN'L AUDITOR  
Posting checked by  
*[Signature]*  
Date *12/11/19*

*Due to Law 6/17/17  
S.P. Office 1/18/17*  
43053

**MILITIA AND DEFENCE  
ASSIGNED PAY.**

(Mother)

To whom Mrs Annie Cooper,  
Address 7, Bilston Road,  
Nr Tipton,  
Stafford.

By whom assigned Cooper, T.W.  
Regtl. No. 725011  
Rank Pte,  
Corps, &c. 109th Battalion.

Rate \$15.00  
Date to Commence 1st November 1916.

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Dec.		302282	30	-	<i>adjusted Dec</i>
Jan.	1917	312596	15	-	
Feb.		354026	15	-	
Mar.		397397	15	-	Checked <i>Barker. H. Payne</i>
April					
May					
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

*Cooper J. W.*  
*109<sup>th</sup> Bath.*

Regtl. No.

*725011*

*Pte.*

*109<sup>th</sup> Bath.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

MEDICAL CASE SHEET.\*

MOORE BARRACKS  
CANADIAN HEADQUARTERS  
SHORHOPE LINES  
WVSHFJOL  
CAN OFN MTH

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

725011

Pte

Cooper

Shos. W.

Unit.

Age.

Service.

1st C. O. R. W

27

2 3/12

Year

1917

Station  
and Date.

Disease ~~D. A. H.~~ V. J. H.

Nov. 13/17  
NOXI G.S.H.

Complaints - occasional dizzy attacks

" pain in chest

Mil. Hist. - Dec. 10/1915. Evicted -

To Eng. Sept. 1916.

At Witley + then 1st. C.O.R. Lt.

Carrierson as Mess Orderly

Pres. Hist. - Took cold easily.

No previous illnesses.

Old Occ - Truckee in G. T. R. S. S. S.

Pres. Illness - First noticed dizziness

Summer of 1915 when he fell

out of route march in Canada.

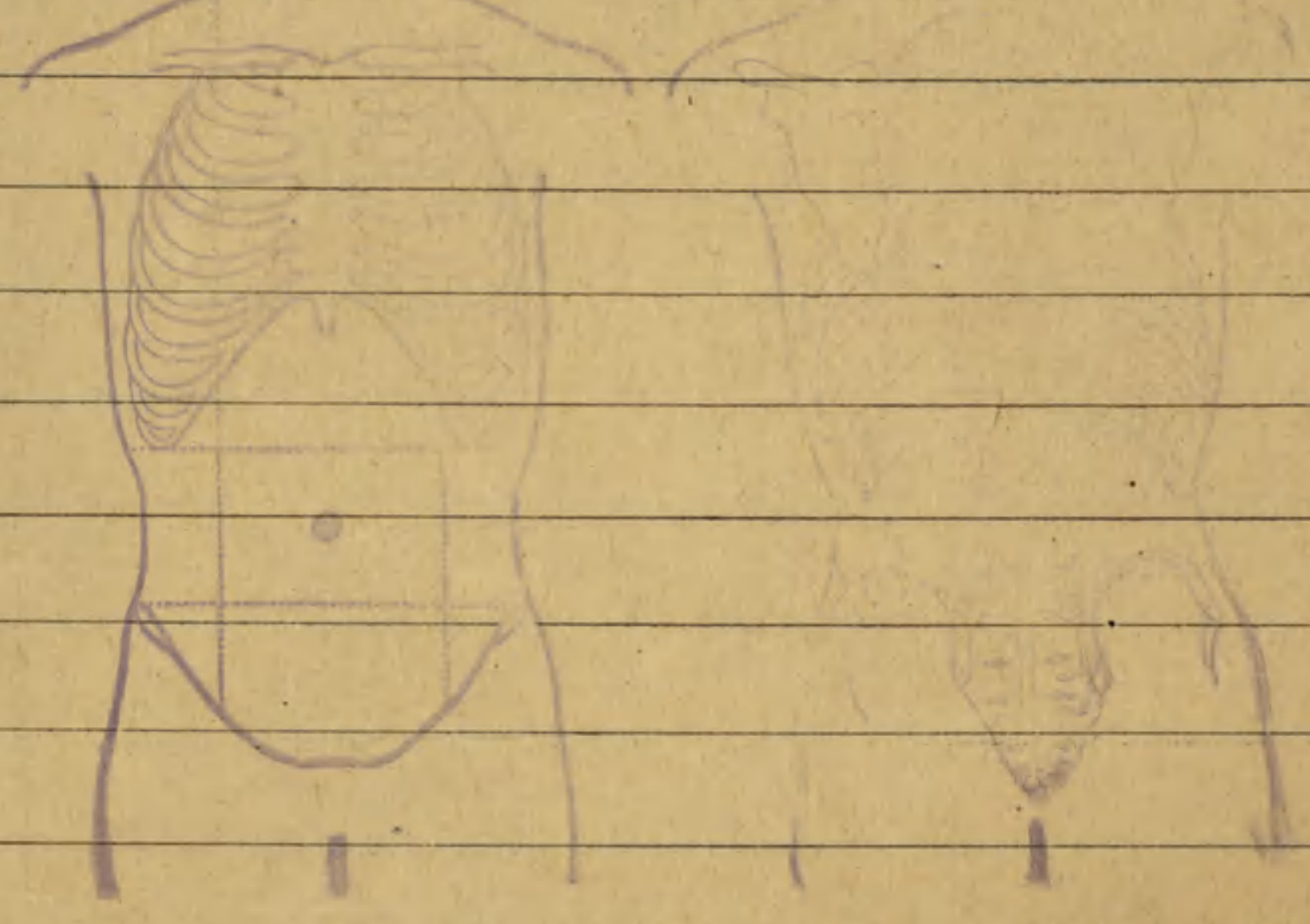
Has had similar attacks since

No cough or expect.

Heart - no enlargement - loud blowing

murmur best heard at Aortic area + transmitted

Lungs are normal B.P. 130-78.



P. T. O.

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

Station  
and Date.

Sent in to await transportation  
to Canada - He was Bonded.

Fenwickham  
" cap. case.

Stau Sen

Conditions as above.

Stau Sen report

ASBum Case

5/22/18

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
31749	725011	Pte	Cooper	Thos. W
Year	Unit.	Age.	Service.	
1917	1 <sup>st</sup> C.O.R.D.	27	23/12	
Station and Date.	Disease <u>V. D. H.</u>			
Nov 13/17 No XI C.G. A.	Complaints - occasional dizzy attacks			
	" pain in Chest.			
	Mil Hist	Dec 10/1915 1915.		Enlisted
		T <sup>o</sup> Eng. Sept. 1916		
		At Witley & then 1 <sup>st</sup> C.O.R.D.		
		carried on as mess orderly.		
	Pera Hist	Takes cold easily.		
		No previous illnesses.		
		Old Occ - Trucker in G.T.R. Sheds.		
	Pres Illness	First noticed dizziness, Summer of 1915 when he fell out of Route march in Canada.		
		Has had similar affects since.		
		No cough or expect.		
		Heart - no enlargement, loud blowing.		
		murmurs best heard at aortic area and transmits to <del>axillary</del> <sup>to axillary</sup>		
		Lungs are normal. B.P. 130. 78		
Stae Gen stop 6/2/18	Condition as above			
		a.s. Burns		
		Capt		

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

Station  
and Date.

425011

13

ORIGINAL

# MEDICAL HISTORY SHEET.

(H)

Surname Cooper Christian Name Thomas Wilks

Examined on 11<sup>th</sup> day of December 1915  
at Lindsay  
City or Town South Staffordshire  
County England

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

Apparent age 25 years  
Trade or occupation Laborer  
Height 5 Feet 2 1/2 Inches  
Weight 108 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 35 1/2 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left Four  
Number Four  
When Vaccinated last January 27<sup>th</sup> 1915

Date	Result	VACCINATIONS,
<u>27-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 10<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>425011</u>		<u>10-12-15</u>
Transferred to..	<u>C.C.A.C. 15-9-16</u> <u>124th Bn. - 8-12-16</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>28/8/16</u>	<u>V. D. H.</u>	<u>Per Br...</u>
<u>Approved Bramshott</u>	<u>28 AUG 1916</u>		<u>Major, V. D. H.</u>
<u>D.A.D.M.S. for A.D.M.S.</u>			<u>President, Medical Board, Bramshott.</u>
<u>Canadian Troops, Bramshott Camp</u>			<u>President, Medical Board, Bramshott.</u>

N.B. - This sheet to be disposed of in accordance with instructions in the Regulations for the Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

28 NOV 1916  
7 - NOV 1917  
PROVED.  
East Sandling. 6.11.17.  
V.D.H.  
In accordance with Canada  
Thomas Campbell Capt. C.M.C.

M. F. B. 313.  
152-15  
H. Q. 172-39-439.



To be made out in duplicate.

H.Q. 54-21-23-53  
**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..... **725011.**

(3) Full Name of Soldier..... **Thomas Wilks Cooper.**

(4) Place of Birth..... **Smethwick, England.**

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

(6) If married, state,  
(a) Full name of your wife..... **No.**

(b) Present Postal Address.....

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

(8) Have you any children?..... **No.**

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

Also their names and ages.....



(9) Is your Father alive? **No.**  
If so, state name and address

(10) Is your Mother alive? **Yes. Hannah Cooper.**  
If so, state name and address **7 Vileton Road. Nr Tipton. Staffordshire.**  
**England.**

(11) If your Mother is a widow **Yes.**  
Are you her sole support, or not?

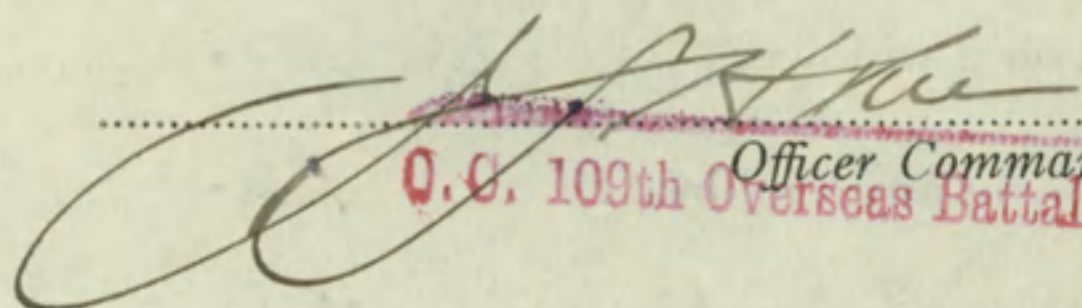
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
**Average \$30 per month.**

(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.  
**None.**

(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? **Yes.**  
If so, in what Company? **By City of Toronto.**  
Have you made arrangements for payment of your Insurance premium **None.**  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date **June 30th 1916.**

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

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

# M. D. 2

## LAST PAY CERTIFICATE

# No. 23

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

Regimental No. **725011** Rank **Pte.** Name **F.W. Cooper**

Corps **#2 Dis. Dep.** who was\* **Discharged**

On **June 14, 1918** 191... to 191...  
 \*Insert "discharged" or "transferred."

**May 31, 1918**

The following is a statement of the account of the above named from **June 14, 1918** 191... to 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month		1 10	Bal. Cr. from prev. month		
Advances by Cheques { No. ....			Regt'l Pay 15 days at \$ 1 c.	15	
Assigned Pay and Sep'n Allce. No. ....			Field Allow. 15 days at \$ c 10		1 50
Other charges 231 40	56	40	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. ....			Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits* <b>Clothing</b>		8
Total	57	50	Bal. Dr. (to be deducted by new unit)		33
			Total	57	50

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee  
 and Sep'n Allce. for month of..... 191... }  
 (Address) .....

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

### On Transfer of an Officer

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

### REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted..... **No**
- (3) cause of discharge..... authority..... **D.O. 54**
- (4) authority for transfer .....

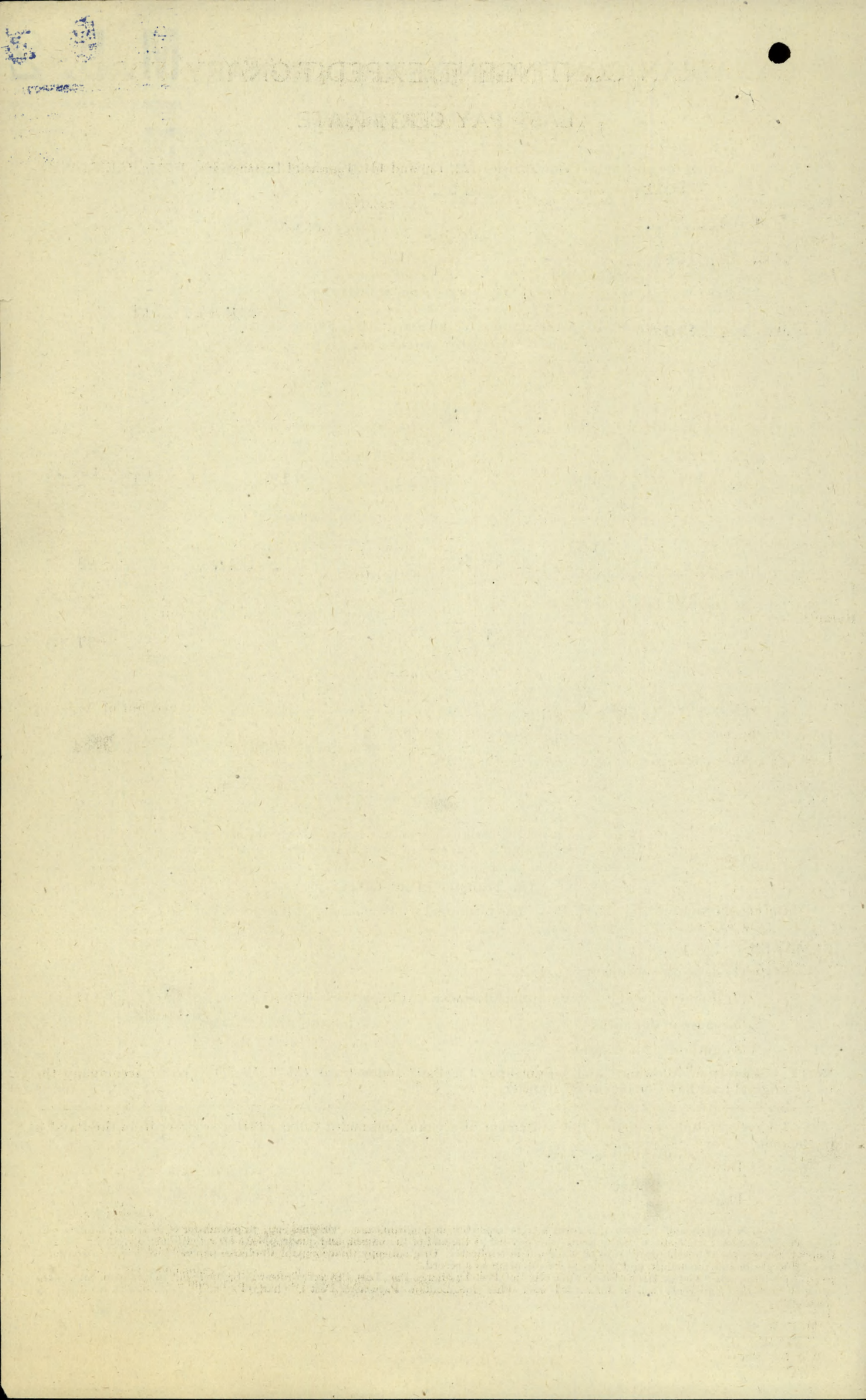
NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date **June 11, 1918**  
 Place **Toronto**

*Swurse*  
 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.



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

M. F. (H. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425011 Rank Private Name Cooper Thomas Wilks

Enlisted (a) 10.12.15 Terms of Service (a) C. E. F. Service reckons from (a) 10.12.15

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

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

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

		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred to C. C. A. C.	Bramshott	15.9.16	Part II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.

~~2/12/16~~ ~~109th~~ ~~transferred~~ ~~to 124th Bn.~~ ~~Witley~~ ~~2/12/16~~ ~~Part II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.~~

~~ADJUTANT~~  
~~109th Overseas Battalion, C. E. F.~~

23.1.17	124 Bn.	Attached to Garrison Duty Battalion	Witley Camp	20.1.17	Part II Order #23 ADJUTANT, 124th BATTALION C.E.F.
---------	---------	-------------------------------------	-------------	---------	--

Liout. & Assist. Adjt.

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

for O. C. 1st C. O. R. H. 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				

6. 2. 17	124th Bn.	Attached to Mytchett Ranges	Witley Camp	6. 2. 17	Part II Orders 37 <i>[Signature]</i> Capt ADJUTANT, 124th BATTALION C.E.F.
----------	-----------	-----------------------------	-------------	----------	--

20/3/17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. <i>Lat to 12th Res. Bn.</i>	West Sandling	20/3/17	Pt. II D.O. No. 11
---------	--------------	---	---------------	---------	--------------------

21/7/17	- do -	Ceases to be att. to 12th Res. <i>Lat to Mytchett Camp</i>	- do -	10/3/17	- do - 134
---------	--------	--	--------	---------	------------

23/10/17	- do -	Ceases to be att. to Mytchett Camp	- do -	22/10/17	- do - 228
----------	--------	------------------------------------	--------	----------	------------

28. 11. 17	1st C.O.R.D.	<del>att. to 12th Res. Bn.</del>	<del>West Sandling</del>	<del>28. 11. 17</del>	<del>Pt. II D.O. No. 264</del>
------------	--------------	----------------------------------	--------------------------	-----------------------	--------------------------------

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Dis. June 14th 1918 #2 District Depot Pt11 D.O. 54

*[Signature]*  
HOSPITAL REPRESENTATIVE,  
FOR ADJUTANT GENERAL CANADIANS,  
NO. XI CANADIAN GENERAL HOSPITAL,  
MOORE BARRACKS,  
SHORNCLIFFE.

Taken on Strength  
No. 2. District Depot.

Lieut.  
Officer i/c Discharges.  
*[Signature]*  
Capt.  
Hospital Representative,  
WHITBY MILITARY HOSPITAL

APR 18 1918



6

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.				
17.11.17	1 <sup>st</sup> CORDE	To No 11 Gen. Hosp	Pt. Schiffe	14.11.17	V.D.H 4277 CL. C 66 P.A.H.
20.2.18	1 <sup>st</sup> CORDE	Invalided to Canada	Kirkdale	16.2.18	C.d. 4144 V.D.H.
25.2.18	1 <sup>st</sup> CORDE	S.O.S. to Canada KR 40 Para 392 Dec 16	} Pt. Schiffe	1.6.2.18	PC II 56
	Dis. Ref. For Convalescent Home	M.D. 2 Toronto		28/2/18	NK 438

PROGRESS INSERT

Name Mr W. M. Cooper No. \_\_\_\_\_ Unit \_\_\_\_\_  
 Rank \_\_\_\_\_

Date May 1818. All Progress Notes must be signed and dated

Scrubbed at C.M.H. ( aorta rises higher  
 at T. 4th } than usual towards episternal  
 notch, but is not enlarged  
 laterally or backward into  
 mediastinum -

The aortic pressure is too good for  
 a diseased aorta -

In consultation with D. J. A. Dille, Capt. U.S.A.  
 we think this case should be classified  
 as AORTIC STENOSIS -

17.5.18

Condition much the same. Had quite  
 severe pains in praecordium yesterday  
 but these are better today  
 For boards. H.S.B.



PROGRESS INSERT

Name

No.

No.

Unit

Name

Rank

Date

Date

All Progress Notes must be signed and dated

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO.

*Orig*

DENTAL CERTIFICATE ON DISCHARGE.

F.B. 484.  
100m-2-18.  
1772-39-1219.

To Officer i-c Dental Services at Whitley

Name J. W. Cooper Regimental Number 725011

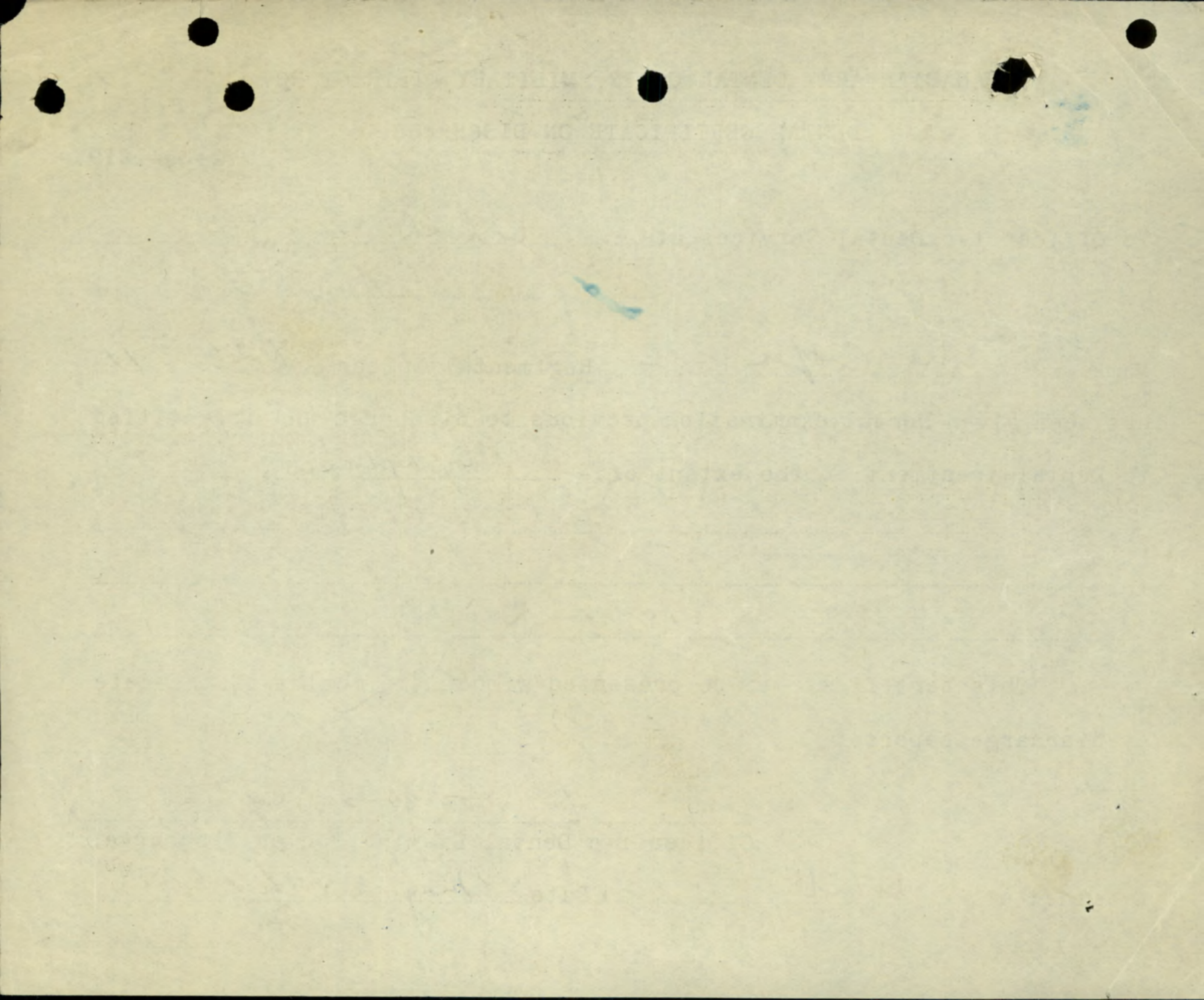
has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of: - Prophylaxis

This certificate to be presented within two months of the date on discharge papers.

*W*

A. J. Hodgins - Capt  
Officer i-c Dental Examination on Discharge.

Examined at Whitley Date May 28th 1918



M.O. I-C. MILITARY HOSPITAL

Major.

notes which please return.  
We are also enclosing clinical  
report and history.  
examination of voice. Under  
noted man for laryngoscope  
We are sending the material

SIR:

ASSISTANT LIEUTENANT COLONEL J.M.

2nd MILITARY HOSPITAL  
TO MEDICAL OFFICER I-C

MILITARY HOSPITAL  
FROM MEDICAL OFFICER

MILITARY AID AND DEPT.

Whitby, Apr. 2nd. 1918.

From Medical Officer,  
Whitby Military Hospital.

To Medical Officer i-c,  
~~Central~~ ~~Spadina~~ Military Hospital.

*College St.*

725011 Pte. Cooper, T.W.,

Sir:

We are sending the marginally  
noted man for fluoroscopic  
examination of Aorta, Antero  
Posterior and lateral.  
We are also enclosing clinical  
notes which please return.

*SS Ball Capt.*  
*for* Major.

M.O. i-c. Whitby Military Hospital

P. 697-25M.  
3989-31-19-17.

725011 Cooper T.W. Pte.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq, Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
<del>3/4/17</del>	<del>8</del>		1	10	7	30	<del>Mitchett</del>		
<del>21/5</del>	<del>128</del>	✓	1	10	7	30	"		Chgd.
<del>7/7</del>	<del>250</del>	✓	2	-	9	73	"		Chgd
<del>18/7</del>	<del>311</del>	✓	2	-	9	74	"		Chgd
<del>31/7</del>	<del>380</del>	✓	2	-	9	73	"		
<del>16/8</del>	<del>446</del>	✓	2	-	9	73	"		
<del>28/8</del>	<del>510</del>	✓	1	10	7	30	"		
<del>28/9</del>	<del>634</del>	✓	3	10	17	03	"		
<del>24/10</del>	<del>351685</del>	✓	1	10	7	30	W. Sandling		chgd.
<del>12/11</del>	<del>404</del>	✓	1	-	4	87	"		
<del>22/11</del>	<del>2081</del>	✓	6	-	29	20	S'cliffi		
			24	10	119	23			



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GOOPER

T.W.

725011.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

1CO. Depot.

HOSPITAL

DATE OF ADMISSION

11 Can. Gen. Shorncliffe.

14-11-17.

1.

HOSP.

*No. 5. Q. 9. Kirkdale*

6-2-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

~~D.A.H.~~ *who*  
V.D.H. *who*

1.

2.

3.

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

DISPOSITION

DATE

CL. 19-11-17 C66.

REMARKS

*1-12-17 C77.1 coli Entery m C66. Diagnosis changed to V.D.H.*

*11-2-18 @/136.*

*20-2-18 C144.-2. Invalided to Canada. 16-2-18.*

Dis. to, Canada per HS. Llandovery Castle from Liverpool 16-2-18.



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

\*Name **L. COOPER, THOMAS W.** Rank **PTE** Regtl. No. **725011**

Original unit Present unit **109th** ~~M. or S.~~ Age **27** Religion **C.E.** Fyle Depot Ref. H.Q.

Port, ship and date of arrival

Next of kin **MOTHER, Mrs. H. Cooper, 7 Tipton Staffordshire, Eng.**

Address on leave **71 Regent St. Toronto**

Address on discharge **75 Pope Ave., Toronto** **Same**

Transportation issued  Yes  No Date **15-6-18** *Whitby to Lindsay* Character on discharge **Very Good**

Previous occupation **Labourer** Date and place of enlistment **4 Jan. 1916 Lindsay**

Diagnosis **Aortic Stenosis** Date of Medical Boards **28-5-18**

Date.	Remarks.	Pt. 2 Order No.
<b>31-5-18</b>	<i>Whitby</i> <b>From Whitby to Cas. as from 30-5-18 (Remaining in Hosp)</b>	<b>44</b>
<b>30-5-18</b>	<i>Transferred from Hosp. Sect. to Cas. C<sup>o</sup></i>	<i>C.C. DO #52</i> <b>MR DO #50</b>
<b>14-6-18</b>	<b>S.O.S. DISCHARGED "PHYS. UNFIT."</b>	<b>C.C.D.O. #54</b>
<b>15-6-18</b>	<b>Docs. forwarded to the A.A.G.</b>	

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



*RM*  
*725011*

Number *725011*

Rank *pt*  
*[Signature]*

Surname *COOPER*

Christian Name *Thomas Mills*

Units *109th Bn Can Inf* Theatre of War *England.*

Date of Service *31-7-16.*

Remarks *96 St David St*

Latest Address ~~*71 Regent St.*~~  
*Toronto, Ont.*

Roll No. *A Page 4077*

## 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

H.Q. 649-C-22055

✓ ✓ ✓ ✓  
COOPER, Thos. W. <sup>IKS</sup> # 725011

*Pl. 109. Bw*

M & D brother

*Previously dead*

Samuel Cooper,  
3 Slate Row, Highfield Rd.,  
Bradley, Nr. Bilston,  
Staffs., England.

*989584*

P & S

"

"

Memorial X

"

"

(Mother died subsequently)

*Enig. for Bw*

Death <sup>is</sup> ~~not~~ attributable to Milit- Service

*MJ*  
*25<sup>10</sup>/26*

DESP. NOV 12 1926

REQN. NO.

X 55-788

MAY 28 1927

Scroll Desp.

Reqn. No.

265-7

JAN 18 1928

Plague Desp.

Reqn. No.

3318

SURNAME.

Cooper.

D 18.3.24

CHRISTIAN NAMES

Thomas. Wilks. 19.3.24.

auth. S.C.R.d/

S.O.S. Dis. 14.6.18 2  
Pt II 9 of 14.6.18

REGL. NO.

725011

RANK

Pte.

UNIT

109th.

Bn.

FORMER CORPS

nil.

## NEXT OF KIN.

## CHANGE OF ADDRESS

NAMES IN FULL

Cooper, Mrs. Anna.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

1 Bilstow Rd. Gospel Oak nr.  
Lipton, Staffs. Eng.

COUNTRY OF BIRTH

England. S. Stafford.

DATE

PLACE OF ATTESTATION

Lindsay. Ont.

DATE

Jan. 4th 1916



MARRIED

SINGLE

*yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

- |       |                                    |          |  |
|-------|------------------------------------|----------|--|
| C 66  | Hollan Gen. Skovud                 | 14-11-17 | <del>U.D.H.</del> (1 bent 6th Regt)<br>U.D.H. as per. Cas. list C 77-1 |
| C 130 | <sup>ex</sup> Hollan Gen. Kirkdale | 6-2-18   | U.D.H.   |
| C 144 | Invalided to Canada                | 16-2-18  | "  |



**HOSPITALS****DATE****DIAGNOSIS**

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

No. 725011. RANK

Pte

NAME

Cooper. D. W.

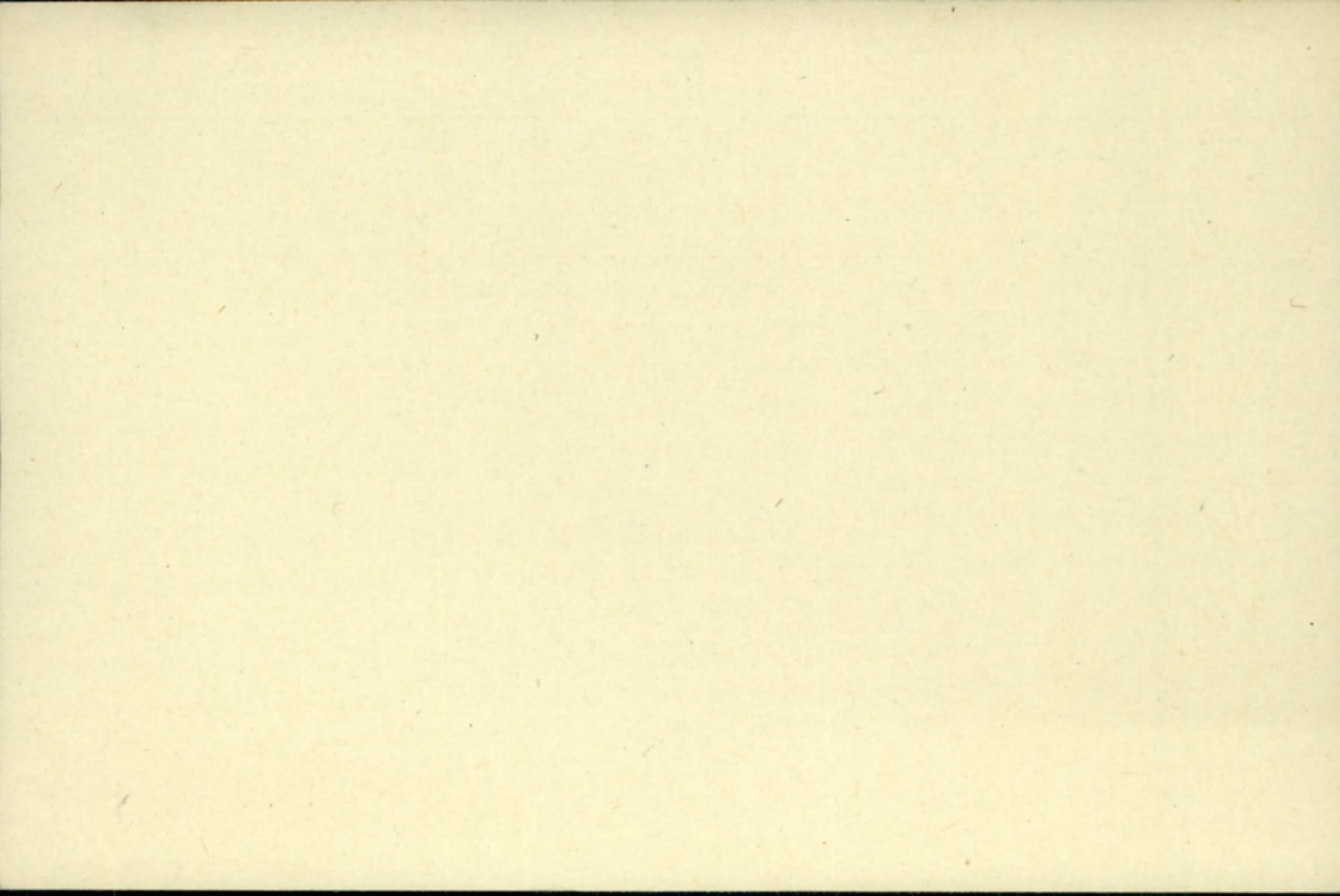
T. O. S. 10-12-15- UNIT  
D.O. 20. 12-12-15-

109th. Battalion.

M. D. 38

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 10	1915 Dec 31	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916







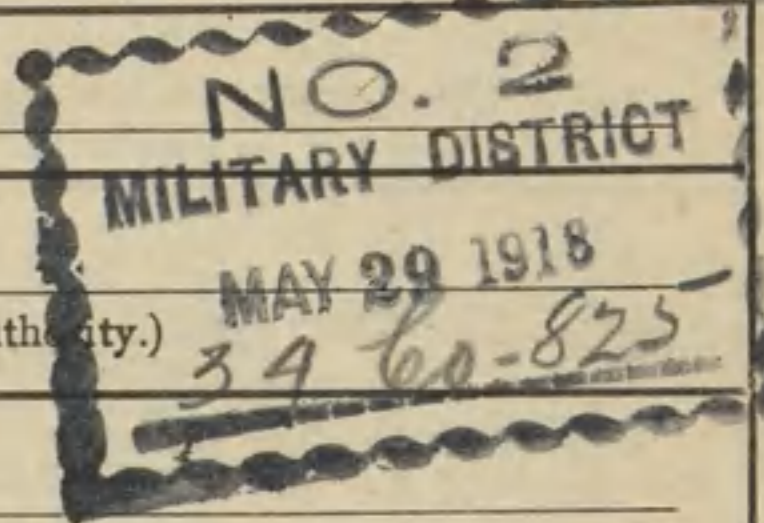


This space to be left blank for the Chelsea Number.

*370*

Proceedings on Discharge. *Aurlough*

(When forwarded for confirmation the documents named on page 4 should be enclosed.) *Shadina*

No. <u>725011</u>	Army Rank <u>Private</u>	
Name <u>Cooper Thomas W.</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps <u>1st. Central Ontario Regt.</u>		
Battalion, Battery, Company, Depôt, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)		
Date of discharge _____		
Place of discharge <u>Canada.</u>		
1. Description at the time of discharge.		
Age _____ years _____ months	Descriptive marks.	
Height _____ feet _____ inches	<i>Scar half inch long above R. eye brow</i>	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion _____	Eyes _____	
Hair _____	Trade _____	
Intended place of residence (To be given as fully as practicable)	_____	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for War Service K.R. &amp; O. 392 XVI.</u>		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)		
3. Military character:— <i>Very Good</i>		
4. Character awarded in accordance with King's Regulations:—		
_____		
_____		
_____		
_____		
_____		
_____		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
Initials of Commanding Officer. _____		
Army Form B. 2088 has been issued to* _____		

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

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

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

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

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

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

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

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

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

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

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

(Date) \_\_\_\_\_ (Signature of Witness.)

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

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of service.

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

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

Total ... .. " " "

11. Confirmation of discharge.

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

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

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

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

\_\_\_\_\_



10. History;

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

He states he was always healthy until six months after enlistment while on route march he fell out at 7th mile, lost consciousness & was unconscious for 12 hours. He says he has never felt well since. Specialists rather think this was sunstroke with cardiac condition preexisting & predisposing. Never had rheumatism or acute infection of any kind.

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

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? no

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? not applicable

Yes..... No.....  
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

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

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

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

Hospitals Imp. 2 mos.  
Canada 3 mos.

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

19. Can the former trade or occupation be resumed? yes (flight laboring)

20. Recommendations that he be discharged

[Signature]  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

J W Cooper

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
- (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).

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

We recommend

That he be discharged on account of physical unfitness

[Signature] President.  
[Signature] Capt } Members.  
[Signature]

WHITEY MILITARY HOSPITAL

STATION

DATE

MAY 28 1918

APPROVED BY

DATE

APPROVED BY

DATE

[Signature]  
Assistant Director of Medical Services.

Director-General of Medical Services.

PROGRESS NOTES

SECTION F.

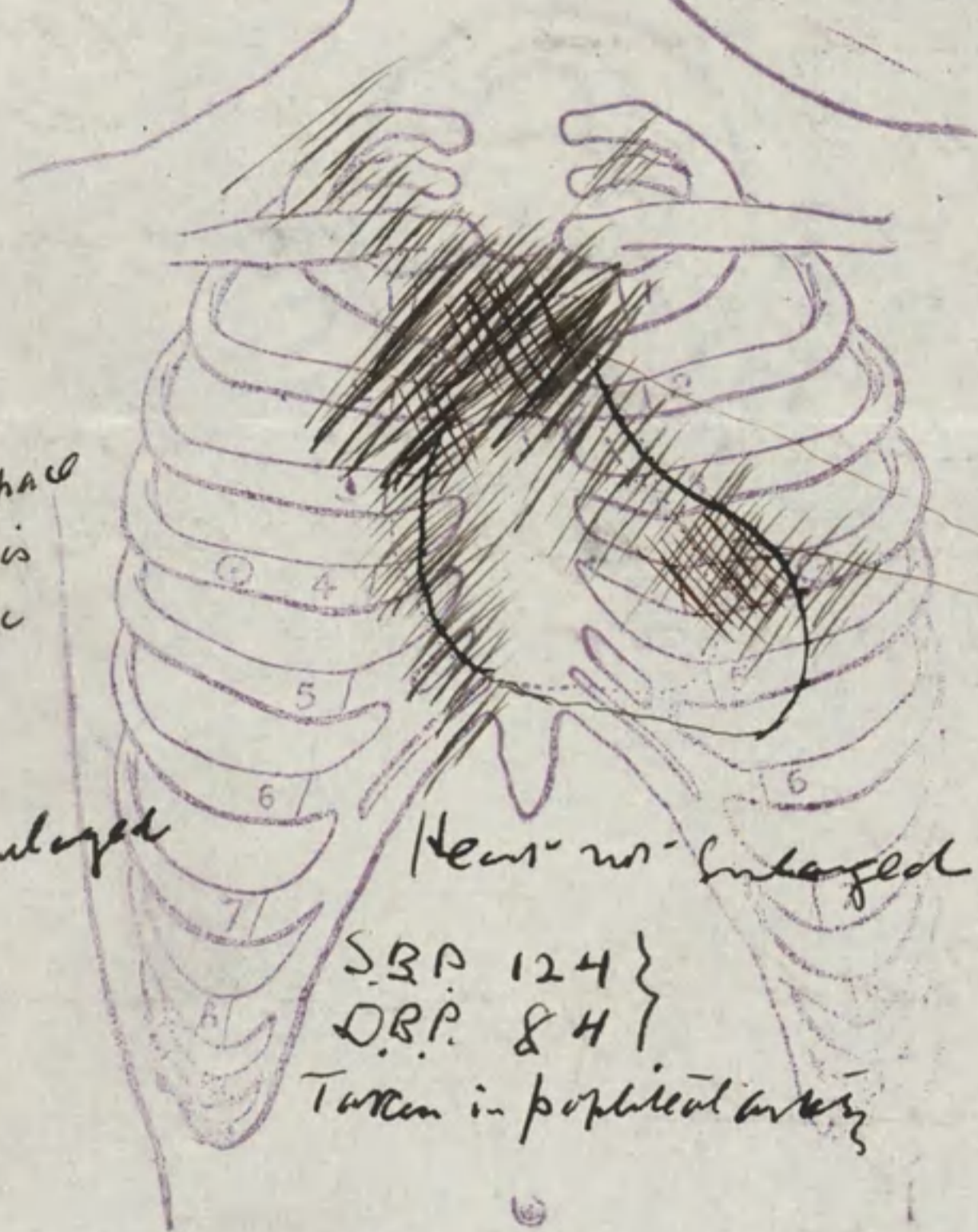
All Progress Notes must be signed and dated

Date

AORTIC STENOSIS

Unnourished but well nourished (125 lbs. 5 ft. 2 in.)  
Promised to see doctor & lips - clotted fingers

Systolic heard best - over manubrium & in 2nd right intercostal heard also in aortic & all over in diastolic region -



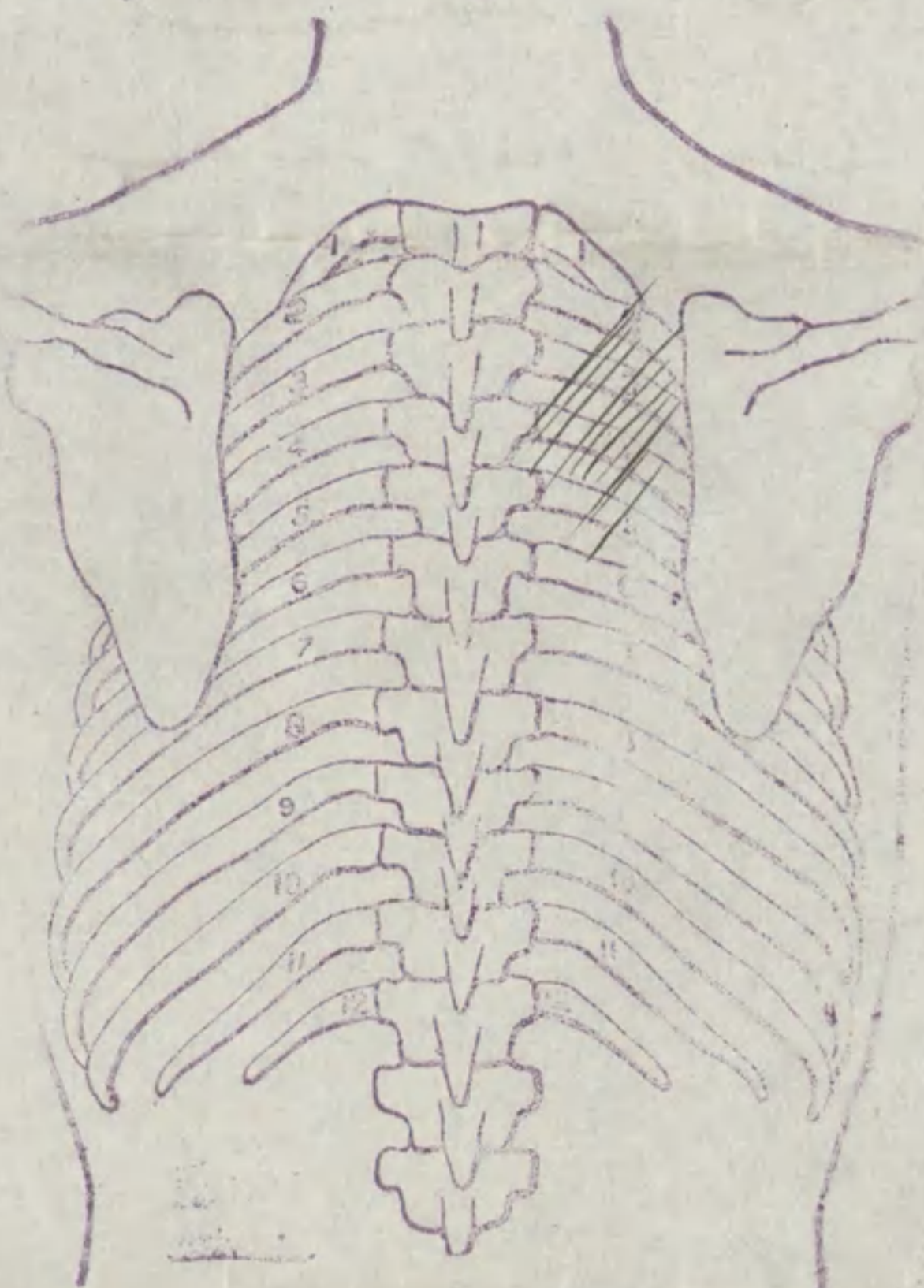
diastolic bruit heard best when standing up.

Liver not enlarged

Heart not enlarged

S.R.A. 124 }  
D.R.P. 84 }

Turkey in popliteal artery



Faint systolic

All kept for report of screen etc. H.

Chd - sufficient force action of left ventricle  
drop in diastolic pressure to support aortic disease  
elevation of systolic pressure

no history of symptoms of dilatation of heart -  
at time of collapse } change of rhythm } no fear-dyspnoea when recovering  
no cough }  
no pain over heart }  
no edema }

think unconscious collapse was likely due to sunstroke, with cardiac invasion precipitated by the asphyxia

However should have fluoroscopic exam of aorta - anterior posterior lateral  
Wassermann negative

MILITARY CONVALESCENT HOSPITAL

SECTION A.

Hospital  
Date of admission to treatment Mar 15-1918

SPADINA M.H.

Name COOPER, Thomas Wilke

Age 1 or Single

Home Address 75 Pape Ave,

Enlisted on 10-12-15

Town or City Toronto

Province Ont.

at Lindsay

Unit 1st COR

Rank and No. Pte 725011

Previous Conduct good

Diagnosis and Recommendations of previous Boards

Aortic Stenosis

Choking sensation in throat

Complaint if any, regarding pay

Complaint reported to

Respiratory?

By

The above to be filled in by office when patient is admitted to hospital.

Date

REPORT OF ADMITTING OFFICER

DATE of admission to treatment

SECTION B.

HEIGHT

WEIGHT { Present  
Best

CLASSIFICATION OF CASE

Indicate primary class by XX  
secondary by X

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

1. MEDICAL

Warned for transfer to

- a. Cardiac
- b. Pulmonary
- c. Gas
- d. Nervous
- e. Gastro Intestinal
- f. Rheumatic
- g. Miscellaneous

on the day of 1918

2. SURGICAL

3. ORTHOPEDIC

4. SPECIAL

5. DENTAL

6. LABORATORY EXAMINATIONS REQUIRED

- a. Wasserman
- b. Blood
- c. Urine
- d. Sputum

WASSERMAN NEG. Feb 30<sup>th</sup> 1918.

7. PROVISIONAL FINAL BOARD

Signature of Admitting Officer.

WHITBY MILITARY HOSPITAL

REPORT OF MEDICAL OFFICER

SECTION C.

Date MAR 15 1918

W.S. Burns Capt. C.M.D.

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)

Permanent or otherwise

3. Can former occupation be resumed?

If not, what class of work could be undertaken?

4. What military duty could he perform?

1388448

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge.

Date

1. COMPLAINT 1. Pain over praecordium & choking sensation in neck, throat. Vertigo, spells lasting about 3 minutes.

DATE OF ORIGIN & CAUSE OF DISABILITY 1. July 1916.

2. PREVIOUS HISTORY Says he was always healthy previous to enlistment.

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment.

3. PERSONAL HISTORY Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. Alcohol in moderation. Cigarettes 20 boxes per week. Two cups of tea per day.

Venereal Infection Denies

Did patient reach England or France or remain in Canada? England 17 months.

4. PRESENT ILLNESS If "Gassed" what kind? Duration of exposure. What were immediate effects?

If wounds or injury how caused?

Is condition due to service or climate? If not, was it aggravated by them? How?

On or off duty?

In action or in field service?

If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?

Date 16/3/18.

Small man. Well nourished wt. 125 lb. Heart - Left border reaches about L. 4th. Apex beat faintly visible & diffuse in 5th interspace. P.M. 9. 1/4 inch to left of L.H.L. Systolic murmur heard in all areas but over aortic area. Pulsation of carotids visible. Lips & hands cyanotic. Arteries whiffled like. Pulse 76 & regular. S.B.P. 125 D.B.P. 85

Lungs normal.

Digestive Sys. Teeth require cleaning. Appetite good. Bowels regular.

Genito urinary Sys normal.

Nervous Sys. Does not sleep well. Slight tremor of hands. Knee jacks normal.

21/3/18. To see Dr. Whitehead on Friday 5005.

Treatment recommended

Probable minimum duration treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer.

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\_\_\_\_

Members of the Board:—

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

Signatures of the Board

President.

Word 3 (6374)

Reserved for M.H.C.

Christian Name Thomas  
Surname Cooper  
Rank Private  
Regt. No. 725011  
Unit or Corps—(a) Overseas from United Kingdom... (b) In United Kingdom...  
Born at—Town South Staffordshire Province Staffordshire Country England  
Date of Birth—Day 25 Month November Year 1886 Age 31 yrs 11 months  
Joined at—Borden, Ox Date 10 Dec 1913  
Former Trade or Occupation Labourer

Permanent marks or peculiarities that will serve for future identification:

Scar large, long above right eye brow

Height—feet 5 inches Colour of eyes Brown

Signature of Soldier (for identification purposes) T. M. Cooper

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. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

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.)

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

Disabilities Group (a) Aortic Stenoses  
Disabilities Group (b) nil  
Disabilities Group (c) nil

C-374

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Over strain	unknown	Feb? 1916
(ii.) As to Group (b) above.	nil		
(iii.) As to Group (c) above.	nil		

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 If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? — If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? — If yes, has Active Service aggravated it?

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? —
- (iii.) As to Group (c) above? —

Handwritten initials/signature



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

- (i.) While on duty? *no*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *no*
- (iv.) Where? *not applicable*
- (v.) When? *not applicable*
- (vi.) Opinion of the Court? *not applicable*

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.)

*The man states he was always in good health and able to play all games without getting most out of breath than others playing. He never had any serious illness or ailment that he knows of until after enlistment. Never had scarlet fever or rheumatism or diphtheria or any infectious disease. He was always able to do labouring work up to 9 P.M. at Cherry St. Toronto. After enlistment he trained at Wood Lake Barracks and during 15 mile route march fell out at 7 1/2 miles, and carried hospital unconscious and did not recover for 12 hours. He was 3 days in hospital and has been weak & short of breath since the day of march. He is very hot one day & cold the next. He is about normal weight 115 lbs. Has marked cyanosis of lips with some hemoptysis from uric acid & debility.*

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

*He is about normal weight 115 lbs. Has marked cyanosis of lips with some hemoptysis from uric acid & debility. Heart - distinct third of four cardiac area, not marked opposite second costal cartilage. Open beat with interparasternal heave. No visible open heart. Absolute dullness 3 1/2 inch's lateral 5 1/2 inch's. Auscultation. Loud murmur at all areas systolic, best heard at aortic area & radiating up vessels of neck. Tachycardia. Tachycardia is distinct by hand in aortic region. Normal. Increased respiratory and circulatory frequency. Aortic valve closed with clear sound no other murmurs.*

8. OPERATION. (i.) Was one performed? *no*

- (ii.) If so, state what? *no*
- (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. *no*

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 *November 1917* Station *West Sandling*

Signed *C. H. Church Capt* Officer in medical charge of case.

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

*Carmaetunze Capt* Officer in Hospital Strike out one of these. *West Sandling* Station, on *Nov 8* 1917

\* Delete if inapplicable.

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," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions 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	Caused? <i>no</i>	(b) Misconduct of the Soldier	Caused? <i>no</i>
	Aggravated? <i>no</i>		Aggravated? <i>no</i>
- 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%). *Not applicable.*
- 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, 1/3, 2/3, 3/4, or all.) *Not applicable.*
- 16. Permanency of the Pensionable Disability estimated next above in (15).
  - (i.) Is it permanent? *Not applicable.*
  - (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.

*Now a patient at No. 11 C.G.H. Moore Bldg*

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? *no*

Classification for the Military Hospitals Commission. *G*

Date of Board *6. 11. 17*

Station *East Sandling*

Approved *[Signature]* A.D.M.S. *7 - NOV 1917*

Dated at *FOR A.D.M.S. CANADIANS, SHORNOLIFFE* Station *191*

*SHORNOLIFFE* (13, Washington Gardens, Folkestone.)

Signatures of the Board: *Thomas Campbell Capt. President*, *[Signature]*



725011 *The Cooper J W A.P. 15<sup>00</sup> XX*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT	
			\$	C.						\$	C.																	NO.
			367	40					18 70	386 10					17 03		136 29	120		293 30	112 80							
July	31		34	10						34 10								15		15	131 90	45					a117648	
Aug.			34	10						34 10								15		15	151 00	45					a168205	
Sept			33							33								15		15	41 78	45					a214508	
			163	00											17 03		163 00	165										

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLCE. ENG.
			442 22						742 22		
Oct	P.P.	34 10		P10707			15		161 32	45	
		34 10					15				
				P65716			05				
Nov	P.P.	33		ak. 685-160 RR. 12/10	9 73						
Dec/16	P.P.	550							17509		
	Int on def pay	262							177 71		
				DN35833AR350 7/5 Sid Eng	9 73				58 48		
				DN77952AR311 7/5 " "	9 74						
				ak. 510. 2016	7 30						
				380. 3017	9 73						
				404. 12/11	4 87						
				DN13307AR127 24/15 Sid Eng	7 30						
				DNAR. 351 24/10 Sid Res. Bn.	7 30						
				DNAR 20 80/1 24/11 Sid Res. Bn.	29 20						
			41 12		9 49 0		15		92 54		
				Balance transfr to Canadian Liab. Account					58 48		
				Balance transferred to N. E. Branch.					34 06		
Feb 1918				ak. 634 5 New Eng. 28/9/17	17 03				17 03		
				446 14/9/17 1st Lt RR 10 989	9 73				26 76	7 30	
				4418 12/10 669 New 11/11	2 43						
April				Transfr to "Canada End. 243					7 30		
June				Disc'ge a c					7 30		
Sept				Bal transfr to Pay 11 0					11 0		
				ak. 8. 3 11/11 Sid Res. Bn.	1 30						

A3M. FORM REND. STOPPED 1/12/17  
 DISCHARGED TO Canada DATE 2/2/17  
 PAYBOOK VERIFIED J.  
 BAL 58.48 L.P.C. REND 3/2/17  
 AUTHY. Moore Bks 279. 3/12/17

Hospital Cash  
 Checked *R. Burley L.P.P.*

Extract of Standing, 24.06.730

off contacts  
 177.7  
 119.2  
 58.48  
 34.06  
 92.54