ATTESTATION PAPER.

No. 726063

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	De Large
1a. What are your Christian names?	Ernest
1b. What is your present address?	Tory Hill - Ont
2. In what Town, Township or Parish, and in what Country were you born?	Renfrew - Ont
3. What is the name of your next-of kin?	Deborah De Large
4. What is the address of your next-of-kin?	P.O Tory Hill - Ont Canada.
4a. What is the relationship of your next-of-kin?.	Brother
5. What is the date of your birth?	May 6th - 1888
6. What is your Trade or Calling?	Farmer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	6 Years - 45th Regt.
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, Ernest De Large, 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.

Ernest De Large (Signature of Recruit)

Date January 6th 1916. W. Fairchild Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest De Large, 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.

Ernest De Large (Signature of Recruit)

Date January 6th 1916. W. Fairchild Lieut (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 Goderham this 6th day of January 1916.

S. S. Hadley (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Ernest De Large on Enlistment.

Apparent Age 27 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 3/4 ins.

Chest measurement: Girth when fully expanded 38 ins.
Range of expansion 5 ins.

Complexion fair

Eyes blue

Hair light brown

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

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 for hernia on left side

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 Jan. 6 1916.

Place Lindsay

J. McCullock
J. A. Boyd Medical Officer. Capt.
Medical Officer
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ernest De Large 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.

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

Date JAN 17 1916 191.

C.E.F.

DELARGE ERNEST 726063 109NBN 09698

MED UNFIT

726063.

ME 24

MEDICAL HISTORY SHEET.

ORIGINAL

ORIGINAL

Surname De Large Christian Name Ernest.

-5 NOV 1917

Examined on 6th day of January 1916 at Goodwham.

Birthplace City or Town Rempers County Ont.

Apparent age 27 years

Trade or occupation Farmer

Height 5 Feet 5 3/4 Inches.

Weight 145 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 38 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right none Left Ont. Number Ont.

When Vaccinated last January 26th 1916

(a) Marks indicating congenital peculiarities or previous disease none

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

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

Date	Fit or Unfit	Examined for Re-engagement,
		2 NOV 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
26.1.16.	good	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/6/16	good	J. McCullock M.O.
22/6/16	"	J. McCullock. M.O.
27/6/16	"	J. McCullock. M.O.
22/1/16	"	H. Boyd

Enlisted on 6th day of January 1916 at Goodwham

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bat C.E.F.	726063.		~~18.12.15.~~ 6.1.16
Transferred to	124th OVERSEAS BATTALION C.E.F. P.O.S. 12th Bn	3rd Bn 3-5-17		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	30 NOV 1917	Amp left arm.	Invalided to Canada. Will be eligible for pension
Military Orthopedic Hospital	Oct 30/18 SEP 17 1918	Loss of L arm	Discharged Fortnightly leave for Res. B.M.B.

CANADIAN

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

9

Surname De Large Christian Name Ernest

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
											Inoculated.
Queen Mary's Military Hospital, WHALLEY, Lancs.		29	10	17	27	11	17	G.S.W. VIII.4 L. arm opd frac humerus (amptn)	30	G.S.W. left arm - amputated. wounded at Ypres 18/10/17 by shell. 5/11/17 Fit to travel. 27/11/17 Transferred to Canadian Hosp. Kirkdale Liverpool.	a.T.S. 18/10/17 — " — 26/10/17 } in France. — " — 1/11/17 Whalley
											Jon Roy
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		27 NOV 1917			4 FEB 1918			Do		3rd stump left arm. healing good movement shoulder G. Cond. good	W Tyrrell
"ARAGUAYA." Military Orthopedic Hospital MAR 9 - 1918		4	2	18	15	2	18.			Same on admittance	G. H. Larson Capt CAMC
										Wass-negative, supplied with an artificial arm & discharged from the army	K. G. McKyor Capt

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. File

Attention of

NAME De LARGE, Ernest Leslie

Dept. of Veterans Affairs
War Service Records
AUG 16 1963
Charged to

Ottawa, Ont.
Date Aug.14/63

SERVICE NUMBER 726063 CEF
Charged to

C.P.C. No. 53681
W.V.A. No.

NAVY
ARMY XXX
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. Toronto, Ont. Tele-Memo d/Aug.14/63
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 15, 1963
Cause of Death
Place of Death Bracebridge Hospital

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DVO~~
H.O.

Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

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.

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

(2) Regimental Number 726063

(3) Full Name of Soldier Ernest Delange

(4) Place of Birth Renfrew Ont

(5) Are you married, or not? No

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

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? Yes Deborah Delange

If so, state name and address Long Sault, Ont.

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

(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.

Twenty five dollars 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.

—

—

—

(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 - arranged

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

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

Date JUL 11 1916

CANADIAN EXPEDITIONARY FORCE

V.H.C.

Discharge Certificate

This is to Certify that No. 726068 (Rank) Pte

Name (in full) De LARGE, Ernest. W. enlisted in

the 109th O.S. Btn.

CANADIAN EXPEDITIONARY FORCE at Cooderham on the 6th

day of January 19 16

HE served in ENGLAND & FRANCE::::::::

and is now discharged from the service by reason of Being Both Legs Medically Unfit for Service

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

Age 29 yrs 5 mths

Height 5' 4½"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars S.W. Hand - Left arm Amp. 18-10-17

E L DeLarge
Signature of Soldier

Issuing Officer Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.
Rank

Appointment

Date of Discharge 13th November 1918

Signed at Toronto, Ont. this 13th day of November 19 18

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 720063 (Rank) Pte. Name DeLarge, Ernest, L.

Unit 100th O.S. Btn.

Address on Discharge Bury Hill, Ont.

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations NIL::::

Remarks Gold Stripe One::::

Signed at Toronto, Ont. this 13th day of November 1918

S.R. Parker Lieut

Name of Officer

Captain,

For Lieut.-Colonel,

Rank

O.C. No. 2 District Depot.

Appointment

D. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

AMF

LAST PAY CERTIFICATE

No. 56

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

Regimental No 726063 Rank Pte. Name DeLARGE, E. L.

Corps #2 District Depot who was* Dishharged

On Nov. 13th 191 8., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov. 1st -18 191....,

to Nov. 13th 191 8, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 13 days at $ 1 c.	13.	00
No. 10663	35.	00	Field Allow. 13 days at $ c. 10	1.	30
Assigned Pay and Sep'n Allce. No 10664	23.	00	Underpd. Sept. Oct. Separation Allowances* (Monthly) Nov.	10.	00
Other charges			Other Allowances* Clothing	35.	00
Payment on transfer or discharge No 10665	14.	30	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	72.	30	Total	72.	30

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned

Pay for the month of October 191 8 and Sep'n Allce. for month of 191... (to) Assignee Mrs. D. DeLarge,

(Address) Tory Hill,

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.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted YES

(3) cause of discharge authority D. O. 206

(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 11-11-18

Place Toronto, Ont. Captain.

Paymaster, No. 2 District Depot. 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.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CASE HISTORY SHEET.

BASE Hospital. TORONTO Station.

No. 726063 Rank Pte Name De Large L. T. Age 30

Unit D.S.L.R. Completed years of service (Where and how long) C. 1 4/12 E. 9/12 7 6/12

Date of admission 10-11-19 Date of discharge

Diagnosis V.D.S. Place of origin Toronto 25-8-19

CONDITION ON ADMISSION AND PROGRESS OF CASE

V.D.S. case sheet attached.

Other system normal.
L. Arm amp. 1½" from shoulder.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

Mother a. & w.
Father died pneumonia. 13 yrs ago.
1 brother 2 sisters a. & w.

TREATMENT (Especially any specific or special form.)

See V.D.S. case sheet attached.

CONDITION ON DISCHARGE (and disposal made of case.)

Chronic Prostatitis.
Surgical treatment for G.C. since admission.
No urethral discharge. Urine contains shred.
Slight stricture M.U. Rec. further treatment as out patient.

Date 1-12-19.

Geo. A. Russell Capt. CAMC
Medical Officer i/c case.

A. 37185

M. F. B. 313a.
100M.—6 18.
1772—39-439.

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. 726063 Rank Pte Name DeLarge. E.L. Unit DSCR.

Diagnosis ..... Admitted ..... Discharged .....

Medical Officer i/c case .....

HISTORY

No. of previous attacks .....

Where and when acquired Contd.

Date and character of symptoms .....

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
29-11-19	Dry.	1/ H Shds 2/ SL H.		Prost. –		Notes	Same Good Bow	
1-12-19.	for further treatment as outpatient. Chronic Prostatitis, slight strictures from trauma Ure. Geo A Russell Capt Can C.							

M. F. W. 101.
10M—3—19.
1772—39—1053

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. 72 6063 Rank Pte Name De Large T.L. Unit D.S.C.R.

Diagnosis V.D.G. Admitted 10-11-19 Discharged

Medical Officer i/c case

HISTORY

No. of previous attacks. Denies.

Where and when acquired Toronto. About Aug. 20th. /19

Date and character of symptoms Urethral disch. Aug 25th/19. Treated at Spadina Hosp. U.S.C.R. injection & internal medicine. Last night. Nov. 9th. Carried about a day. small thick discharge when he strained.

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Was in Bed from Friday 7th to 9th. Had some temperature. pain in back & legs. slight sore throat. Temp. now normal. No pains.								
11-11-19	Prost.	Right Prost enlarged uniform & hard slightly tender. Left Lobe soft, not so ~~tender~~ large & slightly tender						
12-11-19	Dry.	1/ Cl. 2/ Cl.	F 25-26 Metal Sounds passed. 26 Otis stopped Mem. Urethra.					
12-11-19	Prost. Notes Same No Smear.							
12-11-19	Direct Smear.		Gg Neg. Pus ++ Ep. ++ Gr. Pos Bacci + Gr. Pos. Baccillo +					
13/11/19	Dry.	1/ H. Sh. 2/ Cl.	Prost:- Notes Same Not So Tender No Smear					
18/11/19.	Dry.	1/ Sl. H. Sh. 2/ Cl.	1/4000 P.P. 6. i. d.					
19-11-19	F 25 Metal Sound Passed.							
19-11-19	Prost:- Not So Tender No Smear							
19-11-19.	Direct Smear No Cells.							
22-11-19	Dry.	~~1/ Cl.~~ 1/ H. Sh. 2/ Cl.	F 25-26 Metal Sounds passed					
22-11-19	Prost: ~~Enlarged~~ Notes Same No Smear							
24/11/19.	Dry.	1/ H. + Sh. 2/ H.	5% Argyrol Irr. T.I.					
25-11-19	Wasserman Test Negative							

M. F. W. 101.
10M—3—19.
1772—39—1053

4

Forms
I. 1237
12

Army Form I. 1237.

M Ex4

MEDICAL CASE SHEET.*

B. CDN. GEN. H. LIVERPOOL

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	126063	Pte	Delange	E

Year	Unit.	Age.	Service.
	124 Canadian Pion.	29.	1 10/12 years

Station and Date.	Disease
Whalley 29.10.17	G.S.W. VIII, Left Arm. Amputation. Admitted 29.10.17. Wounded at Ypres 18.10.17 G.S.W. Shell wound of Left Arm which was completely shattered near the upper 1/3. The Arm was amputated same day at upper 1/3. Healing well. Inoculated A.T.S. 18.10.17 + 25.10.17 in France C A Gill
Lewisfield	3" stump Lt arm healing good movement shoulder. G. C. good. W Lyon

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

R—122

LTR

Rank | Name De LARGE, Ernest | Reg'l No. 726063

Unit o 109th, Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Gooderham, 6th, January, 1916, | Place of Birth Renfrew, Ontario.

Name and Address, Next-of-Kin Debhorh De LARGE.
P.O. Tory Hill, Ontario, Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character Obedient.

N/E. R.B. No. 10764
File R.L.
Category Can Mil

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H. M. T. 2810 31-7-16			
8.12.16	Ob 109th Bn	SO Son trsfr to 124th Bn.	Witley	8.12.16	Pt II D.O. 343
11.12.16	ob 124th	SOS. " fr 109th	"	"	" 267
16.4.17	"	S.O.S. to 12 Res Bn	"	14.4.17	Pt II D.O. 91.
"	12 Res.	T.O.S	E Sandling	16.4.17	" " 96
3-5-17	---	S.O.S. to 124th Bn. Pr. 75	---	3.5.17	" 112 Pt II 95 124 Bn D/8-5-17
30-10-17	C.L. 124th Bn	No 54 Can Gen Hosp	Field	22-10-17	C.L.A. 50(4)
1-11-17	1st C.O.R. (124)	To Queen Mary's Mily. Hosp.	Ch. Whalley Lancs	29.10.17	C.L. B 52(1) S.W. Lillm Camp
4.11.17	1st C.O.R.	T.O.S. from 124th Bn.	N. Shiej	29.10.17	Pt II 1-240 (124th Bn Pt II 0-143 dd 9-11)
30.11.17	1st C.O.R. (124)	To No 5 Can. Gen. Hosp.	Kirkdale	28.11.17	CL B 77(1)

Report. Date	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
7.2.18	1st E.O.R.D (124)	Invalided to Canada	L'pool	4.2.18	C.R.B 133.
11.2.18	1st EORD	S.O.S. to Canada KR+O Para 392 Rec. 16	Pte L'D'ling	4.2.18	Pt II 42.
	Dis Depot	For Conval: Home	MD2 Toronto	16.2.18	NR 439

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

143

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

Regimental No. 126663 Rank Private Name De Large Ernest

Enlisted (a) ~~18.12.16~~ 6-1-16 Terms of Service (a) D. of. W. Service reckons from (a) ~~18.12.16.~~ 6-1-16

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

Extended Re-engaged Qualification (b) Farmer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
8. 12.16	O.C. 109th	Transferred 124th Bn	Witley	8.12.16	V.O. Pt II 643 3 — A W Selling Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 265 — A W Eastmure Major ADJUTANT 124th BATTALION C.E.F.
~~9-3-17~~	~~124th. Bn.~~	~~Proceeded for Overseas Service.~~	~~Witley Camp~~	~~9-3-17~~	~~Part II Orders No. 69 — Lieut., Asst. Adjt. 124th. CCBC (Pnrs)~~
		Taken on strength No 2 District Depot from April 18th 1918.			

(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.

CERTIFIED CORRECT. 8 JUN 1917 O.H. 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				
16/4/17	124th	Transferred to the 12th Reserve Bn.	Witley	16/4/17	Pt II Orders # 91. 16/4/17 H.E. Sherrow Lieut a/adjt 124th Details
16.4.17	O.C. 12th Res. Bn. C.E.F.	Transferred to 12th Res Battn.	EAST SANDLING	16.4.17	Part II 96
8.5.17	O.C. 12th Res. Bn. C.E.F.	Transferred to 124th O'S Battn.	EAST SANDLING	3.5.17	Part II 112
					J. Fleming Lieut i/c Records 12th Res. Bn. C.E.F. 95
8.5.17	C.B.D.	T.O.S. 124 BN.	Field	4.5.17	D.O. Pt. II No. ~~102~~ d. 8.5.17
8.5.17	do.	Left for Unit	do.	8.5.17	N.R. 251
12.5.17	O.C. 124 Bn.	Joined Unit	do.	11.5.17	B. 213 D.O. 16 d. 21.5.17
18.10.17	2 Aust. F.A.	S.W. Head L. Arm. Amp. adm. To	2 Aust. F.A. 10 C.C.S.	18.10.17 18.10.17	A.36/A.6913
20.10.17	10 C.C.S.	do. do. do. adm	10 C.C.S.	18.10.17	A.36/A.6913
20.10.17	O.C. 124 Bn.	Wounded evac.	Field	18.10.17	B.213
22.10.17	54 Lon. Gen.	S.W. L. arm "S" adm.	54 Lon. Gen.	22.10.17	W.3034/A.7469
28.10.17	do.	do. do. To	England	28.10.17	W.3034/A.8265
27.10.17	10 C.C.S.	S.W. Head L. Arm. Amp. To	A.T. 20	21.10.17	A.36/A.9176
28.10.17	O.C. A.T. "Jan Breydel"	Amp. Lt. Arm To Posted to 1st. Gen. Out. Regt. Depot, Shorncliffe	England	28.10.17	W.3083/4221 D.O. 143 d. 9.11.17
					J. M. Anderson Lieut for Lt-Col A.A.G. Gen. Dec. G.H.Q. 3rd Ech.
4.11.17	1st Corps	T.O.S. from 124th	W. Bonding	29.10.17	Pt II 240

J. C. Maturin Capt for Colonel i/c Records.

Sheet 11

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 72606.3 Rank Private C. E. F. Name DeLarge Ernest

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18/4/18		T.O.S. No.2 District Depot, Part II, D.O. No.....			
		Dis. #2 D.D. 13th November 1918 Pt.11.....#206			
		S.R. Robson Lieut-Colonel, For Lieut.-Colonel, O.C. No. 2 District Depot.			For O.C. No. 2 District Depot

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

[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				

E. De Large 426063

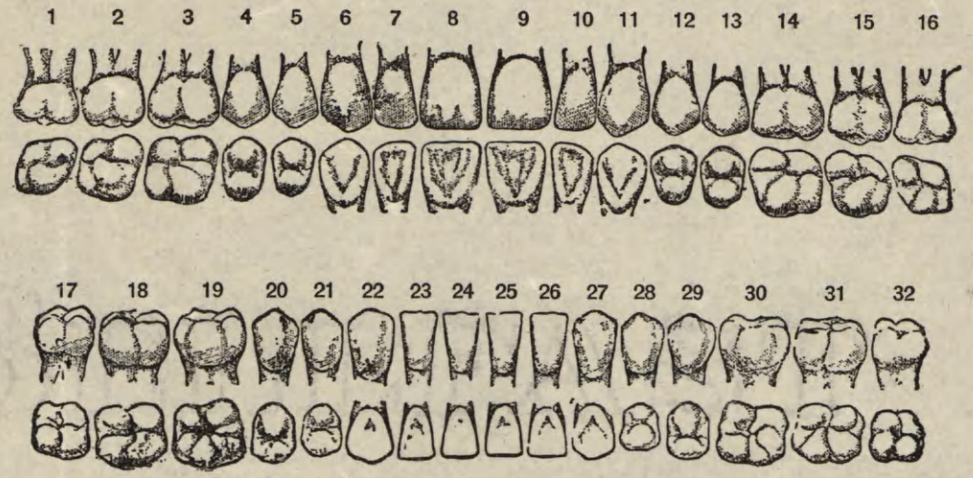
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District

Name of Soldier E. De Large

Regiment 124 Bn Rank Pte No. 426063



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination																						
	March 9/18	Exam Refl.																				
	" 19 "	Impression	Part upper																			
	" 23 "	Set	Inserted																			
	Sept 9/18	Prophylon																				~~(Det not require)~~ Part upper (2 clasps) 2 amalg fill.
	Oct 23/18	Final Board Exam.																		M.O.H., U. Toronto		H. S. Thomson. Capt
	Requires	Dental Fit.																				
																						Given Certificate Dental Fit

F.B. 465 M 1-17 1772-39 950

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name DELARGE, E.
Surname Christian Name

Regimental Number 726063 Rank Pte.

Address (in full) Tory Hill, Ont.

Unit #2 D. D.

Original Unit

District where paid M. D. #2.

Date of Discharge

P. D. P. Filing Number 9-860-2

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
55.10	13807	12/11/18	18.00	12873	12/12/18	18.00				34.10	
135.00	13808	12/11/18	45.00	12874	12/12/18	45.00				30.00	126.00

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

Remarks: Transferred to Ledger.

Mrs. D. DeLarge, Tory Hill, Ont.

Transferred to Ledger.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Dec'n No.... A. B. G. File No

Award..... days at $ per day $

S. A.....months at $ per mo. $

P. D. P. Credited

Less further balance paid as below

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

$

$

$

$ .....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

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

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

M. F. W. 41
100m-1-18.
1772-39-889.

Name Private E. De Large

Regimental No. 726063

Unit 124th Bn

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $ 15.00

To whom payable Mrs D. De Large
Tory Hill Ontario

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Bro't Forward

Date From 1918	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Aug 1	31	31	1	31 -	31	10	3 10	25 00		5737.			40			Sub. cease 1-8-18 D0112
								80	59 90	6639		19 90			59 90.	
Sept 1	30	30	1	30	30	10	3 -	25 -	58 00	7748.			40 -			
									58 00	8447		18 00			58 00	Davisville SPL
Oct 1	31	31	1.00	31 00	31	10.	3 10	25 00	59 10	9253			40 ✓			
										10021		19 10			59 10	OPH
Nov 1	13	13	1 -	13 -	13	10	1 30	35 -		10663.		35 -	✓ ~~28 00~~			Hos Sec to Cus. 7-11-18 D.O. 204.
								10 -		10664			23 00 ✓			10.00 S.A. underpaid S.A. Oct:
								13	72 30	10665		14 30 ✓			72 30	13.00 S.A. Oct.
																Dis. D.O. 206 P.D.P.
																Clothing NK

M. F. W. 41
100M-1-18.
1772-39-380.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

M. F. W. 41
100M-1-18.
1772-39-889.

D079

Name Private E. De Large

Regimental No. 726063

Unit 124th Bn.

Date of enlistment

Place of "

Married (yes or no) Yes. pd to 28-2-18

Amount of pay assigned monthly $ 15.00 pd to 28-2-18

To whom payable Mrs. D. De Large
Grey Hill, Ontario.

Name and address of next-of-kin #2 D.D.

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credit	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Dec. 19	Dec. 31	103	1-	103-	103	10	10 30	11 20		62215		15-		770		Rt Feb 21 D070
										63868			15-			Fr Mar 7. D070
									124 50	65468		86 80			124 50	OK
1 Apr.	30	30	1-	30-	30	10	3-	28-	61-	67906			15-			Det Mar. 27- D0 91
										70253		46-			61-	OK.
May	31	31	1-	31-	31	10	3 10	75-		74398			90-			
								24 80	109 10	77513		19 10			109 10	OK
									24 80	77682		24 80			24 80	
																Dn 12-6-18 Ub 61
June	30	30	1-	30-	30	10	3-	25-		81274			40-			
								8 80	66 80	83804		26 80			66 80	
July	31	31	1-	31-	31	10	3 10	25-	87 90	2568			40-			Subs. 26-6-18 and D0 78
								28 80		4240		47 90				

Carried Forward

M. F. W. 41
100M-1-18.
1772-39-889.

Name _____

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Deborah De Large

Address ~~Tory~~ Hill!
Tory Ont.

Rate 15.00.

AUG 1 1916

By Whom Assigned De Large E

Regtl. No. 726063

Rank Pte

Corps 109th Batt. D Coy

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				

CONSOLIDATED ACCOUNT 6

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs D. De Large widowed mother

Name of Soldier De Large, Ernest (Corpl.) 726083

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	H 1016	40.		40
May		M 5466	20		20
June		E 4796	20		20
July		J 10504	20		20
Aug.		O 12559	20		20
Sept.		R 15537	20		20
Oct.		Q 18334	20		20
Nov.		T 22400	20		20
Dec.		T 25082	20		20
Jan.	1917	U 28016	20		20
Feb.		U 31105	20		20
March		U 34192	20	300	20
April		U 671	20		20
May		U 3918	20		20
June		X 7371	20		20
July		W 10411	20		20
Aug.		C 15214	20		
Sept.		C 17989	20		T
Oct.		F 20688	20		Pn
Nov.		D 26492	20		Hd
Dec.		K 26646	20		F 440
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

*Name ..... De Large, Ernest ..... Rank Pte ..... Regtl. No. 726063 .....

Original unit ..... Present unit 124th. ..... M/or S. Age 29 .. Religion Meth. Fyle Depot ..... Ref. H.Q. .....

Port, ship, and date of arrival ... Halifax, 16/2/18 .....

Next of kin .... Mother, Mrs, F: ..... same address .....

Address on leave Tory Hill, Ont. ..... Present .....

Address on discharge ..... Tory Hill Ont. .....

Transportation issued Yes No Date .. 13-11-18 .. Character on discharge ..... Very good .....

Previous occupation ..... Farming ..... Date and place of enlistment ..... Goderham Jan. 6th/16. .....

Diagnosis ... Amp. Lt. arm ..... Date of Medical Boards .. 21-10-18 .....

Date.	Remarks.	Pt. 2 Order No.
12-6-18	~~O.P. Orthopeadic Hospital. with Subs from 27-3-18~~ Det. to Hos.Sec. Hos.Sec. D.O.	58
14-6 -18	~~Details to H.S.(M.O.H) as from 12-6-18~~	58
3-7-18	Sub. as from 27-6-18	77
7-8-18	Returned from leave as from 1-8-18	112

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

(over)

Date.	Remarks.	Pt. 2 Order No.
31-8-18	Absent from limb parade 2.45 p.m. 22-8-18 admonished	136
7-11-18	Posted to Cas Co (Rem in MOH)	204
12-11-18	S O.S. DISCHARGED "HAVING BEEN FOUND MED.UNFIT FOR SERVICE"(91 days PDP. & clo' all'ce)	206

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

FORM D M S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
DE LARGE	E.	726063.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		1CO. 124P.		

HOSPITAL	DATE OF ADMISSION
54 Lon.Gen.in Field.	22-10-17.
Queen Mary's Mil Whalley Lancs	HOSP 29.10.17
2. 5 Can. Gen. Kirkdale	HOSP 28-11-17
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1. GSW Lt Arm.
S.W.L. arm (amp.) R.D.

2.

3.

DISPOSITION	DATE
CL 31-10-17 A50-4.	
2.11.17. B.S.2(1)	
1-12-17 B77(1)	
7.2.18 B133(3) Invalided to Canada	4-2-18

REMARKS

Dis. to Canada per H.S. Araguaya from L'pool. 4-2-18.

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 726063 RANK Pte NAME De Large Ernest.

T. O. S. 18-12-15. UNIT 109th. Battalion
D. O. 44 11-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 18	1916 Jan. 31	✓	Prom. Cpl 1-1-16	D.O.62. 1-2-16
Feb.		✓		
Mar.				
April		✓		
May.		✓	Reverts (at own request) 9-5-16.	D.O. 1460/9-5-16.
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

Reg. No. 726063 Name De Large S E

Rank Pte Corps S & R Age 30 Service E 4/12 E 4/12 T 6/12

Ledger No. Serial No. 4.37185

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	10-11-19	V D G
Dis to S & R	1-12-19	

Post discharge Treatment

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

649-D-1012 CARD NO. ✓ 2

SURNAME. De Large

CHRISTIAN NAMES Ernest.

REGL. No. 726063 RANK Pte

UNIT 109th. Batt.

FORMER CORPS 45th Regt.

B.O.S. Dis 13-11-18
D.O. 206 9-11-18
On U #9 DD

NEXT OF KIN.

NAMES IN FULL De Large Mrs. Debhorah

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Tory Hill, Ont.

~~CHANGE OF ADDRESS~~ Also notify R. J. Cunningham (brother-in-law) 1389 Dundas St Toronto Ont
Auth E.D. w/tel 9/11/17.

COUNTRY OF BIRTH Canada. Renfrew Co. DATE May 6th 1888

PLACE OF ATTESTATION Gooderham Ont. DATE Jan. 6th. 1916

O/S 23-]-16, 488/11.

R/C. 4-2-18 3

C.D. L. L. 905B.—M. & D. 631B. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-B2B.

Sailed from Halifax per S.S. "Olympic" 23/7/16.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 27 YEARS 8 MONTHS

HEIGHT 5' FEET 5' 3/4 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 5 INCHES

COMPLEXION Fair EYES Blue HAIR Light Brown

DISTINGUISHING MARKS Scar for hernia on left side

MEDICAL EXAMINATION. PLACE Lindsay Ont. DATE Jan. 6th 1916.

E.M.J.

Number 726063 Rank Pte

Surname DELARGE

Christian Name Ernest

Units 124th Bn Canty Theatre of War France

Date of Service 4/5/17

Remarks Wilberforce

Latest Address ~~24 McGill St~~

Toronto Ont

Roll No. R. Page 2167

200m.-2-21.M.

AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

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

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

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

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

..... HOSPITAL .....

* CROSS OUT

M. F. W. 142.

1772—39—1171.
50m.—2-19.

NAME DeLarge Ernest.

REGT'L No. 726063.

H. Q. FILE No. 649.

RANK AND CORPS Pte. 124th Bn. (Form. 109th Bn.)

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M6277.	12-1. 2-11-17.	Adm. S.4th London General Hosp. Oct. 22nd. 1917. Shrapnel wd. arm.
w.d.m.		
M.6395	23/11/17	Queen Mary's Mil. Hosp. Whalley amp. left arm. dang. wd.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A50 (4)	No 54 Gen. Gen (in the Field)	22.10.17.	S.W.L. Arm
B52-1	Queen Mary's Mil. Whalley Lancs.	29-10-17	S.W.L. Arm Amp.
B77-1	4 No 5 Can. Gen. "Kirkdale	28-11-17	" " " " "
B 133 3	2 " " " " " Invalided to Can.	4-2-18.	" " " " (1st Que Ont Reg)

Ernest.

FORM R. 149.
7106—250m—7/2/17.

Name De Large Rank Pte Reg. No. 4X6063

Unit 124th Pioneer Battn

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917							
22	10	No 54 London Gen in Hld	(H A 15502)	S W L arm	A50	M6277	
29	10	Q Mary's Inst Whalley Lancs		do amptd	B82		4720
28	11	No 5 Can G H Liverpool		do amp	B77		465
4.2	18	Invalided to CANADA		do	B133		4459

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Married or Single: Single

Place of Birth: Renfrew. Ont

Name and Address of Next of Kin: Rebhorh Delange
Tory Hill Ont.

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $: Effective (Date):

Payable to:

Relationship of Dependant:

P
Jab

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 726063 Rank Pte Name Delarge Ernest

If in Perm. Corps What Unit: Unit 109th Bn. Transferred to 124 Bn. Date 21.1.17 Authority 103438 81216.

Permanent Force Allowances: Transferred to 12th Reserve Date 21-4-17 Authority 2091 3/4

Place of Attestation Gooderham Ont. Transferred to 124th Battn Date 21-7-17 Authority B.O. 112 3/5/17

Date of Attestation Jany 6-1916 Transferred to N.B. Bch Date 19.12.17 Authority

Assigned Pay Monthly $ ~~15.00~~ Date Effective ~~Aug 1 1916~~

Payable to ~~Mrs Rebhorh De Lange Tory Hill Ont~~ Relationship ~~Mother~~

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) ~~18/12/17~~ Stopped Effective 1/1/18 Reason Discharged to Canada

Discharge Date and Place 18/12/17 Canada Reason and Authority Kirkdale Hosp. 21 a 23 - 12/12/17 Invalided

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Entered on N.E. Card Index
Checked by C. Gates

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.	Remarks
July 31														3 70	3 70									Bal. from Canada							3 70					
Aug 31	31	1.00	31		31	10	3 10								34 10	29	98 16							9 74				15		24 74	13 06					
Sept	30		30				3								33	60	31 5.16	92	15 91/16					7 30	7 30			15		29 60	16 46					
Oct	31		31				3 10								34 10	131	15 91/16	164	15 91/16					7 30	7 30			15		29 60	20 96					
															104 90									24 34	14 60			45		83 94						
Nov.	30		30				3								33	192	30 10/16							7 30				15		29 90	31 66					
																279	30.11.16							4 86												
Dec 31	31		31				3 10								34 10	224	11.11.16							4 90				15		29 16	38 60					
			15.30																					4 30												
Jan	20	1.10	22												22													15		15	45 60					
			19 30												19 30													90		105 30						
Jan	11	1.10	12 10												12 10	418	15/1	460	31/1					4 86	14 60					19 46	38 24					
Feb	28	1.00 -.10	30	80											30 80	503	15/2	558	26/2					4 86	9 73			15.		29 59	39 45					
																				241	1/3	125	1/3													
																				893	4/4	92														
																				388	27/12															
Mch	31		34	10											34 10											24 87		15								
																										24 90										
Apl	20		22												22													15	32	46 96	26 59					Q4005 519 P 17/2
															29 30													15		15	33 59					Trans to 12th Res 2091 3/4
Apl 21/20	10		11												11													—		259 41 —	44 59					
May 1/31	31		34	10											34 10	84	30/4							9 73				15		24 73	53 96					
			334	40										3 70	338 10									63 25	38 93	31 64		150 -	32	284 14	53 96					

D.L. No 4 L'pool 6.2.18 Cr. Bal. 64 16 Less a.2. 2517 10/-
3828 10/-

726063 Pte Delarge Ernest

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			334	40										370	338	10								6325	3893	3164		150 -	32	284	14	53	96			
June 1-30	30	1 00/10	33												33						12 16/4					730 ✓		15		22	30	64	66			To 124th Battn 21/7/17
July 1-20	20		22												22													15		15		71	66			G.O. 112 3/5/17.
															393	10														321	44					
21/31	11		12	10											12	10			341	5/7					267 ✓					267		81	09			
	31		34	10											34	10	370	18/6			151	18/5		267 ✓		268 ✓		15		830	2	92	17			
Aug																	75	4/6	630	5/9				267 ✓	268 ✓										
Sept	30		33												33		407	18/7	608	23/8				535 ✓	267 ✓			15		257	0	99	47			
			468	60										370	4723	0								7394	4695	4162		210 -	32	372	83					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
		~~99 47~~							99 47		
Oct	P/Pay	34 10		Can a/Pay			15 00				
		133 57							115 90		
				- A/R. 458 4/12 Comp. Pioneer Co	267 ✓						
		34 10			267		15 00				
Nov	"	33		Can a/Pay			15 00				
				Hos/R 5889 21/11 -	487 ✓						
				A/R. 751 5/10	357 ✓						
				" 684 19/10	267 ✓						
				~~Hosp. Reimt 6460 23/11~~	487 ✓				117 92		
Dec.	P. Pay 18 days	19 80		Can a/P.			15		122 72		
				815 13/10	446				118 26		
		52 80			2044		30				
	Balance transf. to Canadian Liab. Account								67 16		
	Balance transferred to N. E. Branch. Nil								51 10		
Feb. 1918				✓ A.R. P1443 5 C.G.H. 11.12.17 N.E. 8/21 73 9		243	✓		~~243~~		
				✓ A.R. P1597 5 C.G.H. 13.12.17		4867	✓		~~51 10~~		
March 1918				✓ A.R. P2517 8.1.18 No. 5 C.G.H. N.E. 10/8 40 H.		243 (Bend.)	End.				
						63.5-3			243		
	Transd to "Canada" Disc'ge a/c	243							Nil.		
April 1918				A.R. P3878 5 C.G.H. 20.1.18 N.E. 7.9 517		243	End				
June		243							Nil		

Awaiting A.R.s. 1443 2 43
1592 48 67
51 10

118 26
51 10
67 16 L.S. Chard

A33. FORM CHA 18/12/17 LEFT C. 1/1/18
DISCHARGED TO ~~Canada~~ DATE 19/2/17
PAYBOOK VERIFIED 18/12/17 cat.
L.S. BAL. £ 67/16 L.P.C. REN'D 18/12/17
AUTHY. ~~Kirkdale Hosp. 21/23~~ 12/12/17

Checked P. Burley L.O.C.

Outstanding Extract 51 10

AUDITOR	PAYMASTER
	M.

M. OR S.

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

D-106

REGT. No. 726063 RANK Pte. NAME (IN FULL) DeLarge, Ernest (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE

TO WHOM PAID Mrs. D. DeLarge. — RELATIONSHIP

ADDRESS Tony Hill Ont.

Closed

Suspend P.A. see Letter of 1-2-19. D.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th Bn. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION ~~6/1/16~~ — TRANSFERRED TO 18-12-18 — DATE — AUTHORITY

ASSIGNED PAY ~~$~~ 15. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS ~~Tony Hill, Ont.~~ ~~26 McGill St.~~ 42 Ann St. Toronto. (21.2.19)

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE #2 D.O. — DATE 13/11/18 — REASON Mid. Unfit. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 Cheque $	C.	COL. NO. 3 $	C.	ASSIGNED PAY W.S.G. $	C.	REGIMENTAL CHARGES Cheque $	C.	OTHER CHARGES $	C.	W.S.G. S.A. $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account									500	00																	126	00			126	-					Discovered P.A. 86 Line 9-10-12 & 2nd P.O.P.
									350	-							Jan. 13		546				62	80	547				120	0	200	80					36.00 Soldiers 90.00 Dependent
																	Feb 13	13	208085				62	80	208086				12	-	275	60					Cheques mailed 13-1-19
																	Mar 10		210717				38	80			24	-			338	40					8 x 1c P.A. S.A. W.P.G. and not entitled to same.
																	Apr 10		250823				11	60							350	00					
									350	-													176	-			150		24	-	350	-					

W.S.G. PAID IN FULL

CAPTA FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 1-3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Aug 1/16

1L9 D24 S.K.

RATE OF SEPARATION ALLOWANCE

~~20~~	25		

1-12-17. P.C. 3257.

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 726963.

Rank ~~Pte~~ Corp. Promoted Reverted Discharge

Soldier's Name E De Large

Battalion 109th Battn "D" Co

Beneficiary Mrs De Large.

Relationship Wid. Mother.

Address

PARTICULARS OF ASSIGNMENT

Name Deborah De Large

Address Tory Hill Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec 31			440	255	695		
Jan D	63741		30	15	45	N	
Feb	94326	E	~~25~~	~~15~~	40		acct closed 28/2/18 returned Araguaya 17-2-18
			X X X 495	X X 285	X X		file 4463-E 3 MR O & B rendered
							E94326 Cancelled 27/2/18
				closed			J. X 26/4/18.
apl →	4323	G	25	15	40		mailed 17/4/18 To adj Feb. 17/4/18

785

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400[illegible]-6-17—1772-39-1141
L. [illegible]2250—M. & D. 7993.

NEXT OF KIN Mrs Felix De Lange (Mother)
ADDRESS Tory Hill Ontario
HOME ADDRESS Same
MEDICAL OFFICER

MEDICAL HISTORY OF AN INVALID

INTERVIEWED I.S.C. Form 5

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION D M H London 15 DATE 21/10/18

1. 1 (a) Unit DDH2 (b) Regimental No. 726065 (c) Rank Pte
(d) Surname DELANGE (e) Christian name Ernest Felix

2. Age last birthday 29 Date of birth May 6th 1889

3. Enlisted at Lindsay Ont on Dec 18th 1915

4. Personal description:—
(a) Height 5' 4½" (b) Weight 160 (stripped) (c) Complexion Fair
(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)
Tory Hill Ontario

6. Former trade or occupation Farmer

7. (a) Service — Years: 2 years 10½ mths — Days:

	Periods: From	To
109th Battn	Dec 18th 1915	Dec 18th 1916
124th Battn	Dec 18th 1916	Feb 16th 1918
In H.S.	Feb 16th 1918	April 17th 1918
DDH2	April 17th 1918	to Date

(b) Has he been overseas? Yes 8. Original disease or disability G.S.W. left arm

(a) Date of origin Oct 18/17 (b) Place of origin France
(c) Cause* Shrapnel
(d) Present disease or disability Loss of left arm

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Objective — Pain in the end of the stump sufficiently bad to keep the patient awake 2 or 3 times

M. F. B. 227.
300M.—2-18.
1772—39—117.

10

9. Present condition.—(*Continued.*)

Objective – The left arm is amputated just below the insertion of the pectoralis major so that his stump is of no value, he is fitted with an arm which only fills his sleeve & is of no value.

Nerve buds are palpable which are tender but are not thought advisable.

(b) Are the following systems normal? If not, briefly state abnormality. p4

Nervous normal Digestive normal Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part. Patient has hyperopic astigmatism & supplied with proper glasses

Patient does not want Blood Test, urine normal

Vision R 20/40 without glasses L. 20/70 with 20/30 glasses 20/40

10. History: (*a*) of Condition referred to in "a" section 9.

Amputated because of gas gangrene

(*b*) 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.

nil.

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

not applicable

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

The regimental documents will be referred to.

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

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

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

Canada 8 mth England 4 mths France 10 days

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

no

16. Can the former trade or occupation be resumed ? no
(If not, briefly state why.)

17. Recommendations That he be discharged as unfit for further service

K G M Kerr Capt
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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned E. L. DeLange 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

Ernest L DeLange
Signature of soldier examined.

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 criticized.

we concur

19. 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

20. It is certified that the soldier
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

We recommend that he be discharged as medically unfit

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

DAVISVILLE MILITARY HOSPITAL

C. J. Cassie Maj ..... *President.*

PLACE ..... OCT 30 1918 ..... } Members.

DATE .....

APPROVED BY

..... *Assistant Director of Medical Services.*

DATE 8/11/18

APPROVED BY

..... *Director-General of Medical Services.*

DATE .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... *President.*

PLACE ..... } Members.

DATE .....

Remove then
his capacity is due to loss of left arm
CJC

P.697-25M.
3989-31-10-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
18.10.17	815	25	-	-	4	46	Field	F. Thimm	
11-12-17	1443	-	-	10	2	43	Liverpool	Illegible	
12/12/17	1592	-	10	-	48	67	"	"	
				#	55	56			

Ref. Card Des. 27-11-18
A.R.

10-12-35

This space to be for numbers

Proceedings on Discharge.

V.H.C.

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

No. #7260653

Rank Pte.

Surname DELARGE

Christian Name Ernest L.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th O.S. Btn. (#2 D.D.)

Date of Discharge 13th November 1918

Place of Discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 29 years 5 months.

Height 5 feet 4½ inches.

Complexion Fair

Eyes Blue

Hair Fair

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Tory Hill, Ont.

Descriptive Marks

S.W. Head, L. arm Amp.
18-10-17

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good.

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

18-10-19

M. F. B. 21[illegible].

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations..... Nil

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

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

(Place) TORONTO, ONT. ..... L R Robson Lieut.

(Date) 13th November 1918 *Commanding* ..... For Lieut. Colonel, O.C. No. 2 District Depot.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) TORONTO, ONT. Ernest L DeLarge (*Signature of Soldier.*)

(Date) 13th November 1918 L R Robson Lt (*Signature of Witness.*)

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

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

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

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 229 days.

Total 2 years 229 days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO, ONT. L R Robson Lieut. For Lieut. Colonel, Captain, O.C. No. 2 District Depot.

(Date) 13th November 1918 (*Signature*) .....

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.)

E L DeLarge

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.		
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."

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.)

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.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. 168 11

Unit

M.D. No.

CATEGORY

Surname: DeLange Christian Name: E

Permanent Address: Tory Hill. Ontario

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

No.* 726063 Rank Pte Original Unit 109th Service Unit* 114th

Age* 29 Height 5 ft. 5 3/4 ins. Complexion Fair Eyes blue Hair brown Conduct

Date of enlistment 18-12-15 Where enlisted Lindsay Ont. Where seen service* France

Ship returned by Araguaya Date of arrival 16-2-18 Port of arrival Halifax

Birthplace* Canada Religion Methodist

Cause of disability Amputation Left Arm.

Condition in detail which prevents the soldier from earning a full livelihood

Stump of left Arm is 5" long from Acromion; it has a discharging sinus at Upper end of scar, which runs beneath Anterior flap; there is an unhealed area 1 3/4 X 1/2" about the Sinus. The stump is not tender, it is partly adherent + will be covered except where adherent; the general health is good; Heart + Lungs normal

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.
E. 1. Discharge, no pensionable disability. (Yellow copies).
E. 2. Waiting Reclassification. (Pink copies).
E. 3. Discharge with claim for pension. (Blue copies).

Degree of incapacity—Eng. Board — Canadian Board not est.

Is disability due to or aggravated by Service? Yes

Probable duration of incapacity Perm.

Does it render him permanently unfit for Military Service? Yes

Is further treatment or use of appliances recommended, if so which? Adm. N. Toronto Hosp.

Destination to which transportation issued Toronto

Members of Board Maj. Wm. Creighton; Capt. W. Brown; Capt. J. Campbell

INFORMATION TO BE FURNISHED BY SOLDIER

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

Reports of men returned for duty to be typed on White (Red printed) Forms.
A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment. (Pink copies).

Name and address next of kin Mother Deborah DeLange Tory Hill Ont.

Notification of return to be sent to —

Occupation prior to enlistment Farmer And for how long followed life

Regular trade or occupation —

Average earnings previous to enlistment $ 75 Any other income? nil

Name and address of last employer Mother

Rent per month no If owner of or purchasing property amount due and annual payment, $ no $

Taxes no If Homestead, or Farm, where located Haliburton Ont.

If carrying life or accident insurance, annual premium $ no Name of Society no

If unable to follow previous occupation, name preference Commercial

References Mr. Lindsay Tory Hill I declare that the above statement is correct.

Witness

Date 26-3-18 Place Signature

Remarks by Interviewer:

2

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, $

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

First payment date

Form No. 5c

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. _____ CATEGORY _____ No. of H.Q. File _____ No. of Local File _____ No. of H.O. File _____

Unit _____ Surname _____ Christian Name _____

Permanent Address _____

M.D. No. _____

No.* _____ Rank _____ Original Unit _____ Service Unit* _____

Age* _____ Height _____ Complexion _____ Eyes _____ Hair _____ Conduct _____

Date of enlistment _____ Where enlisted _____ Where seen service* _____

Ship returned by _____ Date of arrival _____ Port of arrival _____

Birthplace* _____ Religion _____

Cause of disability _____

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity—Doc. Board _____ Canadian Board _____

Is disability due to or aggravated by Service? _____

Probable duration of incapacity _____

Does it render him permanently unfit for Military Service? _____

Is further treatment or use of appliances recommended, if so which? _____

Destination to which transportation issued _____

Members of Board _____

Reports on men returned for Discharge under S. Auth. on White (Black printed) Forms.
Discharge on demobilization (Pink).
Discharge on medical grounds (Yellow).
Discharge with claim for pension (Blue).

Reports of men returned for duty to be typed on White (Red printed) Forms.
C. Service in Canada.
D. Service in Canada (Yellow).
Treatment (Pink).
Reports for Service Medals (Green).

INFORMATION TO BE FURNISHED BY SOLDIER

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

Name and address next of kin _____

Notification of return to be sent to _____

Occupation prior to enlistment _____ And for how long followed _____

Regular trade or occupation _____

Average earnings previous to enlistment _____ Any other income? _____

Name and address of last employer _____

Rent per month _____ If owner of or purchasing property amount due and annual payment, $ _____

Taxes _____ If Homestead, or Farm, where located _____

If carrying life or accident insurance, annual premium $ _____ Name of Society _____

If unable to follow previous occupation, name preference _____

References _____ I declare that the above statement is correct.

Witness _____

Date _____ Place _____ Signature _____

Remarks by Interviewer:

Last Pay Cert. Cr. $ _____ Dr. $ _____ Amount paid at Depot H.Q. $ _____ L.F.C. leaving Depot. $ _____

Amount forwarded to H.Q. Unit $ _____ Credit Clothing allowances. $ _____

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

First payment due _____

Pens. No. _____

DSCBV

Mass H. 3-12-19

#726063

...TARY SERVICE ACT, 1917.

...EDICAL HISTORY SHEET.

1. Surname De Large Christian name Ernest L.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) 2532

4. Address (including street and number if any) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 19....., by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months. 6. Apparent age ..... Years ..... Month

7. Height ..... Feet ..... Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins. } 10. Complexion ..... { Eyes ..... / Hair ..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm ..... } 14. When vaccinated last .....

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

.....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.

(a) Vision. R. ..... L. .....

(b) Hearing. R. ..... L. .....

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined ..... *day of* ..... *19* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

M. F. B. 313.
300M —4-18.
1772-39-439.

CENTRAL REGISTRY DEC 3 1919

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Base Hospl.	Toronto	10	11	19	2	12	19	V.D.I.	22	Acquired in Toronto Aug. '19. Urethral discharge five days later - Treated at S.C.R. clinic Gradwin - Smears neg. for G.C. since admission - No urethral discharge - Prostate slightly enlarged - Slight stricture ulcer. For further obs. and treatment at S.R.C. O.P. clinic -	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. D. 106

Name Delarge. Ernest

Regt'l No. 726063 Rank Private File Numbers { P.M. 25. 5.2.

Former Units 124th Battalion. Original Unit 109th Battalion

Date of arrival in Canada 16-2-18 Boat Aragunya Port of Disembarkation Quebec

Rates of Pay:—Regt'l. $1.00 Field 10¢ Date of arrival in M.D. 2.

Separation Allowance. Date paid to 28-2-18 Rate $25.00 If continued by Chief Paymaster, England No.

Assigned Pay. Date paid to 28-2-18 Rate $15.00 If continued by Chief Paymaster, England No.

Name and address of Beneficiary { Mrs D. De Large (W. mother) Tory Hill. Ontario

Pay claimed on English L.P.C. to 18-12-17 to be paid by new Unit from 19-12-17

Name of new Unit D. Unit M.H.C. Date L.P.C. forwarded to new Unit

A.P. Charged on English L.P.C. to 31-12-17.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	~~At Cl. Depot &c.~~ A.P.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
64 16		64 16							
					2 43				A.R. 2517
					2 43				" " 3828
			40 00						C.D. Quebec
Debit Bal:		7 70		36 00					Jan & Feb. 18.
		74 86				74 86		7 70	

B.M. 32-5-18.

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....
.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate..... If continued by Chief Paymaster, England
.....

Assigned Pay. Date paid to.....Rate..... If continued by Chief Paymaster, England
.....

Name and address of Beneficiary { .....
.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Deborah DeLarge

L. L. Job 310.—Req. 6574.

Name of Soldier DeLarge E.
72606 3rd "Pioy" Pte 109th Batt.

15-00

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		V 15342	15	
Sept.		H 16025	15	
Oct.		H 20528	15	
Nov.		Q 27028	15	
Dec.		L 33321	15	
Jan.	1917	P 37469	15	
Feb.		P. 43568	15	15 R
March		G 43687	15	15-L
April		S 1160	15	15 Ch
May		M 7130	15	
June		G 13984	15	15 Ch
July		R 20877	15	Pa
Aug.		W 31120	15	Lu
Sept.	V	34143	15	D
Oct.		K. 40592	15	
Nov.		G 49555	15	
Dec.		A 46447	15 →	255
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.					

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs D. De Large

Address Tory Hill
Ont:

Relation to Soldier wife, child or mother } Widowed Mother

Name of Soldier De Large, Ernest

Regtl. No. 726063

Rank Corp.

Corps 104th Batt^n

To what Corps belonging when called out }

PAYMENTS

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

Post-discharge Treatment

arned to Engl

Post-dinner
Treatment

Retu

PART I.

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 76063 Rank Pte Surname De LARGE Christian Name ERNEST

Unit or Corps—(a) Overseas from United Kingdom 124th Bn (b) In United Kingdom 12th Res.

Born at—Town RENFREW County or Province ONTARIO Country CANADA

Date of Birth—Day 6th Month May Year 1887 Age 29 yrs. 7 months.

Joined at Lindsay Ont. Can. Date 18th Dec. 1915

Former Trade or Occupation Farmer.

Permanent marks or peculiarities that will serve for future identification :—

Amputation of Left Arm in Upper Third
Scar of operation for Left Inguinal Hernia

Height—feet 5 inches 4 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) E De Large

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*)	AMPUTATION LEFT ARM.
Disabilities Group (*b*)	Not applicable
Disabilities Group (*c*)	Not applicable

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.	G.S.W. LEFT ARM.	YYPRES.	18-10-17.
(*ii.*) As to Group (*b*) above.	not applicable	Not app	not app
(*iii.*) As to Group (*c*) above.	not applicable	Not app	not app

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 ? not app

(*ii.*) As to Group (*b*) above ? not app If yes, has Active Service aggravated it ? not app

(*iii.*) As to Group (*c*) above ? not app If yes, has Active Service aggravated it ? not app

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 ? not applicable

(*iii.*) As to Group (*c*) above ? not applicable

8

PART I. (*continued*).

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? 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*).

Pte Pres on 18-10-17 while stretcher-bearing was hit by shrapnel which almost severed Left arm in middle. It was amputated at Dressing Station at once. Taken to C.C.S where reamputation was done 19-10-17. After 3 days to 54th Lindas Evac Boulogne. On 28-10-17 evacuated to Queen Mary's Walley Lancs. On 27-11-17 To No 5 Can Genl. Liverpool

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

Stump of Left arm is 5" long from Acromion. It has a discharging sinus at upper end of scar which runs beneath anterior flap. There is an undermined area 1 3/4 in long and 1/2 in wide about the sinus. The stump is not tender. It is partly adherent and will be well covered except where adherent. The general health is good. Heart & lungs normal

next page

8. OPERATION. (*i.*) Was one performed? Yes

(*ii.*) If so, state what. Amputation & Reamputation

(*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. Not applicable

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?

Date of Report 29 NOV 1917 191 Signed O. McCue Capt CAMC

Station No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL Officer in medical charge of case.

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

COLONEL O.A.M.C. O.C. No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL (Officer i/c Hospital / ~~S.M.O. Brigade~~) Strike out one of these.

Dated at No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL Station, on 29 NOV 1917 191

* 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
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? NO / Aggravated? NO } (*b*) Misconduct of the Soldier { Caused? NO / Aggravated? 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%.)

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,* $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*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? NO
(*b*) Fit for base duty? NO
[(*c*) Invalid to Canada? yes]
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 30 NOV 1917

Station No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

Signatures of the Board. Wombrighton major or CAMC *President.* W. Brown Capt CAMC J. Campbell Capt CAMC

Approved [signature] A.D.M.S.

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

Dated at Captain C.A.M.C. for A.D.M.S., Canadians, London Area. Station 4 DEC 1917 191

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

President.

Signatures of the Board