

ATTESTATION PAPER.

B. C. Coy.  
No. 725545

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Eggleton*
- 1a. What are your Christian names?..... *James Alfred*
- 1b. What is your present address?..... *Onemee*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Sparling England.*
- 3. What is the name of your next-of-kin?..... *James Eggleton*
- 4. What is the address of your next-of-kin?..... *P.O. Onemee, Ontario Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Jan'y 30<sup>th</sup> 1895*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*  
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, *James Alfred Eggleton*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *18<sup>th</sup> Dec* 1915. *James Alfred Eggleton* (Signature of Recruit)  
*Wm St Campbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *18<sup>th</sup> Dec* 1915. *James Alfred Eggleton* (Signature of Recruit)  
*Wm St Campbell* (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 *17<sup>th</sup>* day of *January* 1916.

*[Signature]* (Signature of Justice)

# Description of *James Alfred Eggleston* on Enlistment.

Apparent Age... *20* years... *11* months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... *5* ft. *7 1/4* ins.  
 Chest measurement { Girth when fully expanded..... *34 1/4* ins.  
 Range of expansion..... *2 3/4* ins.  
 Complexion..... *Fair*  
 Eyes..... *Blue*  
 Hair..... *Dark Brown*

*Top of right index finger missing*

Religious denominations.  
 Church of England..... *C. of E.*  
 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..... *18 December* 191*5*.

Place..... *Lindsay*

*J. M. Cunnock* Capt.  
*Hobart M. 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.

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

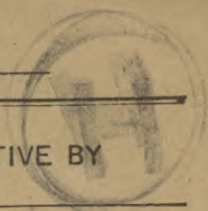
*J. H. Little* Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date..... **JAN 17 1916** 191*6*.

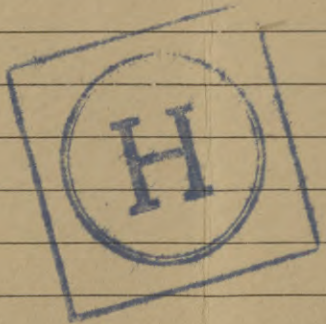
REGIMENTAL DOCUMENTS

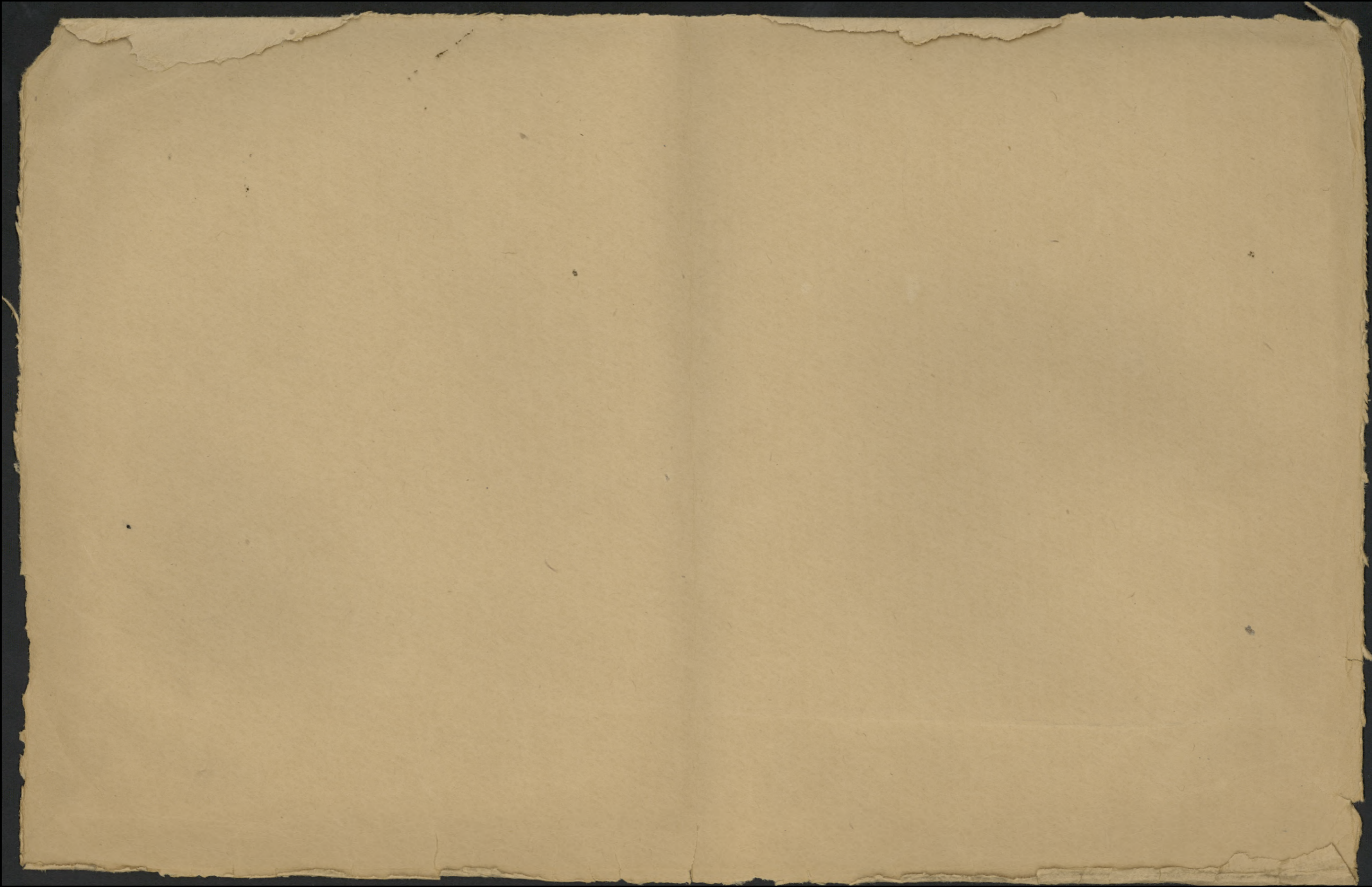
AC 19  
16 6

NAME Eggleston James A. (Pri) REGT. NO. 725545 UNIT 109th Bn. H. Q. FILE NO. \_\_\_\_\_



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				03196	
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demot.</i>
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 C.O.D.					
1 Discharge					
1 M.F.W. 67					





725 545

I.D. number  
No. d'identification

Eggleton

Surname  
Nom de famille

James A

Given names  
Prénoms

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

Open  
Atia

Location  
Lieu

2852



**DUPLICATE**

H.Q. 54-21-23-53

12

To be made out in duplicate.

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

**INSTRUCTIONS.**

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

(1) Name of Overseas Unit which Soldier joins.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number ..... **725545** .....

(3) Full Name of Soldier..... **Alfred Eggleton** .....

(4) Place of Birth..... **Lincolnshire** ..... **England** .....

(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.....

(9) Is your Father alive? Yes  
If so, state name and address James Eggleton Omemeo Ontario

(10) Is your Mother alive? Yes. Martha Eggleton  
If so, state name and address Omemeo Ontario

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

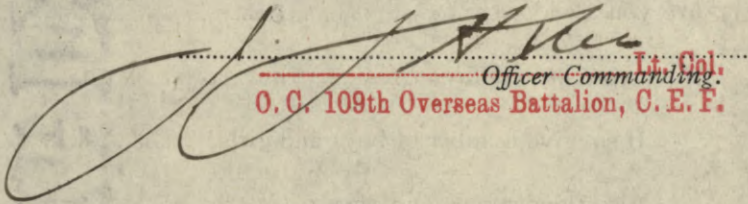
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
.....  
.....

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

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

15) Are you insured? No  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 14th 1916.

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



Number 725545 Rank Platoon

Surname EGGLETON

Christian Name James Alfred

Units 20th BN C. Inf. Theatre of War France

Date of Service 29-11-16  
10 Margaret St

Remarks Lindsay

Latest Address On leave Out

Roll No. B. Page 21485.

200m.-6-21.

3

DESP. MAR 24 1923

REGN. NO. 1064

DEGN.

3

CARD NO.

SURNAME.

*Eggleton*

CHRISTIAN NAMES

*James Alfred*

REGL. No. *725545*

RANK *Pte.*

UNIT *109th*

*Batt.*

FORMER CORPS

*mil.*

FOLI 3  
*S.O.S. Demob 24.5.19*  
*WO 148-28.5.19 3NA*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Eggleton James*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Ormeau, Ont.*

COUNTRY OF BIRTH

*England, Sparling*

DATE

*Jan 30<sup>th</sup> 1895*

PLACE OF ATTESTATION

*Lindsay Ont*

DATE

*Jan 8<sup>th</sup> 1916*

*Sailed from Halifax per*

*S.S. "Olympic"*

*29/7/17 488*  
*379 Pte 13*

*RIC 22/5-19*

Sailed from Halifax Per S.S. Olympic 23/7/16

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

20

YEARS

11

MONTHS

HEIGHT

5

FEET

7  $\frac{1}{4}$

INCHES

CHEST MEASUREMENT

34  $\frac{1}{4}$

INCHES

EXPANSION

2  $\frac{3}{4}$

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Wk. Brown

DISTINGUISHING MARKS

Top of right index  
finger missing.

MEDICAL EXAMINATION.

PLACE

Sunday

DATE

Dec. 18<sup>th</sup> 1915

No. 725545 RANK Pte

NAME Eggleston J. A.

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

109th. Battalion.

D.O. 29. 23-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 20	1915. Dec 31	✓		
1916 Jan	1916 Feb.	✓		
	Mar.	✓		
	April	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916



925545

# ORIGINAL MEDICAL HISTORY SHEET.

C. Coy.  
ORIGINAL

Surname Eggleton Christian Name James Alfred

Examined { on 23<sup>rd</sup> day of December 1915  
 at Lindsay  
 Birthplace { City or Town Spaulding  
 County England

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

Apparent age 20 years  
 Trade or occupation Farmer  
 Height 5 Feet 7 1/4 Inches  
 Weight 110 Lbs.  
 Chest measurement { Minimum 31 1/2 inches  
 Maximum expansion 34 1/4 inches  
 Physical development good  
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right None Left Two  
 Number Two

Date	Result	VACCINATIONS.
<u>25.1.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

When Vaccinated last January 25<sup>th</sup> 1916  
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection  
Top of right index finger missing

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.5.16</u>	<u>✓</u>	<u>J. McCulloch</u> M.O.
<u>1.6.16</u>	<u>✓</u>	<u>J. McCulloch</u> M.O.

Enlisted on 18<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>925545</u>		<u>18.12.15</u>
Transferred to.. ..	<u>C. E. F.</u>			
	<u>20th. Bn</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>18/4/19</u>	<u>a</u>	<u>at a weak knee</u>

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





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

**DENTAL CERTIFICATE FOR DEMOBILIZATION**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) EGGLETON J. A.

REGIMENT 20<sup>th</sup> Battalion RANK Pte No. 7255-45

Date of Examination in England 6-4-19 Date of Examination in France \_\_\_\_\_

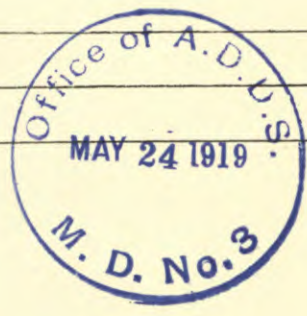
**DIRECTIONS TO DENTAL OFFICERS**

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



**PRESENT DENTAL REQUIREMENTS**

- 1. FILLINGS 31
- 2. EXTRACTIONS 16
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer [Handwritten Signature]

1862  
MAY 24 1862  
No. 1

MAY 24 1862  
No. 1

1862  
MAY 24 1862  
No. 1  
1862  
MAY 24 1862  
No. 1

W. S. B. CLASS. "A"

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.

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

Regimental No. 425545 Rank Private Name Eggleston James Alfred

Enlisted (a) 28.12.15 Terms of Service (a) D of W. Service reckons from (a) 28.12.15

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) Farmer

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				

	<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>	<u>Liverpool</u>	<u>31.7.16</u>	

Proceeded overseas for service with 20th, Btn.

Witley

W. Aseltine Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

~~Transf'd to 20th Bn, Overseas 28-11-16. D.O. 333-28-11-16.~~

W. Aseltine CAPTAIN  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY

CERTIFIED CORRECT.  
8 14 DEC. 1916  
CAN. RECORDS, LONDON

29/11/16	CB Depot	Arrived taken on strength	20Bn	29/11/16	NR.Pt.2.0.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20th Bn	Joined Unit	do	4/12/16	B213	
4-8-17	do	to attend Bayonetmen course	Div Schl	4-8-17	B213	
1-9-17	do	Rep: from Div. Sch. 20Bn		17-8-17	-	
8 DEC 17	-	GRANTED 14 DAYS LEAVE.		6-12-17	-	Part II Ord. 91-1917.
29 DEC 17	-	Rep: from leave		23-12-17	-	
✓ 1-1-18	-	Awarded 40 Badges		28-12-17	-	Ord 4-1918.

(a) In the case of a man who has re-engaged for, or enlisted into Section II, 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				
13.4.18.	20Pm	Passed at Duty	FLA.	5.4.18.	B213.
27.7.18	—	Attg: Cooking Course	1st Army	22.7.18	—
23.11.18	—	Granted 14 days leave UK		25.11.18	— No 119-18
21.12.18	—	Rejoined from leave	20Pm	15.12.18	—
9-1-19	do	Placed under stoppage of pay		21.12.18	A7B 2069
		To make good the loss of articles lost by neglect to the value of £ 18.4 <sup>s</sup> .4 <sup>d</sup> , 18.12.18.			P/O. 10/1919

Cdn. Embkn.  
Camp

NR.  
Pt. LLO.

Proceeded To England

3 APR 1919

S.O.S. O.M.F.C. TO CEE

P.T. H ORDER No. 19 DATED

24  
96  
13  
10  
2/15/19

ARMOURY Lt

A. Brause

Lieut.  
for Lt. Col. AAG,  
Canadian Section

Sailed 30  
S.S. CAPORNIA  
Sailed L'pool 14-5-19

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. *109th O/S Batta. C.E.F.*

Regimental No. *425545* Rank *Pte* Name *Boyle James Alfred*

C. E. F.

Enlisted (a) *8/12/15* Terms of Service (a) *Imperial War* Service reckons from (a) *8/12/15*

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) *Fanner*

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				
<i>14/5/19</i>	<i>T. O. S.</i>	<i>Discharged</i>	<i>Kingston</i>	<i>Pt. 2 Order</i>	<i>A. Q. 148</i>

*L. T. Hekey* Major  
*O. C. Dispersal Area Station*

(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 38, 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. 38, or other official documents
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

SERVICE BADGE  
CLASS "A" No 279701

THIS IS TO CERTIFY that No. 775 545 (Rank) Private  
Name (in full) James Alfred Eggleston enlisted in  
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 18th  
day of December 1915.

HE served in England and France in 21st Bn.

Demobilization.  
and is now discharged from the service by reason of Medical Unfitness.

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

Age 24  
Height 5 ft. 7 1/4 in.  
Complexion Fair  
Eyes Blue  
Hair Dark Brown

Marks or Scars Top of right index  
finger missing

Signature of Soldier.

JA Eggleston

Date of Discharge



E. D. Curran  
Issuing Officer

Rank

Date..... 19....

NB.- 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.

10

5

*[Faint, illegible text and markings on lined paper]*

*[Faint purple ink markings]*

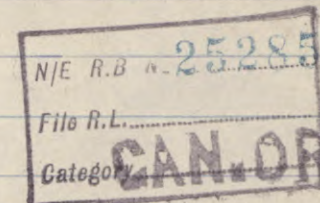
*[Faint purple ink markings]*



TLH. Rank Name EGGLETON, James Alfred. ✓ Reg'l No. 725545. ✓  
 Unit 109th. Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment Lindsay, 18th. Decr. 1915. Place of Birth Sparling England. ✓  
 Name and Address, Next-of-Kin James Eggleton ✓  
P.O. Omeme, Ontario, Canada. ✓ Relationship Father. ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character

H. W. &amp; V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	<b>A.F.B. 103 CHECKED</b>
28.11.16	O.C. 109th	S.O.S. on Trans to 20th Bn Witley <i>Taken on strength.</i>		28.11.16	P <sup>th</sup> II. D.O. 233 11 DEC 1916 N.G.D.
1.12.16	20th Bn		Witley	29.11.16	- 75
23.1.18	"	Awarded Good Cond. Badge	"	28.12.17	" 7
27.1.19	20 Bn	Stopp of pay £8-4-4. Loss of Kit Pte	"	21.12.18	- 11
5.4.19	"	Procd to England	" "	3.4.19	- 31
9.4.19	"	J.O.S. P. Wing C.C.C	" Witley	4.4.19	- 2
13.5.19	P. Wing	S.O.S. to Canada	" "	13.5.19	- 28
					S.L. No 60.14 15.5.19





MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2.

*Mrs. Martha Eggleton*

OVERSEAS CONTINGENTS

Name of Soldier

*Eggleton J. Alfred*

PAYMENTS.

7255-45-

*He "B" Coy 109 Batt*

L. L. Job 310.-Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15- <del>00</del> XX
				<b>AUG 1 1916</b>
April	1916			
May				
June				
July				
Aug.		<i>V 15285</i>	<i>15-</i>	
Sept.		<i>T 17103</i>	<i>15</i>	
Oct.		<i>T 22205</i>	<i>15</i>	
Nov.		<i>525995</i>	<i>15</i>	
Dec.		<i>C 34925</i>	<i>15</i>	
Jan.	1917	<i>38765</i>	<i>15</i>	
Feb.		<i>44076</i>	<i>15</i>	
March		<i>K 49936</i>	<i>15</i>	<i>15</i>
April		<i>711580</i>	<i>15</i>	<i>15 - CH</i>
May		<i>77820</i>	<i>15</i>	
June		<i>D 14217</i>	<i>15</i>	<i>15 - H</i>
July		<i>H 21465</i>	<i>15</i>	<i>B.</i>
Aug.		<i>R 28309</i>	<i>15</i>	<i>6</i>
Sept.		<i>Q 34938</i>	<i>15</i>	<i>63</i>
Oct.		<i>F 41125</i>	<i>15</i>	
Nov.		<i>W 46342</i>	<i>15</i>	
Dec.		<i>S 57169</i>	<i>15</i>	
Jan.	1918			<i>255</i>
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.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *W<sup>ro</sup> Martha Eggleton* By Whom Assigned *Eggleton J Alfred*  
 Address *Ormeau* Regtl. No. *# 725545*  
*Ontario* Rank *Pt*  
 Corps *109<sup>th</sup> Batt C.C.F. "B Coy"*  
 Rate *13-50* **AUG 1 1916**

**PAYMENTS**

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





ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>EGGLETON James Alfred</b>
EFFECTIVE DATE: <b>1.8.16</b>		EFFECTIVE DATE: -		NUMBER: <b>725545</b>
AMOUNT: <b>15.00</b>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs Martha Eggleton Ormemel. Ont. (Mother)				Private

*Stop Eff. 11/9/19*

UNIT AND TRANSFERS

ORIGINAL UNIT: **109 Bn**

DATE ACCOUNT FIRST OPENED: **1.8.16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<b>20 Bn</b>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
21 <sup>st</sup>	1222	20Bn	373	22/3/19	5759	20f.	373
17 <sup>th</sup>	528	✓	573				
20 <sup>th</sup>	528	✓	573	6/4/19	189	F 10	4867
✓		20 ✓	573				52.40
23 <sup>rd</sup>	✓	B.P.	573				

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March 31	Bal. Fwd.								58 19		
April	P. Pay	33		AR. 11. 11/4. 20Bn	446						
				75. 23/4. "	357						
				Canada				15	68 16		
May	do	33		do	803			15			
		3410						15	82 80		
June	✓	33		AR. 147. 22/5. 20Bn	446						
		3410		cap	446						
				AR. 210. 2/6. 20Bn	803						
				275. 30/6. "	357				89 20		
		33		cap	1166			15	108 30		
July	✓	3410		AR. 433. 12/7. 20Bn	446				103 84		
				480. 2/7. "	892				94 92		
				5506. 27/7. 20Bn	892				86		
		3410		cap	2230			15	105 10		
Aug	✓	3410		AR. 663. 20/8. "	357				101 53		
				cap	357			15	119 53		
Sept	✓	33		763. 8/9. 20Bn	714				112 39		
				866. 21/9. "	357				108 82		
		33			1071			15			
Oct	✓	3410						15			
Nov		3410		1012. 14 <sup>th</sup> 18. 20Bn	373				124 19		
Dec		6710			373			15			
				69. 65/11/2. 23 <sup>rd</sup> 18	3407						
				486. 2. 11. Bde. 18 <sup>th</sup> 18	373						
Jan		3410		538. 20 <sup>th</sup> 18. "	560			15			
				1222. 18Bn 24 <sup>th</sup> 18	373						
				315. 20 <sup>th</sup> 18. 4Bde	9733				35 93		
				4371. 72. 2.	14445			45			

*P.P.C. bal. Cr. 10<sup>03</sup>*  
*Joining Canada 1/5/19. 2. R. 6518 Bn 1/19 Bn 1/19 M.D. 3. Ldg. bal. Cr. 62<sup>45</sup>*

*L. H. ...*

NUMBER

425545

RANK

NAME

EGGLETON

J.A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb		6490		1853 29/12 20th	130				3593		
				at 7260 10/1 ✓	377						
				1409 18/12 ✓	649						
				3093 25/1 ✓	373						
				3591 2/2 ✓	373						
					1907						
				4169 26/2 ~	373	2275 ✓					
				5059 9/3 ~	365						
		6490			2640			30	4443		
				189. 6/4. King	4869			30			
				793. 20/4. ✓	973						
				2243-9/5 - P.C.C.C.	973						
apl		33						15	570		
		33-			6813			15			
8/6				AR5754 22/3/19	373				943		
				S.O.S. to Canada 13/5/19							
				M.D.3							
				Sailing List 60.							





725545 Pte Eggleton J. A.

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.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
			367	40					11	10	378	50					61	13	30	30	165		256	43	1222	04	
July 31.			34	10					34	10	275	21/6					2	67			15		17	67	138	50	
Aug 31.			34	10					34	10	193	8/6					5	35			15		20	35	152	25	
Sept 30			33						33		411	30	540	30			2	68			15		28	40	156	85	
			468	60					11	10	479	70	340	9/7	461	14/8					210		322	85			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLG. ENG.
1917	Sept 30 Balance								156	85	
	Oct P. pay	34	10						15	175	95
	Nov P. pay	33							15		
	AR 654. 30/9 20 Pm				268						
	AR 750. 19/10				446						
	" 603 19/9 "				268						
	" 816 31/10 "				357						
	CP 22354. 7/12/17				53	53					
	AR 880. 21/11 20 Pm				446						
	Dec 1918 P. Pay	34	10						15	141	67
	Jan do	67	10		71	38			30		
		34	10						15		
	AR 947. 16/12 20 Pm				12	49					
	302-2128. 6/12 "				97	33					
	1024. 30/12 "				80	3			15	42	92
Feb do	Can A.P.	34	10		117	85			15	58	72
	Can A.P.	30	80						15		
	30	80							15		
Mar do	Can A.P.	34	10						15		
	AR 1185. 14/2 20 Pm				8	03					
	" 1287 27/2 "				3	57					
	" 1320 13/3 "				4	46					
	" 1365 23/3 "				3	57			15	58	19
		34	10		19	63					

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

M. OR S. REGT. No. *725545* RANK *Pte* NAME (IN FULL) *EGGLETON, James Alfred*

NEXT OF KIN RELATIONSHIP ORIGINAL UNIT C.E.F. *109<sup>th</sup> Bn* IF IN P.F. WHAT UNIT? *20<sup>th</sup> Bn*

ADDRESS *Nil* PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *18/12/15* TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE ASSIGNED PAY \$ *15<sup>00</sup>/<sub>100</sub>* DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP PAYABLE TO RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Nil* ADDRESS *Mrs Martha Eggleton* *Mother*

ADDRESS *Nil* ADDRESS *Omence*

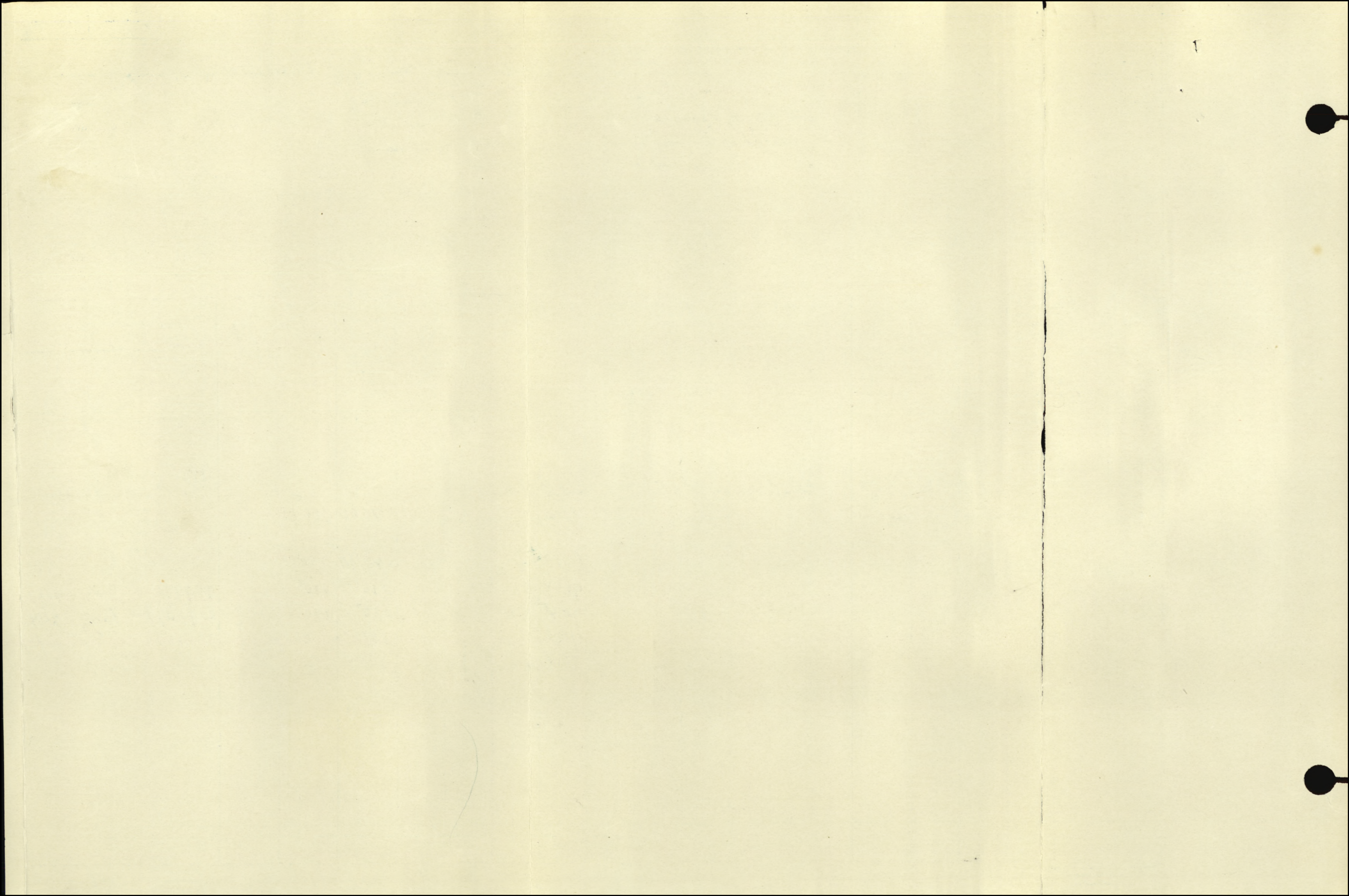
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*Kingston 24/5/19 Demob.*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE	NO.	DATE	
				10.03														Returned "Paronia"
May	29	1.00	31.90	35.00				19.47	4.87	5.00	162.59	15.00		146.93			10.03	Bal. per Eng L. P. C., Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money. Overpaid 5 days on discharge.
													5.50	5.50	5.50			
																		1st Payt. W. S. G. as above
																		Dr. Bal. (M)
																		931156 June 18/19
																		949971 - July 22/19
																		1292377 - Aug. 19/19
																		1319135 - Sept. 20/19
																		1327019 Oct 18/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

E

957

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. *725545*  
 Rank *Plt.* Promoted                      Reverted                      Discharge  
 Soldier's Name *J. Alfred Eggleton*  
 Battalion *109th Batt. C.E.F. (B Coy)*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs Martha Eggleton*  
 Address *Omenee Ontario.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan 18</i>	<i>X 66190</i>		<i>15</i>	<i>15</i>	<i>#</i>
<i>Feb</i>	<i>E 100862</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 129903</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>A 8872</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>May</i>	<i>A 13591</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>June</i>	<i>K 24449</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>July</i>	<i>O 30388</i>		<i>15</i>	<i>15</i>	<i>m</i>
<i>Aug</i>	<i>K 39128</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Sept</i>	<i>R 43039</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Oct</i>	<i>2 53298</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Nov</i>	<i>K 61448</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Dec 1919</i>	<i>T 69019</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>2 69486</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Feb</i>	<i>W 76877</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>Mar</i>	<i>9 89978</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>APR</i>	<i>10 896</i>		<i>15</i>	<i>15</i>	
<i>MAY</i>	<i>2 6574</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>570</i>		

*5346.12*

*A/c Closed 31-5-19*  
*Ret'd per....Coronia*  
*Date 22-5-19 M.F.W. 187 MD 3*  
*Clerk J.F.M. 27-5-19*  
*Destroy 112811 Per 27-5-19*

**AUDITED**

M. F. W. 128  
 4004-617-172-89-1141  
 L. L. 22520-M. & D. 7498.

**1111**



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 4009-6-17-1772-39-141  
 L. L. 23320-M. & D. 7593.

725545 Pte Eggleton J.A. 109th Bn C.E.F.

Will removed by Regt. Paymaster

*J. J. Williams*  
CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

75334 a

Perforated sheet for Will from Pay Book of Reg.

No. 725545

Name James Alfred Eggleton

Unit 109th Bn, Can. Inf.

Military Will.

In the event of my death, I give the whole of my property and effects to my mother, Mrs. Martha Eggleton, *memes.*

Ontario,  
Canada.

Signature James Alfred Eggleton

Rank and Regt. Private 109th Bn C.E.F.

Date October 2nd, 1916.

*Witness  
J. J. Williams*



MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19



Group 12

D. A. H.  
O. G. 1.

16-5-32

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



SERVICE BADGE  
"A" No 279781

1. No. 725545

2. Rank. Private

3. Name. EGGLETON James Alfred

4. Unit. 21st Battalion

5. Date of Discharge 24.5.19 Place Kingston, Ont.

6. Reason for Discharge Demobilization

7. Authority. P.O. 1420.

8. Proposed Residence after Discharge Onemeu, Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ? B. 39.

*JA Eggleton*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Signature.....

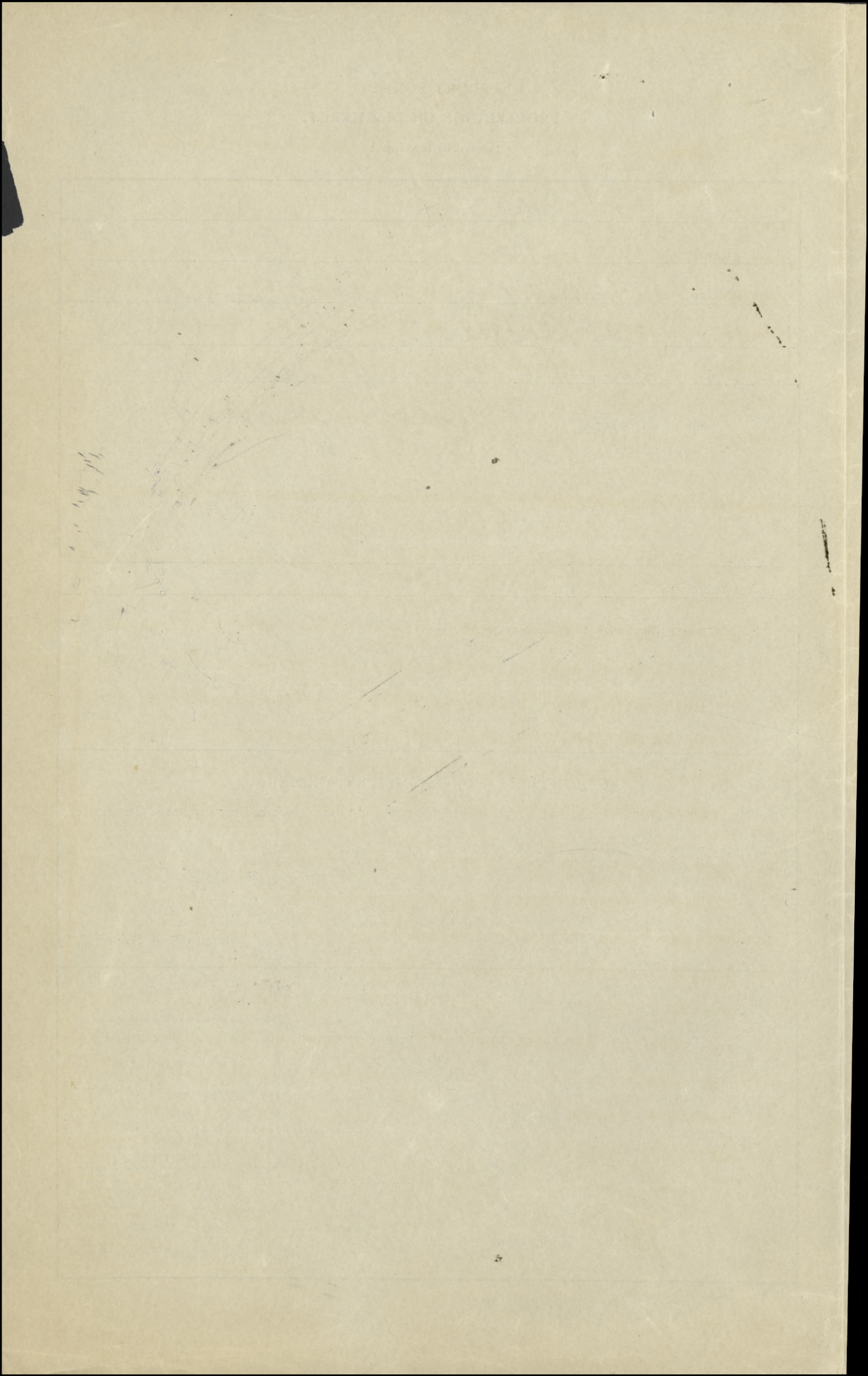
(O. C. Discharging Unit.)

Medical Documents Forwarded to S. C. R. or B. P. C. on Date JUN 6 1919

DISPENSAL AREA STATION  
KINGSTON  
ONT.  
MAY 24 1919  
DISTRICT

3911

306



LIST OF LIBRARIANS

1. Mr. J. H. ...  
 2. Mr. ...  
 3. Mr. ...  
 4. Mr. ...  
 5. Mr. ...  
 6. Mr. ...  
 7. Mr. ...  
 8. Mr. ...  
 9. Mr. ...  
 10. Mr. ...

[Faint handwritten notes or markings on the left side of the page, including a vertical line and some illegible characters.]

**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M) ),
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *2 dup.*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 178

Date 30-4-19

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... Witley ..... DATE..... 18.4.19

1. 1 (a) Unit..... 21st Bn ..... (b) Regimental No. 725545 ..... (c) Rank..... Pte

(d) Surname..... Eggleston ..... (e) Christian name..... James Alfred

(f) Home address..... Quebec Out

(g) Next of Kin..... Mrs J. Eggleston ..... (h) Relationship..... Mother

(i) Address of Next of Kin..... Quebec Out

2. Age last birthday..... 24 ..... Date of birth..... 30-1-95

3. Enlistment, or Appointment (if an Officer) (a) Place..... Leindsay ..... (b) Date..... 18.12.13

4. Personal description:

(a) Height..... 5' 11" ..... (b) Weight..... 145-lb. ..... (c) Complexion..... Dark

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

male (beard), an right - arrow

5. Former trade or occupation..... Railroad man

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>108</u>

	PERIODS	
	From	To
Canada .....	<u>18.12.15</u>	<u>24.7.16</u>
England.....	<u>31.7.16</u>	<u>28.11.16</u>
France or other theatres of War.....	<u>28.11.16</u>	<u>5.4.19</u>

7. Original disease, or injury..... AMPUTATION INDEX FINGER RT.

(a) Date of origin..... 1912 ..... (b) Place of origin..... Canada

(c) Cause..... accident -

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

Distal Phalanx Index Finger Right - missing  
~~no disability.~~

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

Distal Phalanx Index finger Rt - missing -  
two segments. Stump healthy.  
Subjective Symptoms nil.

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

Nervous System.....no Cardio-Vascular System.....no Genito-Urinary System.....no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses.....no Respiratory System.....no Integumentary System.....no  
Disturbances of Mentality.....no Digestive System.....no Muscular System.....no  
Osseous and Joint Systems.....no Any other general condition.....urine normal

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

In 1912 cut-off end of index finger of right-hand in stump cutter. He says "no disability" present. Has carried on as a man since 1915. (Infantry)

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

nil

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

~~marks on right arm~~ See 4.

11.—(a) Did the disabling condition have its origin before enlistment? Yes

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

~~yes~~ No

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

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

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

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes  
(If not, briefly state why)

17. Recommendations

md Sutton Capt. case  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Alfred Eggleston 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

*Handwritten initials*

422545 J. A. Eggleston Rank. Signature of invalid 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 criticised.

*Yes.*

19. Is the invalid fit for

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

*Yes A*  
*ix. A.*

20. It is certified that the invalid

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

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

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

*R.T.C. Auth A.G. Jul 90 83 11-11-18*

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

PLACE *Witley* *Wm Ecclestone President.*  
*H. Mackenzie* } Members  
DATE *18/4/19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... } Members  
DATE.....

APPROVED BY *[Signature]* Assistant Director of Medical Services. DATE *25-4-19*  
APPROVED BY *[Signature]* Director-General of Medical Services. DATE.....  
HEADQUARTERS F.D.M.S. 20 APR 1919  
CANADIAN TROOPS, WITLEY