

FEB 23 1916

D

ATTESTATION PAPER.

No. 724078

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Fuller Fuller
- 1a. What are your Christian names?..... George Washington
- 1b. What is your present address?..... Dorset
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bancroft
- 3. What is the name of your next-of kin?..... Lucinda Fuller
- 4. What is the address of your next-of-kin?..... P.O. Dorset, Ontario Canada
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... June 18 1884
- 6. What is your Trade or Calling?..... Lumberman
- 7. Are you married?..... yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?.. no
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... yes
- 12. Are you willing to be attested to serve in the } yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Geo Fuller, 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.

George W Fuller (Signature of Recruit)

Date Feb. 23 1916. A. M. Scott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Geo Fuller, 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.

George W Fuller (Signature of Recruit)

Date Feb. 23 1916. A. M. Scott (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 Grinden this 23rd day of February 1916

R. A. Baker (Signature of Justice)

Description of George Washington Fuller on Enlistment.

Apparent Age 32 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 6 ft. ins.

Scar on inner side of right ankle.

Chest measurement. { Girth when fully expanded..... 36½ ins.
 Range of expansion..... 3 ins.

Complexion Fair

Eyes Brown

Hair Dark Brown

Religious denominations { Church of England..... X
 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 FEB 23 1916 191 .

Place Lindsay

[Signature] 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.

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

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

Date FEB 23 1916 191 .

C.E.F.

FULLER GEORGE WASHINGTON

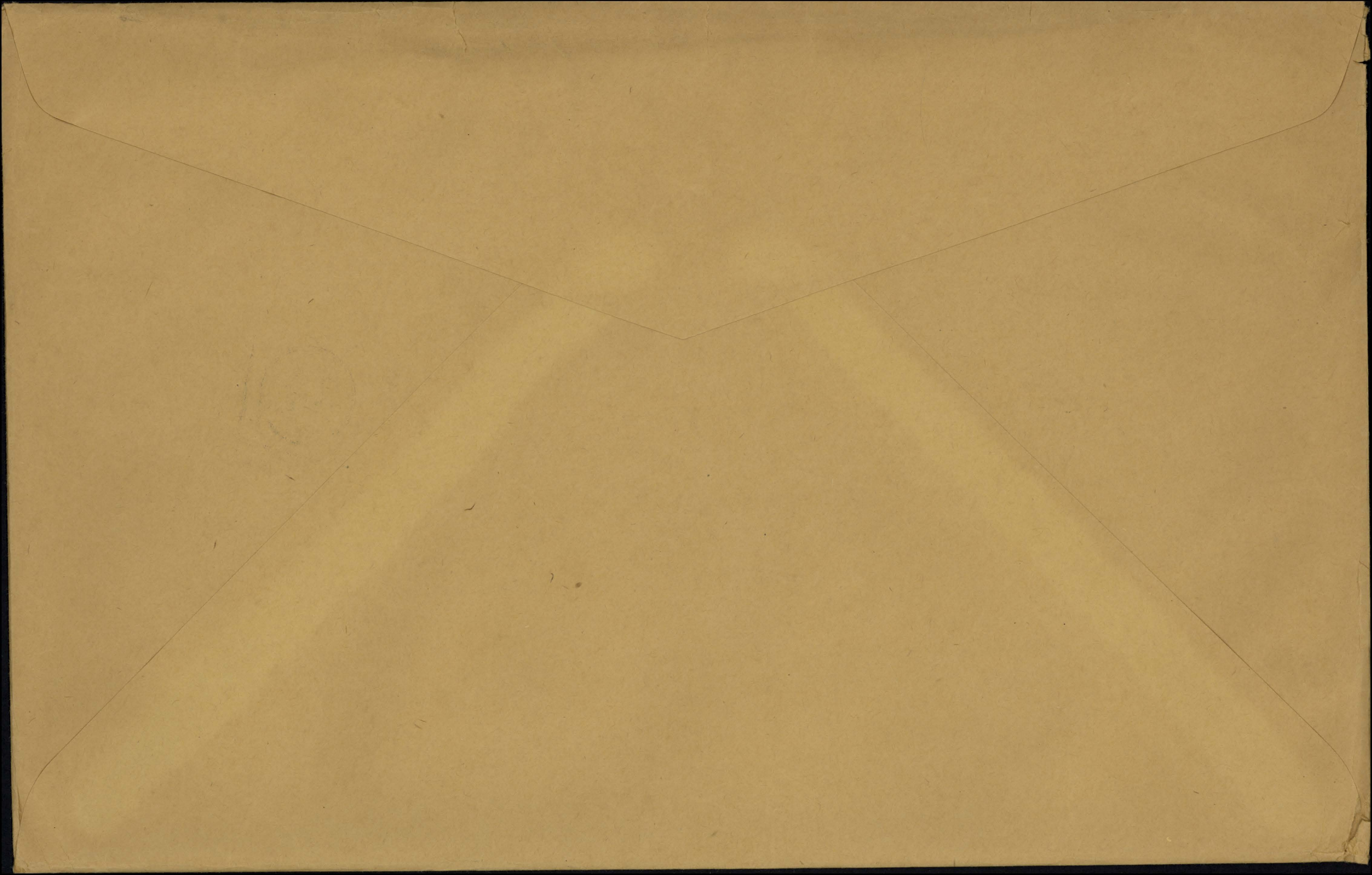
724078

109 BN

21490

PHYS. UNFIT.





To be made out in duplicate.

DUPLICATE

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins... *D Coy 109th Bn Rm 2/S.*

(2) Regimental Number... *724078*

(3) Full Name of Soldier... *George Washington Fuller*

(4) Place of Birth... *Dorset Mt*

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

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

(b) Present Postal Address... *Dorset Mt.*

(7) Are you a widower? ... *No* ~~1 boy & 3 girls~~

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

If so, give number of boys and girls... *1 boy & 3 girls*

Also their names and ages... *Martin Fuller 2 years*

Sybrina Fuller 4 "

Josephine Fuller 2 "

May Fuller 1 mo.

(9) Is your Father alive? No

If so, state name and address _____

(10) Is your Mother alive? No

If so, state name and address _____

(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.

I have

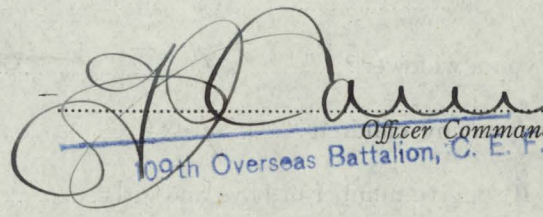
(15) Are you insured? No

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 19/2/16



Officer Commanding.
109th Overseas Battalion, C. E. F.

TLH. Rank **FULLER, George** Name **Washington, ✓** Reg'l No. **724078. ✓**
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married ✓**
 Place and Date of Enlistment **Minden, Feb. 23rd. 1916. ✓** Place of Birth **Bancroft. ✓**
 Name and Address, Next-of-Kin **Lucinda Fuller, ✓**
P.O. Dorset, Ontario, Canada. Relationship **Wife. ✓**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship

N/E. R.B. No. **9601**
 File R.L. **banor**
 Category **banor**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
	Arrived in England per H. M. T. 2810 31-7-16			
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Brampton	5-10-16 Pt II. D.O. 279 J.W.E.
11-10-16	20 th "	T.O.S. from 109 th Bn	Field	6-10-16 " II 55.
19.5.17	do	Edinburgh War Hspl	Bangour	15.5.17 Gas Rept B344
25.5.17	1 CORN.	T.O.S. from 20 th Bn	W. Sandling	15.5.17 Pt II O. 44 9h 0'40 431.5.17 (20')
9-8-17	20 th Bn.	Tfld. Can. Conv. Hosp.	Bromley	5-8-17 C.L. B406 (Nephritis)
20-8-17	✓	Kings Can. Red X Hosp.	Bushy Hill	16-8-17 C.L. B414 ✓
6-10-17	1st CORP (20)	Disch. " " " " " "	" " " "	3-10-17 C.L. B30 ✓
3-11-17	1st CORP	On Com. C.D.V. pending Disch. pte.	W. Slings	3-11-17 Pt II D.O. 239
21-11-17	✓	Ceases on Com. C.D.V. & S.O.S. to Canada for Disp. by A.G.	✓	6-11-17 — 257

A.F.B. 103 CANCELLED 17 OCT 1916

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL Feb. 23rd, 1916.

Reg. No. 724078 Rank Pte Name Fuller Geo. Unit 109/Btn. Cas.
 Age 34 Married ~~or~~ Single
 Diagnosis Syphilis Admitted Jan. 21/18 Discharged Result

Case Number

A 790

Name

HISTORY

When and where contracted Exposed Sept 1917 in England.

Date and character of first symptoms Fell from a tree about Jan. 2nd, 1918 in which foreskin was slightly torn back from the glans. The wound healed in four or five days.

Subsequent symptoms
 Present symptoms At present there is induration around the site of the scar. Also a fine rather indistinct brownish red macular rash on chest.

Family History of Syphilis Healthy wife and four children.

DATE	Dark Field	Wass.	C. S. F.	Treatment	Dose	Reaction	REMARKS
Jan. 22/18		Repeat.		Neodiars.	.9		
" 29 "		4.4.4.		Neodiars.	.9		
Feb. 12 "				Neodiars.	.9		
" 19 "		2.0.0.		Neodiars.	.9		
" 25 "				Neodiars.	.9		
March 4/18.				Neodiars.	.9		
" 12 "		Neg.		Galyl	30 cgr		
" 19 "		Neg.		Galyl	30cgr		
" 23 "				Discharged from Hospital, Negative Wassermann, To return for Wassermann Test April 30/18.			

Rank

Reg. No.

W. Beckwith
Capt.

Name: [illegible] Sex: [illegible] Age: [illegible]
 Address: [illegible] Date of Admission: [illegible]
 Discharged: [illegible]

HISTORY OF PRESENT ILLNESS
 [illegible text describing symptoms and history]

[illegible text describing physical examination findings, including skin lesions and systemic symptoms]

DATE	TEMP.	PULSE	B.P.	RESPIRATIONS	DIET	URINE	STOOLS	OTHER
Jan 13	38.2	90	120/80	18	...	...	...	...
" 14	38.1	88	120/80	18	...	...	...	...
" 15	38.0	85	120/80	18	...	...	...	...
" 16	37.9	82	120/80	18	...	...	...	...
" 17	37.8	80	120/80	18	...	...	...	...
" 18	37.7	78	120/80	18	...	...	...	...
" 19	37.6	75	120/80	18	...	...	...	...
" 20	37.5	72	120/80	18	...	...	...	...
" 21	37.4	70	120/80	18	...	...	...	...
" 22	37.3	68	120/80	18	...	...	...	...
" 23	37.2	65	120/80	18	...	...	...	...
" 24	37.1	62	120/80	18	...	...	...	...
" 25	37.0	60	120/80	18	...	...	...	...

Discharge from Hospital, Negative Wassermann
 in return for treatment, sent April 1918.

[Handwritten signature and date]

Examined by Capt. McCulloch, Lindsay, Ont., Feb. 23/16
 M. O. K. (Wife) Mrs. Lucinda Fuller, Dorset, Ont.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

Mans address same.

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Ravina Bks., Toronto DATE Jan. 21/18

1. (a) Unit #2 Cas. (b) Regimental No. 724078 (c) Rank Pte.
 (d) Surname FULLER (e) Christian name George Washington

2. Age last birthday 34 Date of birth June 18, 1883

3. Enlisted at Lindsay, on Feb. 23/16

4. Personal description:—

(a) Height 6' (b) Weight 150 (c) Complexion Fair
(stripped)

(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks

Scar on right ankle. Vaca 1 on left arm.

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

Dorset, Ont.

6. Former trade or occupation Fireman

7. (a) Service	Years	Days
	1	331
	PERIODS	
	From	To
<u>109th Bn.</u>	<u>Feb. 18/16</u>	<u>Oct. 6/16</u>
<u>2nd Bn.</u>	<u>Oct. 6/16</u>	<u>Dec. 1/17</u>
<u>#2 Cas.</u>	<u>Dec. 1/17</u>	<u>To Date.</u>

(b) Has he been Overseas? Yes, France.

8. Present disease or disability (use authorized nomenclature if possible).
1. Convalescent from Nephritis. 2. Variocose veins.

(a) Date of origin 1. May /17. 2. Dec. /16 (b) Place of origin 1. 2. France.

(c) Cause* 1. Infection in the trenches. 2. Unknown.
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1) SUBJECTIVE- Pain dull ache in character with occasionally sharp twinges in muscles of back, thighs and calves. Weakness- easily fatigued - as walking up one flight of stairs or 1/2 mile on level. Headaches- in both temporal regions and occipital - lasts 4 or 5 hours - occurs once or twice a week - occurs after stooping over and sometimes in bed - not related to exertion. - Black specks before the eyes - occurs about once a month lasting 5 or 10 mins. No frequency of micturition. Eye lids swollen in mornings - no swelling of feet. Praecordial pain under left nipple not related to exertion - lasts 2 or 3 mins. No shortness

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

10. History ;

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

Feet cause him no inconvenience now. Asserman is now negative.

He refuses the mercury treatment - as he wishes to have his treatment from a civilian Physician. Such refusal under these circumstances

I consider reasonable. Vision. 20-20 both eyes. Remains of old chancre still on penis. One vacc.

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

12. Did the disability arise on or off duty? 1. 2. On duty

13. Was a Court of Inquiry held? 1. 2. ~~Yes~~ Not applicable.

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

Yes..... 1. No. 2. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. 2. No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 6 mos. 2. Permanent without operation, one month with operation.

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

1. 5 mos. Hospital. 2. None except Elastic Bandages

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

1. No. 2. Yes, operation but refused.

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

20. Recommendations E-11

J.S. Richardson M.B.

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.)

G.W. Fuller.

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

G.W. Fuller

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

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

~~We concur.~~

20 should be D3
W.F. Mear

otherwise we concur

22. Is the soldier fit for

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

23. It is certified that the soldier

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

(Strike out condition not applicable).

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

That he be placed in Category "D3" and be given treatment in Hospital as an In-patient but as this treatment is refused and*we consider the refusal reasonable we recommend that he be placed in Category "E" and be allowed to pass under his own control.

*as.

W.F. Mear Major President.
 J. G. Craft Capt. }
 J. G. Luce M.D. } Members.

STATION Ravina Barracks, West Toronto, Ont.

DATE March 27th, 1918.

APPROVED BY

DATE

9/4/18

APPROVED BY

DATE

J. B. Brown Capt
Assistant Director of Medical Services.

Director-General of Medical Services.

of breath.

OBJECTIVE- Eye lids appear swollen - colour is good. Pulse is 72 regular in rythm and force - on running 50 yds it is 100 and very irregular due to frequent extra systolae which do not come through the pulse. The heart itself becomes very irregular due to little beats and long pauses 1st sound is loud and booming , Apex is in 5th space within nipple line No murmurs. 2nd aortic not accentuated. Very slight radial thickening. Blood pressure. S. 14 D. 100. There is no abnormal Dyspnoea on running 50 yd. Urate, Acid 1026, No albumen or Sugar.

2' SUBJECTIVE- Dull aching pain in right leg from knee to ankle on walking from 100 yds to 1/2 mile . This may be the pain following nephritis.

OBJECTIVE- Varicose veins on front of leg and on inner side. Slight in degree. No ulceration . Eczema . Phleboliths. or phlebitis.

Other systems apparently normal.

Incapacity due to weakness following nephritis and partial loss of function of right leg due to pain.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, G.W. Muller understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. Further syphilitic treatment and operation for varicose veins.
Witness: W.J. McLean Signed: G.W. Muller
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.

INSTRUCTIONS

- 1. In using this Form the " Instructions issued for the guidance of Medical Officers serving on Medical Boards " will be carefully followed.
- 2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- 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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- 5. The nomenclature of diseases to be followed is that 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 and Sons.

1206

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

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

Regimental No. 240/8 Rank Private Name Fuller George Washington

Enlisted (a) 23-2-16 Terms of Service (a) D of W Service reckons from (a) 23-2-16

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) Lumberman

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

CERTIFIED CORRECT.
OCT 1916

	Embarked Canada		Halifax	24-7-16	
	Disembarked England		Liverpool	31-7-16	

Transferred for Overseas Service with 20th Battalion

OCT 5 1916

Capt

D.O. Pt. 20

NR Pt 20

109th Overseas Batta

B213

A36

292119-5-17

ADJUTANT

109th BATTALION CAN. INFANTRY.

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	
do	do	Left for	do	20/10/16	
27/10/16	20th Bn	Arrived	do	23/10/16	
12-5-17	4 CFA	Reposts adn 4/17/17	12 CFA	4-5-17	
5-5-17	18 CCA	Albion adn 4/5/17	28 AT	5-5-17	
11-5-17	2 And Gen	2nd (Act) & posted to 1st Cent		11-5-17	

Old Reg Adn

Whogau
Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

25-5-17	1st CARD	T.O.S. from 20th Bn.	W. S. Long	15-5-17	Pt II D.O. 77
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for Colonel i/e Records

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

[P.T.O.]

Whogau

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.
3-11-17	WARD	Att to 1st C.D.D. Sandling Buxton		3-11-17	R 4 D 8 2 39 H. Cleverly Lieut. & Assist. Adjt for O. C. 1st C. O. R/D.
5 NOV 1917		TAKEN ON STRENGTH C.D.D. BUXTON PL 11 ORDEB No 262.			F. W. L. Lieut.-Col. Commanding Canadian Discharge Depôt.
6-11-17		EMBARKED FOR CANADA FROM LIVERPOOL			F. W. L. Lieut.-Col. Commanding Canadian Discharge Depôt.
		Dis. #2 Cas. Unit, Toronto, April 11, 1918, Part 11, Order #99.		1/12/17	TOS #2 Casualty Unit Toronto, Part II Order #291 Lieutenant for O. C. #2 Cas. Unit, Toronto.

Pte Fuller has been a patient in the Base Hospital

suffering from Syphilis He has received

8 shots treatments with Neodiarsenal His Wasserman re-

action is now Negative. He should receive at least

Six months treatments with Mercury, and should report

every three months at some laboratory for a Wasserman. If

not Overseas he will be expected to report here for a Wasser-

man reaction on ~~xxMayxx27/18x~~ April 30/18.

No. 2
CASUALTY UNIT

MAR 23 1918

W. Fuller
By

W. J. ...
...

724073 Pte. Fuller, G.

1/Ont- F 253
Category B11

before a Combatant Board of Officers composed of:-

President- Lieut.Col. B.O.Hooper.

Members) Major. J.P. Cowles.
) Major. A.B. Turner.

held at West-Sandling, the 27 day of Oct.

Authority Board. B- 199

The Board having heard, and considered the evidence in the case of this man, with special reference to:-

- (a) The man's usefulness from a Military point of view.
- (b) The cost of his maintenance, including pay.
- (c) His occupation in civil life, and his physical fitness for this occupation.

is of the opinion that this man should be returned to Canada, for disposal of the A.G.Ottawa.

Guy B Gordon
.....Major, O.C.
1st Cent. Ont. Regt'l Depot.

1912

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF PHYSICAL CHEMISTRY

CHICAGO, ILL.

RECEIVED

TO THE DIRECTOR OF THE UNIVERSITY OF CHICAGO

FROM

DR. J. H. VAN VLECK

IN CONNECTION WITH

THE STUDY OF

THE THERMODYNAMICS OF

SOLUTIONS

AND THE THEORY OF

.....

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept. 27 1916

No. 724078 Rank Pto. Name Fuller G.W.

Local Unit..... Overseas Unit 20th Bn Age 34

Examination held at.....

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

DEBILITY (Following Nephritis)

PRESENT CONDITION.

Reported sick in France May 4th with symptoms of Nephritis.
General condition now fairly good - appetite good sleep well. Color good. No swelling. Weight about normal.
No complaints now of some headaches and pain in legs. Veins in legs slightly varicose.
Heart - few aortic systoles at times. Urinals - neg.
Pulse regular 76. B.P. 122-90.
Urine - alb. neg. Sugar - neg. W.C. - neg.

BOARD RECOMMENDS: fit

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty B II.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members { A. H. Bry Capt for L. Murray Major President.
W. A. Evans Capt. Comm. Comm.
Dr. Davis Capt. Comm.

APPROVED

Dated at.....1916.....

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Form 100-100-100

No. _____ Name _____ Rank _____ Local Unit _____ Overseas Unit _____ Age _____ Examination held at _____ Dated at _____

DISABILITY: Over 30 days - 75% (See form 100-100-100)

Present Condition

PRESENT CONDITION

Handwritten text describing the present condition of the member, including details of symptoms and medical history.

BOARD RECOMMENDATIONS

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

Signatures:—

President

Members

APPROVED

Dated at _____ 1918

Duty -

2111

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

No. 724878 Rank *plc* Name and Corps of disabled Soldier:— *Fuller George Washington 109th Batta*

Previous civilian occupation:— *Farmer.*

Cause of Disability:— *Convalescent from Nephritis*

Condition, in detail, which prevents the soldier earning a full livelihood:—

*In France 7 mos.
Evacuated in May 17 with Nephritis
Now he has moderate swelling under
eyes. Urine - Albumin negative, Sugar
negative, microscopically negative.
Weight. normal, slightly anaemic, and
Complains of head aches pains in the
back and legs, heart and lungs are normal
Slight varicose veins in right calf.
General condition fair.*

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) *20%*

Probable duration of incapacity:— *4 mos.*

Does it render him permanently unfit for Military Service? *No*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? *No*

Signature:—

McCain Capt
President.

Station:— *Quebec*

Arthur Capt
Ralph B Cox Capt } Members

Date *28/11/17.*

APPROVED.

Date *28th 17.*

W. L. Cameron Major
Asst. Director Medical Services.

Date.....

Director General Medical Service.

P. J. H.
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724078	Pte	Fuller.	G. W.
Year	Unit.		Age.	Service.
1917	20 th Datt		34.	11 7/12
Station and Date.	Disease			
Dusky PK	Nephritis			
15 Aug 17.	BORN Derby Ontario			
	MARRIED	SINGLE		OCCUPATION
				Farmer
	INOC.	(1)		F. V. (F)
	NEXT OF KIN (Wife) Mrs Loucinda Fuller Dorset Ont.			
	ENLISTED	(Dorset) Minden Ont	D. T. E.	23 July 1916
	ENGLAND			Aug.
	FRANCE.			6 Oct 1916
4 May.	Newelle Maast.		Reported Sick	
	Pains in back. Weakness.			
	couldn't see out of his eyes. ached all over			
	Puffy under eyes legs swollen.			
4 May.	C. C. S.		marked "albuminuria"	
6 "	Doulogne 2 Australian		7 days Bed.	
	Palto.		Milk Diet	
12 "	Dangor War Hospital		- Bed. -	
	no treatment milk Diet			
4 Aug	Bromley		mild slight alb.	
15 Aug.	Dusky PK			
	P. H. B.	nil.		
	F. H.	negative		
	Pres. Condition -			
	Backache, general weakness, pains in legs - bowels regular, headache			

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

Station
and Date.

Aug 18th

and dizziness frequently,
appetite fair, sleeps well,
no frequency of urination. slight puffing under eyes.
Exam, — nutrition good Wt. 145. H.Wt. 170
skin and cut — normal
Lump. — negative
Heart & vessels. — B.P. 122 - 90.
Pulse — 70. slightly irregular. mod. Tension
Vessels — normal.
Urine — light amber, acid, 1018.
alb. no, sugar — no,
micro — a very few hyaline and gran. casts
a few epithelial cells.

August 28

Urine. alb — neg — sugar — no. Sty
mic — negative
Complaints of backache and pain
between the shoulders behind.
Heart — ^{Pulse} only slightly irregular.
may go on pulse for a in days. 1/2 hr
T.T. Diet #4
P.T. (a)

Sept. 6

Improving. complaining of cramps
in legs at night.
Has varicose veins, superficial
and may be cause of above pain.
Urine — alb — no.
mic — negative. Am.

Sept 13

Urine — alb — no. mic — negative
progressing.

Nov 26

Continues only of some pain in legs
Urine. alb. neg. 2000 — neg.

2/10/17

Bound written B II. P.D. Eyes
Discharged to Capt. Out. P.D. Thomeliff

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1917	724078	Plt.	Fuller	G. George
		Unit.		Age.
	20 th Infantry, 4 th Bde. 2 nd Div.			Service. 1 ² / ₁₂
Station and Date.	Disease <u>Albuminuria</u>			
12 th May	<p>Admitted to ward 2nd Edin. War-Hosp. referred rule on 4. 5. 17. Pat^l says he had been having pain in small of his back for about 1 mo. previous to reporting rule. He had pain in ^{small of} back of burning nature dizziness, pain in back of headache & a sharp stabbing pain over cardiac region. Feet were numb & had a burning sensation in them - but did not appear to be swollen. Hands were not swollen - but he was puffey under his eyes</p>			
	Diet <u>cust</u>			
	<p>Complain of dizzy feeling at times: has pain in back & occasional pain in back: has also sharp pain in chest - not much cough - Sleeps fairly well: no oedema. Diet milk only. Get urine for amount, if any, of albumen.</p>			
15- Aug 17	<p>Complain of d. headache has all in urine ... Good fish diet & <u>passed</u> without eggs. Pat^l [Signature]</p>			

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

Ward 24

Station and Date.

Canadian

for Transfer

B4

file for transfer.

CANADIAN CONVALESCENT HOSPITAL,
BROMLEY, KENT.

15/8/17

Transferred to Bushy Park for further treatment
& Convalescence

85 Lyon Street EXETER CAMB

CANADIAN CONVALESCENT HOSPITAL

724078

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Fuller Christian Name George Washington

Examined { on 23 day of February 1916
 at Minden
 Birthplace { City or Town Bancroft
 County Westmap
 Apparent age 31
 Trade or occupation Farmer
 Height 6 Feet 0 Inches
 Weight 160 Lbs.
 Chest measurement { Minimum 33 1/2 inches.
 Maximum expansion 36 1/2 inches.
 Physical development good
 Small-Pox Marks no
 Vaccination Marks { Arm Right None Left Full
 Number 3
 When Vaccinated last 10 March 14th 1916

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		16 MAY 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Slightly flat chest.

Date	Result	VACCINATIONS.
14.3.16	Good	J McCulloch M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
15/6/16	Good	J McCulloch M.O.
22/6/16	"	J McCulloch M.O.
27/6/16	"	J McCulloch M.O.
TAB 22.9.16	"	H. Boyd do

Enlisted on 23 day of February 1916 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109^E Bn - C. E. F.</u>	<u>724078</u>	<u>0</u>	<u>23.2.16.</u>
Transferred to.. ..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bushy Park</u> Ravina Barracks, West Toronto, Ont.	<u>Sept 27th 17.</u> <u>Mar. 27th, '18.</u>	<u>Nephritis</u> 1. Conv. from Nephritis 2. Varicose veins.	<u>Bit. H. Perry Capt. C. M. C.</u> <u>W. T. Miller</u> <u>"E" Major, AMC</u> <u>PRESIDENT, S. V. B.</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

Christian Name *George Washington*
 Surname *Fuller*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.	
		Admission into Hospital.			Discharge from Hospital.							
		Day	Month	Year	Day	Month	Year					
EDINBURGH WAR HOSPITAL		12	5	17	3	8	17	<i>hepatic</i> Albuminuria	83	no albumen.	<i>Alison Rose</i>	
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		4	8	17	15	8	17	Do	12	Slight albuminuria - protein in blood - not improving	<i>Dr. Allen 20/17 came</i>	
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		15	8	17	3	OCT	1917	Rebilitz (following nephritis)	48	General condition now fairly good - appetite good sleep well. Color good no swelling weight above normal. He complains now of some headache and pain in legs. Veins in legs slightly varicose. Heart few extra systoles at times. Vessels neg. Pulse reg. 76. BP. 122-90. Urine alb. neg. sugar neg. misc neg. Dis. to 1250000 St. Louis office		
Base Hospital	Immt	21	1	18	23	3	1918	Chancu	62	Adm. Wasserman. H. H. H. Six injections Mediacas. Two injections galye. Dis. Wasserman negative. Do return for Wasserman test April 30/18.	<i>Dr. Allen</i> Captain, C. A. M. O. <i>Edwin J. ...</i>	

Report No. **13264**

Class Duty **G-111**

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

D
Fuller, George W.
Dorset,
Ont.

No. **724078** Rank **Pte.** Original Unit **19th** Present Unit **20th**
 Age **34** Height **5 ft. 1/2** ins. Complexion **fair** Eyes **brown** Hair **brown** Character **N.R.**
 Date of enlistment **23 - 2-16** Where enlisted **Minden** Where seen service **France**
 Ship returned by **Beta 10** Date of arrival **14-11-17** Port of arrival **Hpx. C of E.**
 Birthplace **Canada** Religion **C of E.**
 Name and address next of kin **Wife, Mrs. L. Fuller, same address.**

Cause of disability **Conv. from nephritis.**
 Condition which prevents the soldier from earning a full livelihood

In France 7 mos. Evacuated in May 1917 with nephritis. Now he has moderate swelling under eyes, Urine albumin negative. Sugar negative. Microscopically negative. Weight normal. Slightly anaemic. Complains of headaches pains in the back and legs. Heart and lungs are normal. Slight varicose veins in right calf. General condition fair.

Degree of incapacity (Please state in fractions) Eng. Board **--** Canadian Board **20%**
 Probable duration of incapacity **4 mos.** **Does it render him perm. unfit for Mil. Serv? No.**
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board **Duty**
 Destination to which transportation issued **Toronto, Ont.**
 Members of Board **K.C. CAIRNS CAPT. A. HEG CAPT. R.B. COX CAPT. W. W. GARRICK MAJOR**
INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Wife	28			
2					
3					
4	4 eldest (BOY)	8			Good
5					

Occupation prior to enlistment **Farmer**
 Regular trade or profession **do**
 Average earnings previous to enlistment **Variable** Any other income
 Name and address of last employer **Own farm.**
 Rent per month **If purchasing property amount due and annual payment, \$**
 Taxes **30.00** **If Homestead, when is patent due?**
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society **Amt. per mo. \$**
 If unable to follow previous occupation, name preference
 At what age soldier left school? **What grade, standard, &c., was he in?**
 Has he taken any Technical or Continuation classes, if so what? **N.A.**
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References **Last empl.**
 Witness **J.P. Woodley** I declare that the above statement is correct.
 Date **Quebec 29-11-17** Signature **Fuller, G.W.**

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
 Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$
 Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$
 Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
 First payment date.....

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

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

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

Last payment date

PENSION - Class - Amount per year \$ - Date granted for - Period granted for - Date from -

Transferred to - Date - Transferred from - Date -

Amount forwarded to H. Q. Unit \$ - Credit Other - Amount \$ -

Last Pay Cert. Cr. \$ - Amount paid at Dept. H. Q. \$ -

Amount forwarded to H. Q. Unit \$ -

Witness - Date -

Reference -

1. Indicate that the above statement is correct.

Signature -

Whether given Vocational Training while in hospital in England. If so what subject?

Has he taken any Technical or Commercial classes, if so what?

At what age sold or left school?

What trade, standard, etc., was he in?

At what age followed previous occupation, name, etc.?

If in receipt of sick benefits or other insurance name of society?

If carrying life or accident insurance, amount?

Tax \$ - If Homestead, when is payment due?

Item per month - If including property rental due and annual payment \$ -

Name and address of last employer -

Average earnings previous to enlistment -

Regular trade or profession -

Occupation prior to enlistment -

Number of dependents -

Destination to which transportation issued -

Recommendation of Canadian Board -

In final disability board to prevent return to previous occupation?

Probable duration of incapacity -

Degree of incapacity. Please state in fact on Eng. Board -

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE - IF EMPLOYED	WAGES	STATE OF BIRTH
1	Child 1	10			Canada
2	Child 2	8			Canada
3	Child 3	6			Canada
4	Child 4	4			Canada

Condition which prevents the soldier from earning a full livelihood

Name and address next of kin

Place of birth

Date returned by

Date of enlistment

Height and weight

Rank

No.

Class

Report No.

This form is to be filled out by the soldier himself, or by a person acting on his behalf, and should be filled out as completely as possible. It should be filled out at the time of enlistment, or at the time of a change of status, or at the time of a discharge. It should be filled out at the time of a discharge, or at the time of a change of status, or at the time of a discharge.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

LAST PAY CERTIFICATE

No. 23

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1919).

Regimental No. 724078 Rank Pte Name G. W. Fuller

Corps #2 Cas. Unit who was* Discharged

On Apr. 11 1918, to Apr. 1 1918,
 *Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg't Pay <u>11</u> days at \$ <u>1c</u>	<u>11</u>	
by } No.			Field Allow. <u>11</u> days at \$ <u>c.10</u>	<u>1</u>	<u>10</u>
Cheques } No. <u>19424</u>			Separation Allowances* (Monthly) <u>Apr.</u>	<u>9</u>	<u>15</u>
Assigned Pay and Sep'n Allce. No.	<u>9</u>	<u>15</u>	Other Allowances* <u>Clothing</u>		<u>8</u>
Other charges			Other Credits*		
Payment on transfer or discharge No. <u>19425</u>	<u>78</u>	<u>10</u>	Bal. Dr. (to be deducted by new unit)	<u>58</u>	
Balance Cr. (to be paid by the new unit)					
Total	87	25	Total	87	25

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (†) been paid on account of Assigned
 { Pay for the month of Mar. 1918 }
 { and Sep'n Allce. for month of Apr. 1918 } (to) Assignee Mrs. L. Fuller
 (Address) Dorset, Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge authority D. O. 99
- (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 9/4/18

Place Toronto

L. W. Nurse
 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.

No. 724078 RANK Pte

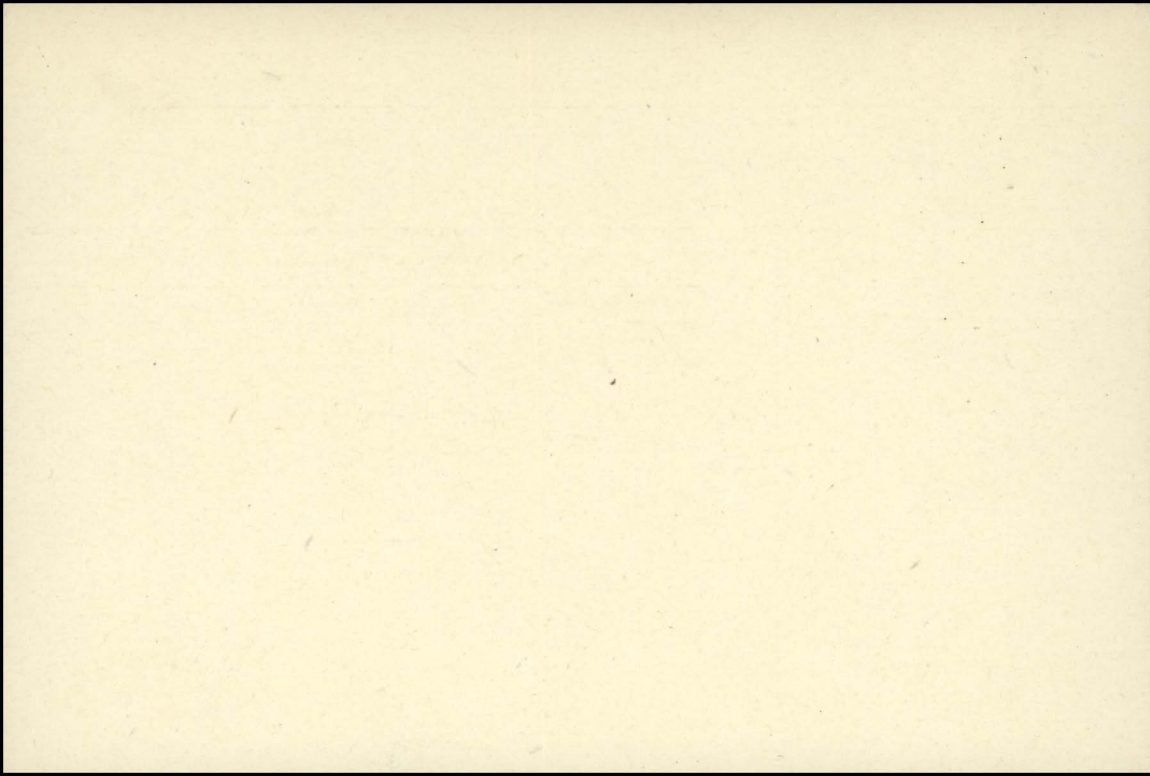
NAME Fuller G. W.

T. O. S. 23. 2. 16. UNIT 109th Battalion
D.O. 100. 16-3-16

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Feb. 23	1916. Mar 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

George Washington

Name FULLER

Rank

Pte.

Reg. No. 724078

Unit 20th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
15-5	Edin. W. H. Bangour, W. Lothian.	Albuminuria.		B344		
5-8	CCH. Bromley.		Nephritis.	B406		
10. 8	<i>Kings Cross R.X. Hosp. Bushy Park</i>		<i>do</i>	<i>B 414</i>		
3.10.17	<i>Discharged</i>	<i>(575)</i>	<i>- do -</i>	<i>B30</i>		

93P

Number 724078 Rank Pte

Surname FULLER

Christian Name George Washington

Units 20 Bn Can Inf Theatre of War France

Date of Service 6-10-16

Remarks

Latest Address Dorset, Ont.

Roll No. B. Page 15597

200m.-2-21.M.

P

RR

B

V

DESP. NOV 1 1926

REGN. NO.

26808

THE KING'S CANADIAN RED CROSS
CONVALESCENT HOSPITAL
ADMITTING CARD.

Regt. No. 724078 A. & D. No. ~~2040-7~~ T1890-7
 Rank Pte.
 Name Fuller G.W
 Corps 20th Battn
 Religion C of E Age 34
 M. H. Rec'd _____ M. H. Requested _____ M. H. Ret'd _____
 Disease Nephritis 11-12 7-12
 Admitted 15-8-17 C.C.H. Bromley
 Discharged 3 OCT 1917 120 Gen & Out Dept. Dept. → Brothers 32
 Place in Hospital _____
 Transferred _____
 Results _____

152

REMARKS:

Neville St. Vaast. Reported Sick 4/5/17.

Boulogne 2nd Australian Hoopl. 6/5/17.

Bangor War Hoopl. - 12/5/17.

Bromley Land Hoopl. - 4/8/17.

Bushy Park
Aug 15. Ch
Physical Exam. Heart & Lungs b P. 122 - 90
Lungs negative. Pulse 70. Slightly irregular
moderate tension. Urine - 17 ambly,
acid 1015. Hlb no, sugar no
micro - a few gran and hyaline casts.
a few epithelial cells.

Aug 25. Urine Hlb neg Sugar no micro - neg

Sept 6. Improving. Complains of cramps in
leg at night. Has varicose veins
superficial and may be cause of
above pain.

Sept 26. Complains only of some pain in legs.
Board written B II

REGT'L. No. 724078

NAME Fuller, G. W.

H. Q. FILE NO. 649

RANK AND CORPS Pte. 20th Bn. (2nd Can Div)

FOLLOWS
No.
FOLLOWS

CABLE	
NO.	DATE

NATURE OF CASUALTY

Sailed from Liverpool per the SS
"Glympia" 6-11-17. Ind. 2.
Coldest. B2. Dis. of A.G.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B. 334. Edinburgh War Hospital Bangour W. Lochean 15-5-17 Albuminuria etc.

B406 to C. C. Burnley. 5-8-17 Nephritis

B414 to King's Co^t Busby Ph. H. F. 16-8-17 "

B. 30. " " " " Kils 3-10-14 "

SURNAME.

Fuller

CARD NO.

CHRISTIAN NAMES

George Washington

REGL. NO.

724078

RANK

706.

*S.O.S. Dis 11/4/18. 2
Pl. 1199 of 9/14/18 2 Corp Unit*

UNIT

109th

73A.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fuller, Lucinda

RELATIONSHIP TO SOLDIER

wife

ADDRESS

Dorset, Ont.

COUNTRY OF BIRTH

Canada, Bancroft

DATE

June 18th 1884

PLACE OF ATTESTATION

Minidien

DATE

Feb. 23rd 1916

Sailed from Halifax 7th S.S. "Olympic" 23/7/16 ⁴⁸⁸/₁₄

RIC 14/11/17.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Lumberman

RELIGION

C of E.

DESCRIPTION.

APPARENT AGE

32

YEARS

-

MONTHS

HEIGHT

6

FEET

-

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Dr. Brown

DISTINGUISHING MARKS

Scar on inner side of rt. Ankle.

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Feb. 23rd 1916

VENEREAL CARD

M. D. No. 2

REG. No. 724078. UNIT. 109 Batt. NAME. Fuller. Geo.
(SURNAME FIRST)

AGE. 34. SERVICE. ✓

INSTITUTION. Base Hospital STATION. Toronto. Ont. 21-1-18.

DIAGNOSIS. Syphilis. PLACE OF ORIGIN. England.

CONDITION ON ADMISSION. Induration around ear. also a fine rather
 indistinct brownish red macular rash on chest.

TREATMENT. Neodears . 9. Galylt. 30 cgr.

DISCHARGE OR TRANSFER TO. 23-3-18.

CONDITION ON DISPOSAL OF CASE. Wasserman Neg. to return for Wasserman
 test- 30-4-18.

Surname **Fuller.** Christian Name or Names **G. W.** Reg. No. **724078.**

Rank **Pte.** Unit **20th. Bn.** Co. **1st. C.O. Reg.** Troop Batty.

Hospital **Edinburgh War Bangour.** Date of Admission **15-5-17**

Transferred **Bowal Bromley** Hosp. **5-8-17**
Kings C.R. Hosp. Bushey Park Hosp. **16-8-17**

Hosp.
Hosp.

Diagnosis **Albuminuria. N**
(1) **Nephritis**
Later Diagnosis (if changed) **in ad**
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date **Dis. - 3-10-17**

REMARKS

C.I. 19-5-17. B.344.
- 9-8-17. B.416
" 20-8-17. B.414.
8-10-17. B.3021

A.M.D. 2 Dept.
Sch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.
 L. L. Job 310.-Req. 6574.

Mrs. Lucinda Fuller *Wife*
PAYMENTS.

Name of Soldier *Fuller, G. W.*
124078 "D" Coy Pte. *109^d Batta*

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 15. ⁰⁰	
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>V15674</i>	<i>15</i>	
Sept.		<i>Y16353</i>	<i>15</i>	
Oct.		<i>920968</i>	<i>15</i>	
Nov.		<i>E25889</i>	<i>15</i>	
Dec.		<i>7832206</i>	<i>15</i>	
Jan.	1917	<i>737214</i>	<i>15</i>	<i>H32206 Remained 16/12/16 to L.</i>
Feb.		<i>743207</i>	<i>15</i>	
March		<i>D50364</i>	<i>15</i>	<i>15 R</i>
April		<i>K1618</i>	<i>15</i>	<i>15 L</i>
May		<i>Z 8149</i>	<i>15</i>	
June		<i>C14229</i>	<i>15</i>	<i>15 L</i>
July		<i>G 21365</i>	<i>15</i>	<i>15 L</i>
Aug.		<i>7 33124</i>	<i>15</i>	<i>15 L</i>
Sept.		<i>N 35279</i>	<i>15</i>	<i>15 L</i>
Oct.		<i>N 41641</i>	<i>15</i>	<i>15 L</i>
Nov.		<i>Z 47661</i>	<i>15</i>	<i>15 L</i>
Dec.		<i>57822</i>	<i>15</i>	<i>15 L</i>
Jan.	1918			<i>15 L</i>
Feb.				
March				
April				
May				
June				
July				

A/c Closed 30-11-17
A.P. 2400
Ret'd per... Olympic
Date 6-11-17, P.X. 124-11-17
Clerk V. K. A.P.

4.5-

W.B.

2205

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Lucinda Fuller* By Whom Assigned *Fuller, G. W.*
 Address *Dorset, Ont.*

Regtl. No. *724078*Rank *Pte*Corps *109th Batta "10 Coy"*

Rate *\$15⁰⁰* **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				



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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Lucinda Fuller (wife)
PAYMENTS.

Name of Soldier

Fuller George W
pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	V 2129	40	40
May		F 6301	20	20
June		L 3633	20	20
July		J 11028	20	20
Aug.		S 13120	20	20
Sept.		J 15889	20	20
Oct.		O 19389	20	20
Nov.		D 22834	20	20
Dec.		J 25851	20	20
Jan.	1917	U 28091	20	20
Feb.		U 31201	20	20
March		U 34283	20	20
April		U 748	20	20
May		U 3991	20	20
June		Y 7399	20	20
July		X 10456	20	20
Aug.		F 14617	20	20
Sept.		E 18393	20	20
Oct.		J 19776	20	20
Nov.		W 22899	20	20
Dec.		J 26304	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

..... A/c Closed 31-12-17
 440⁰⁶ Ret'd per... Olympic
 Date 6-11-17 P. X. 26-12-17
 Clerk... J. Newlands

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.				

1. 3. 16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Lucinda FullerName of Soldier Fuller George W.Address Dorset,
sub.

Regtl. No.

Rank PteCorps 109 Bu

Relation to Soldier

To what Corps belonging

wife, child or mother

wife

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				



X10417

μ

Plz Name Fuller, George Washington

M. F. W. 41
1 OM-7-16
1772-39 889 P. C. No.
F1248

Regimental No. 724078

Home
Name and address of next of kin Worset out.

Unit 109th. Bn

Date of enlistment 23-2-16

M.B. 28-11-17 Subj.
Spd 20.00 fr to 31-12-17 \$440.00

Place of "Mindery"

Married (yes or no) Yes

Date and place discharged

Amount of pay assigned monthly \$ 15.00 fr to 30-11-17

\$240.00
Reason for discharge

To whom payable Mrs. L. Fuller

Character on discharge

Olympic 14-11-17

Worset out

Rate C III K.R. 649-F-8284

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date
	31-10-17						76.79							
1-11-17	30-11-17	30	1.00	30.00	30	.10	3.00					70.00		E.L.P.L.
												9.73		C.R. Quebec
												15.00		arr. 2 Boat
												94.73		Nov 17
												15.06		let P.L. send on
												109.79		showing of ad to 30 1/2
														and ad to M.D. II

ad 11-12-17

Eng ad P.L. 1-8-16 to 31-10-17 \$225.00

POST DISCHARGE PAY OFFICE

25559/510

Three months pay and allowances after discharge.

06524-G-2.

Name Fuller, G.W.
Surname

Christian Name

Regimental Number 724078

Rank

Pte.

Address (in full) Dorset, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.2

Date of Discharge 11-4-18

P. D. P. Filing Number 16-469-2

M^{rs} Lucinda Fuller

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	7752	11-5-18	58 00	7478	11-6-18	59 10				58 00	117 10
	2678 - 15-4-19		70 00								
	7478		70 00								

M. F. W. 127.
50M-617.
1178-39-1140.

Remarks: Debit P.D.P. #2 Cas.Unit.

Dorset
Ont

Wife

Mrs. Lucinda Fuller

same add.

Dec'n No 25559/510		W. S. G. File No 6524-812	
Award..... days at \$ 70 per day \$		330	
S. A.... 2 months at \$ 30 per mo. \$		150	
Less P, D. P. Credited		\$ 172.10	
		\$	
Less further debit balance		\$.....	
Net due to us Less		324.90	
TO SOLIDERS AND BENTONS			
0	Ag	DU	DU
13/4/19	2673 427497	70 00	2673 427498 30 00
24/19	2310 423180	70 00	2666 443377 30 00
19-19	1795 435437	34 90	2443 443898 30 00
			1528 469431 30 00
			1462 147 30 00

GEN'L AUDITOR
Posting checked by
Moreland
Date 27/6/19

et.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16.

Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *424078*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *G. W. Fuller*
 Battalion *109 Battrn "D" Coy*
 Beneficiary *Mrs Lucinda Fuller*
 Relationship *wife*
 Address

PARTICULARS OF ASSIGNMENT

(wife)
 Name *Mrs Lucinda Fuller*
 Address *Dorset Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Dec 31st</i>		<i>440 -</i>		<i>440 -</i>	<i>Last payment made in Dec '1917 Ac closed 31-12-17 held per Olympic 6-11-17 A.A. 26-12-17</i>

1212736
MR

MARRIED OR SINGLE

Married

PLACE OF BIRTH

Bancroft Ont

NAME AND ADDRESS OF NEXT OF KIN

*Lucinda J
Dorset Ont. Ca*

RELATIONSHIP OF NEXT OF KIN

wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (

PAYABLE TO

RELATIONSHIP OF DEPENDANT

DATE	PAY			FIELD ALLOWANCE				WORKING SPECIAL PA			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT
			\$	C.			\$	C.			
<i>July 31</i>											
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>				
<i>Sept 30</i>	<i>30</i>		<i>30</i>				<i>3</i>				
<i>Newton Oct 1-5</i>	<i>5</i>		<i>5</i>					<i>50</i>			
<i>6/31</i>	<i>26</i>	<i>1.</i>	<i>26</i>		<i>26</i>	<i>10</i>	<i>260</i>				
<i>Nov 30</i>	<i>30</i>	<i>1.</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>				
<i>Dec 31</i>	<i>31</i>	<i>1.</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>				
<i>1917</i>			<i>1530</i>				<i>1530</i>				
<i>Jan 31</i>	<i>31</i>	<i>1.10</i>	<i>3410</i>								
<i>Feb 28</i>	<i>28</i>	<i>1.10</i>	<i>3080</i>								
<i>March 31</i>	<i>31</i>		<i>3410</i>								
<i>Apr 30</i>	<i>30</i>	<i>1.10</i>	<i>33</i>								
<i>May 31</i>	<i>31</i>		<i>3410</i>								
			<i>33440</i>								

EXTRACT FROM NORTH BRITISH

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MARRIED OR SINGLE

Married

PLACE OF BIRTH

Bancroft Ont

NAME AND ADDRESS OF NEXT OF KIN

*Lucinda Fuller
Dorset Ont. Can.*

RELATIONSHIP OF NEXT OF KIN

Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4													
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.									
<i>July 31</i>																																			
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>	<i>29 98/16</i>																			
<i>Sept 30</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>60 31-816 92/16</i>																			
<i>Newton Oct 1-5</i>			<i>5</i>				<i>50</i>								<i>5 50</i>																				
<i>6/31</i>	<i>26</i>	<i>1.</i>	<i>26</i>		<i>26</i>	<i>10</i>	<i>260</i>								<i>28 60</i>										<i>7335 17/10/16</i>					<i>131 3/9/16</i>					
<i>Nov 30</i>	<i>30</i>	<i>1.</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>33 00</i>	<i>1334 21/10/16</i>																			
<i>Dec 31</i>	<i>31</i>	<i>1.</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>	<i>1389 22/11</i>																			
<i>1917</i>			<i>15 30</i>				<i>15 30</i>																												
<i>Jan 31</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>												<i>24 10</i>	<i>1529 16/12/16 6/17</i>																			
<i>Feb 28</i>	<i>28</i>	<i>1.10</i>	<i>30 80</i>												<i>30 80</i>	<i>1674 24/1 1733 7/2</i>																			
<i>Mar 31</i>	<i>31</i>		<i>34 10</i>												<i>34 10</i>	<i>1794 27 1856 7/3</i>																			
<i>Apr 30</i>	<i>30</i>	<i>1.10</i>	<i>33</i>												<i>33</i>																				
<i>May 31</i>	<i>31</i>		<i>34 10</i>												<i>34 10</i>	<i>32 17/4 98 30/4</i>																			
			<i>33 440</i>												<i>22 70</i>	<i>357 10</i>																			

724078 Pte Fuller G.W.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3
			\$	C.						\$	C.	NO.	DATE	NO.	DATE			
			334	40				22 70	357 10					4930	17 77	14 09		
June 20	10	11							22									
21-30	10	11							11									
July 31			34	10					34 10									
Aug 31			34	10					34 10							1 22		
Sept 30			33						33									

S. Bangor 24/7
49 3/8

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED. PAY	ALLG. ENG.	
1917													
Sept 30		188	36						188 36				
Oct.									15				
"	S. 7. 3. 140 13/10/17 P.E. 239 1 CORR. 8/10/17	8	03										
"	31 days Ptes P.W.	34	10						215 49				
				AR 3124. C.R.+H Bly P.K. 30/8	2	43			213 06				
		42	13										
Nov				" 3603 17/9/17 20 Bw.	7	30							
				" 3996 24/9/17 "	4	87							
				" 2956 16/8/17 Buehys Park	2	43							
				" 289 15/10/17 1 CORR	24	33							
				" 375 25/10/17 3 Res	48	67			125 46				
					87	60							
1918													
Feb.				SWAR. 4297 17/9/17 King's B. R. P.	48	67			76 79				
					48	67							
				Balance transferred to N. E. Branch.						NIL			

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
17	77	1409	150	569	236 85	120 25				From 1 st C.O.R.D. effect 21.6.17
			15		15	127 25				
						138 25				
			487		19 89	152 35 ⁴⁸				
			15							
	122		15		16 22	140 32				
			15		15	188 36				

ASM. FORM REN'D *stated* EFFEC. *11/17*
 DISCHARGED TO *loan* DATE *21/10*
 PAYBOOK VERIFIED *11/17*
 BALANCE *76.79* L.P.O. REN'D *11/17*
 AUTH. *at 5.12.17*

For disposal.

Checked *J. Graham*

This space to be for numbers.



Proceedings on Discharge.

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



No.	724078
Rank	Pte.
Name	FULLER, Geo. Washington
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	#2 Cas. Unit (109th Bn.) (20th Bn.)
Date of Discharge	April 11, 1918
Place of Discharge	Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....34.....years.....9³/₄.....months.
 Height.....6.....feet.....inches.
 Complexion Fair
 Eyes Brown
 Hair Dark Brown
 Trade Fireman
 Intended place of residence } Dorset, Ont.
(To be given as fully as practicable.)

Descriptive Marks
 Vace. 1, on Left Arm
 Scar on Right Ankle

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

PHYSICAL UNFITNESS.

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

Fireman.

H.C.D.
13-1-20 A.W.

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

W. S. G. Comp.
11-3-19 E. On.

(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.....

(Date)..... April 11, 1918

[Signature]
Commanding For C. C. Casualties, C. E. F., M. D. No. 2 Lieut.

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. *[Signature]* (Signature of Soldier.)

(Date)..... April 11, 1918 *[Signature]* (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)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

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

(Place)..... Toronto, Ont.....

(Date)..... A. '11, 11, 1918

[Signature]
(Signature) For C. C. Casualties, C. E. F., M. D. No. 2 Lieut.

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.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.