

FEB 21 1916

109TH EN

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 724033

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Gale
- 1a. What are your Christian names?..... Sydney Thomas
- 1b. What is your present address?..... Minden, Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Muskoka Dist., Ont.
3. What is the name of your next-of-kin?..... Mrs Jas. Gale
4. What is the address of your next-of-kin?..... 250 15th Ave. East Vancouver B.C.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... Sept 13th 1874
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. If so, state particulars of former Service. No
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, Sydney Thomas Gale, 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: February 21 1916. Sydney T. Gale (Signature of Recruit) George Jilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sydney Thomas Gale, 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: Feb 21 1916. Sydney T. Gale (Signature of Recruit) George Jilly (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 Minden this Feb 21 1916 day of Feb 1916.

R. H. Baker (Signature of Justice)

Description of Sydney J. Gale on Enlistment.

Apparent Age 41 years 5 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 4 1/2 ins.

Scar on thumb of left hand, radial side.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 1/2 ins.

Complexion Dark

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 21 1916 191 .

Place Lindsay

McCulluck 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.

Sydney Thomas Gale 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.

Date FEB 21 1916 191 .

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

C.E.F.

GALE SYDNEY THOMAS

724033

109 BN

01702

DIED 5-2-48



3369

Mo20

Number 224033

Rank Lt



Surname GALE

Christian Name Sidney Thomas

Units 21st Bn Can Coy Theatre of War France

Date of Service 6.10.16

Remarks 102 Parliament St Toronto

Latest Address ~~Beatrice P.O.~~

~~Muskoka Ont.~~

Roll No.

200m.-2-21.M.

Page 15767

DESP. AUG 20 1922
REGN. NO. GA 1660.

Sydney

Thomas

Name **GALE** ✓ Rank **Plt.** ✓

Reg. No. **724033** ✓

Unit **1st Salome Bn** ✓

Next of Kin **Canada**

ws.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-9-17	Went from Base (265 52)		Wd.	AVL	6139	
24-9-17	11 (Harwood St) 3 rd A Division (HA 14417)	3 rd A Division	Don't know	A28		
2-10-17	Reading 4 th Reading (1087)	357 Ave		B29		
1-12-17	Went from	357 Ave		B80		7439
7-12-17	126 3 rd A Bn	Permia		B85		7828
13-12-17	Went from	do		1090		8292
7-1-18	Discharged	- do -		1010		2344
					<i>ws.</i>	

NAME

Gale Sydney Thomas

REGT'L NO.

724033

H. Q. FILE NO. 649.

RANK AND CORPS

Plt. 1st. Labaw Bn (form 1094 (Bn.))

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS
No.

FOLLOWS

3-4
M6139

2-10-17

Co. Rep. wounded, Sept. 22-1917. ✓

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 26	Rpt. from Base	22-9-17	Wounded
A 28	#11 Gen. Camiers	24-9-17	Bomb. Wd. Legs. Sev.
B29.	Reading War Reading	2-10-17	" " " L 24-10-17
B80-3	Mil. Conv. Epsom.	1-12-17	G.S.W. Buttocks Flesh. (1st)
B85-1	No 12 "Can. Gen. Bramshott	7-12-17	Hernia Q. (1st Lt. ^{5/12/17} _{Regt.})
B90-2	Mil. Conv. Epsom	13-12-17	" R. " (1st Lt. _{Regt.})
B.110-5.	Discharged	9-1-18.	" "

No. 724033. RANK *Pte*

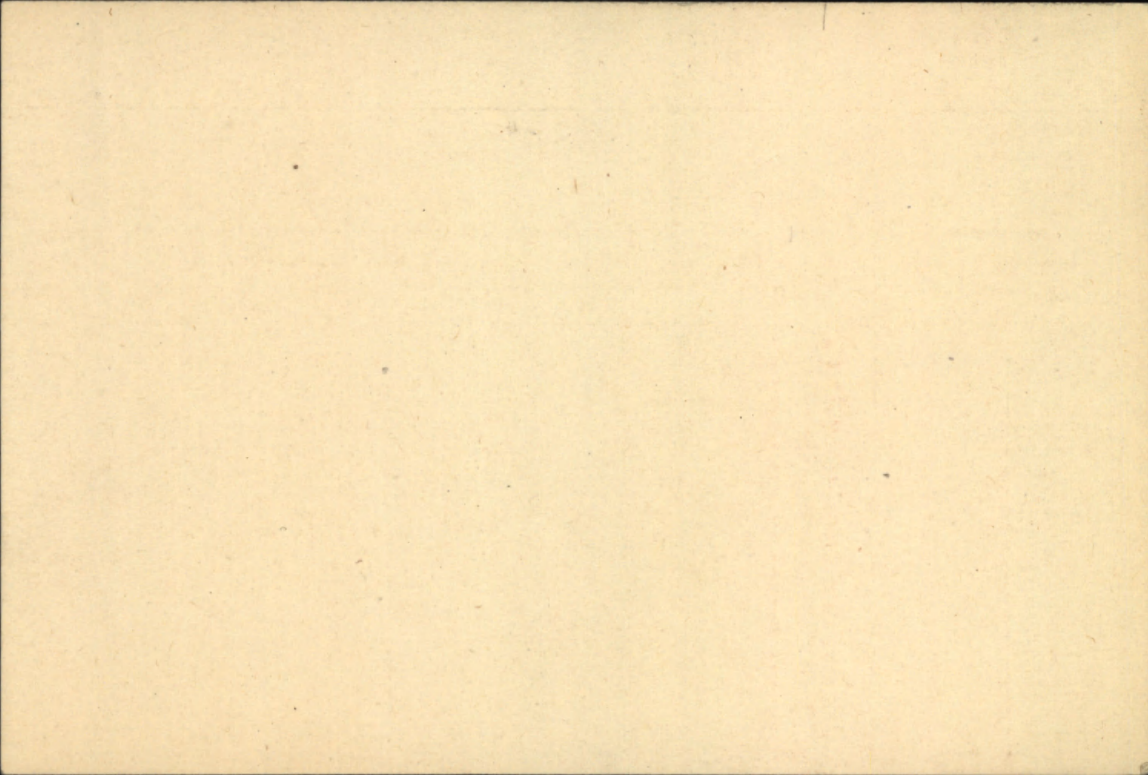
NAME *Gale. J.* *J.*

T. O. S. 21-2-16. UNIT *109th Battalion.*
D.O. 92. 7-3-16

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 21</i>	<i>1916.</i> <i>Mar 31</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



NAME

Gale Sydney Thomas

S.O.S. Dis 18-4-18. I
Pt II 106 of 16-4-18. 2 can Unit

RANK & No.

Pfe

124033

CORPS

109th

Batt.

ENLISTMENT, PLACE

Mindew

DATE

Feb. 21st. 1916.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Muskoka Ont.

NEXT OF KIN

Gale, Chas Jas.

(Father)

ADDRESS OF NEXT OF KIN

250, 15th Ave. East Vancouver B. C.

DISCHARGE, PLACE

DATE

Pl 20-3-18 772

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

M. F. W. 22. 100 m.-9-15.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

41 YEARS

8 MONTHS

HEIGHT

5 FEET

4 1/2 INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

dk. Brown

DISTINGUISHING MARKS

*Scar on thumb of left hand,
radial side*

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Feb 21st. 1916

REMARKS:

No 12 CAN. GENERAL HOSPITAL
HOSPITAL

A. & D.
CARD

AT _____

A. & D. NO. T501 PL. OF ACTION 724033.

RANK Plé. UNIT 1st. Can: Lab: Batt. SICK OR WOUNDED

NAME Gale, S T. AGE 44. RELIGION CofE.

PLACE IN HOSPITAL Ward 17.

DIAGNOSIS _____

ADMITTED 6-12-17. FROM Epsom.

DISCHARGED _____ TO _____

TRANSFERRED 18-12-17. Epsom.

SERVICE AT HOME _____ IN FIELD _____

RESULTS _____

REMARKS.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

GALE

S.T.

724033

RANK

UNIT

Co.

TROOP

BATTY.

Pte
HOSPITAL

1CO1Lab.

DATE OF ADMISSION

x 11 Gnl. Carriers

24.9.17

1.

Reading War.

HOSP. 2.10.17

2.

Can. Conv. Epsom.

HOSP.

3.

12 Can Gen Hosp. Brauslow

HOSP. 7-12-17

4.

Milit Conv. Hosp. Epsom.

HOSP. 13.12.17

DIAGNOSIS

1

Bomb. Wound Legs sev.

2.

x S.w. hip sev. B. R

3

Y.W. Buttocks. Flesh. R

Hernia Q not ent.
Hernia. R/A the

DISPOSITION

DATE

CL. 3-10-17 A26. RFB. Wd. 22-9-17.

5.10.17 @ 28(2) x

REMARKS

6.10.17 B29

Confirmation of diag.
Extraction 11.10.17 Bone set diag

5-12-17 B. 88(3)

11-12-17 B 85-1

17.12.17 B 90.Y.

11-1-18 B/110-5 Dis: 7-1-18.

A.M.D. 2 Dept.

Beh. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

TLH. Rank Name GALE, Sydney Thomas. Reg'l No. 724033.
 Unit 109th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Minden, Febry. 21st. 1916. Place of Birth Muskoka Dist. Ont.
 Name and Address, Next-of-Kin Charles James Gale,
250, 15th. Avenue East, Vancouver, B.C. Canada. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

NI RD NO 56
 File RL
 Category OR Can

Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<u>2</u>		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109 th Bn	S.O.S. to 21 st Bn	Bramshott	5-10-16	Pt II D.O. 279
9-10-16	21 st Bn	<i>Taken on strength,</i>	Field	6-10-16	.. II 58
27 th 17.	-	S.O.S. to 1 st Can. Lbr. Bn.	-	6 th 17.	— 73. (D.O. 64 d 5-8-17)
2-10-17	1st CORP (1st L)	Reported from Base (Wounded)		22-9-17	G.L. A26
4-10-17	-	No. 11 Gen. Hosp.	Bamiers	24-9-17	G.L. A28 (Bomb Wd. Legs Ser.)
5-10-17	-	Adm. Reading War Hosp.	Reading	2-10-17	G.L. D29 (G.S.W. Hip Ser.)
8-10-17	1st CORP	T.O.S. from 1st Lab.	Pte. W. Sling	2-10-17	Pt. II D.O. 213 (D.O. 82 d 9-10-17)
4-12-17	1st CORP (1st L)	Tfd. M.C.H. Eprom		1-12-17	G.L. B80 G.S.W. Buttocks Gash
10-12-17	-	Tfd. No. 12 Can. Gen. Hosp.	Bramshott	7-12-17	G.L. B85 (Hernia)

Lab
1 BOR as
2 1/2
BT

A.F.B. 103 CHECKED
 10 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
15-12-17	1st CORP (1st L) Tpd. M.C.H. - Eprom			13-12-17	b.L. B90 (Hennis R.)
12-2-18	12th Res. Att. from 1st CORP		Pt. E. S'ling	11-2-18	Pt. II D.O. 37 (1st CORP D.O. 43 d 12-2-18)
19-2-18	✓ Ceases to be Act. from 1st CORP		Pt. E. ✓	19-2-18	— 43
20-2-18	1st CORP ceases to be Act. 12th Res.		Pt. S'cliffe	19-2-18	— 51
27-2-18	Gen Depot S.O.S. to Gen. Depot		On com to B.P. Bayler	26-2-18	Gen Depot Pt. C 43 d 20-2-18
27-3-18	Gen. Depot ceases on com & is S.O.S. on proc. to ban. for disp. by a.g.		Pt. S'cliffe	12-3-18	— 73

Lab N/E

Name Ete. S. T. Gale.

M. F. W. 41
100M-1-18.
1772-39-389.

Regimental No. 724033

Name and address of next-of-kin

Unit 109 Bn

Date of enlistment

Place of

Married (yes or no) Yes

Date and place discharged sep allce from apr,

Amount of pay assigned monthly \$ 15⁰⁰ pd mch

Reason for discharge

To whom payable Mrs Emma Gale

Character on discharge

PPC 1631 Grant St. Vancouver BC

APR 20 1918

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					
Feb 25	Apr 18	53	1	53	53	10	530	12	295	7370	15	58	D.O. 92	
							202	43	702	44	338	73	8	Sub. Mch 25-Apr 8
							15							dis 00106
														15 ⁰⁰ sep. allce

CCC

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

15m.—7-17.

H. Q. 1772-30-818.

SEPARATION ALLOWANCE

Name Mrs Emma Gale

Name of Soldier Gale S T.

Address 1631 Grant St

Regtl. No. 724033

Vancouver

Rank pte.

B.C.

Corps 21st Bn.

Relation to Soldier

To what Corps belonging

wife, child or mother

\$ 100.00

when called out

SPECIAL REMITTANCE

PAYMENTS

Sched 429. 14.9.17

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		U 41125	100	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

M. B. W. 11
1941
11-11-41

MEMORANDUM FOR THE RECORD

TO :

FROM :

SUBJECT :

DATE :

1. On 11/11/41

2. It was found

that

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

11-11-41

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11-11-41

11-11-41

11-11-41

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

15m.—7-17.

H. Q. 1772-30-818.

SEPARATION ALLOWANCE

Name *Emma Gale*
 Address *1631 Grant St.,
 Vancouver B. C.*

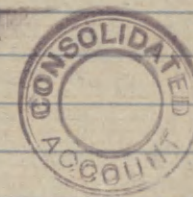
Name of Soldier *Gale S. J.*
 Regtl. No. *724033*
 Rank *Pte*
 Corps *109 Battrn*

Relation to Soldier *Wife*
 wife, child or mother *Rate 15⁰⁰ Sept 1/17.*

To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M25/9/17</i>
Sept.				<i>5/10/17</i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11 22 9 28
11 22 9 28
11 22 9 28

11 22 9 28

11 22 9 28

11 22 9 28

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

Gale S. J.
109 BattaPte 724033

Month.	Year.	Cheque No.	Amt.	Remarks
				15 ⁰⁰ Sept 1/17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		E 48542	30	last to adj
Nov.		A 40559	15	15 future
Dec.		T 57391	15	
Jan.	1918		60 ⁰⁰	
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.				

20-7-16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Emma Gale

Name of Soldier

Gale S. J.

Address

*Suite 4-1631 Grant St
Vancouver
B.C.*

Regtl. No.

724033

Rank

plc

Corps

109th Bn

Relation to Soldier

wife, child or mother

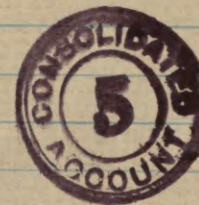
} W. mother

To what Corps belonging

when called out

PAYMENTS

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



1911

SS 227

1911

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

*Emma Gale**mother*

Name of Soldier

Gale S. J.
PH

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		7 24315	87	87
Dec.		2 27524	20	20
Jan.	1917	U 28316	20	20
Feb.		U 31423	20	20
March		U 34503	20	20
April		U 978	20	20
May		U 4225	20	20
June		y. 7689	20	20
July		X 10684	20	20
Aug.		F 112848	20	T
Sept.		G 18612	20	Pro
Oct.		J 20002	20	T
Nov.		W 23132	20	B
Dec.		S 26324	20	B
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

meb 1049/21
65-98-8-

EWS, est

Name Gale, Sidney Thomas
Surname Christian Name

Regimental Number 724033 Rank Pte.

Address (in full) Beatrice P.O.

Unit 109th Bn.

Muskoka, Ont.

Original Unit

Mrs. E. Gale.

District where paid M.D.2.

Date of Discharge 18-4-18.

P. D. P. Filing Number 12-492-2.

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	8172	18-5-18	58 00	7881	18-6-18	59 10				58 00	117 10
1st.	2.6179	25-2-19	70 00								
1st.	2.6179	25-2-19	30 00								
679A 2nd	2.24031	4.3.19	70 00								

Remarks: Advance payment by Casualty Unit # 2.

M. F. W. 127.
50M-6.17.
1978-89-1140.

Dec'n No 1049/21 W.S.G. File No 6598-8-4

Award 153 days at \$ 100 per day \$ 50000

S. A. months at \$... per mo. \$ \$ 50000

Less P, D. P. Credited \$ 17510

\$

Less further debit balance \$
 P. & C. paid as below 324.90

TO		DEPENDENT		Amount
25-2-19	501	56178 70	501	56179 30
4-3-19	679A	524031 70	243570031	60
10-4-19	48B	421708 34 90		20
			1879	678939 30
			482	173 30
			2439	443642 30
				29.4.19.
				23.6.19.
				acc 30.4.19.
				174 90
				150 00

S. 83 Bowelbe Ave
Toronto ont

Mrs E. Gale (mother)
D: Bawtrie P.O.
Muskoka ont

(Overpayment \$20 A.G. 26270 Chq 443403) ✓
 (2nd Overpayment \$30 A.G. B. 2439 Chq. #443542) ✓

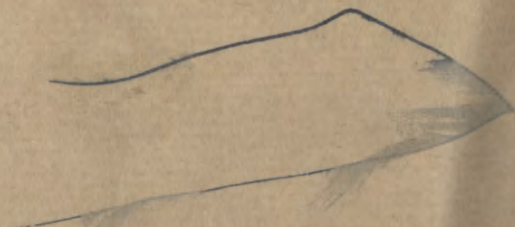
\$5985 received as per C S # 5714
 mfw 94 from acc see 4/9/19
 W.J.T.

Auth to pay Dep. portion w.s.l.
 on award form. of File 6598-8-4.

GEN'L AUDITOR
 Postings checked by
 [Signature]
 Date 26.6.19

26.6.19
 aw.

[Signature]



1. L.P.O. issued, etc. *24. 2. 18*
2. Authority. *LORD RO. 3451. 8/2/18*
3. Discharged to. *Canada*
4. Pay Book verified. *24. 2. 18*
5. Balance shown on L.P.O. \$ *277.03*
6. Balance shown in Ledger Sheet \$ *352.46*
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount	
			Debit	Credit
1027	2.1.18	Expom.	973	
1545	7.1.18	"	11847	
637	28.1.18	E. Sandling	973	
1356	13.2.18	"	730	
Net Difference \$ <i>75.43</i>			<i>75.43</i>	

8. Assigned Pay cancelled. *£ 1.3.18*
A.S.M. Forms rendered.
9. Separation Allowance and Assigned Pay continued, to dependent in England, and transferred to accounts. Branch for payment.

Certified correct. *[Signature]*
 Officer i/c Group. *[Signature]*

Casualty Form - Active Service.

Regiment or Corps 109th Battalion
 Rank Pt Surname Gale Christian Name Sidney Thomas
 Religion _____ Age on Enlistment _____ years _____ months
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 _____ Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 26, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
Date	From whom received				
			Embarked _____ Disembarked _____		
<u>20.2.18</u>	<u>W/CORR</u>	<u>known to be att to</u>	<u>Schiff</u>	<u>19.2.18</u>	<u>DD 51</u>
		<u>W/CORR Bu &</u>			
		<u>T.O.S. to Comd</u>			
		<u>Gen Depot</u>			
<u>20/4/18</u>	<u>Gen Depot</u>	<u>T.O.S. Gen Depot</u>	<u>Schiff</u>	<u>12/4/18</u>	<u>DD 43</u>
<u>26/4/18</u>	<u>✓</u>	<u>Comd Bu & Am</u>			<u>DD 48</u>
					<u>26/4/18</u>
					<u>Gen Depot</u>

(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) Signaller, Sheeving-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
27. 2. 18	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 48		<i>J. Lock</i> Commanding		Lieut.-Col. Canadian Discharge Depôt.
MAR 12 1918	EMBARKED FOR CANADA FROM LIVERPOOL		<i>J. Lock</i> Commanding		Lieut.-Col. Canadian Discharge Depôt.
	T.O.S. #2 Casualty Unit, Toronto, effect from 25-3-18. Pt. 11 #92.				
	Dis #2 Cas Unit Toronto April 18th 1918. Part 11 Order #106				
			<i>[Signature]</i> Lieutenant for O.C. #2 Casualty Unit.		

C.A.D.C. 5009.

20M-19-2-18.

724033

Pk. Gale. S. P.

DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

Genl Depot. Other Ranks being returned to Canada for disposal.



Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
27. 2. 18	Part upper Require			at Public expense J. H. Min Capt. M.D.

150033

DENTAL CERTIFICATE

The following Certificate will be attached to the Medical History Sheet of all Other ranks being returned to Canada for disposal.

Don't know

Date of Examination	Condition of Teeth	Disease of Teeth or Jaws	Treatment	Remarks
				17.2.18

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. 424 033 Rank Private Name Gale Sydney Thomas

Enlisted (a) 21-2-16 Terms of Service (a) Q of W Service reckons from (a) 21-2-16

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) Laborer

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada.</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England Liverpool</u>		<u>Liverpool</u>	<u>31.7.16</u>	
	<u>Transferred for Overseas Service with</u>		<u>21st Battalion</u>	<u>OCT 5 1916</u>	<u>Pt. 11, No. 279 Capt.</u>
	<u>C.B.D.</u>	<u>Arrived & Taken on Strength</u>	<u>C.B.D.</u>	<u>6/10.</u>	<u>ADJUTANT</u>
	<u>Do.</u>	<u>Left for unit.</u>	<u>En route</u>	<u>20/10</u>	<u>109th Overseas Battalion, C. E. F.</u>
					<u>Pt II. O. 58. 4/9-10-16.</u>
					<u>N.R. 29/10.</u>
					<u>Attending</u>
					<u>CAPTAIN,</u>
					<u>ADJUTANT,</u>
					<u>109th BATTALION CAN. INFANTRY.</u>
	<u>21st BATTALION</u>	<u>joined unit.</u>	<u>21st BATTALION</u>	<u>22/10.</u>	<u>B. 213. 27/10.</u>
	<u>C.B.D.</u>	<u>Taken on from ADMS. T.B.</u>	<u>C.B.D.</u>	<u>20/5/17</u>	<u>N.R. 25.</u>
	<u>2 C.B.D.</u>	<u>Left for 1st Can. Labor</u>	<u>Battalion</u>	<u>7/7</u>	<u>N.R.</u>
	<u>1st Can. Section</u>	<u>S.O.S. on transfer to 1st</u>	<u>Field</u>	<u>6-7-17</u>	<u>K.R. 10172.</u>
		<u>Canadian Labour Battalion</u>			<u>Pt. II O. 73d/27-7-17.</u>
<u>7-7-17</u>	<u>ay.</u>	<u>T.O.S. 1st. C.L.B.</u>	<u>Flu.</u>	<u>7/11.</u>	<u>ay. A/249 by</u>
					<u>Am. Sect. 10172</u>
					<u>Pt. II O. 64 2/2-8-17</u>

(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.]

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				
14/14	Unit	Joined Unit	Soldat	4/14	13213
22/14	do	Wounded in Action	do	22/14	Let. XI 16/23285 Dec 52
22/14	2 High	Bomb Wd. Legs	to 66 S	22/14	A36
23/14	4 66 S	BWire	to 3 A.T.	23/14	A36
24/14	11 66 S	Bomb Wd Legs	Adm't	24/14	W/3034
1/14	do	do do	to England	1/14	W/3034
10/14	do	do	do	10/14	W/3034
10/14	11 66 S	Invalidated Wounded and			
	"Lige"	discharged to Central Ontario			
		Regimental Depot Sandcliffe		10/14	W/3083 R.I.C. 820/9/14
					fluor bon Lieut.
					you Lieut Colonel, C.A.P.
					Canadian Section
8-10-17	1st CO RD	T.O.S. from 1st Lab.	Pte. W. Sling	2-10-17	Pt. I.D.O. 213
WS					
12-2-14	1st CO RD	att to 12th Res Pon.	Sandling	11-2-14	Do No 43
					for Colonel i/c Records
					W. Sling Lieut. & Asst. Adj.
12-2-18	12th. Bn.	Attached from 1st. C.O.R.D.	E. Sandling	11-2-18	for C.O.R.D.
19-2-18	do	Cells to be attached from	Sandling	19-2-18	W. Sling Lieut i/c Records

Must be
Ont.

M. D. 2

FORM OF WILL.

I, Sydney Thomas Gale (Name in full)
Regimental Number 724033 serving in 109th OVERSEAS BN., C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Emma Gale
2224 Victoria Drive
Vancouver, B.C. Can.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Emma Gale
2224 Victoria Drive
Vancouver, B.C. Can.

Name and Address of person or persons to receive personal estate* (See note).

last address - about to move to Sarnia, Ont.

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 10th day of July A. D. 1916
Sydney Thomas Gale Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness G. C. Fairfull
Address of Witness 426 Gladstone Ave. Ottawa. Ont.
Occupation of Witness Lieutenant - 109th Bn. C.E.F.
Signature of Second Witness P. B. Peck
Address of Witness Monrovia
Occupation of Witness Serjt. 109th Bn C.E.F.

THE TWO WITNESSES MUST SIGN HERE

FORMER WILL

Hydrogen Thermo Scale

1880

Hydrogen Thermo Scale
1880

Hydrogen Thermo Scale
1880

Hydrogen Thermo Scale
1880

Hydrogen Thermo Scale
1880

Hydrogen Thermo Scale
1880

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Gale Christian Name Sydney Thomas

Examined on 21 day of February 1916
at Windsor

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

Birthplace { City or Town Muskoka
County Ontario

Apparent age 44 years

Trade or occupation Laborer

Height 5 Feet 4 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm None Right None Left None
Number None

When Vaccinated last March 16th 1916

(a) Marks indicating congenital peculiarities or previous disease

Scar left thumb radial side

(b) Slight defects but not sufficient to cause rejection

Operated on for rupture 5 years ago slight flat feet

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		5 OCT 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
16.3.16	good	J. McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
27.4.16	good	J. McCulloch M.O.
5.5.16	good	J. McCulloch M.O.
15.5.16	"	J. McCulloch M.O.
TAB 22.9.16	"	H. Boyd M.O.

Enlisted on 21 day of February 1916 at Windsor

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724033</u>		<u>21.2.16</u>
Transferred to	<u>21st Bn</u>			
	<u>1st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epson</u>	<u>31-12-17</u>	<u>Hernia Rt</u>	<u>A II</u>
<u>Shorncliffe</u>	<u>21-2-18</u>	<u>Do.</u>	<u>Bit - penis. B.M.H.</u>
<u>Ravina. Bks.</u>	<u>Apr. 9 1918</u>	<u>painful weak left</u>	<u>Major A.M.C.</u>
<u>23 FEB 1918</u>	<u>SHORNCLIFFE</u>	<u>inguinal Hernia Rec.</u>	<u>Side Pres. S.M.R.</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

Surname: *Gale* ; Christian Name: *Admiral Sir John*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.	
		Admission into Hospital.			Discharge from Hospital.							
		Day	Month	Year	Day	Month	Year					
<i>Reading</i>	<i>toar</i>	<i>2</i>	<i>10</i>	<i>17</i>	<i>20</i>	<i>2</i>	<i>11</i>	<i>17</i>	<i>Sheep bite R. Buttock oz. Thigh</i>	<i>60 37</i>	<i>4.11.22.8.7 Wound closed & P.S. removed. Wound clean & healing 22.9.17. ATJ 750 2 10 17 } 14 10 17 } ATJ. 500. 24 10 17 }</i>	<i>C. R. L. Capt.</i>
Convalescent Hospital, Woodcote Park, Epsom.		<i>30</i>	<i>11</i>	<i>17</i>	<i>6</i>	<i>12</i>	<i>17</i>	<i>St Was Rt & Lt Buttocks (Flesh)</i>	<i>7</i>	<i>Transverse wounds across right buttock and across the left thigh below buttock. Healed full. Wore a truss for tendency to Rt. Inguinal hernia previous to being wounded. Truss was destroyed. Transfer to Hospital for Truss.</i>	<i>R. B. Jenkins, Capt. C.A.M. Registrar.</i>	
<i>Braunshott Hospital</i>		<i>6</i>	<i>12</i>	<i>17</i>	<i>12</i>	<i>12</i>	<i>17</i>	<i>Hernia</i>	<i>6</i>	<i>fitted with w Truss + returned to Epsom for disposal</i>	<i>R. J. Chinn Maj</i>	
<i>McEpsom</i>		<i>12</i>	<i>12</i>	<i>17</i>	<i>7</i>	<i>1</i>	<i>18</i>	<i>Do</i>	<i>27</i>	<i>Was sent from here to Braunshott for a truss. Truss fits well. Reboard for labour unit. Employment Board Disch to Regt Depot 1511</i>	<i>W. S. ... GAP DIVISION.</i>	

~~WOODOCK PK~~
WOODOCK PK
EP 500

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
35624/6 Year 1917	724033	Pte.	Gale	S. T.
	Unit.		Age.	Service.
	1st Lab. Batt. Canadian		44	1 8/12
Station and Date.	Disease			
Reading 2/10/17	Mr. Wd - R ^h - Bone 2 1/2 Inj. 22. 9. 17. Wd was cured of TB, removed in France - no healing was seen.			
	A.T. 750. 22. 9. 17			
2-10-17	A.T.S 500 units			
6 10 17.	1/2 Inj removed. Wd clean.			
14-10-17	A.T.S 500.			
24 10. 17.	A.S.T.			
24-10-17	A.T.S. 500			
20/11/17	to G. H. H. Hospital. Cured and left			

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

Station
and Date.

Temporary

724033

Army Form B. 178

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Gale Christian Name S. T.

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 191
at

Declared Age, years days.

Trade or Occupation

Height feet inches

Weight lbs.

Chest Measurement { Girth when fully Expanded inches
Range of Expansion inches

Physical Development

Vaccination Marks { Arm RIGHT. LEFT.
Number

When Vaccinated

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—
.....
.....

(b) Slight defects but not sufficient to cause rejection—
.....
.....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature
Bramshott. 10/12/17	Hernia B II <i>[Signature]</i> PRESIDENT MEDICAL BOARD, BRAMSHOTT.
21-2-18	Shorncliffe - Rt Inq Hernia B III - perm - Sgd B. S. McVicar Lt Col
23 FEB 1918	Approved <i>[Signature]</i> SHORNCLIFFE - CAPT FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Approved by
Rank
Medical Officer.

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation.	Date of departure or disembarkation.
Enlisted { at on day of 191...		
Joined on enlistment { Corps. Regtl. No.		
Transferred to { <i>at Labours</i> <i>724033</i>		
Became non-effective by		
on day of 191...		
(Signature).....		
(Rank).....		

Temporary

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M.C.H. Epsom	30	11	17	6	12	17	Sharp wound Rth Buttock (4 flesh)	7	Wounds across rt buttock & across the leg thigh below buttock Healed fully, wore a truss for tendency to rt inguinal hernia prior to being wounded. Truss was destroyed. Send to Bramshott Military Hospital for truss	
No 2 year	6	11	17				Rt Inguinal Hernia.		Very small hernia. Operation not indicated. Filled with a truss. To be reclassified.	CAPT L.S.A.M.C. DIVISION: W.B. Smyth Capt.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2
No. 23

LAST PAY CERTIFICATE

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

Regimental No. 724033 Rank Pte. Name S. T. Gale,

Corps. No. 2 Casualty Unit who was* Discharged,

On Apr. 18th, 1918. 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 25th, 1918. 191....., to Apr. 18th, 1918. 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	202	43
Advances } No.....			Regt'l Pay..... 53 days at \$..... 1 c.....	53	00
by } No.....			Field Allow. 53 days at \$..... c. 10.....	5	30
Assigned Pay and Sep'n Allce. No. <u>20243</u>	15	00	Separation Allowances* (Monthly) Apr.....	15	00
Other charges.....			Other Allowances* <u>Subsce.</u>	12	00
Payment on transfer or discharge No. <u>20244</u>	338	73	Other Credits* <u>Clothing.</u>	8	00
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....	58	00
Total.....	353	73	Total.....	353	73

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of Mar. 1918. 191..... }
 { and Sep'n Allce. for month of Apr. 1918. 191..... } (to) Assignee Mrs Emma Gale,
 (Address) 1631 Grant Ave. ,
 Vancouver, B.C.

(†) 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..... Yes.
 (3) cause of discharge..... authority..... D.O. 106.
 (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 16-4-18.

Place Toronto.

[Signature]
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.

To be made out in duplicate.

8
DUPLICATE
H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

-
- (1) Name of Overseas Unit which Soldier joins..... 109th OVERSEAS BN., C.E.F.
- (2) Regimental Number 724033
- (3) Full Name of Soldier Sydney Thomas Gale
- (4) Place of Birth Port Sydney - Muskoka, Ont.
- (5) Are you married, or not? no
- (6) If married, state,
(a) Full name of your wife..... —
- (b) Present Postal Address..... —
- (7) Are you a widower? no
- (8) Have you any children? —
If so, give number of boys and girls..... —
Also their names and ages..... —

(9) Is your Father alive? Yes

If so, state name and address Charles James Gale
250-15th Ave. Vancouver B.C.

(10) Is your Mother alive? Yes

If so, state name and address Mrs Emma Gale

(last address moving to Sarnia, Ont.) 2224 Victoria Drive Vancouver B.C.
Canada

(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 JUL 11 1916

[Signature]
Officer Commanding.
C. C. 108th Overseas Battalion, C. E. F.

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Muskoka Dist Ont

NAME AND ADDRESS OF NEXT OF KIN

Chas James Gale

250-15th Ave East Vancouver B.C.

RELATIONSHIP OF NEXT OF KIN

Father

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

Checked

Altair

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
July 31														2370	2370				
Aug 31	31	100	31		31	10	310								3410	2998-16			
Sept 30	30		30		30		3								33	60 3181692	159/16		
Oct 1-5	5		5		5		50								550				
" 6-31	26		26		26		260								2860				7336 14-10 C.B. 131 30-9 109
Nov. 30	30		30		30		3								33				1784 12-11
Dec 31	31		31		31		310								3410	179937-11			
			1530				1530												
1917 Jan 31	31	110	3410												3410	1922 24/2 1864 17/2			
Feb 28	"		3080												3080	2067 28/1 2007 18/1			
Mar 31	✓		3410												3410	2086 9/2	2234 28/3 2139 5/3		
Apr 30	✓		33												33	40 4/4			
May 31			3410												3410	80 28/4			
			224 40												2370	258 10			
															368 10				

a. Pay \$15

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
1777	1409			69	7659					
	714				982	304	69	165		
						338	79	180		
						372	89	195		
	446									
	446									
	446	10000	15		12838	277	51	210		
1777	3461	100	15	69	21479					<i>New Assignt. Off. 7/9/77</i>

L.P.K.
Checked *Larkin*

This space to be for numbers.

Proceedings on Discharge.

18/4/34

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

No.	724033
Rank	Private
Name	GALE Sidney Thomas
<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) (Gen Depot)
Date of Discharge	April 18th 1918.
Place of Discharge	Toronto Ont
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....44.....years.....7.....months.	Descriptive Marks
Height.....5.....feet.....4½.....inches.	Vacc 3 Left Arm
Complexion Dark	BombWd Legs
Eyes Brown	
Hair Dk Brown	
Trade Farmer	
Intended place of residence	Beatrice P.O.
(To be given as fully as practicable.)	Muskoka ONT
2. The above-named man is discharged in consequence of	
Physical Unfitness	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
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
<small>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:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Farmer	

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

W.S.P. Comps. 18/1/19

(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 18th 1918

Commanding

Lieut.

For O. C. Casualties, C. E. F., M. D. No. 2

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

S. G. Gale

(Signature of Soldier.)

(Date)..... April 18th 1918

H. B. Brown

(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. 2 56

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

Total 2 years 56 days.

11. Confirmation of Discharge.

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

(Place)..... Toronto Ont

(Date)..... April 18th 1918

(Signature)

Lieut.

For O. C. Casualties, C. E. F., M. D. No. 2

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.)

Lieut.
o. 2

(OVER)

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 Cer- tificate, " 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> <hr/> <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="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

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.

REFER TO FILE.

In reply please quote No.
and date of letter

105863

THE CANADIAN DISCHARGE DEPOT,

BUXTON.

STATEMENT ON DISCHARGE.

2

STATEMENT OF...Name

Gale S. J.

Reg. No.

724033

Rank

Pte

Unit

120 B L

Place

Buxton

Date

9-3-18

To OFFICER i/c, EMBARKATION, at

I hereby request my Discharge in

Canada

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon, opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature

S. J. Gale

Rank

Witnesses

(Adjutant, C.D.D., Buxton).

(O.C., C.D.D. Buxton).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—

ORIGINAL—To be forwarded with Discharge Documents.

DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.

REFER TO FILE

In reply, please quote No. and date of form
105863

THE CANADIAN DISCHARGE DEPOT,
BUXTON

STATEMENT ON DISCHARGE

STATEMENT OF Name

Reg. No.

Rank

Unit

Place

Date

By OFFICER in COMMAND

I hereby request my Discharge in

I desire to make the following remarks on the understanding that this statement may be produced as evidence in any subsequent inquiry in regard to the following matters:

CLOTHING

FOOD AND TREATMENT
AT DISCHARGE DEPOT

PAY

I understand that it is my privilege to make these remarks and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature

Rank

Witness

(Signature C.D.D. Buxton)

C.D.D. Buxton

Produced in accordance with the provisions of the Access to Information Act

Produced in accordance with the provisions of the Access to Information Act
Produced in accordance with the provisions of the Access to Information Act
Produced in accordance with the provisions of the Access to Information Act

BPC-35341

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom, Dec. 31st. 1917. 1917.

No. 724033 Rank PTE Name GALE S T

Local Unit..... Overseas Unit Ist. C. Lab. Bn. Age 44

Examination held at M. C. H. Epsom,

DISABILITY.
Overseas Local
(scratch one out).

HERNIA RT.

PRESENT CONDITION.

Hernia rt. fitted with truss. Some anaesthesia left thigh posterior due to shrapnel wound.

BOARD RECOMMENDS:-

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty B. 11......weeks.
4. Fit for Permanent Base Duty.....
5. Discharge

Labourer.

Signatures:-

Members	{	<u>A. H. Cameron-Smith, Major,</u>President.
		<u>H. C. Wallace, Capt.</u>

APPROVED

Dated Epsom, 31/12/17. 1917.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Name

Rank

No. of

Age

Overseas Unit

Local Unit

Examination held at

DISABILITY
Overseas Local

PRESENT CONDITION

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

Signature

President

Member

APPROVED

Dated

for A.M.S.

Reserved for M.H.C.

Regt. No. **727033** Rank **PTE.** Surname **GALE** Christian Name **SYDNEY, THOMAS**
 Unit or Corps—(a) Overseas from United Kingdom **21st, Bn., 1st.** (b) In United Kingdom **Can. Gen. Depot.**
Can. Lab. Bn.
 Born at—Town **Muskoka** County or Province **Ont.** Country **Canada.**

Date of Birth—Day **13th** Month **September** Year **1873** Age **44** yrs. **6** months.

Joined at **Minden, Ontario, Canada.** Date **21-2-16**

Former Trade or Occupation **FARMER**

Permanent marks or peculiarities that will serve for future identification:

Scar on dorsum of left thumb, scar transversely across middle of right buttock, and another transverse scar in fold between left buttock and upper part of left thigh. Another on outer side of left thigh at same level as scar of left buttock.

Height—feet **5** inches **4½** Colour of eyes **Brown**

Signature of Soldier (for identification purposes) *S. Y. Gale*

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

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

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

Disabilities Group (a)

INGUINAL HERNIA, RIGHT SIDE.

Disabilities Group (b)

Disabilities Group (c)

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	ACCIDENT	B.C., CANADA.	About 1904.
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? **Yes,**

(i.) As to Group (a) above? **Yes** If yes, has Active Service aggravated it? **Yes**

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

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

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? **No**

(ii.) As to Group (b) above?

(iii.) As to Group (c) above?

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

Not applicable

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

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

In 1904 (about) he suffered from crushing injury: was jammed between two trees; spent six weeks in hospital where he was told that he had a fracture of Pelvis. Shortly after coming out of hospital he first had hernia and was advised to wear a truss, which he did for about 4 years, but it became so bad that about 1908 he was operated upon and was perfectly well till about 1910, when trouble commenced again, but he did not wear truss. Enlisted 21-2-16, was soon operated upon for same condition and was again well till Spring of 1917, when trouble again overtook him but it was not till 1-12-17 that he was admitted to hospital, Bramshott to be again fitted with a truss which had been ~~XXXXXXXXXX~~ destroyed when he was wounded (see M.H.S.) and he is now wearing an ill-fitting truss, which he says is the best the Army can supply him. He states lack of money prevents him from procuring a proper one.

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

Right Inguinal Hernia: There is a small protuberance about $\frac{1}{2}$ inch above pouparts ligament and $1\frac{1}{2}$ inches from Spine of pubis. Coughing produces a very distinct impulse, and pressure over spine of pubis is painful. There is not so great an impulse felt at right external ring as at left external ring. His truss is very poor as it exerts pressure over the wrong area.

Otherwise normal.

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

(ii.) If so, state what. **For Rt. Ing. Hernia, 0-6-16, as he had to have this done or be discharged.**

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **Yes.**

(ii.) If so, describe: **4 pulled for decay**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **Yes, B.3. not likely to be raised in 6 months.**

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit? **No**

Date of Report **20-2-18** 191

Signed

C.K. Church, M.D.

Station **Shorncliffe.**

Officer in medical charge of case.

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

D.M. Robinson, Capt.
 { Officer i/c Hospital } Strike out one
 { S.M.O. Brigade } of these.

Dated at **Shorncliffe** Station, on **FEB 22 1918** 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *yes*
If not, indicate it.

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/4, 1/2, 3/4, or all.)
not applicable

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

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

18. Remarks.

19. Recommendation :—(a) Fit for duty? *no*
(b) Fit for base duty? *yes B11 - not likely to be raised in 6 mos*
(c) Invalid to Canada? *no*
(d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

Date of Board *2/2/18*

Station *Shorncliffe*

Signatures of the Board. *B. A. M. G. ... President.*
[Signature] Capt

Approved *[Signature]*
A.D.M.S. SHORNCLIFFE—

Dated at *FOR A.D.M.S. CANADIANS, SHORNCLIFFE*

Station *SHORNCLIFFE—*
23 FEB 1918 191

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

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

on the _____ day of _____ 191

Members of the Board:—

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

Dated at _____ this _____ day of _____ 191

Signatures of the Board

President.

CLINICAL CHART.

Army Form B. 181

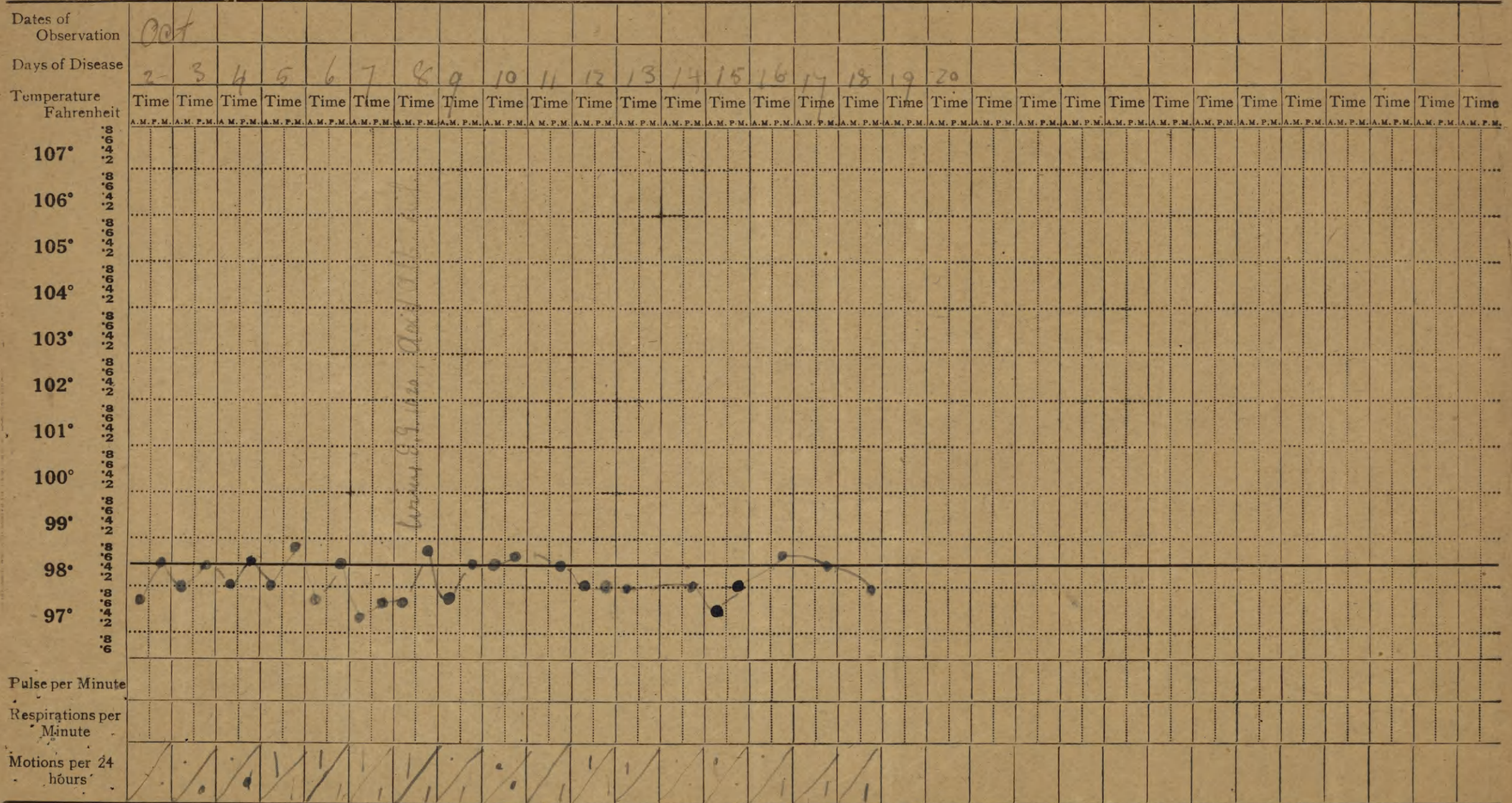
Corps 1st Lab. Batt. Canadians.

(To be attached to Case Sheet.)

Military Hospital Reading

No. 724033 Rank and Name Pte S. T. Gale Age 44 Service 18/12

Disease _____ Date of admission 2/10/17 Date of discharge _____ Result _____



PROCEEDINGS OF A MEDICAL BOARD.

Dated at EPSOM DEC 1917.

No. 124033 Rank PTE Name GALE S. T.

Local Unit..... Overseas Unit 1st CLAB B^N Age 44

Examination held at MCH EPSOM

DISABILITY:
Overseas—Local
(scratch one out).

HERNIA RT

PRESENT CONDITION.

*Hernia Rt. felted with trans
Some anasarca thorax left thigh
posterior due to shrapnel wounds*

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty B¹¹.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge

Signatures:—

Labouchere
A. H. Cameron. Surgeon Maj President.

Members

Hewallree Cpt

APPROVED

Dated Epson, 31/12/17 1917. A. H. Cameron. Surgeon Maj

PROCEEDINGS OF A MEDICAL BOARD

Date at _____ 1917
Name _____
Rank _____
Local Unit _____
Overseas Unit _____
Age _____
Examined on _____

DISABILITY
Overseas - Local

PRESENT CONDITION

BOARD RECOMMENDS -

1. Fit for Duty
2. Fit for Duty with _____ weeks physical training
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature

President

Members

APPROVED

Date _____
BY _____
FOR ADMS

Reserved for M.H.O.

Regt. No. 727033 Rank Pte Surname GALE Christian Name SYDNEY THOMAS
 Unit or Corps—(a) Overseas from United Kingdom 21st Bn + 1 Can Labour Bn (b) In United Kingdom Gen Depot
 Born at—Town Muskoka County or Province Ont Country Can
 Date of Birth—Day 13th Month Sept Year 1873 Age 44 yrs 6 months.
 Joined at Minden, Ont, Can Date 21-2-16
 Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification:
*Scar on bosom of left hand
 " Transverse across Rt. (middle of) Buttock, and another transverse Scar in fold between left Buttock + upper part of left thigh. Another on outer side of right thigh at same level as Scar of left Buttock*
 Height—feet 5 inches 4 1/2 Colour of eyes Brown
 Signature of Soldier (for identification purposes) S. Y. Gale

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

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

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

- Disabilities Group (a) INGUINAL HERNIA, RT. SIDE
- Disabilities Group (b) _____
- Disabilities Group (c) _____

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>ACCIDENT</u>	<u>B.C. Canada</u>	<u>About 1904</u>
(ii.) As to Group (b) above.	_____	_____	_____
(iii.) As to Group (c) above.	_____	_____	_____

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes
- (i.) As to Group (a) above? Yes If yes, has Active Service aggravated it? Yes
 - (ii.) As to Group (b) above? — If yes, has Active Service aggravated it? —
 - (iii.) As to Group (c) above? — If yes, has Active Service aggravated it? —
4. Is the disability due to disease contracted or injuries received while on Active Service—
- (i.) As to Group (a) above? no
 - (ii.) As to Group (b) above? —
 - (iii.) As to Group (c) above? —

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

- (i) While on duty? *Not applicable*
- (ii) While off duty? *Not applicable*
- (iii) Was a Court of Inquiry held?
- (iv) Where?
- (v) When?
- (vi) Opinion of the Court?

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

In 1904 (about) he suffered from crushing injury: was jammed between two trees, spent 6 hrs. in Hospital, where he was told that he had a fracture of Pelvis. Shortly after he came out of Hospital he first had hernia, & was advised to wear truss, which he did for about 4 yrs, but it became so bad that about 1908 he was operated upon, & was perfectly well till about 1910, when trouble commenced again but he did not wear truss. Culicited 21-2-16, & was soon operated on the 2nd time for same condition, & was again well till Spring of 1917, when trouble again overtook him, but it was not till 6-12-17 that he was admitted to Hospital (Bramshott) to be again fitted with truss, which had been destroyed when he was wounded (see M.H.S.), and he is now wearing an ill fitting truss, which he says is the best the army can supply him. He states lack of money prevents him from procuring a proper one.

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

Rt. Ing. Hernia: There is a small protuberance about 1/2 in above Poupart's Lig., & 1 1/2 in from Spine of Pubis. Coughing produces a very distinct impulse, & pressure over Spine of Pubis is painful. There is not so great an impulse felt at Rt. 2nd R. Ring as at left 2nd Ring. His truss is very poor, as it exerts pressure over the wrong area. Otherwise normal.

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

(ii) If so, state what. *For Rt. Ing. Hernia, 0-6-16, as he had to have this done or be discharged*

(iii) Was one advised and declined? *—*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? *Yes*

(ii) If so, describe. *4 pulled, for decay.*

10. DO YOU RECOMMEND:—

(a) Fit for duty? *No*

(b) Fit for base duty? *Yes B II, not likely to be raised in 6 months.*

(c) Invalid to Canada? *No*

(d) Discharge from the Service as permanently unfit? *No*

Date of Report *20-2-18* 191

Signed *C. K. Church, Capt. M.D.*

Station *S. Horncliffe*

Officer in medical charge of case.

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

{ Officer i/c Hospital } Strike out one
{ S.M.O. } of these.

Dated at *S. Horncliffe* Station, on *FEB 21 1918* 191

* Delete if inapplicable.

FEB 21 1918

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *Yes*
If not, indicate it.

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/2, 2/3, 3/4, or all.)
not applicable

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

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? *No*
(b) Fit for base duty? *Yes - B.II not likely to be raised in 6 mos.*
(c) Invalid to Canada? *No*
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission.

Date of Board *21/2/18*

Station *Shorncliffe*

Signatures of the Board. { *C.O. M. G. ...* President.
M. M. ... Capt.

Approved *J. G. ...*
Dated at *...*

A.D.M.S. SHORNCLIFFE

Station 23 FEB 1918 191

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

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

on the _____ day of _____ 191_____

Members of the Board:—

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

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

JOHN CLIFFE
3 FEB 1918

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

20-7-16

Separation and Assigned Pay Branch

Sept 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
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1-12-17
Pb 3257

RATE OF ASSIGNMENT

15			
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22193 B.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. **724033**
 Rank **Rte** Promoted Reverted Discharge
 Soldier's Name **S. J. Gale**
 Battalion **109 Battw**
 Beneficiary **Emma Gale**
 Relationship **W. mother**
 Address **suite 4. - 1631 Grant St, Vancouver, B.C.**

Name **M^{rs} Emma Gale**
 Address **1631 Grant St, Vancouver BC**
 Change of Address
 1
 2
 3
 4

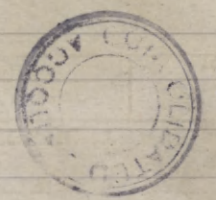
1917. Date Cheque No. Amount S/A Amount A/P Total **Memo 20. 27-3-18** REMARKS **6598-8-4**

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		347	60	407	
Jan 7	C 69585	30	15	45	9
Feb 7	F 98127	25	15	40	
March	A 137930	25	15	40	
April		25	15	40	8.

2. M. 25/9/17 S.A. states S. J. Gale

S/a **AP105**
 A/c Closed **31-3-18**
 Ret'd per **Chapada**
 Date **21-3-18** **27-3-18**
 Clerk

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7493.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M 647-1772-39-141
 L. L. 22320-M. & D. 1488.

MEDICAL CASE SHEET.*

EPSON.
Christian Name.

No. in Admission and Discharge Book. T 501	Regimental No. 724033	Rank. Pvt	Surname. Gale	Christian Name. E.P.
Year 1917	Unit. 1st Com. Lab. Batt.	Age. 44	Service. 15 yrs.	

Station and Date
Brighton
6/12/17.

Disease
Rt Inguinal Hernia.

6/12/17. Complaint Slight pain in left groin, also swelling. Duration ten yrs. Past hist 44 yrs old, enlisted Feb. 1916. Was in France and was invalided to England Sept 1917. Being wounded in buttocks. Went to 1st Labor Batt. July last.

Present Illness

It was jammed between two trees ten yrs ago and caused a hernia in rt inguinal region. Was operated upon a year ago last June, but went to duty too soon and it recurred. It has bothered him slightly since last winter.

Present Condition.
A very small hernia in rt inguinal region. Not descended into scrotum.

8/12 Treated with a truss. Discharged to duty. W.B. Ferguson capt.

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

8/12 To be reclassified W.B. Ferguson capt.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____

Date of discharge _____ Result _____

	Time																									
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
Dates of Observation																										
Days of Disease																										
Temperature, Fahrenheit																										
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
Pulse per Minute																										
Respirations per Minute																										
Motions per 24 Hours																										

Signature _____

In charge of case.