

ATTESTATION - PAPER.

No. 726145-

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Erroyell*
- 1a. What are your Christian names?..... *William Thomas*
- 1b. What is your present address?..... *Norland, Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Norland, Ont*
- 3. What is the name of your next-of-kin?..... *William Erroyell*
- 4. What is the address of your next-of-kin?..... *Norland, Ont*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *February 16th 1897*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

William Thomas Erroyell, 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 *Feb 24th* 1916 *William Erroyell* (Signature of Recruit)
George [unclear] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Thomas Erroyell*, 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 24th* 1916 *William Erroyell* (Signature of Recruit)
George [unclear] (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 *Cobocook* this *25th* day of *Feb* 1916
Charles Peel (Signature of Justice)

Description of William Thomas Crozell on Enlistment.

Apparent Age.....19 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 7 1/4 ins.

Chest measurement { Girth when fully expanded..... 37 ins.
 Range of expansion..... 5 ins.

Complexion..... Dark

Eyes..... Brown

Hair..... Dark Brown

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

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

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

*Scars and laceration back of neck to the left of the median line 1/4 inch, and on level with lower border of lobes of ears
 scar about one inch + 1/2 inch broad over left tibia five inches below patella*

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..... February 24th 1916

Place..... Cobosconk

J. McCulloch 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.

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

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

Date..... FEB. 26 1916..... 1916

REGIMENTAL DOCUMENTS

NAME GROZELL WM. THOMAS REGT. NO. 726145 UNIT 109th BN H. Q. FILE NO. _____

(S)

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY | |
|--|--------------------------------|--------------------------------|----------------|-------------------------|------------------|-------------------|
| ATTESTATION PAPER (M.F.W. 23, 133, or 51) | <i>[Handwritten Signature]</i> | <i>[Handwritten Signature]</i> | <i>5/20/14</i> | | DEATH | |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category | |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | | |
| REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | 30315 | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | | | Category |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | | <i>Med. Unfit</i> |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | | | |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | | |
| PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | | |
| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION | |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | | |
| PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | | |
| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | | |
| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | | |
| <i>1 Dml 1394</i> | | | | | <i>5-14</i> | |
| <i>1 cas card</i> | | | | | <i>31-14</i> | |
| <i>1 AD 1137</i> | | | | | <i>23-14</i> | |
| <i>1 m f w 67</i> | | | | | | |
| <i>1 R 127</i> | | | | | | |
| <i>1 Pay Card</i> | | | | | | |
| | | | | | <i>2</i> | |

(H)



NAME *Grozell William Thomas* REGT'L NO 726145
 RANK AND CORPS *Cte 38th. Bn. (Form 109)* H. Q. FILE NO. 649-

FOLLOWS
 NO: *Bn.*
 FOLLOWS

| CABLE | | NATURE OF CASUALTY |
|--------------|----------------|---|
| No. | DATE | |
| <i>M2408</i> | <i>20-4-17</i> | <i>Adm. to 13 Gen. Hosp. Boulogne Apr. 14th. 1917 GSW-L. High</i> |

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---------|-------------------------|----------------------|----------------------|
| A/76 | No. 13 Gen. Bourlogne | 13-4-17 | ISSW L. Thigh set |
| B/76 | 1st East Gen Cambridge | 17-4-17 | ISSW L. Thigh |
| B208 | To Can. Convt. Woodside | 5-6-17 | ISSW L. Thigh 4-7-17 |
| B228 | Disc Epsom Surrey | 37-6-17 | ISSW L. Thigh |
| 280-1 | M, H, G, & Kingston | 6-10-17 | Out-P. Queens. |
| 313-2 | " " " " " | 7-11-17 | S. O. L. Queens. |
| 3567 | " " " " " | 20-12-17 | To Out-P. Queens. |

Em
Number 726145 Rank Pte ~~B~~

Surname GROZELL

Christian Name William Thomas ~~A~~

Units 38 Bn Can Inf Theatre of War France

Date of Service 6-12-16

Remarks

Latest Address ~~Lindsay~~
Out

Roll No. B. Page 14972 27 Redout St
Lindsay

200 .-2-21. .
Out

DESP. JUL 8 1922

REGN. NO.

1126084

Reg. No. 426445 Name Lynzell W T
Rank Private Corps 109 Bn Age 21 Service 8 1/2 8 10/12 7 4/12
Ledger No. Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|-------------------------------|----------------|--------------|
| <u>Quinn Collins Hospital</u> | <u>4.10.17</u> | <u>D A H</u> |
| <u>Quinn Collins</u> | <u>23.2.18</u> | |
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HOSPITALS**DATE****DIAGNOSIS**

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

No. 726145 RANK Pte

NAME Crozel. W. J.

T. O. S. 22-2-16 UNIT

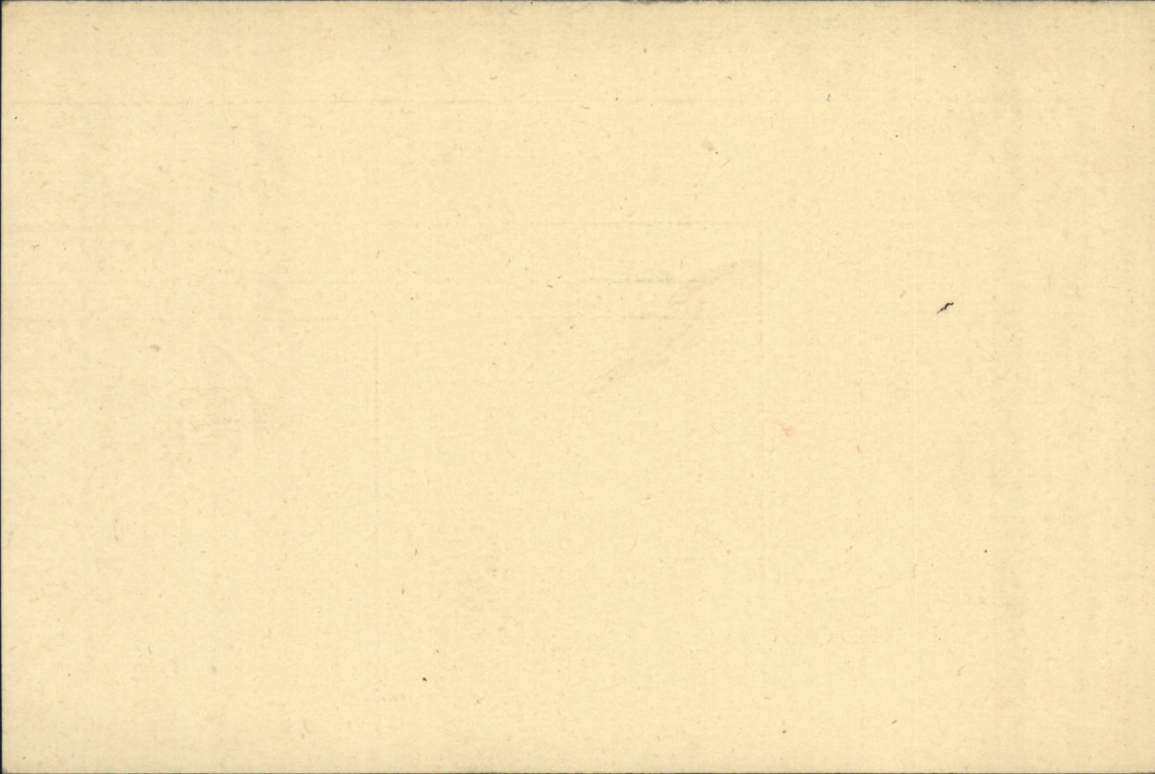
A.O.S. 28-2-16

109th Battalion.

M. D. 3

| | | | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|-----------------|------------------|---------------|---|-----------|
| PAID FROM | PAID TO | SIG. OR REC'T | PARTICULARS | AUTHORITY |
| 1916 Feb. 22 | 1916. Feb. 29 | ✓ | | |
| | Mar. | ✓ | | |
| | April. | ✓ | | |
| | May. | ✓ | | |
| | June. | ✓ | | |
| | July. | ✓ | | |

UNIT SAILED
JUL 23 1916



Surname **Grozell** Christian Name or Names **W T** Reg. No. **726245**
Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

Pte **38th Batt** Date of Admission **13-4-17**
Hospital _____

13 Gen Boulogne Transferred **1 Eastern Gen Cambridge Epsom Cou.** Hosp. **17.4.17**
Hosp. **5.6.17**

Hosp. _____

Hosp. _____

Diagnosis **G.S.W.lt Thigh slt. R**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.20-4-17 A 176

15.27.6.17
REMARKS

1.5.17 B176
9.6.17 B208,

4.7.17- B228

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Osborn

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 26145 Rank Private Name Grözell William Thomas

Enlisted (a) 24.2.16 Terms of Service (a) I of W. Service reckons from (a) 24.2.16

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) Farmer.

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

| | | | | | |
|--|--|---------------------|-----------|---------|--|
| | | Embarked Canada | Halifax | 24.7.16 | |
| | | Disembarked England | Liverpool | 31.7.16 | |

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

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

12.16
 109th Bn
 Proceeded overseas for service with 38th Bn
 Witley
 3.12.16

4
 3.12.16
 Do. 11. 338.339.

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

| | | | | | | |
|----------|--------|------------------------------|-------|----------|------------------|----------|
| 6.12.16 | C.B.D. | TAKEN on STRENGHT 38th Havre | | 6.12.16 | N.R. P.I.O. 242 | 13.12.16 |
| 7.12.16 | " | Left for Unit | FIELD | 7.12.16 | N.R. | |
| 16.12.16 | Unit | Joined Unit | FIELD | 16.12.16 | B. 213. DCS. 69- | 31.12.16 |

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

[P.T.O.]

726145

GROZELL, W.T.

| 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 | | | | |
| 24.2.17 | 38th | GRENADÉ COURSE 4th Div School to 18.2.17. | | 12.2.17 | B213 DCS 94-d- |
| 16.4.17.13 | Genl | Inv. wounded ik-1-L.thigh and posted to E. Ont. Reg Dep. Seaford, <i>J. Anderson</i> | | 16.4.17. | W3083/6953 St. Denis, Pt. 2.0.48, d-28.4.17. Lieut for Major, D.A.A.G., Can. Sec, 3rd, Ech, G.H.Q. |
| 4 ⁵ / ₁₇ | <i>Bo. H.D.</i> | Taken on Strength. Seaford. | | 17 ⁴ / ₁₇ | Pt. II Do. 53. <i>R. H. W. Reid</i> Capt LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F. |
| 6-7-17 | <i>CORD</i> | <i>Bo. on poohway to 7th Res. Bn</i> Seaford. | | 29-6-17 | <i>ROPT II 116</i> |
| 17-7-17 | D.C. 7th RESERVE BATTALION, TAKEN ON STRENGTH FROM | <i>CORD</i> , Seaford | | 29-6-17 | <i>ROPT II - 162</i> |
| 12.8.17. | <i>ac. 7 Res.</i> | S.O.S. to E.O.R.D. Seaford. | | 12.8.17 | B.O. pt II - 193 (12.8.17) <i>J. Finlayson</i> LIEUT & ADJT. 7th RESERVE BATTALION |
| 13.8.17 | <i>ac. 7 Res.</i> | R.O.S of. to O.R.D. Seaford | | 13.8.17 | Part II Do 154 |
| 29/8/17 | <i>ac. 7 Res.</i> | On command from <i>CORD</i> . to Can Discharge Depot, Buxton. Seaford | | 29/8/17 | Part II Do. 170 dated 29/8/17. <i>G. S. Wood</i> <i>R. S. A. Wood</i> <i>ac. 7 Res.</i> |

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 726145 Rank Private Name Grozelle W. J.

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|-------------|--|--|-------|-----------------------------|--|
| Date | From whom received | | | | |
| 29 AUG 1917 | TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 | | | ORDER No. 204 Commanding | <i>W. J. Grozelle</i> Lt. Col. Canadian Discharge Depôt. |
| 13 SEP 1917 | EMBARKED FOR CANADA FROM LIVERPOOL | | | Commanding | <i>W. J. Grozelle</i> Lt. Col. Canadian Discharge Depôt. |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date Oct. 6/17.

No. 726145 Rank Plt Name Wm. Grogell

Corps 109^B

Address Norland, Ont.

Next of Kin Father, Mr. Wm. Grogell - same address.

Occupation farmer.

Age 20

Enlisted 20th Feb. 1916 at Cobocumk, Ont.

Examined by

Height 5' 7

Chest 34"

Complexion dark

Hair dark brown.

Eyes Hazel.

Religion R. C.

Lower Surg Upper

History:— England Aug. 1916, France Dec. 1916, wounded at Vimy Ridge on 9th of April 1916: G.S.W. left thigh. England April 14th. Cambridge 1st G.H. shrapnel removed, made good recovery & returned to 7th. Reserve. Turned down from draft for France on/acc heart sent to E. O. R. D - then to Buxton, the Canada, Q.M.H. Oct. 4/17.

Patient complains shortness of breath, weak spells getting sick at his stomach, sleep is disturbed, easily excited and unable to stand any exertion. Can feel his heart beating very fast.

Observation:— A circular scar about size of 10c. piece on external aspect of left leg midway between knee & ant. sup. spine. Patient is a little anaemic, heart irregular, scar completely healed & sound. Patient little anaemic, heart irregular skips a beat about once in twenty. ~~70 to 80~~ Pulse 65. Patient has cold in head.

Fix. 15% decreasing. Fit for leave. 6 mos. decreasing. On duty. bat. E. Discharged Feb 23/18

Pay On Boat
At Quebec
Cheque

Received 7085
J. H. ... CAMP

1917

Date

No. 1011
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PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD. AVE 78. 1917.

No. 72645 Rank Pt Name GROZELL W.

Local Unit 7th REC. BATT. Overseas Unit 38th Bn Age 20

Examination held at SEAFORD.

DISABILITY.
Overseas—Local
(scratch one out).

G.S.W. LEFT LEG

(Weakness.) D.A.H.

PRESENT CONDITION.

- (1) Wounded at Vimy in left leg all healed.
- (2) Heart action very irregular, pulse weak
- (3) The man is apparently very anaemic.
- (4) Nervous system: hyper sensitive and unsteady.
- (5) "Sleep is disturbed with dreams and awakes with a start or jerk" he says

BOARD RECOMMENDS:— C III not likely to improve in 6 mos

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

Signatures:—

[Signature] President

Members

[Signature]

[Signature]

APPROVED

Dated August 10.8. 1917. [Signature]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1917

No. Name Rank

Local Unit Overseas Unit Age

Examination held at

DISABILITY. Overseas Local

PRESIDENT'S CONDITION.

BOARD RECOMMENDATIONS

- 1. Fit for Duty
- 2. Fit for duty absent weeks, physical training
- 3. Fit for Temporary Base Duty week
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures

President

Members

APPROVED

Dated 1917

Adm. 14. 4. 17

602

MEDICAL CASE SHEET.*

| | | | | |
|---|-----------------------------|-------|----------|-----------------|
| No. in Admission and Discharge Book. 7881 | Regimental No. | Rank. | Surname. | Christian Name. |
| | 426145 | Pte | Grogell. | W. |
| Year 1917 | Unit. | Age. | Service. | |
| | 38 th Canadians. | 20 | 13/12. | C Coy. |

| | |
|-------------------|--|
| Station and Date. | Disease |
| April 18 | 925 Lower Exty. 1244 Wounded April 10th in France. - FB still in. A.T.S. 500 units 10/4/17. Wound left thigh severe - for X-Ray. |
| 19 | A.T.S. 500 units 19/4/17. |
| 20 | Healed. |
| 21 | X-Ray ⁽¹²⁾ reports - FB close to skin - 1cm. higher up the thigh than the red mark. |
| 21 | F.B. worked out of wound of its own accord. |

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

602

Station
and Date.

726-146

361

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname Grozele Christian Name William Thomas

Examined { on 24th day of February 1916
at Cobocok
Birthplace { City or Town Norland
County Victoria

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

Apparent age 20
Trade or occupation Farmer
Height 5 Feet 7 1/4 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 37 inches.
Physical development good
Small-Pox Marks none

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT. |
|------|--------------|-----------------------------|
| | | <u>27 APR 1917</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

Vaccination Marks { Arm Right none Left none
Number none
When Vaccinated last February 29th 1916

| Date | Result | VACCINATIONS. |
|----------------|-------------|--------------------------|
| <u>29.2.16</u> | <u>nil</u> | <u>J. McCulloch</u> M.O. |
| <u>14.3.16</u> | <u>nil</u> | <u>J. McCulloch</u> M.O. |
| <u>6.4.16</u> | <u>good</u> | <u>J. McCulloch</u> M.O. |

(a) Marks indicating congenital peculiarities or previous disease none
(b) Slight defects but not sufficient to cause rejection none

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|-------------|---------------------------------|
| <u>25.5.16</u> | <u>good</u> | <u>J. McCulloch</u> M.O. |
| <u>4/6/16</u> | <u>"</u> | <u>J. McCulloch</u> M.O. |
| <u>12/6/16</u> | <u>"</u> | <u>J. McCulloch</u> M.O. |
| <u>22/9/16</u> | <u>"</u> | <u>J. McCulloch</u> M.O. |

Enlisted on 24th day of February 1916 at Cobocok

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|------------------------------------|----------------|---------|-----------------|
| Joined on enlistment | <u>109th Bn. C.F.7.</u> | <u>726145.</u> | | <u>24.2.16.</u> |
| Transferred to.. .. | <u>38th Bn.</u> | <u>2/12/16</u> | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------------|---------------|--------------------------------------|--|
| <u>Seaford</u> | <u>7.8.17</u> | <u>D.H.H. - G.S.W. Lt. LEG. CIII</u> | <u>not likely to improve in 6 mos - m. a. Cullis Capt.</u> |

Central Registry Office
M. D. Nottingham
FEB 20 1920

CANADIAN

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

88-9-96

Surname *Grogan* Christian Name *William Thomas*



McEpsom

| 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 general 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 | | | | |
| | | 17 | 4 | 17 | 4 | 6 | 17 | S.W. Thigh | 48 | Transferred to Canadian Convalescent Camp Epsom | <i>Arbater</i> |
| | | 4 | 6 | 17 | | | JUN 1917 | - do - | 27 | Present condition Recovery. dis to Reserve Unit | <i>J.A. Carpenter</i> Capt Epsom |
| | | | | | | | | | | | |
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CAPTAIN, R.A.M.C. (I.)
FOR O.C.
REGISTRAR.

To be made out in duplicate.

DUPLICATE
H.O. 54-21-23-53
g

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 *726145*.....
.....
- (3) Full Name of Soldier.....*William Thomas Grozell*.....
.....
- (4) Place of Birth.....*Lutterworth Leys Out Cam.*.....
.....
- (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?.....*_____*.....
.....
- (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 Wm Grozell Thorland

(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.

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

J. H. [Signature]
Lt. Col.
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPLICATE

LAST PAY CERTIFICATE

CASUALTIES, C. E. F.

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

Regimental No. 726145 Rank Pte. Name Grozell, W.F.

Corps. 109th Battalion who was* Discharged

On February 23rd 1918, to Class 3, Medically unfit
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1918, to February 23rd 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'tl Pay..... <u>23</u> days at \$..... <u>1</u> c..... | <u>23</u> | <u>00</u> |
| by } No..... | | | Field Allow. <u>23</u> days at \$..... c. <u>10</u> | <u>2</u> | <u>30</u> |
| Cheques } No..... | | | Separation Allowances* (Monthly) | | |
| Assigned Pay and Sep'n Allee. No..... | | | Other Allowances* | | |
| Other charges | | | Other Credits* <u>Clothing</u> | <u>13</u> | <u>00</u> |
| Payment on transfer or discharge No. <u>7949</u> | <u>38</u> | <u>30</u> | Bal. Dr. (to be deducted by new unit)..... | | |
| Balance Cr. (to be paid by the new unit)..... | | | | | |
| Total..... | <u>38</u> | <u>30</u> | Total..... | <u>38</u> | <u>30</u> |

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of January 1918 } (to) Assignee W.F. Grozell,
 and Sep'n Allee. for month of 191..... }
 (Address) Norland, 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 3MD 88-G-96
- (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 February 16th, 1918

Place Kingston, Ont.

W. Peberds & Capt.
 Paymaster, "G" Unit M. H. C. C.
 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.

cheque #7949 attached

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The following is a statement of the amount of the pay earned by the member during the period of his service...

Regimental Number: ...
Company: ...
Rank: ...

The following is a statement of the amount of the pay earned by the member during the period of his service...

| | |
|------------------|-----|
| Basic Pay | ... |
| Gratuity | ... |
| Accrual Pay | ... |
| Other Allowances | ... |
| Total | ... |

(1) Amount paid to the member, whether he has been paid or not.
 (2) Amount not paid to the member for period of absence.

A month's pay of ...
 Pay for the month of ...
 and sepia Allow for month of ...

The Transfer of an Officer has been paid by the member, Military District No. ...

REMARKS:
 state (1) date of retirement.
 (2) if granted and if a gratuity allowance (and if he has been granted).

NOTE - Separation Allowance and Accrual Pay (and M.E.W. if he is a company officer) original Last Pay Certificate on transfer.

I have carefully examined the statement of account and find it to be correct except from the pay of ...

Date: ...

Place: ...

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate)

This is to certify that No.....(Rank).....

726145

Private

Name in full.....

GROZELL, William Thomas

Enlisted in.....

109th Battalion

Canadian Expeditionary Force on the.....Day..

24th

of.....19

February

16

He served in.....

CANADA ENGLAND & FRANCE

with the.....

38th Battalion

and was discharged at.....

Kingston, Ont.

on the.....day of.....19

23rd

February

18

by reason.....

MEDICALLY UNFIT

His conduct and character while in the service were.....

Good

Medals and Decorations.....

BRITISH WAR & VICTORY MEDALS

DESCRIPTION ON DISCHARGE

Age.....

Height..... 20 Years

Complexion..... 5'9"

Eyes..... Dark

Hair..... Brown

H.Q..... Lt. brown

Officer i/c Records,
for Adjutant General,

21st

Ottawa... Dept of... 241

649-G-6556

Note.- This Certificate, if lost, will not be replaced.

MEMORANDUM FOR THE DIRECTOR

1. The following is a summary of the information received from the Bureau of the Census regarding the results of the 1950 Census of the United States.

2. The total population of the United States in 1950 was 150,697,000, an increase of 13.9 percent over the 1940 population of 132,629,000.

3. The population of the United States in 1950 was distributed as follows:

4. The population of the United States in 1950 was distributed as follows:

5. The population of the United States in 1950 was distributed as follows:

6. The population of the United States in 1950 was distributed as follows:

7. The population of the United States in 1950 was distributed as follows:

8. The population of the United States in 1950 was distributed as follows:

9. The population of the United States in 1950 was distributed as follows:

10. The population of the United States in 1950 was distributed as follows:

11. The population of the United States in 1950 was distributed as follows:

12. The population of the United States in 1950 was distributed as follows:

13. The population of the United States in 1950 was distributed as follows:

14. The population of the United States in 1950 was distributed as follows:

15. The population of the United States in 1950 was distributed as follows:

16. The population of the United States in 1950 was distributed as follows:

APPENDIX TO MEMORANDUM

1. The population of the United States in 1950 was distributed as follows:

2. The population of the United States in 1950 was distributed as follows:

3. The population of the United States in 1950 was distributed as follows:

4. The population of the United States in 1950 was distributed as follows:

5. The population of the United States in 1950 was distributed as follows:

6. The population of the United States in 1950 was distributed as follows:

17. The population of the United States in 1950 was distributed as follows:

18. The population of the United States in 1950 was distributed as follows:

19. The population of the United States in 1950 was distributed as follows:

20. The population of the United States in 1950 was distributed as follows:

Note: This memorandum is being prepared for the Bureau of the Census, and will not be made available to the public.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

22171/442
0-66

7539-W-1.

Name **Grozell, W.T.**
Surname

Christian Name

Regimental Number **726145**

Rank *Pte.*

Address (in full)

Cobocombk, Ont.

Unit **109th Bn.**

Original Unit

District where paid **M.D.3.**

Date of Discharge **23-2-18.**

P. D. P. Filing Number **11-71-3.**

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

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Over-payments to be Recovered | Total Amount Paid |
|--------------------------|-----------------|--------------------|------------------|----------------|---------|----------------|---------------|---------|----------------|---------------------------------------|-------------------|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| 100 10 | 1405 | 25-3-18 | 33 00 | 1379 | 25-3-18 | 33 00 | 1377 | 25-4-18 | 34 10 | | 100 10 |
| | 1668 | 11-3-19 | 70 00 | | | | | | | | |
| | 142A | 11-3-19 | 70 00 | | | | | | | | |

Remarks:

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

Dec'n No 22171/442 File No

Award ... days at \$ 70 per day \$ 350.

S. A. ... months at \$ per mo. \$ \$ 35000

Less P. D. P. Credited \$ 100.10

Less further debit balance \$

Net due paid as below \$ 249.90

| TO SOLDIER | | | TO DEPENDENT | | | |
|------------|--------|--------|--------------|--------|--------|--------|
| 0 | Ag. No | Ch. No | Amount | Ag. No | Ch. No | Amount |
| 1 | 1668 | 32679 | 70.00 ✓ | | | |
| 2 | 1412-A | 31766 | 70.00 ✓ | | | |
| 3 | 1444-B | 412327 | 70.00 ✓ | | | |
| 4 | 1361-C | 4661+9 | 39.90 ✓ | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| Total | | | 249.90 | | | |

#5-3 *Durham Street*
Lindsay Oct.

11-3-19
14-3-19
9/4/19
23/5/19

L.P.

GEN'L AUDITOR
Posting checked by
L. P.
Date 10/11/19

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mr J. Grozell*
 Address *Horland*
Ont.

By Whom Assigned *William Grozell*
 Regtl. No. *726145*
 Rank *Pte*
 Corps *109 Btn "D Coy"*

Rate *15.00*

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 | | | | |



1000
1000
1000

1000

1000

1000

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. 657

PAYMENTS.

Name of Soldier

A. J. Grozell

"L. O. Levy"

726145 pte 1109 Btm

\$15.00

Remarks.

AUG 1 1916

A. J. Grozell

July

A. J.

| Month. | Year. | Cheque No. | Amt. |
|--------|-------|--------------------------|-----------|
| April | 1916 | | |
| May | | | |
| June | | | |
| July | | | |
| Aug. | | <i>U 15898</i> | <i>15</i> |
| Sept. | | <i>V 17598</i> | <i>15</i> |
| Oct. | | <i>V 22538</i> | <i>15</i> |
| Nov. | | <i>M 23545</i> | <i>15</i> |
| Dec. | | <i>O 30075</i> | <i>15</i> |
| Jan. | 1917 | <i>E 38600</i> | <i>15</i> |
| Feb. | | <i>E 45039</i> | <i>15</i> |
| March | | <i>L 50689</i> | <i>15</i> |
| April | | <i>X 1952</i> | <i>15</i> |
| May | | <i>X 8776</i> | <i>15</i> |
| June | | <i>E 15136</i> | <i>15</i> |
| July | | <i>F 22038</i> | <i>15</i> |
| Aug. | | <i>G 29247</i> | <i>15</i> |
| Sept. | | <i>Y 35691</i> | <i>15</i> |
| Oct. | | <i>D 42728</i> | <i>15</i> |
| Nov. | | <i>Cancelled L 48470</i> | <i>15</i> |
| Dec. | | | |
| Jan. | 1918 | | |
| Feb. | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |

225

*\$30 overpaid Sept & Oct/17
 recovered by L P M
 15 P. (see file) Jth 22¹¹/₁₇*

15-B.

C

D

225 Mac

..... A/c Closed

\$225.00

Ret'd per. *5261*

Date. *13-8-14* F. X. *29-10-14*

Clerk. *J. M. Mason*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

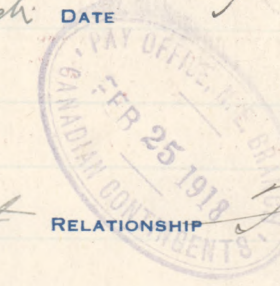
| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
|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

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Norland Ont Can*
 NAME AND ADDRESS OF NEXT OF KIN *William Grozell*
Norland Ont Can
 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 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REG'L. No. *726145* RANK *Pte* NAME *Grozell William Thomas*
 IF IN PERM. CORPS WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *38th Bn* DATE *8-16-17* AUTHORITY *SO 339*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Pay II G. EORD* DATE *21/6/17* AUTHORITY *4-12-16*
 PLACE OF ATTESTATION *Bobocooks Ont* TRANSFERRED TO *Pay 2 L* DATE *28/8/17* AUTHORITY *AG 2-1-29 196*
 DATE OF ATTESTATION *Feb 24th 1916* TRANSFERRED TO *W.D. Branch* DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Wm Grozell Norland Ont* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *stopped* EFFECTIVE *1.9.17* REASON *Disch to leave*
 DISCHARGE DATE AND PLACE *28.8.17 Canada* REASON AND AUTHORITY *AG 2-1-29 19.6.17*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Entered on N.E. Card Index
 Checked BALANCE PAY WITHHELD OR DEFERRED PAY AVAILABLE FOR ISSUE



| DATE | PAY | | | | FIELD ALLOWANCE | | | | WORKING OR SPECIAL PAY | | | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | CASH PAYMENTS | | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | REMARKS | | | | | | | | | |
|---------------------|-------------|-------------|--------------|----|-----------------|-----------|------------|----|------------------------|------|--------|----|----------------------|---------------|---------------|-------------------|--------------------|-------------------|------------------|-----------------|---|---|---|--------------|---------------|--------------|---------|-------|---------|-----|------|-----|------|-----|------|-----|------|--|
| | NO. OF DAYS | RATE | AMOUNT | | NO. OF DAYS | RATE | AMOUNT | | NO. OF DAYS | RATE | AMOUNT | | | | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | CREDIT | DEBIT | | | | | | | | | | |
| | | | \$ | C. | | | \$ | C. | | | \$ | C. | | | | | | | | | | | | | | | | | | NO. | DATE | NO. | DATE | NO. | DATE | NO. | DATE | |
| <i>July 31</i> | | | | | | | | | | | | | | | <i>1370</i> | <i>1370</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>3410</i> | <i>8956</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>Sept 30</i> | <i>30</i> | | <i>30</i> | | | | <i>3</i> | | | | | | | | | <i>33</i> | <i>41 3/10/16</i> | <i>72 15/16</i> | | | | | | | | | | | | | | | | | | | | |
| <i>Oct 31</i> | <i>31</i> | | <i>31</i> | | | | <i>310</i> | | | | | | | | | <i>3410</i> | <i>112 39/16</i> | <i>152 15/16</i> | | | | | | | | | | | | | | | | | | | | |
| <i>Nov 30</i> | <i>30</i> | | <i>30</i> | | | | <i>3</i> | | | | | | | | | <i>33</i> | <i>180 3/10/16</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>Dec 31 1917</i> | <i>31</i> | | <i>31</i> | | | | <i>310</i> | | | | | | | | | <i>3410</i> | <i>28380.11.16</i> | <i>22915/16</i> | | | | | | | | | | | | | | | | | | | | |
| <i>Jan 15 1918</i> | <i>15</i> | <i>1.00</i> | <i>15</i> | | | | | | | | | | | | | <i>1650</i> | | | | | | | | | | | | | | | | | | | | | | |
| <i>Jan 16 1918</i> | <i>16</i> | | <i>1760</i> | | | | | | | | | | | | | <i>1760</i> | <i>624 15/16</i> | | | | | | | | | | | | | | | | | | | | | |
| <i>Feb 28</i> | <i>28</i> | | <i>3080</i> | | | | | | | | | | | | | <i>3080</i> | <i>666 10/16</i> | <i>733 19/16</i> | | | | | | | | | | | | | | | | | | | | |
| <i>Mar 31</i> | <i>31</i> | | <i>3410</i> | | | | | | | | | | | | | <i>3410</i> | <i>796 7/16</i> | <i>1003 20/16</i> | <i>867 15/16</i> | <i>929 8/16</i> | | | | | | | | | | | | | | | | | | |
| <i>Apr 30</i> | <i>30</i> | | <i>33</i> | | | | | | | | | | | | | <i>33</i> | | | | | | | | | | | | | | | | | | | | | | |
| <i>May 31</i> | <i>31</i> | | <i>3410</i> | | | | | | | | | | | | | <i>3410</i> | | | | | | | | | | | | | | | | | | | | | | |
| <i>June 20 1918</i> | <i>20</i> | | <i>22-</i> | | | | | | | | | | | | | <i>22-</i> | | | | | | | | | | | | | | | | | | | | | | |
| <i>6/7</i> | | | <i>35640</i> | | | | | | | | | | | | | <i>1370</i> | <i>37010</i> | | | | | | | | | | | | | | | | | | | | | |

Im chgs 2¹² - 28/9/17 entered in Pay Book, not charged on ledger sheet.
Sailing list 45 13191.7 6¹² Bal 5160

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

726-145 Grizzle W. J.

| Date of Payment. | No of Acq. Roll | A M O U N T | | | | | | Place of Payment. | Name of Paymaster. | Remarks. |
|---------------------|-----------------|---------------|---------------|---------------|---------------|--------------|--------------------|---------------------|--------------------|----------|
| | | francs | £ | S. | \$ | ¢ | | | | |
| 5.6.17. | 1191 | 2 | - | 9 | 73 | 0 | Epone. | Arthur | NOV | |
| 27.6.17. | 1603 | 10 | - | 18 | 67 | 0 | ✓ | ✓ | NOV | |
| 28.7.17. | 1486 | 2 | - | 9 | 70 | 0 | Seaford | J. Smith | NOV | |
| 15.8.17. | 138 | 1 | 10 | 7 | 30 | 0 | ✓ | J. B. B. | | |
| 23.8.17. | 141 | 2 | - | 9 | 73 | 0 | ✓ | ✓ | - 85.17 | |

NUMBER OF RATIONS REQUIRED

HEAVY DRAFT HORSES.

TOTAL RATIONS AUTHORISED AS ABOVE

DEDUCT: NUMBER OF RATIONS ON HAND

NUMBER OF RATIONS REQUIRED

| HAY | STRAW | OATS | MAIZE | * BRAN | * LINSEED | * CORN | * RO |
|-----|-------|------|-------|--------|-----------|--------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

LIGHT DRAFT, RIDING HORSES AND MULES.

TOTAL RATIONS AUTHORISED AS ABOVE

DEDUCT: NUMBER OF RATIONS ON HAND

NUMBER OF RATIONS REQUIRED

| HAY | STRAW | OATS | MAIZE | * BRAN | * LINSEED | * CORN | * RO |
|-----|-------|------|-------|--------|-----------|--------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK

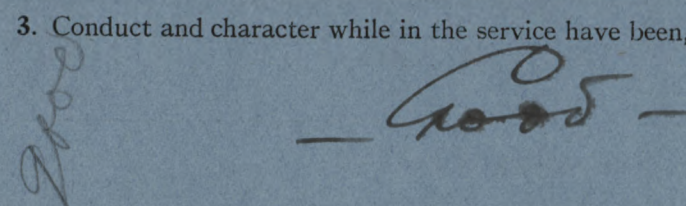
QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES

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. 726145 | |
| Rank Private | |
| Name Grozell, William Thomas <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | |
| Corps (Squadron, Battery or Company) 109th Battalion, | |
| Date of Discharge 23rd February 1918. | |
| Place of Discharge Kingston, Ontario. | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | |
| Age... 20years.....months. Height... 5feet..... 9inches. Complexion Dark Eyes Brown Hair Light brown Trade Farmer Intended place of residence } Coboconk, Ont. <small>(To be given as fully as practicable.)</small> | Descriptive Marks Linear scar 3" long, external, (middle) left hip. |
| 2. The above-named man is discharged in consequence of being medically unfit for further service. | |
| <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 ident and entries on the character certificate and initial them. | 3. Conduct and character while in the service have been, according to the records, etc.  |
| | <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.) | |

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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).....Kingston, Ontario.....

Shaw
CAPT. & ADJT.
"C" Unit, M. H. C. C.

(Date).....February 18th 1918..

Commanding

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).....Kingston..... *W. J. Grozelle* (Signature of Soldier.)

(Date).....Feb. 20th 18..... *A. Loader* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total.....2.....years.....days.

11. Confirmation of Discharge.

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

(Place).....Kingston, Ontario.....

(Signature) *Shaw*
CAPT. & ADJT.
"C" Unit, M. H. C. C.

(Date).....February 18th 1918..

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.)

Paid to end of Jan. 1918,

W. S. Grozell

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

TLH. Rank **GROZELL, William Thomas.** Reg'l No. **726145.**
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Coboconk, Feb. 24th. 1916.** Place of Birth **Norland, Ont.**
 Name and Address, Next-of-Kin **William Grozell,**
Norland, Ont. Relationship **Father.**

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

N/E. R.B. No. **4789**
 File R.L.
 Category **Can. DR.**

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 | |
| 4-12-16 | 06109 th Bn | SOS on tfr to 38 th Bn | Dritley | 4-12-16 | Pt II DO 339 |
| 13-12-16 | 38 th Bn | T-O-S on tfr from 109 th Bnsht | Field. | 6-12-16 | Pt II DO 242. |
| 20-4-17 | — | Adm. No. 13. Gen. Hosp. | Boulogne. | 13-4-17 | c.R. A. 176. G.S.W. Lt. Thigh. Slt. |
| 1-5-17 | — | " 1 st Eastern Gen. Hosp. | Cambridge | 17-4-17 | C.R. B. 176. G.S.W. Lt. Thigh. |
| 28-4-17 | — | Posted to EOR& Seaford. Wounded. | Field | 16-4-17 | Pt II DO 448. |
| 4-5-17 | S.O.R.D. | Taken on Strength. | Seaford. | 17 th 17 | 53. |
| 9 th 17 | 38 th Bn | Trans. Co. Can. Conv. Hosp. Woodcote, PK. | Epsom. | 5 th 17 | c.R. B. 208. G.S.W. Lt. Thigh. |
| 4 th 17 | — | Dis. — — — — | — | 27 th 17 | — 228. |
| 6 th 17 | S.O.R.D. | S.O.S. to 7 th Inf. Bn. | Seaford. | 27 th 17 | 1 st Res. Bn. No. 162 47 th 17. Pt II DO. 116. |

A.F.B. 103 CHECKED
 9 DEC 1916

dlbm

| 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. | | | | |
| 13 ⁸ / ₁₇ | 7th Res. Bn. | S.O.S. to East. Anti. Regt. | Seaford. | 12 ⁸ / ₁₇ | S.O.S. No. 154 d/13/17. P.L. No. 193. |
| 29-8-17 | EGAD. | On Comd. CD for discharge cesses to be on Comm. to C.A.S. | " | 28-8-17 | PRO 170 |
| 19 ⁹ / ₁₇ | " | Buxton is S.O.S. on proceeding to Canada for discharge. (K.R. & Co. Para. 392 Sect. 25). | " | 15 ⁹ / ₁₇ | 191. |
| | Push Report | To Conval Home | MP NO. 3 Kington | 25917 | NR 352 |

Strapnel

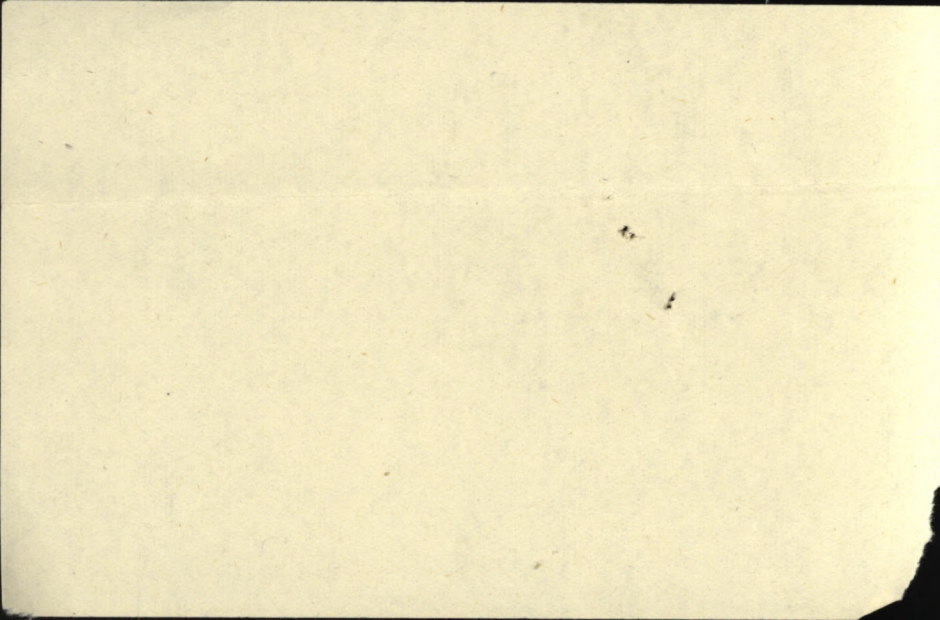
Flesh

Sever

High

Lower

o Strapnel Removal



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1/9/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|-----------|--|--|--|
| <i>15</i> | | | |
|-----------|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. *726145*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Wm. Grozell*
 Battalion *109 Battrn "D" Coy.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Wm. T. Grozell*
 Address *Horland Ont*
 Change of Address
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---------------|------------|------------|------------|------------|---|
| <i>1917</i> | | | <i>225</i> | <i>225</i> | <i>afk closed Jps 8261 Petrol per Jps 8261 date 13-9-17 F.X 29-10-17 Capt E. V. Peterson</i> |
| <i>Dec 31</i> | | | | | |

2 1/2 1/2 33

M. F. W. 128
400M-6-17-1772-89-1141
L. L. 22320-M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 22320-M. & D. 7888.

ORIGINAL

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

MEDICAL HISTORY OF AN INVALID

STATION Q.M.H. Kingston, Ont. DATE 28th Jan/1918.

1. (a) Unit 38th Bn. C.E.F. (b) Regimental No. 726145 (c) Rank Pte. (d) Surname Grozell (e) Christian name Wm.

2. Age last birthday 20 Date of birth 16th Feb./1897.

3. Enlisted at Cobocok, Ont. on 22 Feb./1916.

4. Personal description :-

(a) Height 5 ft. 9" (b) Weight 142 (c) Complexion Dark

(stripped)

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

Linear scar 1" long, external (middle) left hip.

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

Cobocok, Ont.

6. Former trade or occupation Farmer.

| | | |
|----------------|-------|------------|
| 7. (a) Service | Years | Days |
| | 1 | 11 months. |

| | PERIODS | |
|------------------------|--------------|--------------|
| | From | To |
| 109th Battalion C.E.F. | 22 Feb/1916. | 1 Dec./1916. |
| 38th " C.E.F. | 1 Dec/1916 | Date. |

(b) Has he been Overseas? Yes, 4 months in France.

8. Present disease or disability (use authorized nomenclature if possible) Disordered action of heart.

(a) Date of origin May 1917 (b) Place of origin England.

(c) Cause* Physical training, after leaving Hospital. Man says. (Here include original disease or injury)

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

Man says he was wounded in April 1917, and after leaving Hospital was unable to resume training. Man complains of shortness of breath at times, and feels his heart beating rapidly. Man says he had weak spells, and sleep was disturbed, but at present he sleeps fairly well, and feels much improved. Obj. Man has irregular heart action, pulse rate 55, when sitting; but when man stands up and takes a few deep breaths, pulse increases to 92, and is only slightly increased by ascending stairs. Man has a good appetite, is up to his usual weight 140 lbs., and can walk a number of miles without feeling tired. Man does not appear to have dyspnoea, at present, and is doing light

[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.]

work in the Vocational training school. (P.T.O.)

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

Healed shrapnel scar 3/4" in diameter on external aspect of left thigh, midway between knee joint, and great trochanter.

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.

15% decreasing.

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

13. Was a Court of Inquiry held? Not known

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

Yes..... No.....

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

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

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

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

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

Hospitals in France, and England.

Queen's Military Hospital, Kingston since 6th Oct./1917.

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

No

19. Can the former trade or occupation be resumed? Not known.

20. Recommendations That man be discharged as unfit for service, as no further Hospital treatment is necessary.

L. N. Armstrong Capt. a.m.c. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned Wm. Grozell, 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

Wm. Grozell 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.

Yes.

22. Is the soldier fit for

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

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).

W. G. Gibson Captain **President.**
E. C. D. Macbain Captain **Members.**
H. Angus Capt

STATION Kingston.

DATE Feb. 4/18.

APPROVED BY

DATE FEB 11 1918

W. A. Gray Captain A. M. C.
 Assistant Director of Medical Services.
 For A. D. M. S. Mtl. District No. 3.

APPROVED BY

DATE

Director-General of Medical Services.

There is a slight roughening of the first sound, and accentuation of the 2nd sound, in the pulmonic area. Apex beat is heard best in the mammary line, and 5th interspace. There is marked pulsation in the Epigastium after exertion. There is a healed shrapnel scar 3/4" in diameter on external aspect left hip, midway between knee joint & trochanter, causing no disability. Lungs normal. Heart varies from 55 to 92, according to position of man, sitting or standing. S.B.P.-124. D.B.P.-96. Urine S.G.-1029. React-acid. Alb.-trace due to ~~pus~~ trace of pus. Sugar-no. Urinalysis. Acid, insufficient amount of Sp.Gr. Albumin, very faint trace. Sugar,-none. Micro- About 20 pus cells, per field, on high power. This man gives a history of gonorrhoea, dating back 5 or 6 months, which explains the presence of a few pus cells.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

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.

February 4/18.

REPORT.

Pte. W.T. Grozell,
#726145.

Nose - Slight acute rhinitis.
No treatment required.
No disability.

(Signed) J.C. Connell,
Lt-Colonel, A.M.C.

1900

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILL.

1900

1900

Report No. 10715

Class II

Crossell, R.T.
Warland, Ont.

33

No. of
M. H.C. File

No. of
Local File

No. of
H. Q. File

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 whose cases will immediately be considered by the Pensions Board with a view to pension.

No. 75615 Rank 1st. Original Unit 109 Present Unit
 Age 23 Height 5 ft. 7 ins. Complexion Dark Eyes Brown Hair Brown Character good
 Date of enlistment Feb. 1915 Where enlisted 100th Where seen service France
 Ship returned by Justicia Date of arrival 25.3.17 Port of arrival Halifax
 Birthplace Warland, Ont. Religion R.C.
 Name and address next of kin Father, Mr. R. Crossell,
 Notification of return to be sent to above place.
 Cause of disability U.S.A. left leg & R.A.H.
 Condition which prevents the soldier from earning a full livelihood

Founded U.S.A. Lt. for 9.4.17.
at Vimy

Complaints, Shortness of breath
Dizziness
Sleeplessness.

Condition Wound does not trouble
Heart 135 Irregular
Is anemic, He says his feet swell at times,
Limping gait, sleeplessness.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 2/5 and 2/5
 Probable duration of incapacity Three months
 Recommendation of Canadian Board Convalescent Home,
 Destination to which transportation issued Kingston,
 Members of Board Mrs. Murray, Noel A. McFarlane.

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment Farmer
 Regular trade or profession
 Average earnings previous to enlistment Any other income
 Name and address of last employer
 Rent per month If purchasing property amount due and annual payment, \$
 Taxes 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?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References
 Witness I declare that the above statement is correct.
 Date 8.3.17 Signature

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 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) Unit 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.

Form No. 52
 Report No. 1
 Class II
 No. of
 M.H.C. File
 Local File
 No. of
 H. G. File
 No. of
 Present Unit
 Original Unit
 Rank
 Age
 Height
 Date of enlistment
 Ship returned by
 Date of arrival
 Birthplace
 Name and address next of kin
 Notification of return to be sent to
 Cause of disability
 Condition which prevents the soldier from earning a full livelihood
 Degree of incapacity (Please state in fractions) Eng. Board
 Probable duration of incapacity
 Recommendation of Canadian Board
 Destination to which transportation issued
 Members of Board
 INFORMATION TO BE FURNISHED BY SOLDIER
 DEPENDENTS
 NAME
 AGE
 WHERE-IF EMPLOYED
 WAGES
 STATE OF HEALTH
 Occupation prior to enlistment
 Regular trade or profession
 Average earnings previous to enlistment
 Name and address of last employer
 Rent per month
 Taxes
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society
 If unable to follow previous occupation, name preference
 At what age soldier left school?
 What grade standard, etc., was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England, if so, what subjects?
 References
 Witnesses
 Date
 Signature
 I declare that the above statement is correct.
 Recommendation by interviewer as to classes likely to be of use, and general remarks:
 Last Pay Cert. Out. \$
 Amount forwarded to H. G. Unit \$
 Credit Clothing Allowance \$
 Amount paid at Depot H.G. \$
 L. P. O. leaving Depot \$
 Transf'd to Unit—Date
 Transf'd Class I—Date
 Transf'd Class 2—Date
 Period granted for Pension—Class—Amount per year \$
 Dating from
 First payment date
 Form No. 52

Report No. _____
 Class II
 No. of _____
 M.H.C. File _____
 Local File _____
 No. of _____
 H. G. File _____
 No. of _____
 Present Unit _____
 Original Unit _____
 Rank _____

Age _____
 Height _____
 Date of enlistment _____
 Ship returned by _____
 Date of arrival _____
 Birthplace _____
 Name and address next of kin _____
 Notification of return to be sent to _____
 Cause of disability _____
 Condition which prevents the soldier from earning a full livelihood _____
 Degree of incapacity (Please state in fractions) Eng. Board _____
 Probable duration of incapacity _____
 Recommendation of Canadian Board _____
 Destination to which transportation issued _____
 Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME | AGE | WHERE-IF EMPLOYED | WAGES | STATE OF HEALTH |
|------------|------|-----|-------------------|-------|-----------------|
| Wife | | | | | |
| Children | | | | | |

Occupation prior to enlistment _____
 Regular trade or profession _____
 Average earnings previous to enlistment _____
 Name and address of last employer _____
 Rent per month _____
 Taxes _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other insurance—name of society _____
 If unable to follow previous occupation, name preference _____
 At what age soldier left school? _____
 What grade standard, etc., was he in? _____
 Has he taken any Technical or Continuation classes, if so what? _____
 Whether given Vocational Training while in Hospital in England, if so, what subjects? _____
 References _____
 Witnesses _____
 Date _____
 Signature _____
 I declare that the above statement is correct.
 Recommendation by interviewer as to classes likely to be of use, and general remarks: _____
 Last Pay Cert. Out. \$ _____
 Amount forwarded to H. G. Unit \$ _____
 Credit Clothing Allowance \$ _____
 Amount paid at Depot H.G. \$ _____
 L. P. O. leaving Depot \$ _____
 Transf'd to Unit—Date _____
 Transf'd Class I—Date _____
 Transf'd Class 2—Date _____
 Period granted for Pension—Class—Amount per year \$ _____
 Dating from _____
 First payment date _____
 Form No. 52