

Jan 21st
1916

CARR

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.

No. 725388

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Hamilton
- 1a. What are your Christian names? William
- 1b. What is your present address? Bobcaygeon
- 2. In what Town, Township or Parish, and in what Country were you born? Blenheim Township Ont.
- 3. What is the name of your next-of-kin? William Hamilton
- 4. What is the address of your next-of-kin? Bobcaygeon Ont. Canada
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? 12 August 1895
- 6. What is your Trade or Calling? Engineer
- 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? in 45th Bn. Reg.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Hamilton, 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 Jan 26th 1916. Willie Hamilton (Signature of Recruit)
N.A. Fairbairn Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hamilton, 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 Jan 26th 1916. Willie Hamilton (Signature of Recruit)
N.A. Fairbairn Lieut. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Bobcaygeon this 26th day of January 1916
M. Moore (Signature of Justice)

6
111

Description of William Hamilton, on Enlistment.

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

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

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

Height.....5 ft. 4 1/2 ins.

Scar on Right fore arm,

Chest measurement { Girth when fully expanded.....32 1/2 ins.
 Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....Yes
 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.....26th January 1916.

J. McCulloch Capt.

Place.....Botolph Claydon

H. O. Boyd Medical Officer
 109th Overseas Medical Officer, 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 Hamilton.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date.....JAN 29 1916.....191

NAME Hamilton, Wm. REGT. NO. 725-588 UNIT 109th Bus H. Q. FILE NO. _____

(H)

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

(S)

1 ATTESTATION PAP (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M. S. W. 192

2 Q. S. J. 1237

1 Q. S. B. 181

3 enc card

1 M. S. W. 67

1 R. 122

1 R. 122

(M)

(H)

65134
25/3-70

DEATH

Category

DISCHARGE

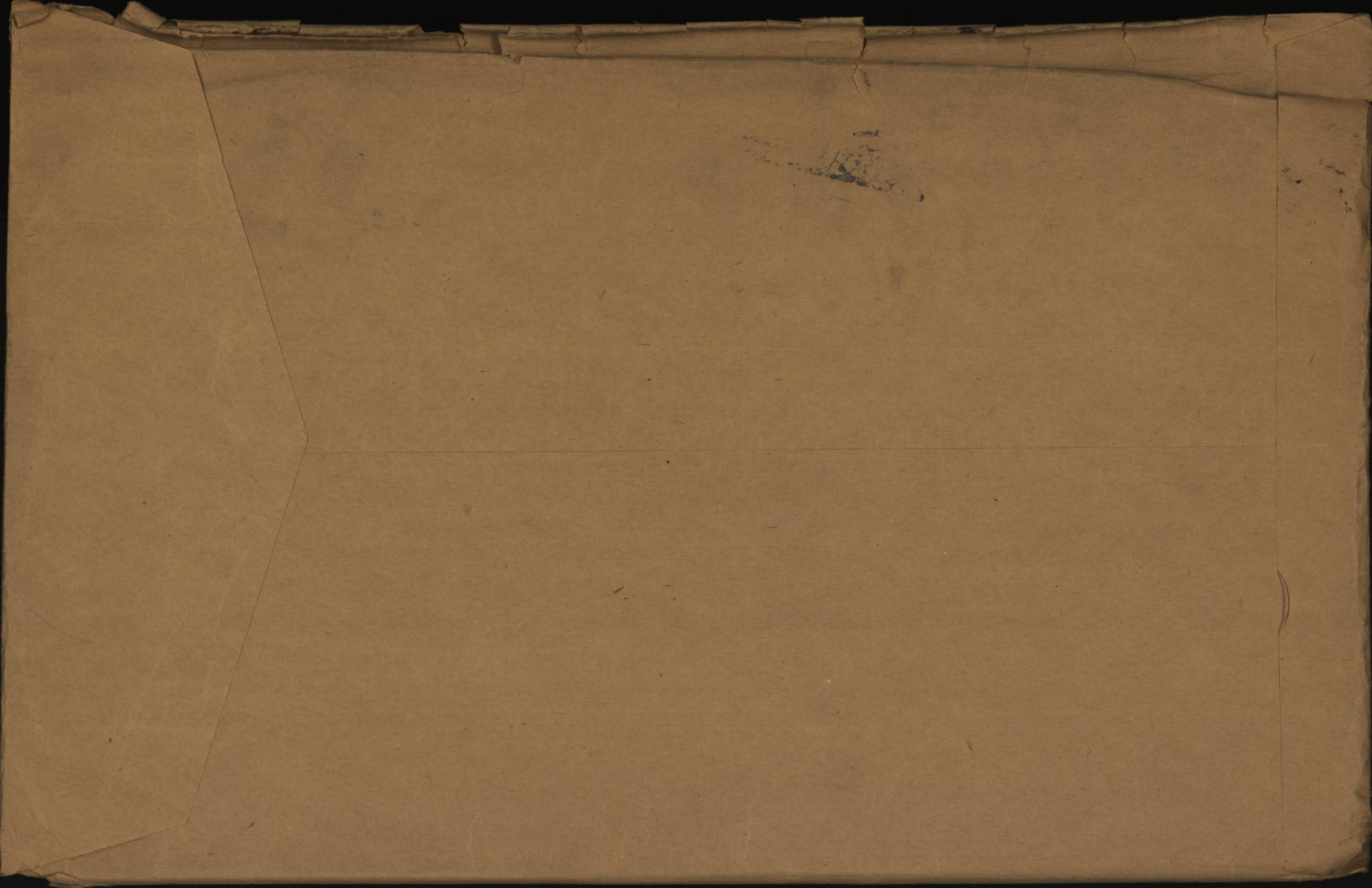
Category

Med Unfit

DESERTION

15-24
18-24
31 26

3



Member *725-588* Rank *Pte*

Surname *HAMILTON*

Christian Name *William*

Units *21st Ban Can Coy* Theatre of War *France*

Date of Service *6-10-16*

Remarks

Latest Address *Bobcaygeon Ont*
G.P.O.

Roll No.

200-2-21

B. Page 15-121

DESP JUL 19 1922
REGN. NOGVH6313

Surname **Hamilton** Christian Name or Names **W.** Reg. No. **725588**

Rank **Pte.** Unit **21st Bn.** Co. Troop **E. D.** Batty.

Hospital **7 Can. Stat. Havre** Date of Admission **11.10.16**
Transferred **4th Com. Depot Havre.** Hosp. **17-10-16.**

55 Cas. Dep't Stat - Hosp. **21-9-17**
51 Gen. Etaples. Hosp. **24-9-17**

Diagnosis **Tonsillitis.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

V. D. G. J.
G. S. W. Back. Penet + abdomen
R

Additional Diagnosis: if more than one state present

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

Dis to Reinf Havre 24-10-16

DISPOSITION

Date

C.L. 19.10.16 A347

REMARKS

C.L. 24-10-16. A351 (2)

Dis 10.12.17

1-11-16 A358

Invalided to Canada

25-9-17 A-19 2

29-12-18 1

4-10-17 A27(2)

27-11-17 A73-3

18-12-17 @ 91.

" 28-1-18 A252

4-7-18 A256' Remov. from list - Ser. ill 2.7.18

8-7-18 B257.1

30-7-18 B276

17.10.18 B345 (2)

6-1-19 B410-2

RW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	<i>Nationary Argues St Om</i> <i>10 S. H. Rowen</i>	<i>26-6-18</i>
2.	<i>Graylingwell Wbr. Chichester</i> <i>Woodcote Pk. Epsom</i>	<i>4-7-18</i> <i>28-7-18</i>
3.	<i>H. Caw Cen. Basingstoke</i> <i>5 C. G. H. Kirkdale Liverpool</i>	<i>15-10-18</i> <i>18-12-18</i>
4.		
5.		
6.		
7.		

C.L. 20-12-18 B 400.

LEDGER NO.

4255-28-427

SERIAL NO.

45828.25
203552

REG. NUMBER

425588
DTC

NAME

Hamilton William

RANK

CORPS

3. Cas. 60

AGE

23.

SERVICE

36/12.

NAME OF HOSPITAL

Queens Military

PLACE

Kingsston

DATE OF ADMISSION

13-1-19

14-1-19

12-2-19

DISEASE

Hernia G.S.W.

Gonorrhoea.

Hernia G.S.W.

TRANSFERRED TO OTHER HOSPITALS

7. 5 Hosp. 14/1/19.

OPERATION

DISCHARGED TO

12-2-19, Duty 24. 3. 19.

IN CATEGORY

E

M. F. W. 2553.

50m.—6-18.

1772-39-1332.

P. T. O.

No. 725588 RANK

Pte

NAME Hamilton Wm.

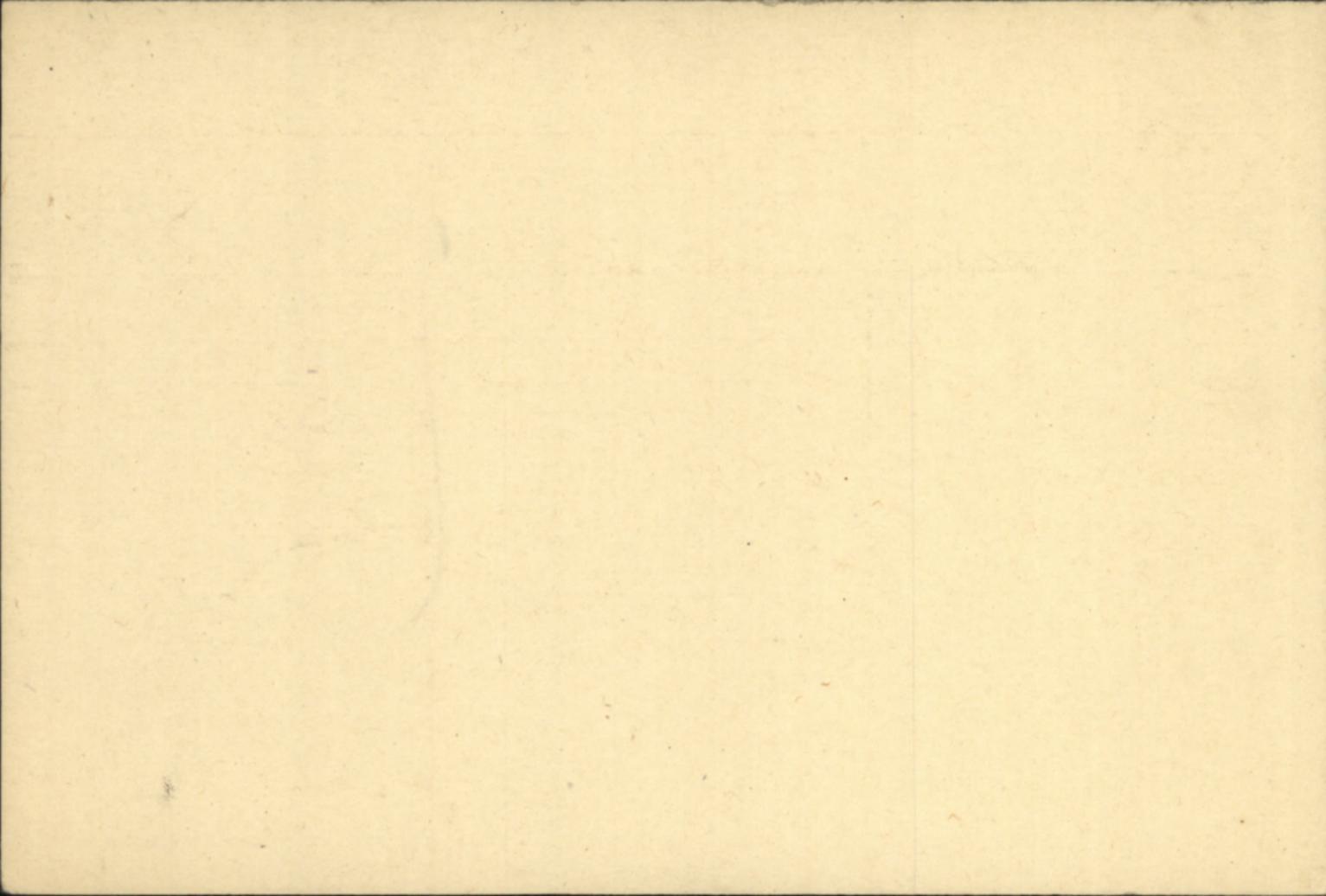
T. O. S. 21-1-16
D. O. B. 31-1-16

UNIT 109th Battalion

M. D. 3

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

UNIT SAILED
JUL 23 1916



I-32-13.
No. 4 Canadian Gen. Hospital,

Basingstoke HOSPITAL.

**A. & D.
CARD**

AT _____

A. & D. No. *M315518* PL. OF ACTION *France*

RANK *Pte* *725588* UNIT *2nd Canadian* SICK OR WOUNDED

NAME *Hamilton W.* AGE *22* RELIGION *M.*

PLACE IN HOSPITAL *C.S.*

DIAGNOSIS *Exw. Back. lumbar region*

ADMITTED *14.10.18* FROM *M.C.S. Epsom*

DISCHARGED _____ TO _____

TRANSFERRED *17.12.18 #5 C.A.P. Kirkdale*

SERVICE AT HOME *10 mos.* IN FIELD *20 mos.*

RESULTS _____

REMARKS.

Name *Hamilton* Rank *William*Reg. No. *725588*Unit *21st Bata*Next of Kin *William Hamilton. Bobcaygeon - Ont.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-6-18.	to Gen H. Power	Old Park Penit	Abdomen.	<i>2252</i>	<i>0327</i>	126056
	<u>seriously ill</u>					
2-7-18	no longer			<i>2516</i>	<i>0340</i>	127062
4-7-18	Graylingwell	W. H. Thickseth		<i>03257</i>		20957
28-7	M. Com	H. Epsom	Do	<i>0327</i>		23060
15-10	H. C. G.	H. Baringstone		<i>0341</i>		29100
18-12	S. C. G.	H. Michale		<i>03400</i>		3457
29-12	Inval to Canada			<i>0410</i>		6109

Name Hamilton ✓

Rank Pte ✓

Reg. No. 725588 ✓

Unit 21st Btn ✓ William

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 21-9	no 58 C.C.S.		V.D.G.	219		3634
23-9	no 7 C.D. Boufflaque		Do			14819
24-9	no 51 G.H. Etahles		Do (Mild)	227		14409
16-11	4.S.H. Argues		Do	273		16481/2
10-12	sic to details	St Omer	Do	291		17280.
		W.				

William.

Name HAMILTON. Rank Pte.

Reg. No. 725588.

Unit 21st. Battn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-10-16.	No.7.Can S.H.	Havre.	Tonsillitis	A347		
17-10-16.	No.4.Con Dep.	Havre.	do	A351		
24-10-16.	DISCHARGED. REINF.HAVRE.		do	A358		

REMEDIAL TREATMENT GYMNASIUM,

Leave this
Blank.

24
Military Convalescent Hospital, Epsom.

Regt. No. 120588 Rank Pvt. Name Hamilton W.
Unit 21 Co. au. Age 22 Adm. 29.7.18
Division 9 Hut. 95 Date of Disch. 16.8.18

DISABILITY.

Date.

20 June
1918

S. W. Back.

CLASS.

abdominal class

Hours of
Attendance,
a.m. 9.30
p.m. 3.00

MACHINES.

REMARKS.

Long scar abdomen (laparotomy)
Exercises to strengthen abd. muscles

Leave this
Blank.

PROGRESS, Notes.

2/8/18 - 80 weeks
15/8/18 P.T.2

DISPOSITION.

P.T.2

Harry Giff

Capt.

Officer i/c Gymnasium.

026-618-
SURNAME.

Hamilton,

CARD NO.

CHRISTIAN NAMES

William

FOLL.

REGL. NO.

725588.

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

45th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hamilton, William

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Bobcaygeon, Ont.

COUNTRY OF BIRTH

Canada, Blenheim, Ont.

DATE

Aug. 12th, 1895.

PLACE OF ATTESTATION

Bobcaygeon, Ont.

DATE

Jan. 26th, 1916

*0/923-7-16 HSS
15*

*PKC 10-1-19 250
11 3 P/O*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Engineer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

32 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Scar on right forearm.

MEDICAL EXAMINATION.

PLACE

Bobcaygeon, Ont.

DATE

Jan. 26, 1916.⁶⁵

NAME

Hamilton William

REGT. No.

725588

RANK AND UNIT

Pte

(21)

Eastern Ontario Regiment

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B3452

To 4 Can Gen Basingstoke

15-10-18

Gsw Back Putg abdomen

B4001

To 5 Can Gen Kirkdale ^{hants}

18-12-18

" " " "

B410. (2)

Invalided to Canada.

29-12-18

" " " "

REGT'L NO 725588-
H. Q. FILE No. 649-

NAME Hamilton William

RANK AND CORPS Pte. 21st. Bom. form. 109th

FOLLOWS
No. Bn
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE
Q327 4-1	29-6-18
Q340 4-5	5-7-18

William Hamilton (father)
Bobcaygeon Ont.
Ser. ill 10 Gen. H. Rouen
June 26th 1918. G. S. W.
abdomen, Back ✓
Removd. from Ser. ill list
10 Gen. H. Rouen July 2nd. 1918.

LIST No	HOSPITAL	DATE OF ADMISSION	E. Ont. Regt. REMARKS
A 347	No. 7. Can. Stat. Havre-	11-10-16	Tonsillitis
A 351	Fo. No. 4. Com. Depot Havre-	17-10-16	"
A 358.	Disc. to Reinforcement "	24-10-16	"
A 19-2	No 58 Lag. Cl. Stat	21-9-17	N. D. Y.
A 27	To # 51 Gen. Etaples	24-9-17	N. D. Y. Sgt)
a 73- ⁽³⁾	no 4. Stny. Arques, St Omer,	16-11-17-	" " " " (E. Ont. Regt.)
A 91-1	Disc	10-12-17	N. D. Y. Sgt.
a 252	10 New. Rouen Repats	26-6-18	diag. ill w/lt. back
a 25-6 ⁽¹⁾	" " " "	2-7-18	penet. & Abdomen
			Rem. from sev. ill list w/lt back
			penet. Abdomen-
B 257 ⁽¹⁾	Graylingwell War, Chichester	4-7-18	w/lt. Back pen w/lt. abdm.
B 276	Mil. Com. Widcote Pk. Epsom, Surrey	28-7-18.	w/lt. Back penet
			Abdomen

72-58

W. J. G. 14
ATI

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

MQ

Surname Hamilton Christian Name William

271
1163
From

Examined { on 26 day of January 1916
 at Bobcaygeon

Birthplace { City or Town St. Blenheim
 County Ontario

Apparent age 20 yrs

Trade or occupation Engineer

Height 5 1/2 Feet 4 1/2 Inches

Weight 118 Lbs.

Chest measurement { Minimum 29 1/2 inches
 Maximum expansion 32 1/2 inches

Physical development well built

Small-Pox Marks none

Vaccination Marks { Arm Right none Left one
 Number one

When Vaccinated last on February 27th 1916

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		9 JUL 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>Feb 27 1916</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>16.5.16</u>	"	<u>J. McCulloch</u> M.O.
<u>24.5.16</u>	"	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	"	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Slight flat footed

Enlisted on 26th day of January 1916 at Bobcaygeon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725588</u>		<u>26.1.16</u>
Transferred to.....	<u>C. E. F.</u>			
	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>#10111 Barry's Bk</u>	<u>15-11-18</u>	<u>Low abdomen</u>	<u>etc. etc. etc.</u>

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.

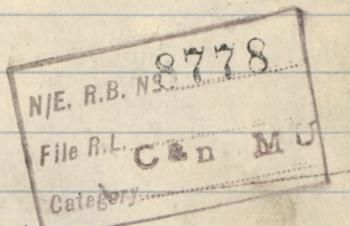
Surname *Hamilton* Christian Name *William*

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				
7 <i>Can. S. H. Home</i> GRAYLINGWELL WAR HOSPITAL, CHICHESTER.		11	10	16	17	10	16	Tonsillitis		<i>Dr & Knif. Home 24/10/16</i>	<i>R343. R351. R358</i>
		4	4	18	24	4	18	S.S.W. Back	24	Peritoneal cavity opened & cleaned in France. No FB. No injury to any hollow viscus. Wounds quite healed.	<i>Charles Clark RMO</i>
<i>M.C.H. Epsom.</i>		27	7	18	14	10	18	do	80	<i>In Adm. Wounds healed, slight tenderness abd. wound. If walks much (1/2 mile) aching pain in rt. iliac region. Genl. cond. good. Has had course of R.G. + PT₂. Now Hard body size of almond 3 ins. to rt. and 1 in. below umbilicus. X. Ray report attached.</i>	
<i>No. 4 Canadian Gen. Hospital</i> <i>Basingstoke.</i>		14	10	18.	DEC 17		1918	<i>S.S.W. Back.</i>	64	<i>Wds healed. Epigastric hernia. Bullet removed. Mailed to Canada</i>	<i>Major C.A.M.C. S. M. McKee Capt.</i>
<i>No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL</i>		17	DEC	1918	29	DEC	1918		64	<i>Debilis - + Hernia No change. I to C</i>	<i>Whitehouse Capt.</i>
"ARAGUAYA."		29	12	18	10	1	19	do	4	<i>Conditions unchanged</i>	<i>H. H. H. Capt.</i>

TLH. Rank _____ Name HAMILTON, William. Reg'l No. 725588.
 Unit 109th. Bn. If in perm. Corps, } Single.
 What Unit? } Married or Single
 Place and Date of Enlistment Bobcaygeon, Jan. 26th. 1916. Place of Birth Blenheim Tp. Ont.
 Name and Address, Next-of-Kin, William Hamilton,
Bobcaygeon, Ont. Canada Relationship Father.
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____
 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.				
C.		Arrived in England per H. M. P. 2810		31-7-16	
5-10-16	109 th Bn	S.O.S. to 21 st Bn	Bramshill	5-10-16	Pl II. DO. 279
9-10-16	21 st Bn	<i>Taken on strength.</i>	Field	6-10-16	Pl II 58.
19-10-16	"	Adm No 7 Ban Lat Hosp	Have	11-10-16	CLP347 Tonsillitis
24-10-16	"	Transf to 304 Com Depot	"	17-10-16	" 357 "
1/11/16	"	Dis to Reinforcements	"	24/10/16	" 358 "
27-11-16	"	Attch for duty 4 th fld Coy C.E.	Field	12-11-16	Pl II 583.
2-12-16	2 nd Div Engrs	do	do	12-11-16	" 64
30-12-16	21 st Bn	Orders to be attch 4 th fld Coy Engrs	do.	16-12-16	" 96
31-12-16	2 nd Div Engrs	do	do	16-12-16	" 71.



A.F.B. 100CL199
 WSR

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

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

-
- (1) Name of Overseas Unit which Soldier joins.....
5th OVERSEAS BATTALION, C. E. F.
 - (2) Regimental Number **725588.**
 - (3) Full Name of Soldier **William Hamilton.**
 - (4) Place of Birth **Blenhiem Ontario Canada.**
 - (5) Are you married, or not? **No.**
 - (6) If married, state,
 - (a) Full name of your wife **Nil.**
 - (b) Present Postal Address **Nil.**
 - (7) Are you a widower? **No.**
 - (8) Have you any children? **Nil.**
 - If so, give number of boys and girls. **Nil.**
 - Also their names and ages. **Nil.**

(9) Is your Father alive? Yes.

If so, state name and address William Hamilton Bobcaygeon Ontario Canada.

(10) Is your Mother alive? No.

If so, state name and address Nil.

(11) If your Mother is a widow Nil.

Are you her sole support, or not? Nil.

(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.

Nil.

(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.

Nil.

(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.

Nil.

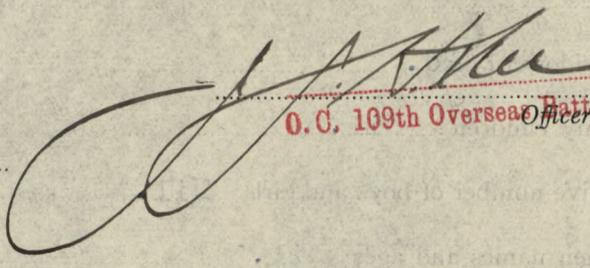
(15) Are you insured? No.

If so, in what Company? Nil.

Have you made arrangements for payment of your Insurance premium? Nil.

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

Date July 4, 1916.


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

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for HO file

Ottawa 4, 1968.
Date..... May 2, 1968

Attention of

NAME HAMILTON William

SERVICE NUMBER 725588 WWL

C.P.C. No. 122999
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

Mc GIBBON & BASTEDO Barristers Oshawa Date April 9, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... March 29, 1968
Cause of Death.....
Place of Death..... Not stated

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~NAV~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

C.C. Richards
for
Chief, Central Registry

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

County of _____

INDEXED

25588 MI

HAMILTON WILLIAM

No. GIBSON & EAST CO. BARRISTERS OGNATE DATE APRIL 9, 1968

March 29, 1968

Not stated

FILED
APR 10 1968
H. O. GIBSON

State Capital Building

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725588 (Rank) Private

Name (in full) HAMILTON, William. enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Bobcaygeon, Ont. on the 26th

day of January 19 16.

HE served in Canada, England and France.

and is now discharged from the service by reason of being medically unfit for further

War Service. Authority Med. Board D/20-3-19 R.O. 1420

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

Age 23 yrs. 7 months. Marks or Scars

Height 5ft. 5 1/2 ins. Scar on right forearm

Complexion Dark

Eyes Brown

Hair Black

W. H. Hamilton
Signature of Soldier

J. C. Chapple
Issuing Officer Lieut.
O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 27-3-19

Appointment

Signed at Kingston, Ont. this 27th day of March 19 19

in Military District No. 3

File Reference No. 3DD-3-H-566

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

EL

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>M 315518</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>725599</i>	<i>Pte</i>	<i>Hamilton</i>	<i>W. JB</i>
Year <i>1918</i>	Unit.	Age.	Service.	
<i>1918</i>	<i>21 Bn. Can.</i>	<i>4</i>	<i>22</i>	<i>30 20</i> <i>12 12</i>
Station and Date.	Disease <i>G.W. Back lumbar region.</i>			
	OCCUPATION <i>Engineer</i>			
	NEXT OF KIN <i>Father - W Hamilton Rogies Creek P.O. Ont.</i>			
	ENLISTED <i>Jan 21 1916 Bobcaygeon Ont.</i>			
	ENLAND <i>Aug 1 1916</i>			
	FRANCE <i>Oct 5 - 1916.</i>			
	WOUNDED <i>June 20 1918 Arras.</i>			
	HOSPITALS			
	<i>20-6-18 - 10 C.F.A.</i>			
	<i>20-6-18 #3 Stationary Hoop.</i>			
	<i>26-6-18 #10 General Hospital</i>			
	<i>M.C.H. Epsom.</i>			
	<i>20-6-18 #3 Cav Stationary.</i>			
	OPERATIONS			
	<i>Wd of int. l. in penetrating peritoneal cavity.</i>			
	<i>Large wd on under surface of Rt. lobe of liver found bleeding and sutured. No FB. found. - No hollow minus wounded.</i>			
	<i>Large quantity of haemorrhage in peritoneal cavity, swabbed out & hot saline - Abdomen closed.</i>			
	REMARKS			
	<i>External wd dressed.</i>			
	<i>20-6-18. G.W. Liver - right chest - Back. Is passing blood from uretra - Bladder distended.</i>			
	<i>26-6-18 - Wd abdomen clean - Ling Entry wd clean</i>			
	<i>27-6-18 - Stitches removed - wd healed - No symptoms.</i>			
	SUMMARY OF T.M.C. & M.H.S. <i>A.T.S. (1) 750 20-6-18 (2) 500 27-6-18 (3) 500. 18-7-18. (4) 29-9-18, 500</i>			
	PRESENT CONDITION <i>General condition good -</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

Ant. Wd.

Rt. Loin - small rifle wd. healed
Opⁿ wd. from middle of epigastrium to 3"
above symphysis pubis - healed - a
small hernia in upper part of wd
The whole of the lower wd bulges out - no
hernia.

Bullet felt in abdominal wall 2" below
umbilicus and 1" to right of middle line.

21-10-18. Bullet removed by incision.

28-10-18. Wd healed stitches removed.

4-11-18. Allowed up. General condition rather anemic
and listless.

11-11-18. No change in abdominal wd.
General condition improving.

S. Walker Capt.

Nov. 11th/18 I to Canada by mail ~~at~~ ~~Co~~

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

Hamilton W.

REGIMENT

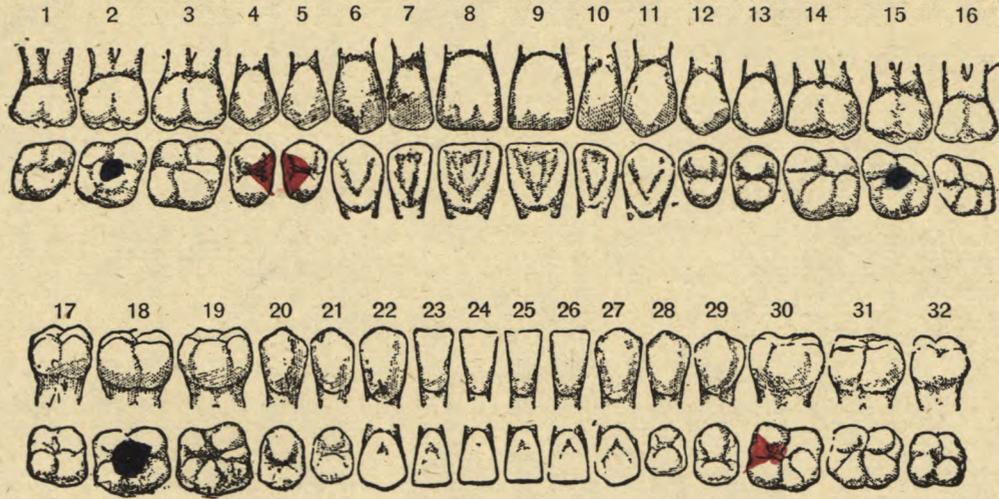
21st An.

RANK

Pvt.

No.

725588



INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<u>1919</u>																				
	<u>Mar. 19</u>	<u>3</u> <u>4.5.30.</u>																	<u>A. H. Prath. 3.</u>	<u>3.</u>	<u>Incomplete. Filling required</u>
	<u>Mar 20</u>	<u>3</u> <u>2.15</u> <u>18</u>																	<u>P. H. Leupin 3.</u>	<u>3.</u>	<u>Complete</u>

CASE HISTORY SHEET.

Artillery Park Hospital. Kingston Ont. Station.

No. 725588 Rank Pte. Name Hamilton W. William Age 23

Unit 3 Cas. Co. Completed years of service ^{Where and how long} } 3 years Canada & Overseas.

Date of admission January 14th. 1919. Date of discharge February, 12th. 1919.

Diagnosis Gonorrhoea Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Patient was admitted from Queens Military hospital for treatment of V.D.G. On admission he had a slight watery urethral discharge, which was a recurrence of attack of Gonorrhoea acquired in France in 1917. This case has responded well to treatment of irrigations and no discharge has been noticed since Feb. 2nd. 1919. Smear of Feb. 10. 19. Negative.

FAMILY HISTORY Not Applicable

(Tuberculosis, mental or nervous diseases.)

TREATMENT Irrigations Pot. Permang 1-4000.

(Especially any specific or special form.) Mist. Alk. Diuretic

Argyrol 15%.

CONDITION ON DISCHARGE. Patient being discharged as cured Smear of Feb. 10.

(and disposal made of case.) Negative. Patient being transferred to Queens Military Hospital for treatment of Hernia.

Date February 12th. 1919..

S. S. ... Capt. A.M.C.
Medical Officer i/c case.

LABORATORY SHEET

Number of specimens: _____ Date: _____

Name of patient: _____

Address of patient: _____

City and State: _____

Referring physician: _____

Specimen received: _____

Examination performed: _____

Results: _____

Remarks: _____

Signature of pathologist: _____

Date of report: _____

VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

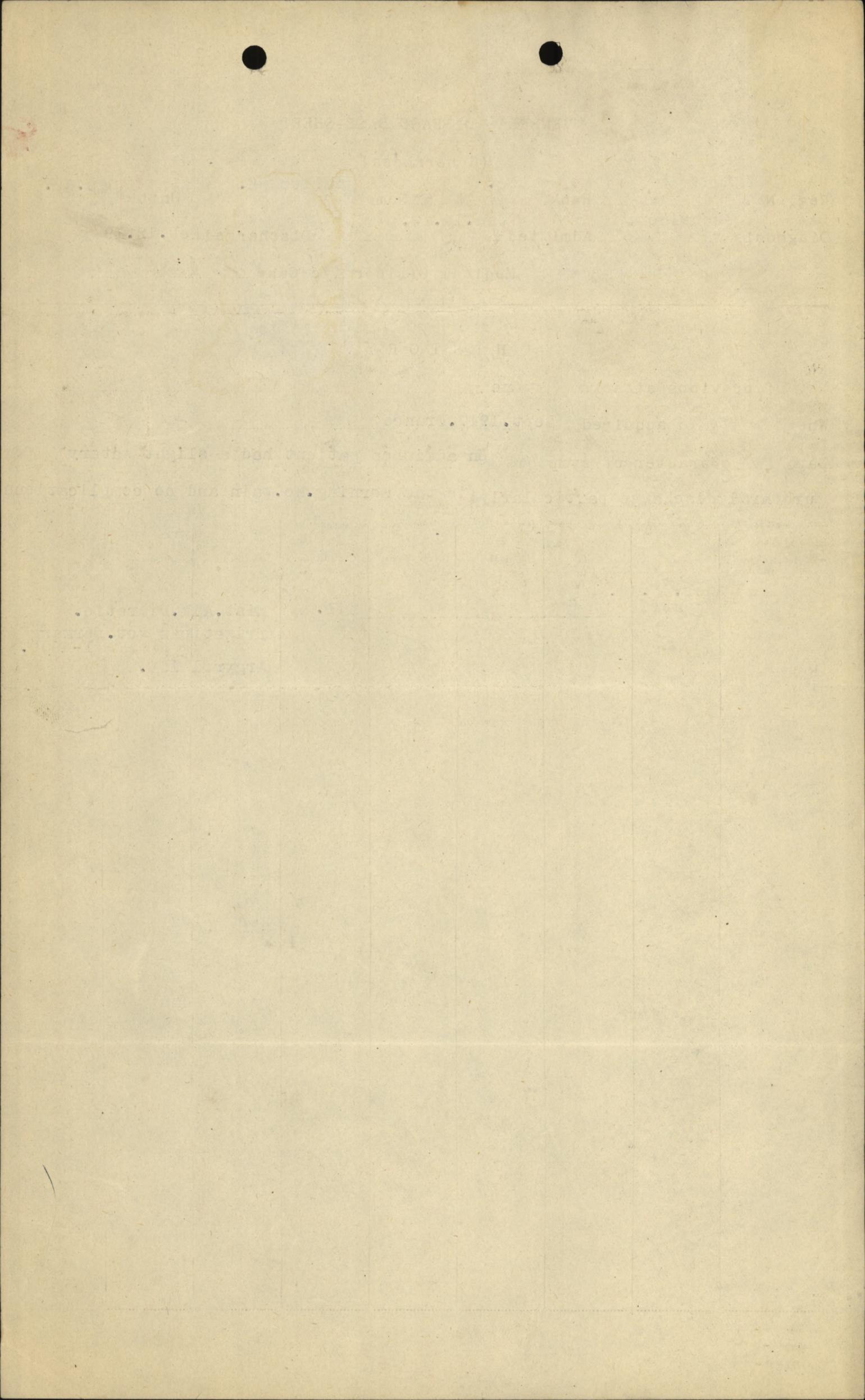
Reg. No. 725588 Rank Pte. Name Hamilton W. Unit 3 Cas.Co.
 Diagnosis Gonorrhoea Admitted Jan.14.19. Discharged Feb.12.19

Medical Officer i/c Case S.S. Cook

HISTORY.

No. of previous attacks One
 Where and when acquired Sept.1917.France
 Date and character of symptoms On admisson patient had a slight watery urethral discharge particularly in the morning.No.pain and no complications

DATE -Day of disease-	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operatives
Feb.10.19.	Negative				Nil.	Mist.Alk.Diuretic. Irrigations Pot.Permang 1-4000. Argyrol 15%.		



(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 109th Bn Ts. Regimental Number 725588

*Substantive Rank Pte. Surname Hamilton Christian Names William

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
12-7-18	EORW HRO	177	Posted from 2150 Bn.	Seaford	4-7-18	
				T. D. Russell for Lt Col i/c Records. Lieut. CMFC		
30-12-18			I.B.S. Posted to Queens	Kingston	13-1-19	H.g. 15.
27-3-19	S.O.S. DD43		Demob RC 1420			H2 87
				A. Chappell for O. C., No. 3 District Depot Lieut.		

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

Nothing to be written in this margin.

CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston, Station.
No. 725588 Rank Pte. Name Hamilton, Wm. Age 23
Unit Cas.Co. Completed years of service ^{Where and how long} }
Date of admission Feb. 12/19. Date of discharge March 24/19.
Diagnosis Hernia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. GSW right side of body; entry indicated by a small scar about 3" from mid-line of spine & about over 12th rib. Exit indicated by a scar at outer side of rectus muscle 3" from & in line with right anterior superior iliac spine. Incision 10" long reaching from ribs above to 2" above pubes & being about 1" to right of mid-line indicates, man says, operation for haemorrhage. Course of bullet would indicate injury to liver or kidney. X ray shows - No bony lesion visible. Original Field Medical card shows that this man had a wound of the lower part of right lobe of liver causing a severe haemorrhage into the abdominal cavity. Wound sutured at C.C.S.

FAMILY HISTORY. Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT. X Ray.
(Especially any specific or special form.)

CONDITION ON DISCHARGE. Category "E", discharge to Depot.
(and disposal made of case.)

Date March 24/19.

[Signature] Stevenson Capt.
Medical Officer i/c case. 45828

CASE HISTORY SHEET

THIS SHEET IS TO BE FILLED OUT BY THE PHYSICIAN WHO HAS BEEN IN CHARGE OF THE PATIENT'S CARE. IT IS TO BE KEPT IN THE PATIENT'S RECORD AND SHOULD BE REVIEWED AT THE TIME OF EACH VISIT.

DATE
1940

PHYSICIAN'S SIGNATURE

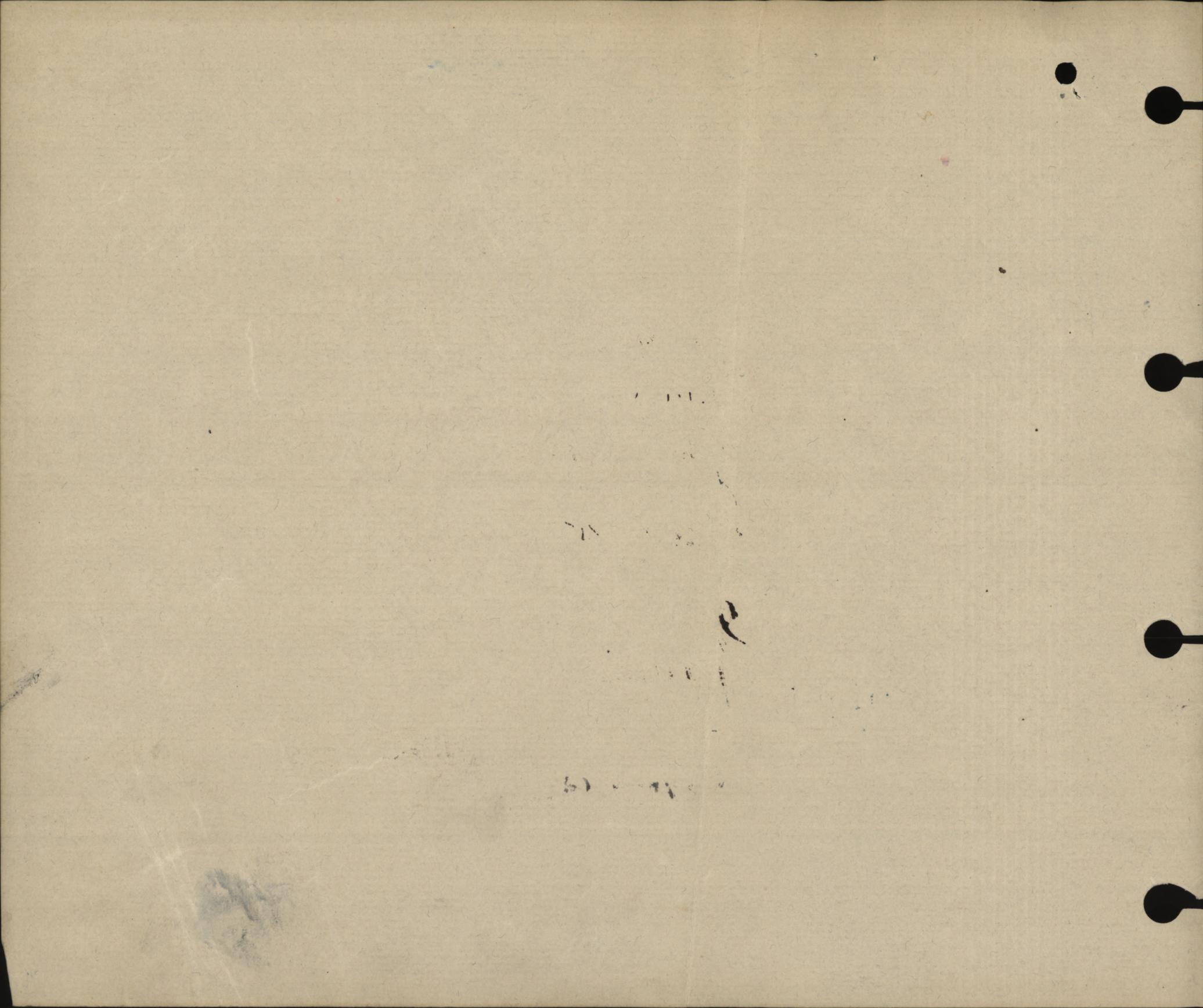
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom William Hamilton By Whom Assigned Hamilton W.
 Address Bombaygeon Regtl. No. 725588
Ont. Rank Rte.
 Corps 109 Batt. C. Co.
 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				





MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Mr. William Hamilton
PAYMENTS.

Name of Soldier

Hamilton W.

L. L. Job 310.-Req. 6574.

725588. "6 Coy" etc.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i> AUG 1 1916 <i>109 Batt</i>
April	1916			
May				
June				
July				
Aug.		<i>F15031</i>	<i>15.</i>	
Sept.		<i>V17268</i>	<i>15</i>	
Oct.		<i>W17803</i>	<i>15</i>	
Nov.		<i>B326239</i>	<i>15</i>	
Dec.		<i>O 30506</i>	<i>15</i>	
Jan.	1917	<i>J 39452</i>	<i>15</i>	
Feb.		<i>L 44767</i>	<i>15</i>	
March		<i>LT 50586</i>	<i>15</i>	<i>15</i> <i>156</i>
April		<i>N 1978</i>	<i>15</i>	
May		<i>O 7615</i>	<i>15</i>	
June		<i>J 15459</i>	<i>15</i>	<i>15.3</i>
July		<i>H 22257</i>	<i>15</i>	<i>2223</i>
Aug.		<i>L 29193</i>	<i>N</i>	
Sept.		<i>T 36404</i>	<i>15</i>	<i>6</i>
Oct.		<i>J 42740</i>	<i>15</i>	
Nov.		<i>H 48818</i>	<i>15</i>	<i>255.00</i>
Dec.		<i>R 57620</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
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.				

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *HAMILTON William*
NUMBER: *725588*

EFFECTIVE DATE: *1-8-16*
AMOUNT: *15⁰⁰*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mr Wm Hamilton (Father)
Bobcaygeon, Ontario, Can.*

Pte

Stopped effective 1-12-18

UNIT AND TRANSFERS

ORIGINAL UNIT: *109th Bn*
DATE ACCOUNT FIRST OPENED: *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>177. 4-7-18</i>	<i>1-8-18</i>	<i>21-5-18</i>	<i>21st Bn.</i>
			<i>Canada</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>10-12-17</i>		<i>Hoop. Hoopbagor 24 days</i>	<i>44¹⁰</i>				
<i>7-11-18</i>	<i>3609</i>	<i>17' note</i>	<i>4⁸⁷</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Invalided to Canada 1-12-18 Bcompt R 22 A/85 d/17-11-18 L.P.C. 165-80*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar</i>	<i>Bal. Forward</i>								<i>81 53</i>		
<i>Apr</i>	<i>P.F.</i>	<i>33 -</i>		<i>Canal</i>				<i>15 -</i>			
		<i>33 -</i>		<i>AR 22 9/4/18 21 Bn</i>	<i>4 46</i>			<i>15</i>	<i>95 07</i>		
<i>May</i>	<i>P.F.</i>	<i>34 10</i>		<i>AP</i>				<i>15</i>			
				<i>AR 92 3-5-18 21 Bn</i>	<i>8 03</i>						
		<i>34 10</i>		<i>" 129 19-8-18</i>	<i>3 87</i>			<i>15</i>	<i>102 57</i>		
<i>June</i>	<i>P.F.</i>	<i>33 -</i>		<i>Canal</i>				<i>15</i>			
				<i>AR 224 7/6 21 Bn</i>	<i>4 46</i>			<i>15</i>	<i>116 11</i>		
<i>July</i>	<i>P.F.</i>	<i>33 -</i>		<i>AP</i>				<i>15</i>			
		<i>34 10</i>						<i>15</i>	<i>135 21</i>		
<i>Aug</i>	<i>P.F.</i>	<i>34 10</i>		<i>AP</i>				<i>15</i>			
		<i>34 10</i>		<i>AR 2063. Epsom 1-8-18</i>	<i>9 78</i>			<i>15</i>	<i>144 58</i>		
<i>Sept</i>		<i>33</i>		<i>c.a.p.</i>				<i>15</i>			
				<i>A.R. 90. Epsom 2-9-18</i>	<i>4 87</i>			<i>15</i>	<i>159 70</i>		
<i>Oct</i>		<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
		<i>34 10</i>		<i>AR 383. 21st Bn. Epsom</i>	<i>4 87</i>			<i>15</i>			
				<i>AR 8014. 19/10/18 4 Bn</i>	<i>4 87</i>			<i>15</i>	<i>167 07</i>		
<i>Nov</i>		<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>AR 8610. 7/11/18</i>	<i>4 87</i>				<i>185 07</i>		
		<i>8 76</i>		<i>" 9576 29/11/18 1/2 Bn</i>	<i>4 87</i>						
				<i>" 2411- 20/12/18 54th End.</i>	<i>4 87</i>				<i>125 42</i>		
<i>Mar</i>		<i>41 76</i>		<i>Hoop. Stop. 10/12/17 24 days</i>	<i>5 87</i>	<i>14 40</i>		<i>15</i>	<i>121 02</i>		

CANADIAN ASSIGNED PAY AUDITED
OK
W. J. Harris
 AUDIT CLERK
 DATE *4-6-19*

Checked *fill*
22-1-18

S.O.S. Canada eff 29/12/18 A.O. 7. 9/1/19 E.O.R.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION... Kingston Ont...... DATE Mar. 20/19

1. 1 (a) Unit 21st Bn...... (b) Regimental No. 725588..... (c) Rank Pte

(d) Surname Hamilton..... (e) Christian name William

(f) Home address Bobcaygeon Ont.

(g) Next of Kin Wm. Hamilton, Sr...... (h) Relationship Father

(i) Address of Next of Kin Bobcaygeon Ont.

2. Age last birthday 23..... Date of birth Aug. 12/1895

3. Enlistment, or Appointment (if an Officer) (a) Place Bobcaygeon Ont...... (b) Date Jan. 21/16

4. Personal description:

(a) Height 5'5 1/2"..... (b) Weight 130 lbs...... (c) Complexion dark
(stripped)

(d) Colour of hair black..... (e) Colour of eyes brown..... (f) Identification marks, Scars, etc scar
on right forearm

5. Former trade or occupation Engineer

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

	Years	Days
Canada	6 mos.	
England	2 mos. 5 mos.	
France or other theatres of War	21 mos.	

	PERIODS	
	From	To
Canada	Jan. 21/16	July 23/16
England	Aug. 1/16 July 3/18	Oct. 5/16 Dec. 29/18
France or other theatres of War	Oct. 6/16	July 3/18
<u>No. 3 D.D.</u>	Jan. 12/19	

7. Original disease, or injury G.S.W. back

(a) Date of origin 20/6/18..... (b) Place of origin France

(c) Cause Enemy shrapnel

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

Effects of shrapnel wound - slight pain after exertion
in abdominal muscles.

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

Subj. Man complains of slight pain in lower abdominal muscles after moderate exertion but feels quite fit otherwise.

Obj. G.S.W. right side of back. Point of entry indicated by a small scar about 3" from mid line of spine over 12th rib. Exit indicated by a scar at outer side of rectus muscle 3" from end in line with right ant. superior iliac spine. Incision 10" long reaching from ribs above to 2" above pubes & about 1" to right of mid-line, indicates operative interference. Patient states operation was for haemorrhages. Course of bullet would indicate injury to lower liver or kidney. Scar on abdomen well healed with no tendency to hernia. Slight tenderness on deep pressure at present point of exit. Patient says he has to take cathartics to relieve constipation.

X-Ray shows no bony lesion visible.

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

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	Scars as above
Disturbances of Mentality.....	No	Digestive System.....	See 9a	Muscular System.....	See 9a
Osseous and Joint Systems.....	No	Any other general condition.....	No		

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

Wounded June 20/18 "Wound of right loin penetrating peritoneal cavity. Large wound on under surface, right lobe of liver found, bleeding and sutured. No F.B. found. No hollow viscous injured. Large quantity of haemorrhage in peritoneal cavity which was swabbed out" (extract from Field Medical Card)

Returned to Canada Jan. 12/19

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

Nil

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

See Section 9

11.—(a) Did the disabling condition have its origin before enlistment? **No**

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

Not app.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **6 mos. improving**

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

Eng. Mil. Hospitals

A.M.H. since Jan. 13/19

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

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

17. Recommendations: **That this man be discharged with a pensionable disability.**

C. White Capt Comd
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

W. J. Hamilton Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

Yes "E"

20. It is certified that the invalid

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

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

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

with pensionable disability

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

PLACE Kingston W. Gibson Captn. R.C.M.C. President.
Am. Asseltine Capt. R.C.M.C. } Members

DATE March 20/19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY N. H. Muadell Major, A.M.C. Assistant Director of Medical Services. DATE 24-3-19

APPROVED BY..... Director-General of Medical Services. DATE.....

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1918	125588	Pte	Hamilton	W.
Station and Date.	Disease <u>Sw Back Lumbar region</u> ^{5 31 30 14}			
M&W Epsom	<u>wounded & operated upon 20/6/18 (flesh)</u>			
8 JUL 1918	<u>Oper. (abd. incision) to remove</u>			
	<u>straps.</u>			
	<u>Wound healed, slight tenderness</u>			
	<u>abd. wd.</u>			
	<u>If walks much (1/2 mil) aching pain</u>			
	<u>at these region.</u>			
	<u>Gen health good.</u>			
R.G. 1000	R.G. <u>nod</u>			
8 AUG 1918	C.O.			
15 AUG 1918	P.T. r.			
22 AUG 1918	Imp Co.			
27/8/18	<u>Disch. from P.T. Dept.</u>			
	<u>Hard body size (diameter) 3 in to</u>			
	<u>right & 1 in. below umbilicus.</u>			
	<u>Send to Boston for X ray report</u>			
6/9/18	<u>X Ray report attached, shows</u>			
	<u>presence bullet. This causes</u>			
	<u>pain & inconvenience walking &</u>			
	<u>or sleeping.</u>			
nod	<u>Transf to Basingstoke</u>			
	<u>M.P. Bradley med</u>			
S. Can G.H.	TAB ^{20/8/18} 9.8.18			
19/12/18	<u>Unchanged. I to C. Whitehouse</u>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P+38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 21st Cav. Bn.

Military Hospital _____

No. _____

Rank and Name Pte Hamilton

Age _____

Service _____

Disease _____

Date of admission 26.6.18.

Date of discharge _____

Result _____

Dates of Observation	24		25		26		27		28		29		30		1		2		3		4		5		6	
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Days of Disease																										
Temperature Fahrenheit	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.
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
Pulse per Minute	120	130	106	80	73	72	80	80	84	80	76	72	80	68	80	80										
Respirations per Minute	30	30	20	18																						
Motions per 24 hours	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/										

on admission 109°
 ATS 100
 Stitches removed

Signature _____

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

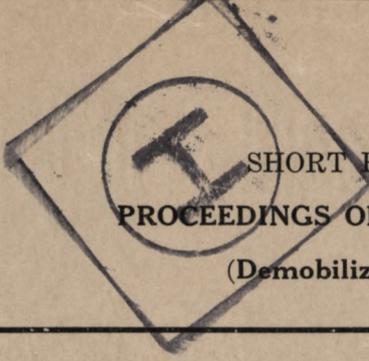
Date of admission _____

Date of discharge _____

Result _____

Dates of Observation	Days of Disease																												
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Temperature Fahrenheit	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.	A.M.P.M.	A.M.P.M.
107°	.8	.6	.4	.2																									
106°	.8	.6	.4	.2																									
105°	.8	.6	.4	.2																									
104°	.8	.6	.4	.2																									
103°	.8	.6	.4	.2																									
102°	.8	.6	.4	.2																									
101°	.8	.6	.4	.2																									
100°	.8	.6	.4	.2																									
99°	.8	.6	.4	.2																									
98°	.8	.6	.4	.2																									
97°	.8	.6	.4	.2																									
	.8	.6	.4	.2																									
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature _____



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

War Service Badge Class
No. 91121 055459 Issued



1. No. 725588

2 Rank. Private

3. Name. HAMILTON, William

4. Unit. No. 3 District Depot.

5 Date of Discharge 27-3-19 Place Kingston, Ont.

6 Reason for Discharge Med. Unfit.

7. Authority. Med. Board D/20-3-19 R.O. 1420

8. Proposed Residence after Discharge Bobcaygeon, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

W. Hamilton
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 27-3-19

Signature *[Signature]* Lieut.
for O. C. Discharging Unit. on
No. 3 District Depot

Medical Documents
Forwarded to
~~S. C. R.~~ or B. P. C.
on
Date APR. 30. 1919

ZP

*K.C.P.
28.10.19
m.s.*

65

SECRET FORM
PROCEEDINGS ON DISCHARGE
(Distribution)

1. Name	
2. Rank	
3. Home	
4. Date of Discharge	
5. Line of Discharge	
6. Reason for Discharge	
7. Remarks	
8. Signature of Soldier	
9. Signature of Officer	
10. Date	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate Medical Form W. 27

or Particulars of Record Medical Form W. 28

Field Contact Sheet Medical Form W. 45 or A.F.B. 222

Transfer Form Medical Form W. 24 or A.F.B. 103

Last Pay Certificate Medical Form W. 44

Certificates (that missing documents are noted inside)

Medical History Sheet Medical Form B. 212 or A.F.B. 178

Proceedings of Medical Board Medical Form A.F.B. 179 or A.F.A. 22

Local History Sheet Medical Form B. 213

Medical Report M. M. W. 199 or D. M. 199

Hospital Contact Sheet Medical Form B. 202

Company Contact Sheet Medical Form B. 201

LIST OF DISCHARGE DOCUMENTS.

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

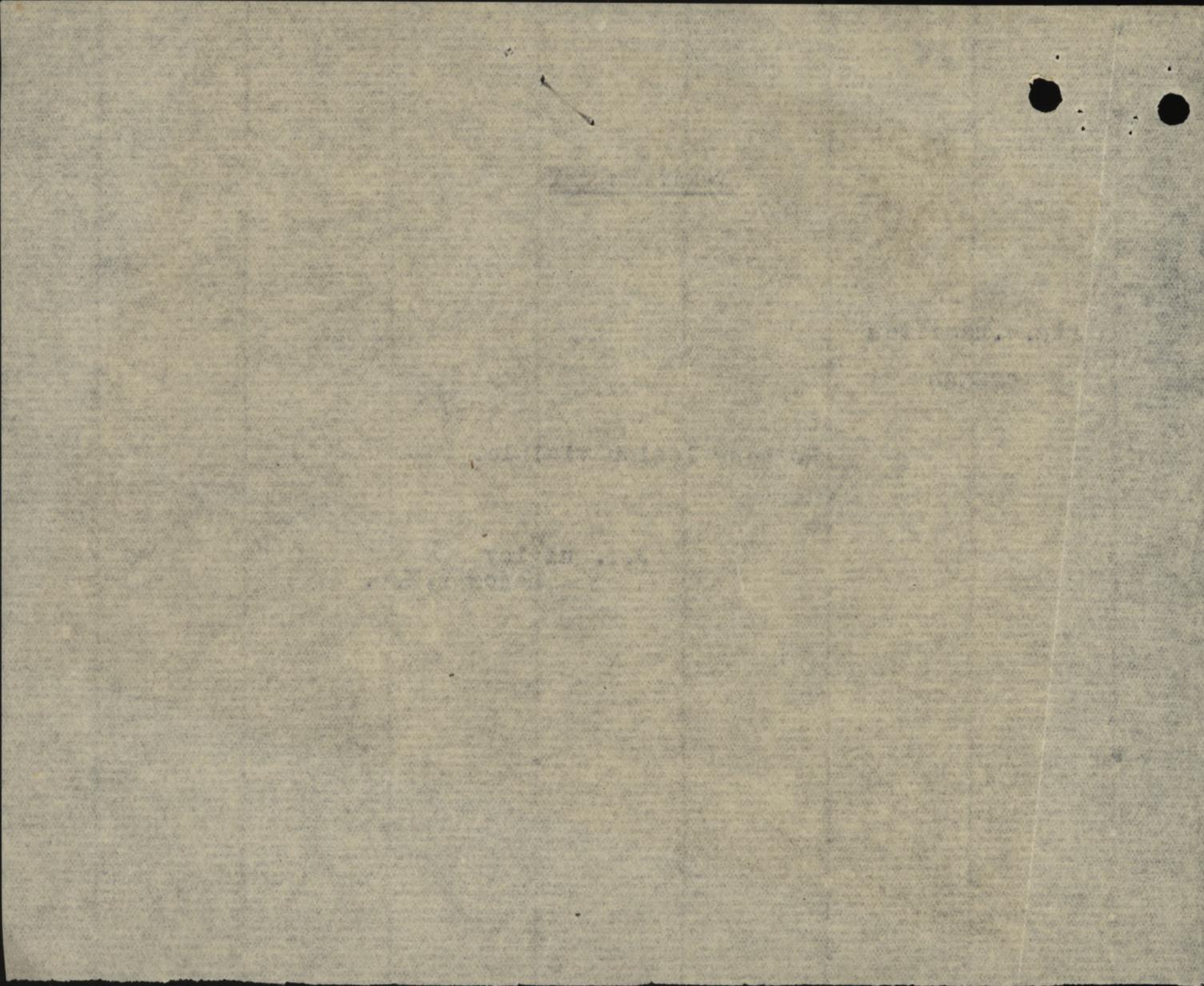
X-RAY REPORT

Pte. W. Hamilton

725588

No bony lesion visible.

J. P. Quigley
Major A.M.C.



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. 25588 Rank Private Name Hamilton William
 Enlisted (a) 26.8.16 Terms of Service (a) Q of W Service reckons from (a) 26.8.16
 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) Engineer

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

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

	Embarked Canada		Halifax	24.7.16	
	Disembarked England.		Liverpool	31.7.16	

Transferred for Overseas Service with 2nd Batt'n OCT 5 1916 D.O. Pt. 11 No. 279 Capt. ADJUTANT 109th Overseas Battalion, C. E. F.

7 Can. Staty	Tonsilitis.	Adm	7 Can. Staty	11/10	W3034 11/10.
C.B. O.	Taken on from 4 Con. Dep. A		C.B.O.	25/10	NR. 25/10
"	Left for unit.		"	27/10	" 27/10
4. Con. Dep.	Inf. Tonsils. adm		4. Con. Dep.	17/10	W. 3034. 17/10.
7 Can. Staty					
21 st Bn	Att'd 4 th Bd Col. E.		Field	12/11	B213 P-II ord 83 d/27.11
SO.	Returned from " " " 5 th Unit.		Field	18/2/16	" 20/2/16. P.I.O. 96 30/12
2 Can Div.	To hospital		Field	21/9/17	N. R. 23/9. D.C.S. 333 d/30.9-17.
Training Bn	V. D. G.	Adm	7 Con. Dep.	23/9	W. 3034.
7 Con. Dep.	Do	Adm	51 General	24/9	Do.

(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.

Slide Rep 24/11 [P.T.O.]

75588 Hamilton W.

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				
	4. Cor. Dep'	"A" to	C.B.D.	24/10.	W. 3024, 24/10/16.
8/9/17	21st BATTALION	Joined unit	21st BATTALION	31/10	B-213 3/11.
15/9	Do	Granted 10 days leave	Field	2/9/17	B-213 12/94 d/29/10/17
25/11	51 General	Rejoined from leave	Field	14/9	B-213
	4 Staty.	Transferred to	4 Staty.	16-11-17	letter. (K.O. 17/54)
	4 Staty.	V.D.G. Admitted	4 Staty.	16-11-17	W. 3034.
10/12.	Do	Forfeits Fld. Allee. and placed under stoppages of 50¢ per day from 17-11-17 to 10-12-17 (23 days).	4 Staty.		O. 1643 Pt. II O. d/
	2 C.D.B.D.	Do S. from 4 Staty. a	2 C.D.B.D.	12-12-17	N.R.
	4 Staty.	Discharged to	Base Details	10-12-17	W. 3034.
26.12.17	2 C.D.B.D.	Left for C.C.R.C.	Field	21.12.17.	N.R. 834
21.12.17	C.C.R.C.	Joined C.C.R.C.		21.12.17	N.R. 65
16/11	51 General	Forfeits Fld Allee. and is placed under stoppages of 50¢ per day 25-9-17 to 16-11-17 (53 days)	51 General		O. 1643. Pt. II O. 102 d/ 26-11-17.
	C.C.R.C.	Still with C.C.R.C.	Field	2-2-18	N.R.
	Do	Left for unit	Do	19-2-18	N.R.
23/2	21st BATTALION	Rejoined from hospital	Field	19-2-18	B-213.
	4 C.F.A.	S.W. back, abdomen & kidney Haemorrhage from Penis - Adm. & trans	C.C.S.	19-6-18	W. 3391 - F. 8087.
	10 General	Admitted	10 General	26-6-18	Do F. 9284.
	AT Guildford Castle	Wounded	England	3-7-18	W. 3083 - 5632 Pt. II O. 51 d/ 18-7-18.
		Posted to Eastern Coy. 1st Regt. Depot, Seaford.			

Shaw

Lieut., for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

MAR 27 1919

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

REGT. No. 725588

RANK Pte.

NAME (IN FULL)

Hamilton W.

AUDITOR PAYMASTER

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS		1.10			E.O.R.D.		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP	Pte Wm Hamilton			15.00	1-2-19	
ADDRESS		406 Johnston St. Kingston Ont			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mr Wm. Hamilton,	Father	
					ADDRESS		
					Bobcaygeon, Ont.		
					STOP PAYMENT FORM	EFFECTIVE	
					ASSIGNED PAY RENDERED, DATE	1-3-19-	
					Cancelled		
					PLACE	DATE	REASON
					KINGSTON	MAR 27 1919	
					DISCHARGED		IF ENTITLED TO POST DISCHARGE PAY

H-529

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT		
				165 80												165 80				
Nov.			949	949				4867	487	55 50	30 00			138 54		36 75		29-11-19 S.F. ALLE 13 DYS C 73 per day.		
1-12-19	62	1.10	6820	6820												104 95		No. Inlet		
Feb.	28		3080	4280					50 -		15 -			65 -		82 75		100 49 - Quilt 15 - emp. # 56 33. (4717)		
Mar	27		2970	6470				14745			15 -			14745		35 099		S.F. 29-11-19 21-12-19 12 days # 7723 # 1053		
				35099																
					Was Service Gratitude															
			183 Days	420 -														AMFWAS 95 per		
																		# 7723		
																		9321869 Apr. 26/19.		
																		333369 May 27/19.		
																		21.934655 June 21/19.		
																		21.950662 July 22/19.		
																		1299535 Aug 23/19.		

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H 21504 Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **725588**
 Rank **Plt** Promoted Reverted Discharge
 Soldier's Name **W. Hamilton**
 Battalion **109th Batta. C. C.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name **William Hamilton**
 Address **Bobcaygeon Ont.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					7829-21-91
Dec 31			255	255	
Jan '18	M 69084		15	15	C
Feb.	N 75139		15	15	A
March	H 96992		15	15	A
April	H 16185		15	15	A
May	B 11395		15	15	A
June	A 14276		15	15	A
July	N 29195		15	15	A
Aug	D 28757		15	15	A
Sept.	C 36154		15	15	A
Oct.	E 43815		15	15	A
Nov.	G 51104		15	15	A
Dec.	F 63220		15	15	A ✓
Jan.	G 70601		15	15	A
			450.	450	

CANADIAN ASSIGNED PAY AUDITED
 OK to 30-11-18
J. B. Clarke
 AUDIT CLERK
 DATE 4-6-19



M. F. W. 128
 400M, 647, 1772-38-114
 L. L. 22220-M. & D. 1886.

A.P. ...
 ... 31-7-19 ...
 Ret'd per ...
 Date 10-1-19 ...
 M.D. #3 Clerk ...
 M.R.O. No. 55703

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-6-17-172-39-1141
 L. L. 22520-M. & D. 1993.