

Feb 7th, 1916.

OK. H.H.H.

c Coy Bobcaygeon.

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 725602.

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 Dwight*
- 1b. What is your present address? *Bobcaygeon*
- 2. In what Town, Township or Parish, and in what Country were you born? *Village of Bobcaygeon*
- 3. What is the name of your next-of-kin? *William H. Hamilton*
- 4. What is the address of your next-of-kin? *Bobcaygeon Out. Can.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *15 August, 1895*
- 6. What is your Trade or Calling? *Laborer*
- 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? *6 months in 45<sup>th</sup> 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 Dwight 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 *Feb 9th* 1916. *W.D. Hamilton* (Signature of Recruit)  
*H.A. Fairbairn Lieut.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Dwight 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 *Feb. 9th* 1916. *W.D. Hamilton* (Signature of Recruit)  
*H.A. Fairbairn Lieut.* (Signature of Witness)

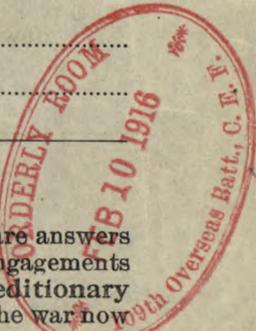
CERTIFICATE OF MAGISTRATE.

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 *8th* day of *February* 1916.  
*W. Moore* (Signature of Justice)



6  
H

# Description of William Dwight Hamilton Enlistment.

Apparent Age.....20.....years.....5.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5.....ft.2.....ins.

*Slight scar on inside of right leg.  
 Several teeth require attention.*

Chest measurement { Girth when fully expanded.....33 1/2ins.  
 Range of expansion.....2.....ins.

Complexion.....Law.....

Eyes.....Light blue.....

Hair.....Khaki.....

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\*.....fit.....for the Canadian Overseas Expeditionary Force.

Date.....Feb 8.....1916.

*McCulloch*  
 Capt.  
*H. O. Boyd*  
 Medical Officer  
 109th Overseas Battalion, C. E. F.

Place.....Bakeajour.....

\*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 Dwight 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. E. 109th Overseas Battalion, C. E. F.

Date.....FEB 10 1916.....1916

29-4-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



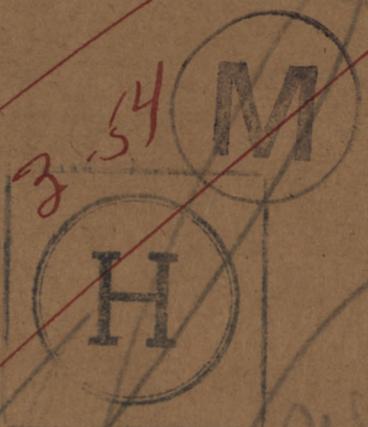
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Hamilton, William D  
 Regt. No. 725602 Rank Pte  
 Corps 21st Bn

05152

*Deceased 21-3-54*

*119*



*R 18/12-19*

*A.F.B. 122 — 1 D.M.S. 1312-1*

*A.F.B. 183 — 1*

*Pay Book — 1*

*Q.F. 1-1237-2*

M. F. W. 62.  
 100m.-6-17.  
 H. Q. 1772-39-935.

*Army Book 172 — 1*

*Pay Card*

(4)

*1-26*

*25-26*

*27-26*

---

*4*



SURNAME.

*Hamilton*

S.D.S. DIS

CHRISTIAN NAMES

*William Dwight*

28-3-18  $\frac{81}{4}$  12/

REGL. No.

*725602*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*45<sup>th</sup> Vict. Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Hamilton, William H.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Babcaigeon, Ont.*

COUNTRY OF BIRTH

*Canada, Babcaigeon, Ont.*

DATE

*Aug. 15<sup>th</sup> 1895.*

PLACE OF ATTESTATION

*Babcaigeon*

DATE

*Feb. 8<sup>th</sup> 1916.*

*O/S 23-7-16*

*488  
157*

*Canada*

*A/B 25-9-17*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*20* YEARS

*5* MONTHS

HEIGHT

*5* FEET

*2* INCHES

CHEST MEASUREMENT

*33 1/2* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Fair*

EYES

*Lt. Blue*

HAIR

*Khaki*

DISTINGUISHING MARKS

*Slight scar on inside of right leg.*

MEDICAL EXAMINATION.

PLACE

*Bobcaygeon*

DATE

*Feb. 5<sup>th</sup> 1916.*

No. 725602 RANK *Pte*

NAME *Hamilton. William Dwight.*

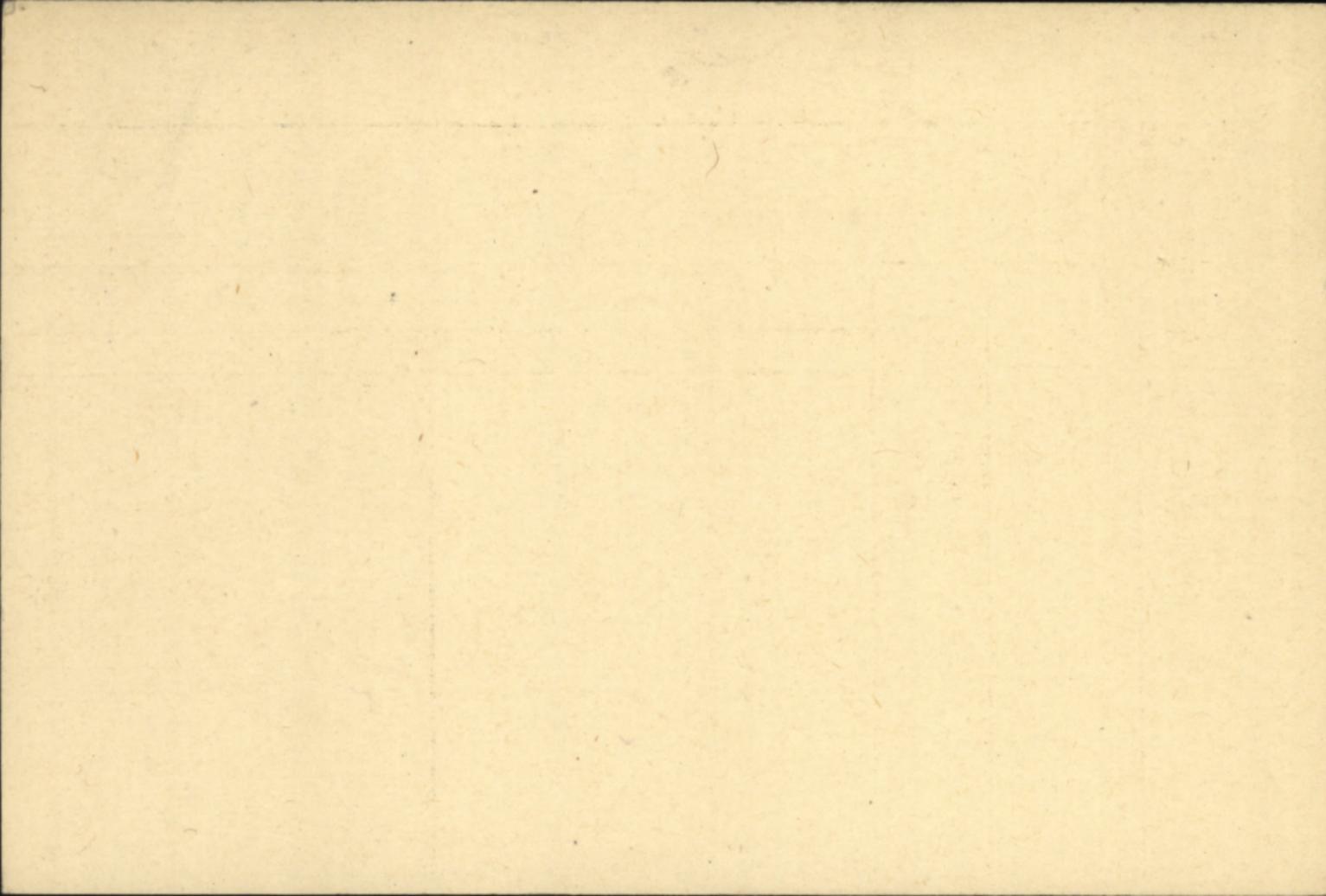
T. O. S. *7-2-16.*  
*D.O. 71 11-2-16.*

UNIT *109th Battalion.*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Feb. 2</i>	<i>1916. Feb. 29</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

**UNIT SAILED  
JUL 23 1916**









*Great Glen  
Manchester*

D.M.S. 1813

MOORE & BROTHERS  
CANADIAN BOOKS

ADMITTING CARD.

26671

Regt. No. *425602*

A. & D. No.

Rank *Pte*

Name *Hamuldon Wm*

Corps *57th Bn Cea*

Religion *CofE.*

Age *21*

M. H. Rec'd

*no*

M. H. Requested

M. H. Ret'd

Disease *mental stupor*

Admitted *16. 4. 17*

Discharged

Place in Hospital *Ward 24*

Transferred *18. 8. 17 War. Hosp. Warrington*

Results

*Bobcayson*

*no*

*yes 1/2*

*1/40*  
P.T.O.

REMARKS:

MEDICAL HISTORY SHEET.

Orig. rec. from *2<sup>nd</sup> Western Gen Hosp. 27 4 1917*

Sup. to d. filed ..... /... /1917 .

Copy sent to ..... /... /1917 .

Exp. sent to ..... /... /1917 .

Received by Registrar this office *24/4/1917*

*Thos. J. Wharton*  
*1 Capt*

Ward *24*.....

2

REGT'L No 725602

NAME

Hamilton William Dwight.

H. Q. FILE No. 649-

RANK AND CORPS

Pte. 21st Bn. (form 109th Bn.)

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

08225.

31-1-17.

Admitted to No 4. Gen. Hosp. Camiers Jan 21. 1917. (gunshot wound leg) (severe) ✓

Adm to New Market Asylum & H. M. H. S. H. 2. 25-9-17. Mental Case

Arch. List Sept 28th 1917  
O.C. Disc Dept Quebec

T350

22-9-17

Sailed from Liverpool for Canada per the Hosp. Ship "Araquay" on the 14th Sept 1917 Mental Stupor *see above information*

no. 1 m. 5 2

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 374	No 5 Cam. Fl. Amb.	1-11-16	Sprained R. Knee.
"	Disq. to duty.	<del>2-11-16</del>	" " "
A 428	4 General. Carriers	21-1-17	Ysw. Leg. Sev.
B 264	2nd Western Gen. Manchester	29-1-17	Ysw. " "
B 326	To Moore Bks. Cam. Shorncliffe	16-4-17	Ysw Leg Sev.
B 28	L. Derby War Warrington	15-5-17	" "
B 58 <sup>12</sup>	Discharged	14-9-17	Ysw. Leg. Sev (B. Aut. Reg)
275	M. H. C. A Toronto	29-9-17	Cl II Newmarket

Number 725-602 Rank Pte B

Surname HAMILTON

Christian Name William Dwight

Units 21<sup>st</sup> Bn Can Div Theatre of War France

Date of Service 5-10-16

Remarks Mansfield St

Latest Address Bobcayson Ont  
G. R. O.

Roll No. B. Page 15121.

200m.-2-21.M.

DEPT JUL 19 1922

REGN. NO. G V H 6 3 3 4



Name HAMILTON W.D. Rank Pte. Regt. No. 725602 Unit D.  
 Battn. 109th Camp or O. S. O. File M. H. C. C.                      H. Q. File                       
 Next of kin Mrs. M. Hamilton. Bobcaygeon Victoria. Co. Ont.  
 Discharged to Class                      D. of D. Total. Conduct Good.  
 Pension awarded                      Date of first payment                       
 Address on discharge Bobcaygeon. Ont.  
 Diagnosis Dementia. Date boarded 26-9-17

DATE	CLASS	REMARKS	Part 2 Order
29-9-17	2	Newmarket.	#275 #310
28-3-18		DISCHARGED.	#81.



Surname *Hamilton* Christian Name or Names *W. W.* Reg. No. *725602*

Rank *Pte.* Unit *21st.* Co. *Battn.* Troop *C.O.* Batty.

Hospital *# 5 Can. Field Ambul.* Date of Admission *1-11-16*

Transferred *4 Gen. Garnier* Hosp. *24.1.17*

*2nd W. Gen. Manchester* Hosp. *29-1-17*

*Woolwich* Hosp. *16.4.17*

*Lord Derby War Warrington* Hosp. *15-5-17*

Diagnosis  
(1) *Spr. R. Knee.*  
Later Diagnosis (if changed)  
(2) *G. S. W. Leg.*  
(3)

Additional Diagnosis: if more than one state present

*Dis. to duty. 2.11.16.*

*Dis 14-9-17* Date

DISPOSITION

*62.21.11.16 737401(2)*

REMARKS

*- 31.1.17. A4281*

*- 5-2-17. B264,*

*20.4.17. B326*

*5-10-17 B29*

*Dis. to Canada per HS Araguaya from Liverpool 14-9-17.*

*9-11-17 B58 (2)*

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

*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....  
 ..... **109th OVERSEAS BATTALION, C. E. F.** .....

(2) Regimental Number **725602** .....

(3) Full Name of Soldier **William Dwight Hamilton** .....

(4) Place of Birth **Bobcaygeon, 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? **Nil** .....

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

    If so, give number of boys and girls **Nil** .....

    Also their names and ages **Nil** .....

.....

.....

.....

.....

881

(9) Is your Father alive?.....**Yes**.....

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

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Margaret Emma Hamilton,**.....

.....**Bobcaygeon, Ontario, Canada.**.....

(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**.....

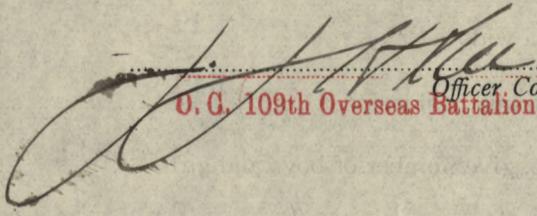
(15) Are you insured?.....**Yes**.....

If so, in what Company?.....**Metropolitan Life Assee.**.....

Have you made arrangements for payment of your Insurance premium.....**Yes**.....

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

Date.....**4th July 1916**.....

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

ORIGINAL  
MEDICAL HISTORY SHEET. ORIGINAL  
77. Can 65

Surname Hamilton Christian Name William Swight

Examined { on 9<sup>th</sup> day of February 1916.  
 at Bobraygon  
 Birthplace { City or Town Bobraygon  
 County Ontario

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

Apparent age 19 years  
 Trade or occupation laborer  
 Height 5 Feet 2 Inches  
 Weight 120 Lbs.  
 Chest measurement { Minimum 31 1/2 inches.  
 Maximum expansion 33 1/2 inches.  
 Physical development Slight built  
 Small-Pox Marks none

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

Vaccination Marks { Arm Right None Left One  
 Number One  
 When Vaccinated last February 7<sup>th</sup> 1916

Date	Result	VACCINATIONS.
<u>2.7.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Slight scar on inside of right leg.  
 (b) Slight defects but not sufficient to cause rejection Several teeth require attention

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>"</u>	<u>J. McCulloch</u> M.O.
<u>25.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>TRB 22.9.16</u>	<u>"</u>	<u>H. Boyd</u> M.O.

Enlisted on 8<sup>th</sup> day of February 1916 at Bobraygon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>725602</u>		<u>8.2.16</u>
Transferred to.. ..	<u>21st Bn</u>	<u>C.</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>H.Q. M.B. C. 10</u>	<u>10-5-17</u>	<u>Delusional insanity</u> <u>10 MAY 1917</u> <u>Approved</u>	<u>Invalided to Canada</u> <u>103 Shorncliffe Capt.</u> PRESIDENT, STANDING MEDICAL BOARD <u>CAPT.</u> FOR A. D. M. B. CANADIANS, SHORNCLIFFE.

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

CANADIAN

2nd WESTERN GENERAL HOSPITAL, MANCHESTER.

Surgeon

Christian Name

Surname

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				
No 5. G. F. Amb		1	11	16	2	11	16	Spr Rt Knee		Dis to duty	A 374 A 374
		29	1	17	16	4	17	G SWd Lt knee back of knee cap & leg. Delusional Insanity	78	Wounded 17.1.17. On admission superficial wds. about Lt knee Practically healed. 2.2.17 Was doing well. 25.3.17 Has delusions & hears voices speaking	
Moose Barracks		16	4	17	16	5	17	Delusional Insanity	30 <del>62</del>	Physically well, wound in left knee healed no disability - mentally, still incoherent, in conversation laughs to himself continuously. Filthy in his habits at times	Secretary and Registrar, 2nd WESTERN GENERAL HOSPITAL
"ARAGUAYA."		14	9	17	<del>23</del> <sup>25</sup>	9	17	- do -		Clear & done	Th. H. Capt Capt O'Meara

*E. H. H. H.*  
Major, R.A.M.C., T.F.

*Th. H. H. H.*  
Capt O'Meara



MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2.

*Mrs. W. N. Hamilton*

OVERSEAS CONTINGENTS

Name of Soldier

*Hamilton W. A.*

PAYMENTS.

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

# *725602* "*C Coy*" *Rte.*  
*\$15.00* **AUG 1 1916** *109 Batt.*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		<i>F15034</i>	<i>15</i>
Sept.		<i>Y12771</i>	<i>15</i>
Oct.		<i>Ay 12806</i>	<i>15</i>
Nov.		<i>B26241</i>	<i>15</i>
Dec.		<i>O 30508</i>	<i>15</i>
Jan.	1917	<i>Ch J 39454</i>	<i>15</i>
Feb.		<i>J 44769</i>	<i>15</i>
March		<i>I 50588</i>	<i>15</i>
April		<i>D 1980</i>	<i>15</i>
May		<i>O 7617</i>	<i>15</i>
June		<i>J 15461</i>	<i>15</i>
July		<i>A 22259</i>	<i>15</i>
Aug.		<i>I 29191</i>	<i>15</i>
Sept.		<i>T 36406</i>	<i>15</i>
Oct.		<del><i>J 42742</i></del>	<del><i>15</i></del>
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

*NL*

*60<sup>00</sup> overpaid*  
*15 June July Aug + Sept/17 re-*  
*156 covered pay & pm*  
*see file 1 job 15 17*  
*15. S*  
*Pa 8/17*  
*to 210 JH*  
*cancelled*

..... A/c Closed  
 Ret'd per *Araguay*  
 Date *14/9/17* F. X. *3/10/17*  
 Clerk *Nicol*

*210<sup>15</sup>*

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.				

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom Mrs. W. H. Hamilton By Whom Assigned Hamilton W. S.  
 Address Bobcaygeon Regtl. No. 725602  
Ont. Rank Rte.  
 Rate \$ 15.<sup>00</sup> per M. **AUG 1 1916** Corps 109 Batt C. Co.

## 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				



17805  
17806  
Follows





POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

36685-732.

07829-W-8

Name **Hamilton, William**  
Surname Christian Name

Regimental Number **725602** Rank **Pte.**

Address (in full) **% Director of Military**

Unit **21st Bn.**

**Estates,**

Original Unit

**Ottawa, Ont.**

District where paid **Ottawa**

Date of Discharge **28-3-18**

P. D. P. Filing Number **3HQ26**

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

L. I. 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	7605	24/6/18	100 10								100 10

M. F. W. 127.  
50M-617.  
1772-39-1160.

Remarks: **Insane.**

WMM

*W.S.G.*  
22/7/19

270.  
Boucaugeon out

Dep'n No. 3665/732 W.S.G. File No. 7829.0.34

Award 153 days at \$ 70<sup>00</sup> per day \$ 35000

A. .... months at \$ ... per mo. \$ ..... \$ 100<sup>00</sup>

Less P, D. P. Credited \$ 244.90

Less further debit balance \$ .....  
 Net due paid as below 244.90

PAYMENTS TO DEPENDENTS			
No	Ch No	Amount	
11	WCO	1346.50	210 00
91	3745	491.15	34 90 ✓

*W.S.G.*  
*W. Raymond*  
*J.P. Allitt.*  
22/7/19  
9/1/19

GEN'L AUDITOR  
Posting checked by  
W.S.G.  
Date 22-7-19



Name

Pte. Hamilton W. D.

M. F. W. 41  
1 0M-7-16  
1772-39 889.

D 310

Regimental No. 725602

Name and address of next-of-kin

N. Market

Unit 109th Bu.

Date of enlistment

Place of "

Married (yes or no) no.

Date and place discharged 28 218

Amount of pay assigned monthly \$ 15<sup>14</sup>/<sub>100</sub> pd to 30-9-17

Reason for discharge A. G. 18. 3. 18 D 51

To whom payable Mrs. W. H. Hamilton  
Robcageon, Ont.

Character on discharge Incurably Insane.

5351-M. &amp; D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
1917 Oct	Nov 30	61	1	61 -	61	10	6	1022499	292 09	39330. 41051	15 - 18 -		30 -	
												Cr Bal	262 09	
Dec 1	31	31	1	31 -	31	10	3	1026209	296 19	45422 48382	15 -		35 -	
Jan 1	31	31	1	31 -	31	10	3	1026119	295 29	53785	15		15 -	
Feb 1	28	28	1 <sup>00</sup>	28 00	28	10	2	8025029	311 09	58442	15		15 00	
Mar 1	28	28	1	28 -	28	10	2	8029609		68001	15 -		15 -	
								13 -	33989	324				
									32489	32489				







This space to be left blank for the Chelsea Number.

H S - H 2 Army Form B. 268.



MAR 25 1917

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725602 Army Rank Private

Name Hamilton William  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Eastern Ontario Regiment

Battalion, Battery, Company, Depôt, &c. 21st Battalion  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge MAR 28 1918

Place of discharge Canada **"D" Unit M.H.C.C.**

### 1. Description at the time of discharge.

Age 22 years \_\_\_\_\_ months

Height 5 feet 2 inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion Fair

Eyes Brown

Hair Blue

Trade Laborer

Intended place of residence (To be given as fully as practicable)

Descriptive marks.

Scar on L. knee & L. W.



(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

Para. 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

W.S.G. Camp  
28 6 19  
EW.

28 19 18 [OVER. E.R.L.]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

*Nil*

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

*Service in France*

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) **"D" Unit M.H.C.C.**

(Date) **MAR 28 1913**

*J. H. Wallcut*  
OC Commanding **"D" Unit M.H.C.C.** Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) **"D" Unit M.H.C.C.**

(Date) **MAR 28 1913**

*Insane*  
*Man Insane*  
(Signature of Soldier.)  
(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 at 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. **MAR 28 1913** Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) 2 years 46 days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. Confirmation of discharge.

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

(Place) **"D" Unit M.H.C.C.**

(Date) **MAR 28 1913**

**MAR 28 1913**  
*J. H. Wallcut*  
Signature

Officer in charge of Discharges

Commanding officers (or the Paymaster if at Netley) will issue to every man on discharge a claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

\_\_\_\_\_

LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).  
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).  
(Army Form A 2.)
9. Regimental conduct sheet.  
(Army Form B. 120.)
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178.)
13. Medical report on invalid (if any).  
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.  
See section 11 on second page.
19. Active service casualty form.  
(Army Form B. 103).
20. Employment sheet.  
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).  
(Army Form B. 178).

Instructions as to the preparation, dispatch,  
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.



## Report on a Case of Mental Disability.

1. Regimental Number *425602* Rank *Pte*  
 Surname. *Hamilton* Christian Name. *William*  
 2. Regiment or Corps. *21st Batt. Can.*  
 3. Age last birthday. *21* Religion. *C of E.*  
 4. Place of birth. *Bobcaygeon.*  
 5. Married or single. *Single*  
 6. Names and Addresses of nearest surviving relatives.  
*Father.*  
*W. H. Hamilton*  
*Bobcaygeon.*  
*Ontario*

7. Service.	Years.	Days.
COUNTRY	PERIODS	
	From	To
<i>Service.</i>	<i>16 months</i>	

*The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.*

8. Character, especial regard being paid as to whether temperate or otherwise.  
(For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)
9. Form of mental disease.

Report on a Case of Mental Disability

10. Is this a first attack?

11. Duration of present attack.

12. Was the attack sudden or insidious? If the latter, mention any peculiarity of behaviour or change of habits which preceded it.

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c.?

14. What are the supposed causes (moral or physical) of the attack?  
Has the patient suffered from sunstroke, concussion, or injury of the head?

1. Regimental Number  
2. Regiment or Corps  
3. Age last birthday  
4. Place of birth  
5. Height or stature  
6. Name and Address of nearest surviving relative

7. Service  
8. Country

9. Character, special regard being paid as to whether temperate or otherwise.  
10. Form of mental disease.

15. Has the disability been caused or aggravated  
by his service as a soldier? If so, how?

16. Does any hereditary predisposition exist?

17. What are the particular ideas or actions  
which have induced the belief of insanity?

(a) Observed by you.

(b) Communicated to you by others.

The A. D. M. S. (or D. D. M. S.)

District (or Command)

I recommend that this soldier be brought before a Medical Board, with a view to  
his mental condition being definitely affirmed, and his disposal determined.

Officer in Charge, Military Hospital.

Date

18. (a) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses?

(b) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated.

19. (a) Is the patient noisy, dangerous, mischievous, or given to steal?

(b) Are his habits cleanly or the reverse?

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Officer in medical charge of the case.

The A. D. M. S. (or D. D. M. S.)

\_\_\_\_\_  
District (or Command).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Officer in charge, Military Hospital.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

## LAST PAY CERTIFICATE

M.F.W.

No. 7

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

Regimental No. 725602 Rank Pte. Name Hamilton, W.D. 109th Bn.

Corps MHCC "D" Unit who was\* Discharged as Incurably Insane.

On March 28, 1918, to Officer i/c Estates

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from.....191.....  
to.....191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	296	09
Advances } No.....			Regt'l Pay..... <u>28</u> days at \$ <u>1</u> c.....	28	00
by } No.....			Field Allow. .... <u>d 28</u> at \$ <u>c 10</u> .....	2	80
Cheques } No.....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allice. No <u>63001</u> .....	15	00	Other Allowances* <u>Cl. allice.</u> .....	13	00
Other charges .....			Other Credits*.....		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....	324	89			
<b>Total</b> .....	<b>339</b>	<b>89</b>	<b>Total</b> .....	<b>339</b>	<b>89</b>

\* Give particulars.

A monthly stoppage of \$.....15.00.....(†) has.....(‡) been paid on account of Assigned  
{ Pay for the month of Mar......191..... }  
{ and Sep'n Allice. for month of .....191..... } (to) Assignee Mrs. W. H. Hamilton,  
(Address) ..... Bobcaygeon, 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 Incurably Insane. authority A.A.G. 18-3-18
- (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 March 20, 1918.

Place TORONTO.

*Malcolm J. Cochran*  
**CAPTAIN,**  
**PAYMASTER, M.H.C.C. "D" UNIT, C.E.F. 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.

ANALYTICAL CHEMISTRY

BY G. M. BAKER

Faint, illegible text, likely bleed-through from the reverse side of the page. The text is too light to transcribe accurately but appears to be organized into sections or paragraphs.

Name

Hamilton

9-2-16

Date of Embarkation for England

24-7-16

Proceeded to France.

5-10-16

Returned to England.

28-1-17 Luv Rd

Date returned to Canada.

14-9-17

P.R. 2855.

" Chkd  
31-7-21





# MEDICAL TRANSFER CERTIFICATE.

Army Book 172

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of Summerside Hospital at Whalley House Date 24.3.17.

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations,	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service	Service in the command.	Admitted into Hospital.	Transferred.			
7C 21 108	Canadian Bco	B	125602	Pte Hamilton W.D	21	1	4/12.	8.2.17	24.3.17	C. E.	S.W. h Kull.	bell Lane.

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

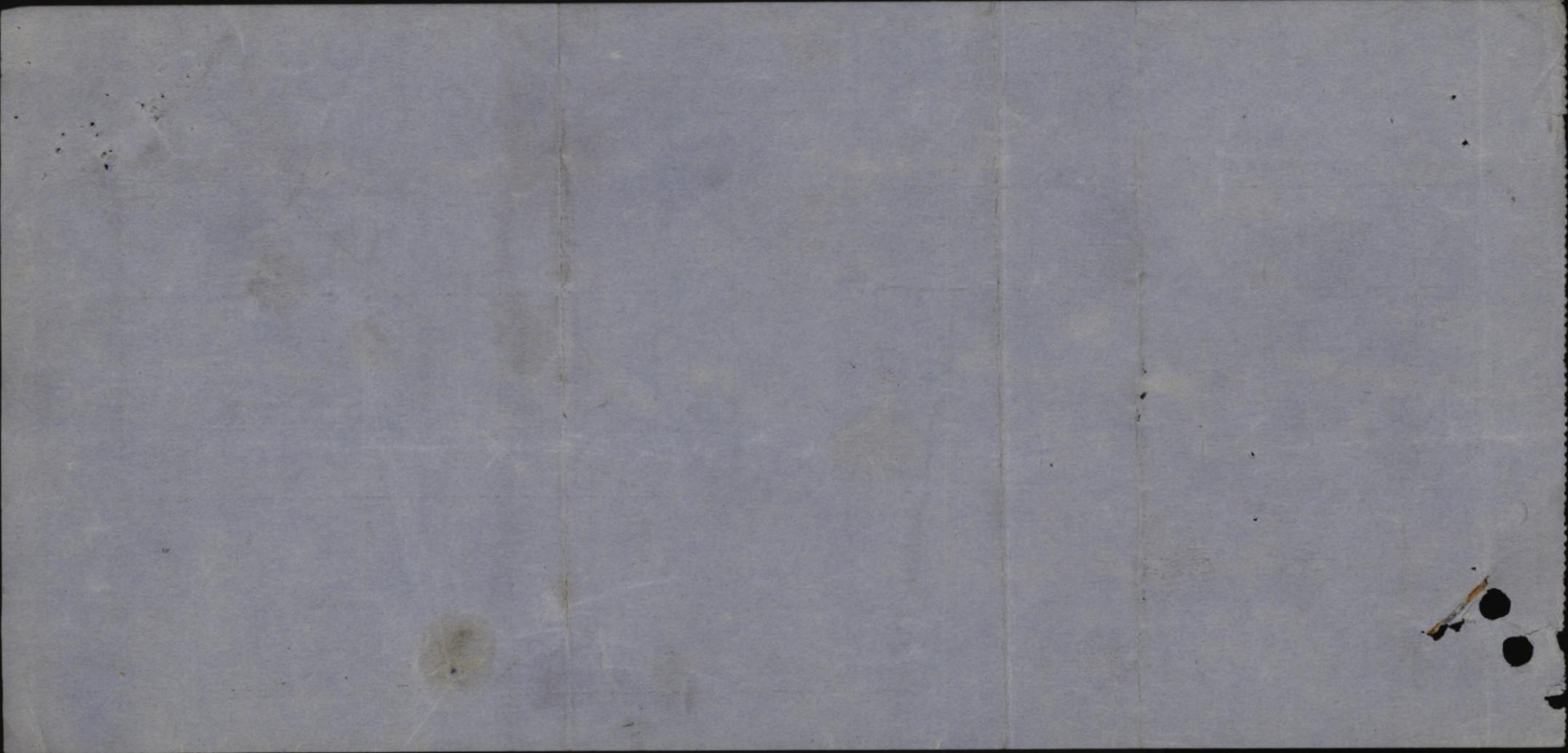
Wounded in France. slight depression in walking. Injury Spine.  
Suffering from mental delusions.

A. Mulliner

Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by John Kissen, Ltd.,—82.



Report on a Case of Mental Disability.

1. Regimental Number. *725602*. Rank. *Plt*  
 Surname. *Hamilton* Christian Name. *William*  
 2. Regiment or Corps. *21st Bn orig 109*  
 3. Age last birthday. *21* Religion. *U of E.*  
 4. Place of birth. *Bobcaygeon.*  
 5. Married or single. *Single*  
 6. Names and Addresses of nearest surviving relatives.  
*Mr. Wm Hamilton (Father)*  
*Bobcaygeon*  
*Ont. Can.*

7—Service.		<i>14</i>	Years.	Days.
COUNTRY	PERIODS		From	To
<i>Canada</i>			<i>Feb. 8/16</i>	<i>July 1916</i>
<i>England</i>			<i>July 20/16</i>	<i>Oct. 1916</i>
<i>France</i>			<i>Oct 1916</i>	<i>Jan. 1917</i>
<i>England.</i>			<i>Jan 1917</i>	

The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.

8. Character, especial regard being paid as to whether temperate or otherwise.  
 (For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)

*H*

9. Form of mental disease. *Delusional Insanity*

10. Is this a first attack?

As far as is known

11. Duration of present attack.

2 months

12. Was the attack sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.

Insidious - began to hear voices - , laughed to himself

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c.?

No

14. What are the supposed causes (moral or physical) of the attack?

Stress of service

Has the patient suffered from sunstroke, concussion, or injury of the head?

15. Has the disability been caused or aggravated  
by his service as a soldier? If so, how?

yes, active service  
conditions

16. Does any hereditary predisposition exist?

none ascertained

17. What are the particular ideas or actions  
which have induced the belief of insanity?

(a) Observed by you.

(b) Communicated to you by others.

(a) Talks meco herently laughs  
continuously. Hears voices  
Talking to him; soils his  
clothing - Condition varies at  
times is fairly clear then very clouded.

18. (a) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses? *no*

(b) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated. *not applicable*

19. (a) Is the patient noisy, dangerous, mischievous, or given to steal? *no*

(b) Are his habits cleanly or the reverse? *Filthy at times*

*J. H. Keely Capt Case*

Station *Moore Barracks  
Shorncliffe*

Officer in medical charge of the case.

Date *May 3, 17*

The A. D. M. S. (or D. D. M. S.)

*Canadians*

District (or Command).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

*William A. Scott*

Station



Date

COLONEL G.A.M.C.  
OFFICER IN CHARGE MOORE BARRACKS  
CANADIAN OFFICER IN CHARGE, Military Hospital.

Moore Barracks, Canadian Hospital,  
Shorncliffe.

May. 16<sup>th</sup> 1917.

725602. ~~1200~~  
Hamilton Wm.  
21<sup>st</sup> Br.

I hereby certify that I have this date examined  
the marginally named Soldier, and found him free from  
Infectious, Contagious, Venereal and Skin Diseases  
and also free from Vermin.

J. Healy

Capt., C.A.M.C.

JD

Nov 10 1917

Wm. B. ...  
...

...

...

...

...



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No. 725602	Rank. Pls	Surname. Hamilton	Christian Name. Wm
Year		Unit.	Age.	Service.

Station and Date.

Disease

Enlisted - Bobcaygeon. Out Feb 7-14 with 109 drafted to 20st. Came Aug June 21. 1917 He will not reply rationally to any questions  
 Father W. H. Hamilton  
 Bobcaygeon Out.  
 - Has not been in France -  
 Mother living - nervous - Brothers 4. healthy - sisters -  
 It is practically impossible to obtain any reliable information from this man  
 He gave his fathers name and stated he enlisted in Bobcaygeon. Then he became incoherent repeating filthy words. said he had been in all the battles in France  
 Said he enlisted in 1918. - He does not know the year nor where he is  
 He does not converse with the other patients. He is continually smiling

Station  
and Date.

in a grotesque way, yawning &  
grimacing. He says he hears voices  
talking to him. He is unhygienic and  
careless.

Physically - pupils react, heart  
and lungs normal urine neg

u

April 24/17 - Med history asked for  
May 2/17 Pt. is brighter to day - says he enlisted  
Oct. 8/1916 came to Engt July 1916  
Went to France Oct - Wounded in  
left knee shrapnel Jan 17/17, admitted  
and Western Hoop Manchester 29/1/17 to  
16/4/17. While there developed mental condition  
heard voices & had delusions sent to  
M B. H. 16/4/17. when first admitted he would  
give very little information, smiling continually  
He has improved, memory for dates is now  
very good, replies fairly well, says he hears  
voices & electricity works on him.

Phys. pupils react chest heart & lungs  
normal urine neg. Knee shows scar of wound  
but no disability. Theel, Capt

16-5-17 Warrington For transportation to Canada

wd. 24

overseas

Army Form B. 179.  
Canada

# Medical Report on an Invalid.

**N 96**

Station Moore Barracks Thorncliffe

Date May 2/17

- 1. Unit. 21st Bn Brig. 104 Bn
- 2. Regimental No. 725603.
- 3. Rank PLC
- 4. Name Hamilton William
- 5. Age last birthday 21.
- 6. Enlisted on Feb. 8<sup>th</sup> /16  
at Bobcaygeon, Ont.
- 7. Former Trade Farmer  
or Occupation

## 8. Disability.

Delusional insanity.

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 1917.

10. Place of origin of disability. England.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Enlisted Feb. 8, 1916 came to  
Eng. July 1916, went to France  
Oct 1916 was in trenches at Somme, wounded  
in left knee with shrapnel Jan. 17/17. He was  
in 2nd. Western Gen. Hoop Manchester 29.11/17 to  
16/4/17. While there his mental disease developed  
he began to hear voices, and though wireless  
was acting on him. His knee healed nicely  
leaving no disability. He was sent to M.B.C.H.  
16/4/17. On admission he was confused and  
would not reply to questions, was continually  
laughing & grimacing. Heard voices

Officer in medical charge of case.

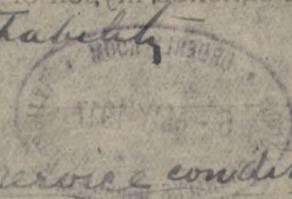
I have satisfied myself of the general accuracy of the report, and concur therein.

12. (a) Give your opinion as to the causation of the disability.

mental instability

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

1. No.  
2. active service conditions  
acting on an unstable mentality



Physical. Pupils react, heart & lungs normal  
 urine neg. reflexes normal  
 Skin over all the body somewhat  
 dry & scaly. Injury to left knee  
 completely healed, causing no  
 disability.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Mental Condition varies, at times will not reply to questions, and smiles continually grimacing & yawning, at other times answers questions well giving dates properly, but showing more depression. He says voices talk to him and he has to ask them to let him do anything. Believes electricity acts on his body. After much conversation his mind tires, and he becomes confused & wanders. He occasionally soiled his clothes.

14. If the disability is an injury, was it caused by not applicable

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Statement of Case

15. Was a Court of Inquiry held on the injury? not applicable

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what? not applicable

17. If not, was an operation advised and declined? not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? not applicable

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada? yes
- (d) Discharge as permanently unfit?

G. L. Healy Capt. Comd.  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_  
 Date \_\_\_\_\_



W. A. S. [Signature]  
 Officer in charge of Hospital.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. *1. Yes. 1. Yes.* Proceedings.

(b) If due to one of these causes, to what specific conditions do the Board attribute it? *Mental instability, and active service conditions*

21. Has the disability been caused or aggravated by

(a) Intemperance? *no*  
(b) Misconduct? *no*

22. Is the disability permanent? *Yes*

23. If not permanent, what is its probable minimum duration? *not applicable.*

*To be stated in months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? *Total.*

*In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.*

25. If an operation was advised and declined, was the refusal unreasonable? *not applicable*

26. Do the Board recommend

(a) Fit for duty? *no*  
(b) Fit for base duty? *no*  
(c) Invalided to Canada? *yes*  
(d) Discharge as permanently unfit? *no*

*£ 6*

27. Remarks.

Signatures:—

*Alfred Davis Major* President.

Station *MB. C.N.*

*H.B. Thomson. Capt. Campbell* Members.

Date *May 10 1917.*

Approved.

Station SHORNCLIFFE—  
(18, Westbourne Gardens, Folkestone.)

Administrative Medical Officer.

Date 10 MAY 1917.

CAPT.  
FOR A.D.M.S. CANADIANS. SHORNCLIFFE.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20. (a) State whether the disability is the result of injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by (a) Intemperance? (b) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be noted in words.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at a % of total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? (d) Discharge as permanently unfit?

27. Remarks.

Signatures: —

\_\_\_\_\_  
President

Signed at Prior Park, Bath, this \_\_\_\_\_ day

\_\_\_\_\_  
of \_\_\_\_\_, 191\_\_\_\_\_

\_\_\_\_\_  
President.

\_\_\_\_\_  
Administrative Medical Officer.

\_\_\_\_\_  
Station \_\_\_\_\_  
Date \_\_\_\_\_

Approved.  
\_\_\_\_\_  
Station \_\_\_\_\_  
Date \_\_\_\_\_

MAY 1917

MEDICAL OFFICER

MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

46.108.

Year

1914.

Regimental No.

425602.

Rank.

Pte.

Surname.

Hamilton

Christian Name.

Wm. D.

Unit.

2<sup>nd</sup> - <sup>Clas</sup> - <sup>Clas</sup> - <sup>Clas</sup> Co. B.

Age.

21.

Service.

12 4  
12 12

Station  
and Date.

Disease

Shrapnel wounds knee (4)

ROYAL INFIRMARY,  
MANCHESTER.

29 JAN 1917

DATE OF ONSET  
OF INJURY OR DISEASE.

17/1/17

On admission Pt had superficial wounds about 4 knee. They were practically healed on admission.

2. 2. 17.

Pt now able to get about. Wounds doing well. Fit for Red x gsc.

8 FEB 1917

Transfd to Sunnyside Whalley Range

Next of Kin.

Mother 'Bobeygeon'  
Ontario, Canada.

16

FOR TRANSFER  
CLASS.

INOCULATION AGAINST  
TETANUS TYPHOID

UNITS	DATES	TV	TV	TV
		12	2	12
DATE: May 1916				

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

Station  
and Date.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.									
	725602	Pte	Hamilton	Wm									
Year	Unit.	Age.	Service.										
1917	21. Canadians	21.	Total 12/12										
Station and Date.	Disease			Id:									
16. 5. 17	[1st Mental Hosp] Delusional Insanity Delusional Insanity			Slight Severe Dangerous									
The Lord Derby War Hospital, Warrington.	Father. Bobcaygan Ontario			INOCULATION AGAINST ENTERIC.									
26 lbs	NEXT OF KIN.	<table border="1"> <tr> <td data-bbox="1074 950 1114 988">TV</td> <td data-bbox="1185 950 1225 988">TV</td> <td data-bbox="1297 950 1337 988">TV</td> </tr> <tr> <td data-bbox="1082 988 1106 1026">1</td> <td data-bbox="1193 988 1217 1026">2</td> <td data-bbox="1305 988 1329 1026">Nil.</td> </tr> <tr> <td colspan="3" data-bbox="1050 1026 1129 1052">Date</td> </tr> </table>			TV	TV	TV	1	2	Nil.	Date		
TV	TV	TV											
1	2	Nil.											
Date													
9. 2	Boarded & approved for invaliding to Canada as "delusional Insanity" on 10 May 17 at Moore Barracks												
22. 5. 17.	Went a duty: spirit about: visit. no physical abnormality. (Penult of Man)												
308-17	Is well nourished with no obvious symptoms answers questions badly, & answers have to be drawn from him - says he does not want anything that he is quite happy: that he is from Toronto, says he does not know who or where his relations are & does not care; does not care about anything - says he had no need to do any work - that he could grow like a gooseberry - he smiles to himself when being questioned - Is being reported to be clean in his habits - His utter indifference & "don't care" attitude, with his self-satisfied complacent manner, suggests G.P. - says he was in Standard 4 & does not appear defective.												
RECOMMENDED FOR	<table border="1"> <tr> <td data-bbox="196 2211 371 2249">Discharge</td> <td data-bbox="308 2326 387 2364">Duty</td> </tr> <tr> <td data-bbox="172 2262 212 2326">On To</td> <td data-bbox="276 2364 483 2402">Light Duty.</td> </tr> </table>				Discharge	Duty	On To	Light Duty.					
Discharge	Duty												
On To	Light Duty.												

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

Station  
and Date.

139-17

I HEREBY CERTIFY that No. 75502 St. Hamilton W-

is not suffering from any Infectious Disease. He is free from  
vermin, and is in a fit state of bodily health to allow of his  
transfer to... Canada for Hospital Staff

He has some boils at back of neck

H. D. McLeod

Capt R. H. McLeod

I. 1237  
12

WARD /

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. *70 108*  
 Year *1917*  
 Regimental No. *425602* Rank *Pte.* Surname *Hamilton* Christian Name *W.H.*  
 Unit *21<sup>st</sup> Canadian B.Co.* Age *21* Service *1 yr. 4 mo.*

Station and Date. *Sunnyside Whalley Range. 8-2-17*  
 Disease *S.W. L Knee, back, shoulder & leg Bands in trench.*  
 DATE OF ONSET INJURY OR DISEASE. *17. 1. 17.*  
*Delusional insanity Treatment Dressings*

*Transfer Hill Lane 24-3-17.*  
 ADMITTED Date *24-3-17.*  
 NELL LANE MILITARY HOSPITAL WEST DIDSBURY, MANCHESTER.

*25.3.17.* Says he was killed because he fell in love with a nurse at the Convalescent Hospital: nurse seduced his mother.

*26.3.17.* Says that "his heart" is to be tested for the truth: that he is the son of God since he met Jennie the mother of the world. Says he has stopped the war & can work miracles. Hears the voice of the Lord speaking to him.

*27.3.17* Fit for transfer to *Shorncliffe Hospital*  
*16.4.17* Transferred to *N. Lynton*  
*Canad. Com: Hosp. Shorncliffe*

Next of Kin. *Mother Bobcaygeon Ontario*

FOR TRANSFER CLASS.

INOCULATION AGAINST TETANUS		TYPHOID	
UNITS	DATE	IV	NI
1		2	NI

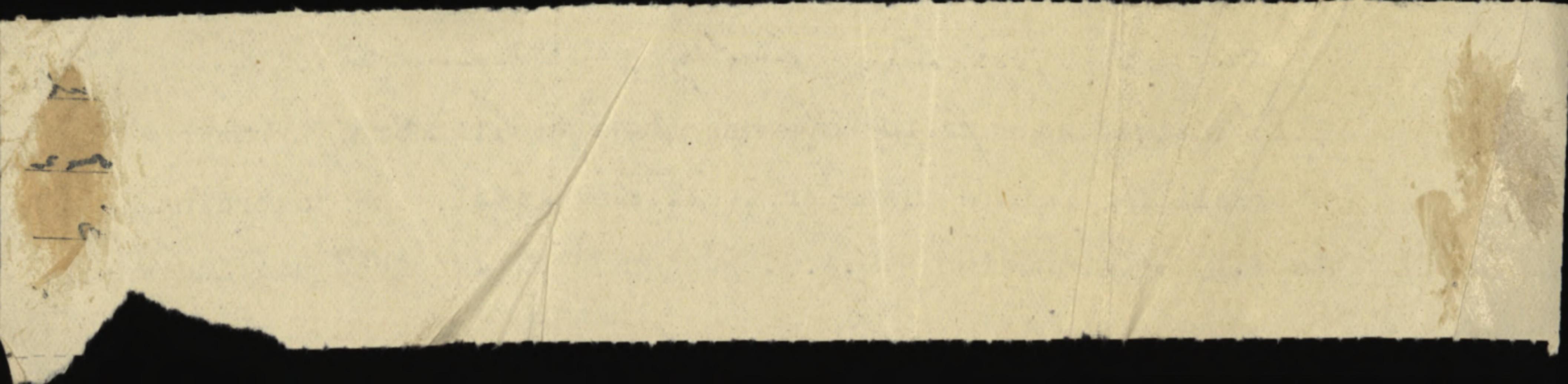
CROSS OUT THAT WHICH IS NOT APPLICABLE.

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

Station  
and Date.

11

This patient appears to have been boarded at Moore Barracks Shorncliffe, before transfer to this hospital, and according to A.D.M.S. Canadian H.Q.R.S. London he need not be boarded again.



II D

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

---

No. **725602** Rank **Private** Name and Corps of disabled Soldier:— **Hamilton William Dwight 21st 109th.**  
Previous civilian occupation:— **Farmer.**  
Cause of Disability:— **Dementia**

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

*This man was wounded on 17-1-17. M. H. S says superficial wounds about left knee. On examination there are two healed scars in left popliteal region giving no disability. This soldier answers all questions quickly. He is oriented as to day, month, year, and place. His memory is good for numbers. He laughs during sleep. He sleeps two hours in a night. He appears self-satisfied - Wasserman re-action negative. Organs negative.*

**OPINION OF THE BOARD.**

Degree of incapacity. (Please state in fractions)

*Total.*

Probable duration of incapacity:— *Permanent*

Does it render him permanently unfit for Military Service? *Yes*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

*Newmarket Sanitarium*

Signature:—

*E. H. Robertson Capt*

President.

Station:—

*Quebec*

*Ramsey Capt*  
*W. C. Bennett*

Members

Date:—

*Sept 26<sup>th</sup> 1917*

**APPROVED.**

Date:—

*26<sup>th</sup> 9/17*

*W. H. Carruth*  
Asst. Director Medical Services.

Date:—

Director General Medical Service.

9

Proceedings of Medical Board at Discharge Depot  
QUEBEC, Que.

No. \_\_\_\_\_  
Rank \_\_\_\_\_  
Name and Corps of disabled Soldier \_\_\_\_\_  
Previous civilian occupation \_\_\_\_\_  
Cause of Discharge \_\_\_\_\_

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

OPINION OF THE BOARD

Grade of incapacity. (Please state in fractions) \_\_\_\_\_

Probable duration of incapacity: \_\_\_\_\_

Does it render him permanently unfit for Military Service? \_\_\_\_\_

Would operation, special treatment, or use of appliances, etc. lessen incapacity? \_\_\_\_\_

Signature: \_\_\_\_\_

President

Station: \_\_\_\_\_

Members

Date: \_\_\_\_\_

APPROVED

Asst. Director Medical Service

Director General Medical Service



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. 425602 Rank Private Name Hamilton William Dwight

Enlisted (a) 9. 2. 16 Terms of Service (a) 2 of W Service reckons from (a) 9. 2. 16

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

Extended Re-engaged Qualification (b) Laborer

DEFENCE  
AUG 23 1918  
CANADA

CERTIFIED CORRECT.  
12 OCT. 1916  
CAN. RECORDS DIVISION

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 31.4.16

Transferred for Overseas Service with 2/1st Batt'n OCT 5 1916 D.O. Pt. 11 No. 279 Capt.

ADJUTANT  
109th Overseas Battalion, C. E. F.

C.B.D. Arrived & Taken on Strength  
Left for unit  
21st Bn  
5 C.F.A.  
Do. Sprained knee R. adm  
Do. Discharged to  
21st BATTALION

C.B.D. 6/16.  
en route. 20/10.  
21st Bn. 22/10.  
5 C.F.A. 1/11  
Duty. 2/11  
21st BATTALION 2/11

Pt II. O. 58. 9/9-10-16.  
N.R. 20/10  
W. S. S. S.  
a36 5/11 DCS. 229 4/11 CAPTAIN,  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY.  
B213 3/11

17/11 Do Att'd 4th Fd Co C. F. Field  
Do at duty from Hosp  
Do Returned from attachment to Unit.  
21st BATTALION Wounded to Fld Amb.

12/11 B213 Pt II Ord 83 27/11  
10/11 B213 7/11 DCS 236 30/11  
18/12/16 " 22/10/16 Pt II. O. 96 30/12  
17-1-19 B-213 9/11 D. C. S. 259. 27-1-17.

1-17. 4 Gen Hosp. G.S.W. leg. adm 4 Gen Hosp.  
20-1-17. 5 C.F.A. Do (Flesh) to 22 ces.

25-1-17. W-3034.  
17-1-17. a36. D.C.S. 261 3/2/17.

(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.

725602

21-2-17  
282

Hamilton, W.D.

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 General	Invalidated to England	78. "Warilda"	28/1	{ W. 3083 No. 6382. PC. II O. No. 14 d/3-2-17.
					<del>Johnson</del> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
8. 3. 17.	ccas.	Taken on Strength	Hastings	29 1/17	Pts. II. No. 72.
10. 3. 17.	-	S.O.S. to Base. Ont. Regt.	-	10 2/17	716.
12. 3. 17.	S.O.K.S.	T.O.S. from ccas.	Seaford.	11 3/17	
ND.A.W.					LIEUT. FOR LT: COL: I/O RECORDS, C.O.M.F.

INVALIDATED TO CANADA FOR  
FURTHER MEDICAL TREATMENT

*W. S. Reid*

CAPT:  
HOSPITAL REPRESENTATIVE FOR A. G. CANADIANS.

HOSPITAL REPRESENTATIVE  
FOR A. G. CANADIANS  
MURPHY BARBER, R.N. (M.C.)  
SHORNCLIFFE.

TLH. Rank \_\_\_\_\_ Name ~~XXXXXXXXXX~~ HAMILTON, William Dwight, Reg'l No. 725602.  
 Unit 109th. Bn. If in perm. Corps, } Single.  
 What Unit? } Married or Single  
 Place and Date of Enlistment Bobcaygeon, Feb. 9th. 1916 Place of Birth Village of Bobcaygeon.  
 Name and Address, Next-of-Kin William H. Hamilton, Relationship Father.  
 Bobcaygeon, Ont. Canada Relationship Father.  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place *Entire* Reason Character

H. W. &amp; V., Ltd.—7165-16.

N/E. R.B. No. 4837

File R.L.

Category *Can Mill*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 21 <sup>st</sup> Balm	Bramwell	5-10-16	Pt II. 50-279
9-10-16	21 <sup>st</sup> Bn	<i>Taken on strength.</i>	Field	6-10-16	" II 58.
21-11-16	"	Adm No 5 Ban Rd Amb	"	1-11-16	BRP 374 Spr R Knee.
21-11-16	"	Discharged to duty	"	2-11-16	do. do.
27-11-16	"	attach 4 <sup>th</sup> fld Coy B.E. for duty	"	12-11-16	St 2083.
2-12-16	2 <sup>nd</sup> Div Engrs	do	do	12-11-16	" 64
30-12-16	21 <sup>st</sup> Bn	ceases to be attach 4 <sup>th</sup> fld Coy Engrs.	do	16-12-16	" 96
31-12-16	2 <sup>nd</sup> Div Engrs	do	do	16-12-16	" 71
31-1-17	21 <sup>st</sup> Bn	Adm No 4 Gen Hoops	Bancroft	21-1-17	BRP 428 Gd W Leg Ser. 5N.

A.F.B. 103 C  
1000116

1000116

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Plaçe.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
5-2-17	2 <sup>nd</sup> Bn	2 <sup>nd</sup> Western Gen Hosp	Manchester	29-1-17	CB 264 45W 2 leg sev.
3-2-17	"	Wd. trans to C.C.A.C.	Shoreham-on-sea	25-1-17	PT 014 W.
8-2-17	bbac. b.p. adg	Taken on strength.	Hastings	29-1-17	~ 72. 2/10/17
10-3-17	bbab	S.O.S. to East. Gen. Hosp.	Hastings	10-3-17	PT 0116.
12-3-17	EOR 17.	I.O.S. from C.C.A.C.	Seaford	11-3-17	PK. II D.O. 1.
20-4-17	21 <sup>st</sup> Bn	Trans. to: Moore Barracks, Hosp.	Shorncliffe	16-4-17	E.S.W. Leg. Sev.
4-10-17	EOR (21)	transf. Lord Derby War Hosp.	Harmynston	15-5-17	C.L.B. 326.
24-9-17	S.O.S.	S.O.S. on invaliding to Canada.	Seaford	14-9-17	PK. II D.O. 196.
8-11-17	EOR.	Dis. Lord Derby War Hosp.	Warrington	14-9-17	CLB. 58 45W. Leg sev.
	Dis Sps	To Newmarket-Asylum	Newmarket	25-3-17	NR 364



REQUISITION

REPORT

DATE April 17 - 1914

COLOUR

*cdy amb*

REG. NO. 720 602

S.G.

*1.028*

NAME Hamilton Wm R

REACTION

*acid*

UNIT 21 Batt

SUGAR

*neg*

WARD 24

ALBUMEN

*neg*

DIAGNOSIS Mental Stupor

MICROSCOPIC

EXAM REQUIRED Urine

*[Signature]*

CAPT. C. A. M. C.

OFFICER I/C LABORATORY.

*Sh Kelly Capt*

*121*

22

RECEIVED

RECEIVED

NOV 17 1877

NOV 17 1877

NOV 17 1877

NOV 17 1877

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NOV 17 1877

NOV 17 1877

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NOV 17 1877

NOV 17 1877

NOV 17 1877

*[Handwritten signature]*

NOV 17 1877

NOV 17 1877

NOV 17 1877

## Report on a Case of Mental Disability.

1. Regimental Number. **725602.** Rank. **Pte.**  
 Surname. **Hamilton,** Christian Name. **Wm.**  
 2. Regiment or Corps. **21st. Btn. origin. 109.**  
 3. Age last birthday. **21 years.** Religion. **C. of E.**  
 4. Place of birth. **Bobcaygeon.**  
 5. Married or single. **Single.**  
 6. Names and Addresses of nearest surviving relatives.  
     **Mr. Wm. Hamilton, ( Father.)**  
     **Bobcaygeon, Ontario, Canada.**

7—Service.	$\frac{14}{12}$	Years.	Days.
COUNTRY	PERIODS		
	From	To	
Canada.	Feb. 8th. 1916.	July 1916 .	
England,	July 20th. "	Oct. 1916.	
France.	Oct. 1916.	Jan. 1917.	
England.	January 1917.		

*The answers to the following questions will be in the handwriting of the Officer in medical charge of the case.*

8. Character, especial regard being paid as to whether temperate or otherwise.  
(For guidance in forming an opinion, the Company Conduct Sheet will be obtained from the soldier's Commanding Officer.)

9. Form of mental disease. **Delusional Insanity.**

10. Is this a first attack?

As far as known.

11. Duration of present attack.

Two months.

12. Was the attack sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.

Insidious, - began to hear voices: - laughed to himself.

13. Was it preceded or accompanied by any particular illness, such as fever, rheumatism, syphilis, &c.?

No.

14. What are the supposed causes (moral or physical) of the attack?

Stress of service.

Has the patient suffered from sunstroke, concussion, or injury of the head?



15. Has the disability been caused or aggravated  
by his service as a soldier? If so, how?

Yes, active service conditions.

16. Does any hereditary predisposition exist?

None ascertained.

17. What are the particular ideas or actions  
which have induced the belief of insanity?

(a) Observed by you.

(b) Communicated to you by others.

(a) Talks incoherently -  
laughs continually. Hears  
voices talking to him; soils  
his clothing - condition varies  
at times - is fairly clear and  
then very clouded.

18. (a) Is the disease complicated with epilepsy, paralysis, or homicidal or suicidal impulses?

No.

(b) If suicidal tendency exists, the way in which self-destruction has been attempted should be stated.

Not applicable.

19. (a) Is the patient noisy, dangerous, mischievous, or given to steal?

No.

(b) Are his habits cleanly or the reverse?

Filthy at times.

F.C. Neely, Captain, C.A.M.C.

Station Moore Barracks Hospital, Shorncliffe.

Officer in medical charge of the case.

Date May 3rd. 1917.

The A. D. M. S. (or D. D. M. S.)

Canadians

District (or Command).

I recommend that this soldier be brought before a Medical Board, with a view to his mental condition being definitely affirmed, and his disposal determined.

( Sgd. ) Wallace A. Scott.

Colonel, C.A.M.C.

Station Moore Barracks Hospital, Shorncliffe.

Officer in charge, Military Hospital.

Date May 8th. 1917.

Next of Kin - Father: William H. Hamilton, Bobcaygeon, Ont.  
Examining M.O. - Capt. J.E. Montgomery.

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

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

# MEDICAL HISTORY OF AN INVALID

STATION **NEWMARKET MILITARY HOSPITAL** DATE **FEB 5 1918**

*Duplicate*

1. (a) Unit **D Unit, M.H.C.C.** (b) Regimental No. **725602** (c) Rank **Pte.**

(d) Surname **HAMILTON,** (e) Christian name **William Dwight.**

2. Age last birthday **22 years.** Date of birth **Aug. 15, 1895.**

3. Enlisted at **Bobcaygeon, Ont.** on **Feb. 8, 1916.**

4. Personal description:—

(a) Height **5'2"** (b) Weight **148 lbs.** (c) Complexion **Fair.**

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

**scar on left knee from S.W.**

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

**Bobcaygeon, Ont.**

6. Former trade or occupation **Laborer.**

7. (a) Service

	Years	Days
	<b>1</b>	<b>362</b>

	PERIODS	
	From	To
<b>109th Bn.</b>	<b>Feb. 8/16.</b>	<b>Oct. 5/16</b>
<b>21st Bn.</b>	<b>Oct. 5/16.</b>	<b>Mar. 10/17.</b>
<b>E.O.R.D.</b>	<b>Mar. 10/17</b>	<b>Sept. 26/17.</b>
<b>D unit, M.H.C.C.</b>	<b>Sept. 26/17</b>	<b>This Date.</b>

(b) Has he been Overseas? **Yes.**

8. Present disease or disability (use authorized nomenclature if possible). **Dementia Praecox.**

(a) Date of origin **February 1917** (b) Place of origin **England.**

(c) Cause\* **Stress of Active Service Conditions.**  
\*(Here include original disease or injury)

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

**Patient has fixed delusions and auditory hallucinations, is  
confused and shows considerable retardation, and has many marked  
mannerisms.**

**Other Systems - Apparently normal.**

*23*

[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.]

M. F. B. 227.

150M.-6-17.  
1772-39-117.

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

This patient received S.W. on left knee, 17/1/17, was evacuated to England; whilst a patient in Western General Hospital, Manchester mental trouble developed, early in February 1917. Was diagnosed as Delusional Insanity and returned to Canada, 26/9/17.

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.

100%

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

13. Was a Court of Inquiry held? No.

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

Yes..... No..... Not applicable.  
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? Permanent.

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

Has been treated continuously in Hospital since 17/1/17.

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

No; but patient must necessarily be maintained in a Hospital for the care of Mental Cases.

19. Can the former trade or occupation be resumed? No.

20. Recommendations That this man be discharged from the Army, and arrangements be made for his maintenance in one of the Provincial Mental Hospital in Ontario.

*[Signature]*  
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..... 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

Soldier incapable of signing intelligently

Signature of soldier examined.

### OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

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

from the Army as he is incurably

~~Insane and that arrangements be made for his maintenance in the~~

~~Provincial Hospital for the Insane at Brockville, Ontario.~~ (Chief)

22

*G. P. Mackay* Lt.-Col. **Comd.**  
 President.  
*R. ...* Capt. **Comd.**  
*E. ...* **Members.**

STATION **Newmarket Military Hospital.**

DATE **FEB 5 1918**

APPROVED BY

DATE *Feb 5 1918*

*Chief Surgeon*  
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

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.

22. Is the soldier fit for (a) General service (b) Service abroad, not general service (c) Home service, (Canada only) (d) Temporary duty (e) Unit for service in Categories A, B and C.

23. It is certified that the soldier (a) Does require treatment (b) Should not pass under his own control (c) Strike out condition not applicable

24. It is recommended that the soldier be discharged. (a) Discharge for discharge and special recommendation (b) Discharge for discharge and special recommendation (c) Discharge for discharge and special recommendation

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 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.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *725602*

Rank *Plc* Promoted Reverted Discharge

Soldier's Name *H. D. Hamilton*

Battalion *109th Batta C Co*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. H. H. Hamilton*

Address *Bobcaygeon Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31</i>			<i>210</i>	<i>210</i>

*7829-2-34* REMARKS

*Retd s/s "Uruguay" 14/9/17 - F.X. 3/10/17  
a/c closed 30/9/17*

*2. 2. 2. 8. 1.*  
*gab.*

