

OK RB
Enlisted Jan 8th

8755

A. Coy.

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

No. 725135.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Henry
- 1a. What are your Christian names?..... Wesley
- 1b. What is your present address?..... Valentia, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Hagan Island Victoria Co. Ont
- 3. What is the name of your next-of-kin?..... Mary Ann Henry
- 4. What is the address of your next-of-kin?..... Valentia, Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... July 12th 1887
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wesley Henry, 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 8th 1916. Wesley Henry (Signature of Recruit)
W. Downey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wesley Henry, 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 8th 1916. Wesley Henry (Signature of Recruit)
W. Downey (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 Windsor this 1st day of February 1916.
W. Downey (Signature of Justice)

left

8755

Description of Wesley Henry on Enlistment.

Apparent Age 28 years 6 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. 7 1/2 ins.

Scar on chin

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

Complexion Dark

Eyes Brown

Hair Black

Religious denominations. { Church of England.....
Presbyterian.....
Methodist..... Meth
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..... Jan 8th 1916.

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

Place..... Rindsey

*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.

..... Wesley Henry 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] (Signature of Officer)

Date..... FEB 1 1916 1916

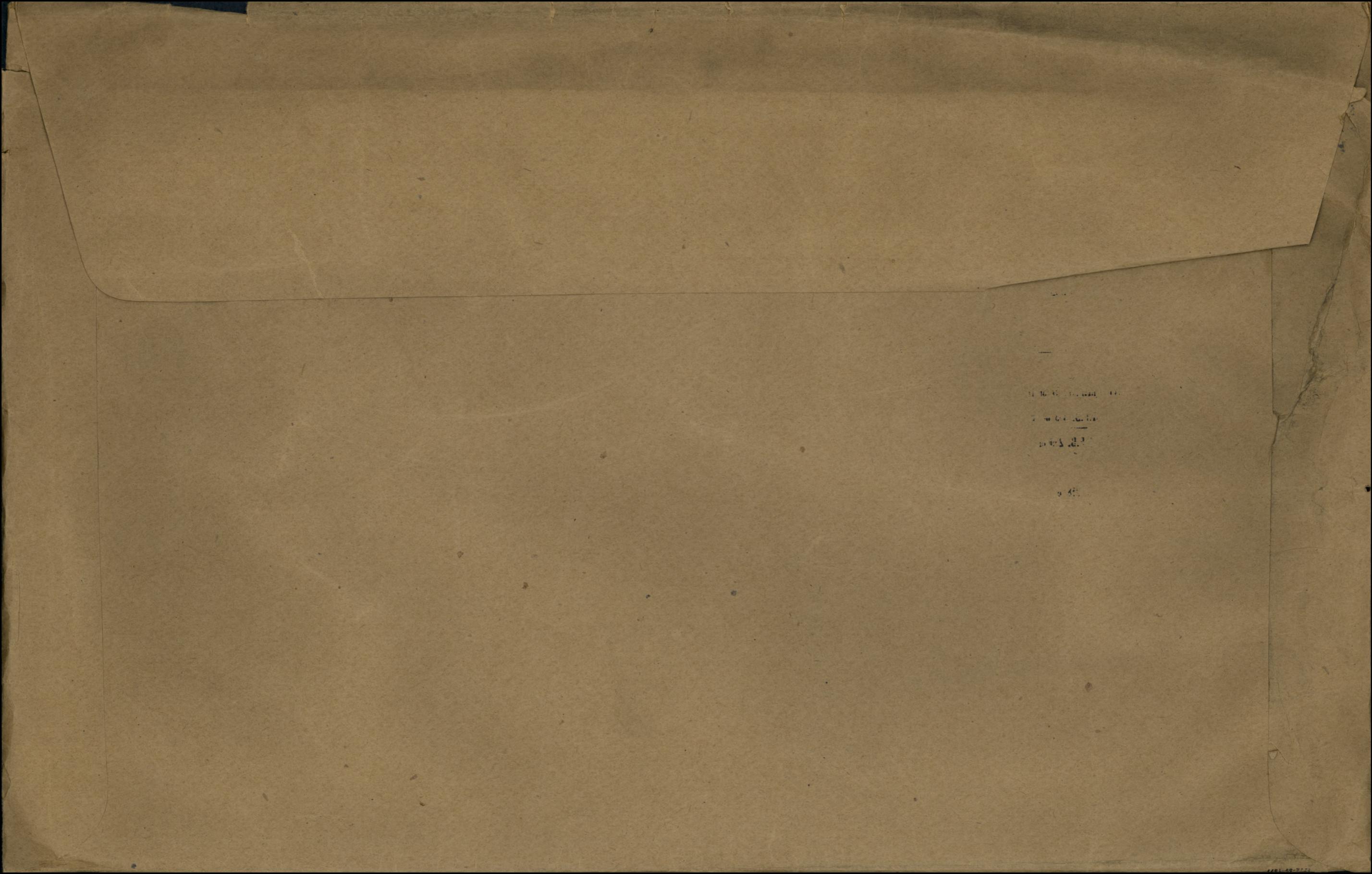
REGIMENTAL DOCUMENTS

H

NAME Henry Wesley Pte REGT. NO. 725135 UNIT 109th Bu H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4/1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	1/4/18 COM				DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				21050	
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 AFB 122					
1 MFB 67					
1 R 142					
1 Payboard					
				406201	28-14
					28-15

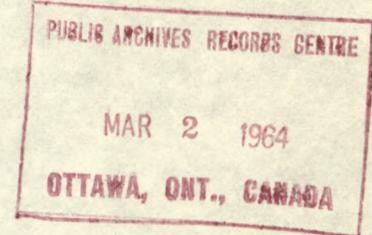
H



Department of Veterans Affairs

Address: Toronto

The Public Archives Records Centre,
Tunney's Pasture,
OTTAWA 3, Ontario.



Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1.	Surname	<u>HENRY</u>
2.	Christian names	<u>Wesley</u>
3.	Date of Birth	<u>12 July 1887</u>
4.	Military Honours	<u>Nil</u>
5.	<u>Units</u> (including that on discharge)	<u>Highest Rank in Unit</u>
(a)	<u>109BN</u>	<u>Pte</u>
(b)	<u>C.F.C.</u>	<u>Pte</u>
(c)	<u> </u>	<u> </u>
(d)	<u> </u>	<u> </u>
(e)	<u> </u>	<u> </u>
(f)	<u> </u>	<u> </u>

Department of Veterans Affairs



Address: _____

The Public Archives Records Centre
Tunnery's Pasture
OTTAWA 3, Ontario

Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1.	Surname	_____
2.	Christian name	_____
3.	Date of Birth	_____
4.	Military Honours	_____
5.	Units (including that on discharge) Highest Rank in Unit	_____
	(a)	_____
	(b)	_____
	(c)	_____
	(d)	_____
	(e)	_____
	(f)	_____

Head, Reference Section

IWA 1001 (Rev. June, 1963)

(9) Is your Father alive?..... *No*
If so, state name and address..... *No*

(10) Is your Mother alive?..... *Yes*
If so, state name and address..... *Mary Ann Henry*

(11) If your Mother is a widow..... *Yes*
Are you her sole support, or not?..... *Yes*

(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.
..... *No*

(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.
..... *No*

(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.
..... *No*

15) Are you insured?..... *No*
If so, in what Company?..... _____
Have you made arrangements for payment of your Insurance premium..... _____
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... **JUL 18 1916**

[Signature] Major
Officer Commanding
109th Overseas Battalion, C. E. F.

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records
DEC 11 1963
Referred to
SERVICE No. 725135 WWL
NUMBER C.P.C. No. 30700
W.V.A. No. 14653

Ottawa Ont

Date Dec 10/63

To Copy for H.O. file

Attention of

NAME HENRY, Wesley.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

R.I. Moore. Barrister Solicitor. Court House, Box 82, Lindsay, Ont. Dec 2/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Nov 11/63

Cause of Death

Place of Death Ross Memorial Hospital. Lindsay, Ont

Name and Address of next of kin (if known)

Copies to: W.S.R.

V. I.

~~P.A.V.~~

D.O. TORONTO

H.O.

Destroy form if advice of death already received.

for

Chief, Central Registry

J. M. Meenan

Office Use

Date: Dec 10 1953

Copy for L.C. file



COYOS

VSISIS WVI

AMM, delay.

U.S. House of Representatives, Room 303, Building, Oct. 1953

Nov 11 1953

Loss received from L.C.

NOV 11 1953

8755

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

M. F. V. 4-
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 25135 Rank Private Name Hewry, Wesley
C. E. F.

Enlisted (a) 8-1-16 Terms of Service (a) D of W. Service reckons from (a) 8-1-16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			<u>Halifax</u>	<u>24.7.16.</u>	
			<u>Liverpool</u>	<u>31.7.16.</u>	
<u>8-12-16</u>	<u>OC 109 Bn</u>	<u>Transferred to 124 Bn</u>	<u>Witley</u>	<u>8-12-16</u>	<u>Capt.</u> <u>ADJUTANT</u> <u>109th Overseas Battalion, C. E. F.</u> <u>D.O Part II 643.</u>
<u>9-12-16</u>	<u>124th. Bn.</u>	<u>Taken on strength of 124th. Bn., C.E.F.</u>	<u>Witley Camp</u>	<u>8-12-16</u>	<u>Part 109th Overseas Battalion, C. E. F.</u> <u>Orders - 265</u>
<u>18-1-17</u>	<u>124th. Bn.</u>	<u>Transferred to Garrison Duty Battalion</u>	<u>Witley</u>	<u>18-1-17</u>	<u>MAJOR ADJUTANT,</u> <u>124th BATTALION C.E.F.</u> <u>D.O. Pt. 11 No. 19.</u>

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

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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				
30.1.17	124 Bn.	Trans. to C.C.A.C.	Witley	23.1.17	Part II Order 30
-2-17	124th Bn.	^{attached} Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17	Part. II. Orders No. 32. <i>L. B. K. H. H. H.</i> Capt. Adj. 124th. Can. For. Bn.
13.4.17	D. of T.O.	Taken on strength Can; For; Corps from C.C.A.C.	London	31.1.17	Pt. II Orders No. 87 Lt. & Asst Adj. C.F.C. <i>W. J. Wilson</i>
10/10/17	OC No 52 D.O.	S.O.S. No 52 Dist. Can. Forestry Corps on posting to Base Depot, Sunningdale	Carlisle	10/10/17	D.O. Part II 132 <i>P. H. H. H.</i> Capt Adj.
12.10.17	OC CFC	G.O.S. BASE DEPOT C.F.C. SUNNINGDALE		12.10.17	PT. II, DO, NO. 144 LT. & ADJ. C.F.C.
23 OCT 1917		TAKEN ON STRENGTH C.D.D, BUXTON			Pt. 11 ORDER No: 251 Commanding <i>R. H. H. H.</i> Lieut.-Col. Canadian Discharge Depot.
6 " 17		EMBARKED FOR CANADA FROM LIVERPOOL			Commanding <i>R. H. H. H.</i> Lieut.-Col. Canadian Discharge Depot.

8755 30700

(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

ORIGINAL

STATION Kingston DATE March 13/18

1. (a) Unit Forestry Battn. (b) Regimental No. 725135 (c) Rank Pte.
(d) Surname Henry (e) Christian name West

2. Age last birthday 30 Date of birth Unknown

3. Enlisted at Lindsay on Jan. 8/16

4. Personal description :-

(a) Height 5'7 1/2" (b) Weight 105 (c) Complexion dark

(d) Colour of hair dark brown (e) Colour of eyes brown (f) Identification marks

left side herniotomy scar

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

6. Former trade or occupation farmer

7. (a) Service	PERIODS	
	From	To
<u>109th Battn.</u>		
<u>Forrestry Battn</u>	<u>Jan. 8/1916</u> <u>Mar. 1917</u>	<u>Mar. 1917</u> <u>Date</u>

(b) Has he been overseas? 13 mos. in England

8. Present disease or disability (use authorized nomenclature if possible) Debility from pulmonary trouble

(a) Date of origin August 1917 (b) Place of origin England

(c) Cause* Unknown
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).
Man went to England June 1916. Was transferred to Forrestry Battn. Draft Mar. 1917, because he could not stand route marching. In Aug. 1917 he reported sick. Had cough and felt weak - raised some blood-stained sputum and had no appetite - no history of night sweats. Lost weight (from 105 to 95 lb.) Was returned to Canada Ma Nov. 1917 At present man complains of being easily tired out and of loss of appetite. Says he can walk about 5 miles without being much fatigued. Examination Man looks emaciated. Weight 105 lbs., which is same as given on Medical History Sheet on enlistment. Chest is poorly developed.

[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.]

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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.

Given under section 9

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

50% for one year

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? Not app.

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? One year - then re-examination

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

English Hospitals in England

Queen's Military Hospitals Dec. 4/17

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

No

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

20. Recommendations

That this man be discharged as medically unfit

H. Eugene Epitame

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

X
Signature of soldier examined.

For W. Henry

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OPINION OF THE MEDICAL BOARD

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

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~ (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).

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

Disability due to service M.C.

W. H. ... President
E. B. ...
L. ... Members.

STATION Kingston

DATE March 15/18

APPROVED BY

DATE MAR 20 1918

APPROVED BY

DATE

W. H. ... Captain A. M. C.
 For A. D. ... Director of Medical Services.

Director-General of Medical Services.

There is retraction of both apices, especially the Right, and marked hollowing beneath the right clavicle, with flattening of the right side of the chest. There is poor expansion and the right side lags. There is increase in the bronchial element of the breath sounds with prolongation of the expiratory sounds over the right apex and the posterior border of both lungs. Fine moist rales are heard over the right & left apices posteriorly and down the posterior border of both lungs. Man has no cough and raises no sputum.

Heart normal B.P.S. 119 B.P.D. 78
 Urine S.G. 1017 R. acid A nil. S. nil

Note. There is some tendency toward hammer toes in both feet, but tendency is not marked. Testicles are atrophied.

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. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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.

QUEEN'S MILITARY HOSPITAL - REPORT ON ADMISSION

8755

Date 4 Dec 1917

No. 725135 Rank Pte Name W. Henry
 Corps 109th Batta C.E.F.
 Address Lindsay Out
 Next of Kin mother, Mrs. M.A. Henry above address
 Occupation Farmer
 Age 31
 Enlisted 8 Jan 1916
 Examined by
 Height 5' 7"
 Chest 36
 Complexion Dark
 Hair Brown
 Eye Hazel
 Religion Meth.

History:— Enlisted Jan 1916 - to England June 1916
 never got to France, Was transferred in England
 to the Forestry Draft and trained with them
 driving a horse transport until July 1917
 He complained of pain in the Epigastrum and
 belches wind between meals. Bowels are very
 irregular. He says he lost 20 lbs. in past 3 mos
 and now weighs 116.

Observation:— Man is poorly developed and is somewhat
 emaciated. He has a scar - left inguinal Hemistomy
 Some tenderness in region of scar. He has a double
 Hallux Valgus. Some tenderness in rt iliac region.
 Heart & Lungs normal

Fit for leave
 Dis-Ability from Pulmonary trouble
 5070 - ODD - 1 yr - re exam

Pay On Boat
 At Quebec
 Cheque

beat. E. Discharged from 16th M.S. Mar 29

Received L. N. Armstrong
 A. 38815

Date

Name

Rank

1. Name of the patient

2. Age

3. Sex

4. Occupation

5. Present illness

6. History of the illness

7. Physical examination

8. Laboratory examinations

9. Treatment

10. Prognosis

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PROCEEDINGS OF A MEDICAL BOARD.

Dated at October 15th, 1917. 1917.

No. 725135 Rank Pte. Name Henry, W.

Local Unit CFC. Overseas Unit Age 28

Examination held at Sunningdale.

DISABILITY.

~~Overseas~~-Local Disability - Double Hallux valgus.
(SCRATCH ONE OUT).

PRESENT CONDITION.

Marked disability - nutrition poor --- Increasing weakness for past few months abdomen protruding - somewhat dull-tense. No fluid move - Both testicles atrophied - marked double hallux valgus - not likely to be raised in cat. within 6 months.

BOARD RECOMMENDS :-

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

Signatures :-

(R. R. Borden, Capt. C.A.M.C. President.
 (.....
 (.....
 Members (A. D. Campbell, Capt. C.A.M.C.
 (.....
 (.....
 (.....)

APPROVED

Dated 20 OCT 1917 1917. *[Signature]* For A.D.M.S.

Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas-Local
(Scratch one out)

PRESENT CONDITION

BOARD RECOMMENDATIONS:

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

Signatures:

President _____

Members _____

APPROVED

Dated _____ 1917 For A.D.M.S.

for A.D.M.S. _____

8755

EXAMINATION

136376

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 7257105 Rank plc Name Henry W 23/1/1917

Local Unit 1st W B Coy. Overseas Unit _____ Age 28

Examination held in Bramshott area.

DISABILITY.

Hammer toes

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Moderate degree of the above. He states that his feet become painful on long route marches. Good physique

Board recommends:

B. (1)

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

Signatures:

Members

G. George Cole ^{Major} Pres.

H. MacLaren Capt

H. Ingham Capt

Approved.

Bramshott 23-1 1917 Robt Stewart Maj

for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. Rank Name

Local Unit Overseas Unit

Examination held in Bramshott area

DISABILITY

Overseas - Local
(attach and on)

PRESENT CONDITION

Board's comments

1. Fit for Duty

2. Fit for duty after weeks physical training

3. Fit for Base duty weeks

4. Fit for Permanent Base Duty

5. Discharge

Signatures

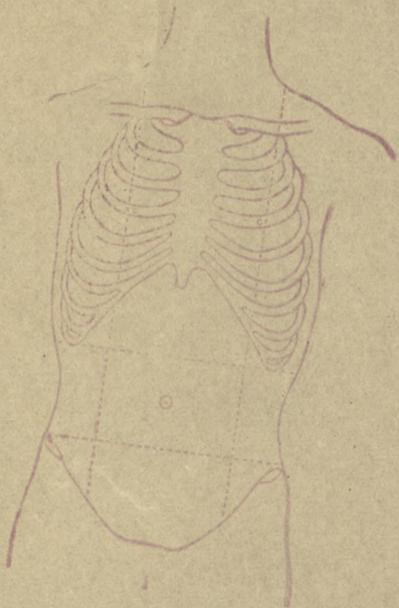
Pres.

Members

Approved

Bramshott

191



General development poor, poorly nourished
Lips and mucous membranr slightly anaemic.
Pupils are equal and react to light and accomodation.
Glands-, Negative.
Thyroid- Negative.
Fingers- Finger nails slightly curved.
Thorax- Clavicles prominent. Per. 72-81 c.m.
Heart- Area and sounds normal. Apex best in the 5th. space
7½ c.m. to the left of the mid line.
rulse- Regular, fair volume, vessel wall palpable.
Blood Pressure Systolic 100, Diestolic 70.

1. Impaired resonance, slightly increased vocal resonance, modified breath sounds, occasional a- typical rale in lower half following cough.
2. Impaired resonance, modified breath sounds, very few scattered fine rales over lower lobe following cough.
3. Impaired resonance, modified breath sounds, no definite rales.
4. Impaired resonance, increased vocal resonance, modified breath sounds, few fine rales at base following cough.

Diagnosis :- No definite evidence of Tuberculosis.
Physical signs suggestive of Non-Tuberculous disease.
No indication for Sanitarium treatment.
X-Ray report negative for Tuberculosis.
Owing to the fact that the patient is obviously below par physically, would recommend that he be sent to a General Hospital for observation and investigation of other systems.

This space to be for numbers.

21-7-31 8755-

Proceedings on Discharge.

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

No. 425135		W
Rank Pte.		
Name Henry W. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company) 109th Batt.		
Date of Discharge 31-3-18		
Place of Discharge Kingston Ont.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age 31 years 7 months. Height 5 feet 8 inches. Complexion Dark. Eyes Brown. Hair Dark Trade Farmer. Intended place of residence Sudsey Ont. <small>(To be given as fully as practicable.)</small>	Descriptive Marks Scar on chin Left side of abdomen.	
2. The above-named man is discharged in consequence of medically unfit. for for the service S.M.D. 87-24-292. 22/3/18		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
To be in the hand writing of the Commanding Officer, who will himself make ident cal entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. v.g. — Very Good —	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) W 86 - Comp 16-9-19 2/8		

RCOR 192.

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston.....

(Signature) [Signature] CAPT. & ADJT.
"C" Unit, M. H. C. G.

(Date) 31-3-18.....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston On-ld. [Signature] (Signature of Soldier.)

(Date) March 18/18 [Signature] (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) 2 years 9 days.

Total..... years 9 days.

11. Confirmation of Discharge.

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

(Place) Kingston.....

(Signature) [Signature] CAPT. & ADJT.
"C" Unit, M. H. C. G.

(Date) 31-3-18.....

Reservations referred to at Para. 8.

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

Paid up to date Dec. 16th/18.

Wth + Harry
marks by.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <ul style="list-style-type: none"> (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)

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

CANADIAN CONTINENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

12/12/42

115

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

725-135 Pte. Henry W

Date of Payment.	No of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		francs	£	S.	d	¢			
13.8.17.	445	3	10	17	03	Coln.	W. Brown	Not	
14.9.17.	546	3	10	17	04	✓	✓		
15.10.17.	B. 72	1	10	9	30	S.P.O.	W. Brown	Not	
21.10.17.	B. 164	2	—	9	74	✓	✓	Not ✓	

51.11

SUPPLIES. INDENT FOR RATIONS.

UNIT

STATION

DATE

OFFICERS AND MEN.

HEAVY DRAFT HORSES.

LIGHT DRAFT HORSES.

TOTAL STRENGTH

ATTACHED FOR RATIONS

* TOTAL

LESS ON COMMAND

" IN HOSPITAL

" ON LEAVE

" ABSENT WITH
OUT LEAVE" OFFICERS NOT
DRAWING
RATIONS" O.R. NOT
DRAWING
RATIONS

* TOTAL NOT DRAWING RATIONS

* TOTAL RATIONS AUTHORISED

* TOTAL STRENGTH

LESS ON COMMAND

" IN HOSPITAL

TOTAL NOT DRAWING RATIONS

* TOTAL DRAWING RATIONS

LESS ON COMMAND

" IN HOSPITAL

TOTAL NOT DRAWING RATIONS

* TOTAL DRAWING RATIONS

* These totals must agree with the Daily Parade State accompanying this indent.

 NUMBER OF DAYS RATIONS INDENTED FOR

}	MEN
	HORSES

OFFICERS AND MEN.

EXTRACTS FROM ACTIVE SERVICE BOOKS

BREAD	MEAT	BACON	SUGAR	TEA	SALT	FOR BRE		
						FLOUR	YEAST	
TOTAL RATIONS AUTHORISED AS ABOVE ...								

26
Number

725735-

Rank

Pte

Surname

HENRY

Christian Name

Wesley

Units

109/3rd Coy Theatre of War England

Date of Service

31-7-16

Remarks

Valentia, out BPC

50700
Latest address

Box 89H

Lindsay

Aut

Roll No

2 Page 2633

200m.-2-21.M.

55

DESP. OCT 24 1924
REGN. NO. 6721

SURNAME.

Henry,

CARD NO.

CHRISTIAN NAMES

Wesley

FOLL.

REGL. No.

725135

RANK

Pte

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Henry, Mrs. Mary Ann

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Valentia, Ont.

COUNTRY OF BIRTH

Canada, Hogan's Is.

DATE

July 12th 1887

PLACE OF ATTESTATION

Lindsay, Ont. (Ont.)

DATE

Feb. 1st 1916.

Sailed from Halifax 23/2/16

per S.S. "Olympic" 488

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

28

YEARS

6

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Scar on chin.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 8th 1916

REG. NO. 425135 NAME Henry W. A. 38815
(SURNAME FIRST) 8755
RANK Pte CORPS 1090 Bn 21
AGE 31 SERVICE Culster Jan. 8 - 1916.
NAME OF HOSPITAL Queens Military PLACE Bengtzen
DATE OF ADMISSION Dec 4 - 1914
DISEASE Respiratory Debility
DISCHARGE
OPERATION Discharged from H.M.S.
DISCHARGED TO DUTY Mar 19 - 1915.
TRANSFERRED TO
DISCHARGED BY MEDICAL BOARD

No. 725135. RANK

Pfc

NAME

Henry W.

T. O. S. 8-1-16.

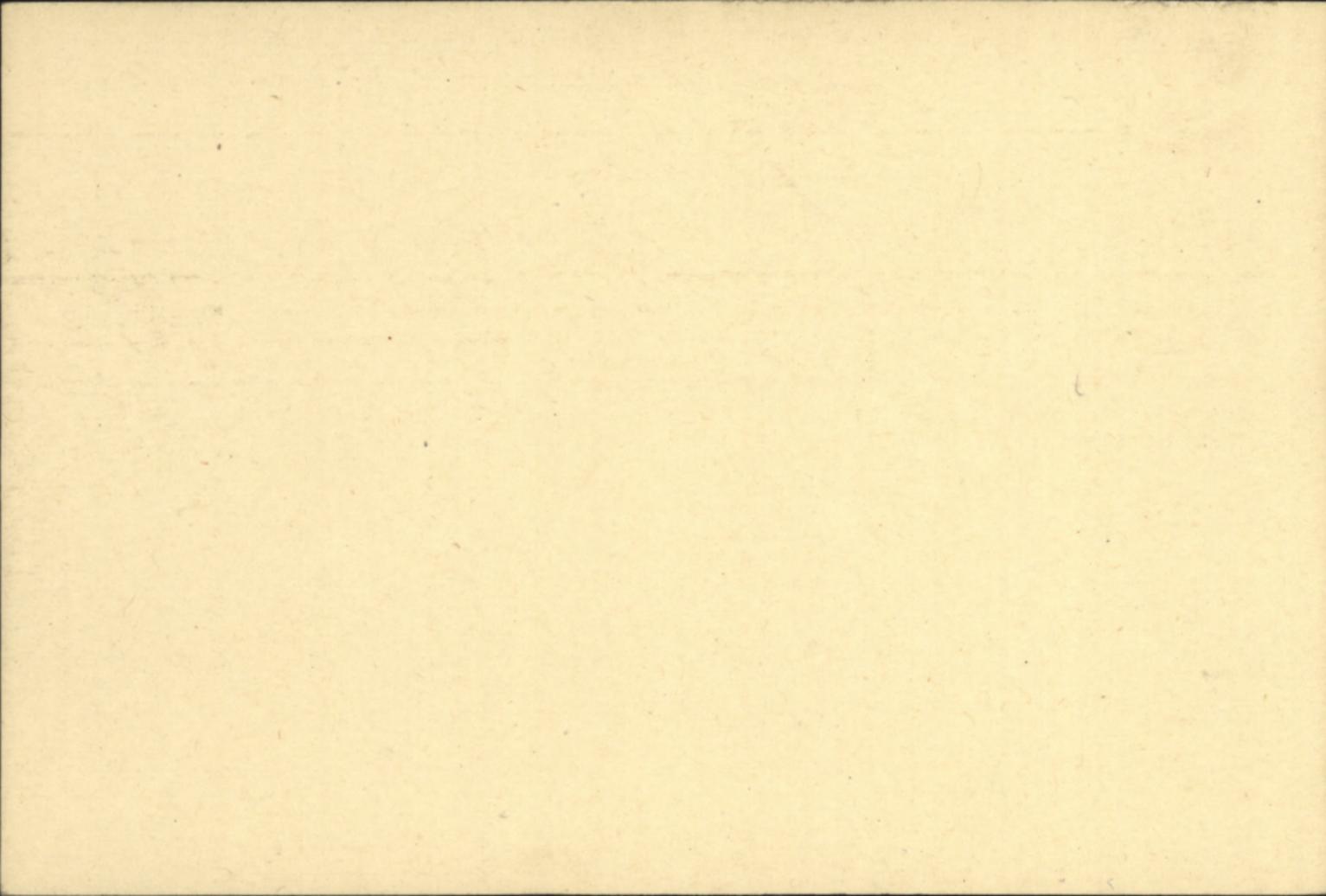
UNIT

109th. Battalion

D. O. 44. 11-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 8	1916. Jan 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		
			UNIT SAILED JUL 23 1916	



File No. 8449-W-8

WAR SERVICE GRATUITY.

Register No. H 1560 SN

Sent to War 17-9-19 118

Reg. No. 7251 35

Dependent Mrs Mary Ann Henry (mother)

Name Henry Wesley

Address Valentia Cont

Address T.P. # 2

Mrs Ann Henry (wife)

Little Britain

Pending

Cont.

Pay Soldier \$ 229.57

Pay Dependent \$

Com. W. H. Surber
Mr. C. C. Korman

Days 153 Rate 70.00 Due 103.40

Clerk B. R. Lefort

Less P.D.P. credited 17.03

Total

Net 229.57 379.57

W 102
31/10/19

R. 13d
24/2/20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
19.9.19	27922	528471	229.57	2 ¹⁰ /19	1 20/20	53581	1815212	150.00
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
Date 29.9.19

Credit for 17.03
issued 24/1/21 - 8449-007
J. J. P.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

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

PAYMENTS.

Name of Soldier

Mrs M. A. Henry *Henry W.*
Platoon 109th Bn

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		024018	45	
Nov.		H29771	15	
Dec.		X 32414	15	
Jan.	1917	X 37080	15	
Feb.		X 43754	15	
March		V 47399 N		15 M
April		P. 2401	15	15 B.
May		D 8599 N		
June		X 15528	15	15 C
July		T 2274	15	C
Aug.		X 29240	15	240 ⁰⁰ A/c Closed 30-11-17
Sept.		H 36260	15	Ret'd per Olympic
Oct.		W 43891	15	Date 6-11-17 F. X 26-11-17
Nov.		549967	15	Clerk R.S.
Dec.		H 59493	15	240 ⁰⁰ 259493 balance
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15⁰⁰ Aug. 1916
15⁰⁰ Compensation received by Mrs. C.P.D. 26-12-17 H.C. file 8449-4-8
15⁰⁰ 27-12-17

A.P.

K.S.

2223

OB

..... A/c Closed 30-11-17
 Ret'd per Olympic
 Date 6-11-17 F. X 26-11-17
 Clerk R.S.

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

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom

Address

Mrs M. A. Henry
Valentia
Out

By Whom Assigned

Regtl. No.

Rank

Corps

Henry W.
725135
Pvt
109th Bn

Rate

15⁰⁰
Aug 1st '16
2 m 8 $\frac{9}{16}$ APR 24 $\frac{10}{16}$

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				



12 11 12
12 11 12
12 11 12

X 11 12 12
12 11 12
12 11 12
12 11 12

12 11 12
12 11 12
12 11 12

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.				
22-10-17	C7C 128	M Comm ² Buxton pending Emb ^{to} Canada	Sdale	22-10-17	M.2.0.152
20-11-17	" "	beases on Comm ² G.D.D. Buxton ² is S.O.S. on Emb ^{to} Canada	Pt "	6-11-17	— 177 INR 16 ^{RL} 23-6
		Convalescent Home.	M.D.3. Kingston	14-11-17	M.R. 401

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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

*223D46
HR*

PARTICULARS OF SEPARATION ALLOWANCE

No. *725135*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *W. Henry*

Battalion *109th Bn.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. M. A. Henry*

Address *Valentia, Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>		<i>240 -</i> <i>++</i>	<i>240 -</i> <i>++</i>	<i>account closed. 30-11-17. Returned "Olympic" 6-11-17. F.X. 26-11-17.</i>

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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22220-M. & D. 7498.

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

63	60 83	150		295 99	57 51				
		15		15	75 51				
		15		15	94 61				
		15		15	90 61				
		195		340 99	82 08				
		15		344 46	80 62				

ALL Lohr by 11.8.17

ASM. FORM REND ^{attached} EFFECTIVE 11/17
 DISCHARGED TO ^{Carroll} DATE 11/17
 PAYBOOK VERIFIED 76.10.17
 by BAL #10.91 L.P.C. REND 76/10/17
 AUTH. AL. 2-1-29 11/17
 for disposal.

checked
Middle

27 8 703 Luth LDC 10/18 10.7.18
 CX. 23.88

27 23 89