Card C



# ATTESTATION PAPER.

No. 725133

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Hyland
1a. What are your Christian names? ..... William
1b. What is your present address? ..... 37 John St. Toronto Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... York County Ont.
3. What is the name of your next-of kin? ..... Mrs F. Wright
4. What is the address of your next-of-kin? ..... 108 Belmont St. Toronto
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... 17th November 1878
6. What is your Trade or Calling? ..... Labourer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... 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, William Hyland, 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.

Wm. Hyland. (Signature of Recruit)

Date Jan 11th 1916. A R O'Rega (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hyland, 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.

Wm Hyland. (Signature of Recruit)

Date Jan 11th 1916. A R O'Rega (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 Lindsay this 11 day of January 191 6.

C. A. Jordan (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of William H Yland on Enlistment.

Apparent Age 37 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/4 ins.

Chest measurement.
- Girth when fully expanded 35 1/2 ins.
- Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Blue

Hair Black

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

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

Scar on left hand

### 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. 11th 1916.

Place Lindsay

J. M. Cullock Capt.
Medical Officer.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

### CERTIFICATE OF OFFICER COMMANDING UNIT.

William H Yland 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.

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

Date JAN 17 1916 191

HYLAND WILLIAM 725133 109-E.O.R.D. 42818

PHYS. UNFIT.

H

EM

Number 725133 Rank a/cpl

Surname HYLAND

Christian Name William

Units 38 Bn Can Inf Theatre of War France

Date of Service 6/12/16

Remarks

Latest Address ~~328 Laurier Ave west~~
~~Ottawa Ont~~

79 Argyle St
Ottawa
Ont.

Roll No. B. Page 135 72.

200m.-2-21.M.

No. 725133 Rank Late Corpl. Name Hyland. W. M.

T. O. S. 10-1-16. 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 | 1916. | | | |
| Jan 10 | Jan 31 | ✓ | | |
| Feb. | | ✓ | | |
| Mar. | | ✓ | | |
| April | | ✓ | Res. Corpl. 1-4-16. | D.O. 119 of 7-4-16. |
| May. | | ✓. | | |
| June. | | ✓. | Forfeits 2 days pay. | D.O. 179. |
| July. | | ✓. | Forfeits 1 day's pay. | D.O. 144. |

UNIT SAILED
JUL 23 1916

SURNAME. Hyland

CHRISTIAN NAMES William

REGL. No. 725133 RANK Pte.

UNIT 109th. Batt.

FORMER CORPS Nil.

CARD No. ✓

SOS. Dis 14/2/18. 2

FOLL.

NEXT OF KIN.

NAMES IN FULL Wright Mrs. F.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS 108 Belmont St. Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. York Co., Ont. DATE Nov. 17th. 1878.

PLACE OF ATTESTATION Lindsay. DATE Jan. 11th. 1916.

Sailed from Halifax 23/1/16 per S.S. "Olympic" dt 88 17

R/P 18/10/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 37 YEARS 1. MONTHS

HEIGHT 5. FEET 5 1/4. INCHES

CHEST MEASUREMENT 35 1/2. INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Dark. EYES Blue. HAIR Black.

DISTINGUISHING MARKS Scar on left hand.

MEDICAL EXAMINATION. PLACE Lindsay. DATE Jan. 11th. 1916.

FORM R. 149.
7106—250m—7/2/17.

*Name* HYLAND William *Rank* A/Cpl. *Reg. No.* 725133

*Unit* 38th Bn.

*Next of Kin* Canada.

| Date 1917 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 19-6 | 20 G.H.Camiers. | GSW.L.Shoulder. | | A233. | | |
| 22-6 | 2 M.H.Old Pk.Canterbury. | | do | B224. | M5645. | 28-6 |
| 28-6 | Can.Conv.S.Woodcote | PK-Epsm. | - do - | B228 | | |
| 3-8 | Discharged | | do | B207 | | |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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REGT'L No. 725133

H. Q. FILE NO. 649.

NAME Nyland. William

RANK AND CORPS Cpl. 38th. Bn. (Form. 109th. Bn.)

FOLLOWS No.

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY | FOLLOWS |
|---|---|---|---|
| M.5645 | 28-6-17. | Second Military Hosp. Canterbury, June 22nd. 1917 (G.S.W. Left Shoulder) | |
| 9358 | 25-10-17 | Sailed from Liverpool for Canada per the S.S. "Missanabie" on Oct. 18th 1917 Spec. Auth. | |

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

| LIST NO. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| B233 | #20 Gen. Barnes Camp | 18-6-17 | Geo L Shields Sgt |
| B224 | #2 Mil. Old Oak Canterbury | 22-6-17 | Geo L Shields |
| B228 | E.C. "Wilcote" Pk Epsom Surrey | 28-6-17 | " " " " |
| B258 | " " " " | 3-8-17. | Discharged |

FORM D.M.S. 1300.
8137—50m—28/2/17.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Hyland | W. | 725135 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| a/Cpl. | 38th Bn | | | |

Hospital — Date of Admission

Transferred 20 Gen Dannes Camiers Hosp. 18-6-17

2 Mil Old Pk Canterbury Hosp. 22-6-17

Woodcote pk. Epsom. Hosp. 28.6.17

Hosp.

Diagnosis

(1) GSS W L Shoulder Slt R

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

| DISPOSITION | Date | REMARKS |
|---|---|---|
| CL 28-6-17 A233 | | Disch 3.8.17. |
| 28-4-17 B224 | | |
| 4.7.17 - B228 | | |
| - 9.8.17. B258 | | |

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

725133.

74-H-482

ORIGINAL

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Hyland Christian Name William

Examined on 11th day of January 1916 at Lindsay

Birthplace City or Town York County Ontario

Apparent age 37 years

Trade or occupation Laborer

Height 5 Feet 5¼ Inches.

Weight 125 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Two Left One Number Three

When Vaccinated last Jany 26 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by J. McCullock Capt. Medical Officer

Rank 109th Overseas Battalion, C. E. F. M.O.

| Date | Fit or Unfit | Examined for Re-engagement. |
|---|---|---|
| | | 27 JUN 1917 |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 26.1.16 | Good | J. McCullock M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 8/5/16 | Good | J. McCullock M.O. |
| 18/5/16 | Good | J. McCullock M.O. |
| 28.5.16 | - | J. McCullock M.O. |

Enlisted on 10th day of January 1916 at Lindsay

12 OCT 1916 Gr. C. Capt. Captain, C. A. Command Depot

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 109th Batt C.E.F. | 725133. | | 10.1.16. |
| Transferred to | 38th Bn. | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Ravina Barracks, Jan. 31st. 1918. Neurasthenia E

| Station | Date. | Disease. | Result. |
|---|---|---|---|
| Toronto | | | Major A.M.C. |
| Bramshott | 28/8/16 | Pres. S.M.B. weak abdominal wall | 4 wks training |
| approved Bramshott | 28 AUG 1916 | | PRESIDENT. MEDICAL BOARD, BRAMSHOTT. |
| | 11.9.17 | V.D.H. | Cat III not likely to improve in 6 mos. |

Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp.

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

CANADIAN

Surname Hyland Christian Name Michael

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| O.C'S OFFICE. No. 2 MILITARY HOSPITAL, OLD PARK, CANTERBURY. TELEGRAMS "CLEARING" CANTERBURY. TELEPHONE No. 323 CANTERBURY. | | 22 | 6 | 14 | 24 | 6 | 14 | Gsw L Shoulder | 6 | Inoculated 5'00 Units Tetanus Antitoxin 23/6/17 Transferred Canadian Convalescent H Epsom | Alan Perry. Capt RAMC Registrar |
| Mb H Epsom | | 27 | 6 | 17 | 3 | 8 | 17 | Do | 38 | During + no duty now healed Recovered Discharged to Unit A1 | CAPT. C.A.M.C. "G" DIVISION. |

(4)

M.D. 2

No. 23

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. 725133 Rank Pte Name W. Hyland

Corps #2 Cas Mnt who was* Discharged

On Feb 14 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 1918, to Feb 14 1918, the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | | |
| Advances by Cheques { No. | | | Regt'l Pay 14 days at $ 1 c. | 14 | |
| Advances by Cheques { No. | | | Field Allow. 14 days at $ 10 c. | 1 | 40 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowances* (Monthly) | | |
| Other charges 47 days AWL | 51 | 70 | Other Allowances* Sep 31 FWB | 67 | 84 |
| Payment on transfer or discharge No. 16948 | 77 | 54 | Other Credits* clothing | 13 | |
| Balance Cr. (to be paid by the new unit) | | | Bal. Dr. (to be deducted by new unit) | 33 | |
| Total | 129 | 24 | Total | 129 | 24 |

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Sep'n Allce. for month of 191 (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer**

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge authority DO 43

(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 12/2/18

Place Toronto

D. Muse
*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.

**M. F. W. 44.**

10M.—12-17.
H. Q. 1772-3)-903.

C.A.D.C. 5009
10M-3378-1-8-17.

725133.

Corp Hyland W

C.O.R.D.

# DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

SPECIAL

| Date of Examination. | Present Dental Condition. | In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service? | Has he ever declined Dental Treatment. | Recommendation. |
|---|---|---|---|---|
| 29. 9. 17. | fit | | | |

R. Jamieson
Capt Case

(6 36 29) W8829—M941 200,000 10/16 HWV(cP656) Forms/B117/11 Army Form B. 117.

114
Gen. No.
4269

# REPORT ON WOUNDS OR OTHER INJURIES RECEIVED OTHERWISE THAN IN ACTION.

## Certificate of Medical Officer.

No. 725123 Cpl Hyland W. 38th Bn.

was admitted to hospital on the 19.6.17 suffering from S.W. (L) shoulder.

The disability is of a † Trivial nature, and in all probability ‡ will not interfere with his future efficiency as a soldier.

*He claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station 11th Cantonment D.G. Turnbull Capt

Date 19-6-17. Medical Officer in Charge.

†Here insert "trivial" or "serious."

‡Here insert "will" or "will not."

*Here insert "claims" or "does not claim."

## Certificate to be signed by Soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.

_____ Soldier's Signature.

Station _____ _____ Signature of Medical Officer.

Date _____



## Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

I certify that the injury to the above-named soldier † occurred while he was in the performance of military duty.

‡ (a) 18-6-17 (b) Front line trench (c) Firing a rifle grenade (d) The soldier was not in any way to blame.

The soldier has been so informed.

Station Chateau de la Haie

Date 20-6-17

T.A. Greenwood for Lt-Col.
Commanding 38th Cdn Inf Bn.

†Here insert "occurred" or "did not occur."

‡If on duty, state—
(a) The date of the injury.
(b) The place where it occurred.
(c) The nature of the duty.
(d) Whether the soldier was in any way to blame.

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

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. 425133 Rank Private Name Hyland William

Enlisted (a) 10.7.16. Terms of Service (a) D of W. Service reckons from (a) 10.7.16

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.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | Embarked Canada | Halifax | 24.7.16 | auth C. C. A. C. |
| | | Disembarked England | Liverpool | 31.7.16 | |
| | | Transfd to C. C. A. C. | Bramshott | 1/9/16 | A R Fairbairn Capt. ADJUTANT 109th Overseas Battalion, C. E. F. |
| | | Discharged from C.C.D. Shoreham-by-Sea, | | to CCAC | Bn. Part II D.O. No. 21 D. MacKitchie Lieut. Adjutant Canadian Command Depot, Shoreham-by-Sea, |

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

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

[P.T.O.

725133
Hyland
W.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 21-10-16 | | Taken on strength C.C.A.C. Pt. II D.O. No. 461 | | | |
| 15-11-16 | | ~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO 109th Battn PART II D.O. No. | | | |
| | | | | | J. C. Eldridge Lt. Adjt. C.C.A.C. |
| 18-11-16 | O.C. ~~109th.~~ C.C.A.C. | Taken on strength of 109th. Battalion | WITLEY | 17-11-16 | D.O.Pt.11 323 |
| 4-12-16 | O.C. 109th. | Proceeded overseas for service with 38th.Btn. | Witley | 4-12-16 | D.O.Pt.11 339 |
| | | | | | A. W. Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F. |
| 6 12 16 | C.B.D. | TAKEN on STRENGHT 38th Havre | FIELD | 6 12 16 | N. R. Pt. 11 No. 242 - 13.12.16 |
| 7 12 16 | " | Left for Unit | FIELD | 7 12 16 | N. R. |
| 16 12 16 | Unit | Joined Unit | FIELD | 9 12 16 | B. 213. DCS. 69 - 31 12 16 |
| 17 2.17. | " | NCO's course 4th Div. School. | | 10.2.17. | B213 DCS. 92 of 28.2.17. |
| 10.3.17 | Unit | Joined Unit | FIELD | 6.3.17. | B. 213. DCS. 100. |
| 28.4.17. | 38th | TO BE ACTING CORPORAL, vice 410753 A/Cpl. A.E.Brison, Inv. wd. | | 10.4.17. | B213, Pt.2.Orders, 53 dated 10.5.17. |
| 20.6.17 | 11 C.A.A. | Accid. wd. (Sho. L. shell) not to blame. | 11 C.A.A. | 19.6.17 | B117 D.C.S. 131 |
| 22.6.17. | 20 Gen. | Gsw shlder (sev) | to England. | 22.6.17 | W 3034-3621. |
| 23 JUIN 1917 | 38 th. | Wounded in Action | Field | 18.6.17. | B. 213. DCS. 132. |

D.M.S. 1348.

# EXAMINATION
BY
# STANDING MEDICAL BOARD, BRAMSHOTT.

28 AUG 1916 1916.

No. 725133 Unit 109th Battalion Rank Pte

Name HYLAND Wm. Age 38

Examination held at Bramshott, Hants.

**DISABILITY.** Weak abdominal walls

~~Overseas~~—Local.
(scratch one out)

Present Condition: This man has some bulging on both sides over inguinal canal.
Requires graduated training.
Requires dental treatment.

Board recommends:

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

Signatures:

Members { R. R. Stewart Maj Pres.
H. Macharen Capt
D. J. McKay Capt

Approved.

Bramshott 28 AUG 1916 1916. C. H. Young Major.
D.A.D.M.S. for A.D.M.S. for G.O.C.
Canadian Troops, Bramshott.

Form D.M.S. 1394.
6533.—20M.—22/1/17.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD. SEPT. 11 1917.

No. 725133 Rank PTE. Name HYLAND, W.

Local Unit 7th C. Rys Bn Overseas Unit 38 Bn Age 39

Examination held at SEAFORD, SUSSEX. 7th Res

DISABILITY. Overseas—~~Local~~ (scratch one out).

PAINS IN HEART.
V.D.H. TACHY-CARDIA

PRESENT CONDITION.

(1) Wounded with shrapnel 17.6.17 - VIMY in left shoulder - now all healed with no limitation of movements.
(2) Systolic mitral murmur transmitted to axilla. Heart-rate 120 - after slight exercise.
(3) Says he has pains in region of heart and cant walk over 2 miles.

BOARD RECOMMENDS:—

1. Fit for Duty C III not likely to improve in 6 mos
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

J. McPherson Capt. President

Members { M. A. Oulton Capt
J. Gillies Capt

APPROVED

Dated Seaford. 15. 9. 1917. James C. Fyfe Maj
For A.D.M.S.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local
(Delete the one not applicable)

PRESENT CONDITION.

BOARD RECOMMENDS—

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training

3. Fit for Temporary Base Duty ..... week

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

..... President

Members .....

.....

APPROVED

Dated ..... 1917

..... For ADJ.G.S

SHEET II.

Army Form B. 103 — Regimental Number 725133

**Casualty Form—Active Service.**

Regiment or Corps 38th Can. Inf. Bn.

Rank Pte (A-Corpl) Surname HYLAND Christian Name W.

Religion ..... Age on Enlistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked... | | | |
| 22.6.17. | 20 Gone. | Hewlett. L. posted to E. Ont. Reg. | | | W.B.083 A8731 |
| | | Dep (via Strathcona) Seaford. | | 22.6.17. | P.O. 66 of 4.7.17. |
| | | J. M. Anderson Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech. | | | |
| 3.7.17. | E.O.R.D. | Taken on Strength. | Seaford. | 22.6.17. | Pt II Do. 113. |
| | | | O.R.M. Lieut. FOR LT. COL. I/C RECORDS, C.O.M.F. | | |
| 10.8.17. | (sc) 7th Res. | T.O.S. from E.O.R.D. | Seaford. | 3.8.17. | S.O. pt II. 190 |
| 12-9-17 | 7th Res Bn | S.O.S. to E.O.R.D. | Seaford | 12-9-17 | Pt II SO 219. |
| | | | H. Alexander Jack LIEUT & ADJT 7TH RESERVE BATTALION | | |

W.S.K.W.

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

(b) Signaller, Shoeing-Smith, &c.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886)

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 19/9/17 | OC EoRD | On command from EoRD to Can Discharge Depot Buxton | Seaford | 19/9/17 | Pt II Do 194 |
| | | | | | R. Edmunds Lt. Adjt for O.C. EoRDepot |
| 20 SEP 1917 | TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 | | ORDER No. 223 | | |
| | | | | | R. Vere Lt. Col. |
| | | | Commanding | | Canadian Discharge Depôt. |
| 18 OCT 1917 | EMBARKED FOR CANADA FROM LIVERPOOL | | | | |
| | | | | | R. Vere Lt. Col. |
| | | | Commanding | | Canadian Discharge Depôt. |
| | T.O.S. #2 Casualty Unit, Toronto Part II Order #273 | | | 11/11/17 | |
| | ~~Dis #2 Cas Unit Toronto Ont 14th Feb 1918 Part 11....43~~ | | | | |
| | | | H S Beemer Lieut for.O.C.#2 Cas Unit | | |

W.W.I

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

P.A.

OTTAWA 4, ONTARIO.
Date SEPTEMBER 7, 1965.

Attention of

NAME SHARPE William J.
ALSO KNOWN AS: HYLAND William J.

SERVICE 725133 W.W. 1 C.P.C. No. 89138
NUMBER B-592275 (RES.) W.V.A. No 47588

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

D.V.A. (93) REV. (6-62). MACKENZIE BUILDING, 36 ADELAIDE STREET EAST, TORONTO 1, ONTARIO. AUGUST 16, 1965.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JULY 11, 1965.
Cause of Death
Place of Death TORONTO, ONTARIO.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAX~~
~~DVOX~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

To: Copy for H.Q. File.

OTTAWA 4, ONTARIO.
Dec. SEPTEMBER 7, 1965.

Attention of

NAME: SHARPE WILLIAM J. SERVICE 742439 V.A. I.Corps No 89138
ALSO KNOWN AS: HILANO WILLIAM J. NUMBER P-192275 (1st.) Area No 47508 X

The DEPARTMENT has received information from

D.V.A. (93) ADV. (6-62). HACKMATE MULDING, 36 ADELAIDE STREET EAST, TORONTO 2, ONTARIO. AUGUST 16, 1965.

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JULY 11, 1965.
Cause of Death
Place of Death TORONTO, ONTARIO.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V
~~XXXX~~
~~XXXX~~
H.Q.

Destroy form if advice of death already received.

R—122

TLH. Rank Name HYLAND, William. Reg'l No. 725133.

Unit 109th.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, Jany.11th.1916. Place of Birth York County, Ont.

Name and Address, Next-of-Kin Mrs. F. Wright,
108, Belmont Street, Toronto, Ont. Relationship Sister.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 5011
File R.L. 26
Category Can O R/133 B 86

H. W. & V., Ld.—7165-16.

14-9

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| | | Arrived in England per H.M.T. 2810 31-7-16 | | | |
| 4.9.16 | O.C. 109th | S.O.S. + trafd to C.C.A.C. | Bramshott | 2.9.16 | Pt.II D.O. 248 |
| 21.10.16 | CCAC | T.O.S. on Comt CCO MK Horton for 4 wks | Shoreham | 2.9.16 | 461 |
| 15.11.16 | " | Rejoins from CCAC | Bramshott | 15.11.16 | 504 |
| 18.11.16 | " | Proceeds on Comt to CCAC but offs for full duty | | 16.11.16 | Pt II D.O. 509 |
| 18-11-16 | O.C. 109th | 2.O.S from C.C.A.C. fit for full duty | Witley | 17.11.16 | |
| 17.12.16. | CCAC | Pt II D.O. 509. Amend to read S.O.S. to Reserve Bnt | | 16.11.16. | Pt II D.O. 556. |
| 4.12.16 | OC 109th | S.O.S. on tfr. to 38th Bn | do | 4.12.16 | Pt II DO 339 |
| 13.12.16 | 38th Bn | T-O-S on tfr from IC 109th ~~Emsht~~ | Yeld | 6.12.16 | Pt II DO 347. |
| 10.5.17 | — | To be a/cpl. (Pd) | — | 10.4.17 | 53 |
| 28/6/17 | — | Adm. No. 20. Gen. Hosp. | Wannes Camp | 18/6/17 | C.L.A. 233. G.S.W. L. Shldr. Sev. |
| 26/6/17. | — | Adm. No. 2. Mil. Hosp. Old Park. | Canterbury | 22/6/17 | C.L.B. 224. G.S.W. L. Shldr. |
| 4/7/17. | — | (wounded) + Posted to the R.O.R.D. | Yeld | 22/6/17. | Pt II D.O. 66. D.O. 1124 3/7/17 |

A.F.B. 103 CHECKED 9 DEC. 1916

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| 4/8/17. | 38th Bn. | Trans. to:- Can. Conv. Hosp. W. Pk. | Epsom | 28/6/17. | C.L.B. 228. G.S.W. L. Shdr. |
| 9/8/17 | " | Dis. " " " " | " | 3/8/17. | — 258. " " |
| 9/8/17. | 7th Res. Bn. | T.O.S. from R.O.R.D. | a/Cpl. Seaford | 3/8/17. | R.O.R.D. D/O. 149 of 8/8/17. Pte. II D/O. 190 |
| 23/8/17 | " | Reverts to Pcmp. Grade. for:- absent from 10.00 pm. 18/8/17 to 9.00 pm. 20/8/17 (3 Days) Forfeits 3 Days Pay. | " | 23/8/17 | — 202. |
| 12/9/17. | R.O.R.D. | Re. T.O.S. from 7th Res. Bn. | Pte | 12/9/17. | — 185. 7th Res. Bn. D/O. 219 of 12/9/17 |
| 19/9/17. | " | On Comm. C.D.D. for Discharge | " | 19/9/17. | — 191. |
| 23/10/17. | " | Ceases to be on Comm. C.D.D. his S.O.S. on proceeding to Canada for Discharge. | Pte | 18/10/17. | — 225. (Auth. Dis. of A.G.) |
| | Dis. Depot. | File for Daily | No 2 Toronto | 28/10/17 | HR 396 Toronto. Ont. |

# EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

725 133 Pte Hyland W

| Date of Payment. | No of Acq. Roll | AMOUNT Francs | £ | S. | $ | ¢ | Place of Payment. | Name of Paymaster. | Remarks. |
|---|---|---|---|---|---|---|---|---|---|
| 15/9 | 182 | | – | 10 | 2 | 43 | Salford | H. Brown | Nov/17. |
| 15/9 | 185 | | – | 10 | 2 | 43 | " | " | Jan |
| | | | | | | | 486 - | | |

# SUPPLIES.

# INDENT FOR RATIONS.

UNIT..... STATION..... DATE...

## OFFICERS AND MEN.

TOTAL STRENGTH .....

ATTACHED FOR RATIONS.....

* TOTAL

LESS ON COMMAND.....

" IN HOSPITAL.....

" ON LEAVE.....

" ABSENT WITHOUT LEAVE.....

" OFFICERS NOT DRAWING RATIONS.....

" O.R. NOT DRAWING RATIONS.....

* TOTAL NOT DRAWING RATIONS .....

* TOTAL RATIONS AUTHORISED .....

## HEAVY DRAFT HORSES.

* TOTAL STRENGTH.....

LESS ON COMMAND.....

" IN HOSPITAL.....

TOTAL NOT DRAWING RATIONS .....

* TOTAL DRAWING RATIONS .....

## LIGHT D

LESS ON COMMAND...

" IN HOSPITAL...

TOTAL NOT DRAWING

* TOTAL DRAWING

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

NUMBER OF DAYS RATIONS INDENTED FOR { MEN..... / HORSES.....

## OFFICERS AND MEN.

| | BREAD | MEAT | BACON | SUGAR | TEA | SALT | | | FOR BRE | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | FLOUR | YEAST |
| TOTAL RATIONS AUTHORISED AS ABOVE ... | | | | | | | | | | |
| DEDUCT:—NUMBER OF RATIONS ON HAND ... | | | | | | | | | | |

M. F. W. 41
1 0M—7-16
1772-39 889.

Name ~~S/Sgt.~~ Pte W. Hyland

Regimental No. #725133

Unit 109 Bn

Date of enlistment

Place of "

Married (yes or no) no

Amount of pay assigned monthly $

To whom payable FPC

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

No 5351—M. & D. 6880.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nov | | | | | | | | 960 12<br>240 | | 11841 | | 5. | | | 57<br>7 | do 273<br>(Nov 11-26 do 273<br>extend to Nov 30 do 282) |
| Dec 1 | 31 | 31 | 1 | 31 | 31 | 10 | 310 | 7<br>4<br>26664 | ~~31574~~ | 12341<br>13460 | | 275<br>3374 | | 3 | | 3rd drunkness do 293<br>275.00 |
| Jan 1 | 31 | 31 | 1 | 31 | 31 | 10 | 310 | ✓<br>3374 | 6784 | 16530 | | 6784 | | | | 3324 dep in FWB |
| Feb 1 | 14 | 14 | 1 | 14 | 14 | 10 | 140 | ✓<br>13<br>6784 | ~~3844~~<br>9624 | 16948 | | 7754 | | 5170 | 33 | 47 dep AWL do 37<br>dis do 43<br>67.84 dep in FWB |

For additional credit $5.50 see new sheet 19-1-20

Dr. bal of $53.50 from old a/c recovered. Auth "Hy 7" H.Q. A.P. 9289-W-13 d/12-1-20.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| 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 | | | No. | Date | | | | | |

Grad
W12

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

25685-512/6

9289-W-2

Name Hyland, W.
Surname Christian Name

Regimental Number 725133 Rank Pte.

Address (in full) 1 Defoe St., Toronto, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.2.

Date of Discharge 14-2-18.

P. D. P. Filing Number 15-370-2.

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

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | FIRST PAYMENT Cheque No. A | Date | Amount 30 days | SECOND PAYMENT Cheque No. B | Date | Amount 30 days | FINAL PAYMENT Cheque No. C | Date | Amount 31 days | Balance Over-payments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 100 10 | 6191 | 13-3-18 | 33 00 | | | | | | | 33 00<br>34 10 | 33 00 |
| ~~2208 10~~ | ~~$406153~~ | ~~11 4/15~~ | ~~196 40~~ | | | | Ben Sus Acct. | | | 48 67 | |

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks: Debit P.D.P. Debit Cas. P.M. Ottawa, $38.93.
Recovered through P.D.P. 34.10
Still to be recovered 4.83
Advance P.D.P. $33.00

One Cheque to be Sent c/o of Soldiers Aid Commission Windsor Ont. file 9289-W-13

c/o Mrs. S. Sharpe
1 Defoe St.
Toronto

Dec'n No 25685/5/13 W. S. G. File No 9289-W-13

| | |
|---|---|
| Award ..... days at $ 70 per day $ | 350.00 |
| S. A. ..... months at $ .. per mo. $ ..... | $ |
| Less P. D. P. Credited | $100.10 |
| | $249.90 |
| Less further debit balance | $ 53.50 |
| Net due paid as i[illegible] | 196.40 |

| TO SOLDIER | | | | PENDENT | | |
|---|---|---|---|---|---|---|
| O | Ag. No | Ch No | [illegible] ou | [illegible] No | Amount | |
| 1 | 2208 | 406153 | 196.40 | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| | Total | | | Total | | |

11.4.19.

GEN'L AUDITOR
Posting checked by Horne Coe
Date Oct 7 19..

JB

Pte Name Hyland, Mme. (Wm)

M. F. W. 41
1 0M—7-16
1772-39 889.

P. C. No. H 2403

Regimental No. 725133

Unit 189 Bn

Date of enlistment 11-16

Place of " Lindsay

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Mississauga 28-10-17

~~Name and~~ address of ~~next of kin~~ Home / 2 De Foe St Toronto Ont

MB 8-11-17 Duty

Date and place discharged

Reason for discharge

Character on discharge Discharged 14/3/18

Cate A11 Hy. 649-H-11335.

~~Form 5351 M. & D. 6880.~~

A.P. 9289-W-13.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 22/9/17 | | | | | | | 32 67 | | | | | | | | E P R C |
| 23/9/17 | 30/11/17 | 69 | 1.00 | 69 00 | 69 | .10 | 6 90 | | | | | | | 4 87 | | A R 11397 |
| | | | | | | | | | 40557 | | | | | 24 33 | | A R 11754 |
| | | | | | | | | | | | | | | 9 73 | | Boat |
| | | | | | | | | | | | | | | 100 00 | | C D Lue |
| | | | | | | | | | | | | | | | 138 93 | L P Gendon 4/12/17 |
| | | | | | | | | | | | | Balance | | | 266 64 | Chorge adj 30/1/18 |
| | | | | | | | | | 405 57 | | | | | | 405 57 | To L M D 2 |
| | | | | | | | | | | | | | | 9 73 | | Supply A.R. 495. 15/8/17. 7th Res Bn. 6-2-18. |
| | | | | | | | | | | | | | | 9 73 | | " 549. 29/8/17. " " |
| | | | | | | | | | | | | | | 9 74 | | " 1627. 27/9/17. Epsom. |
| | | | | | | | | | | | | | | 9 73 | | " 2370. 31/7/17. " |
| | | | | | | | | | | | | Cr. Bal. | | 227 71 | 266 64 | " To M.D. 2. 6-2-18. |
| | | | | | | | | | | | | | | 48 67 | | Sup. A.R. 2404 3/8/17. Epsom. 12-3-18. |
| | | | | | | | | | | | | Cr. Bal. | | 179 04 | 227 71 | " To M.D. 2. 12-3-18. |
| | | | | | | | | | | | | | | | | 5/4/18 " " 2 ucl egd. |

Cr Bal. down 266 64

Cr. Bal. down 227 71

E R

30-11-17

Cat Paid Nil.

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| 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 | | | No. | Date | | | | | |

Married or Single: Single

Place of Birth: York County Ont

Name and Address of Next of Kin: Mrs F Wright, 108 Belmont St Toronto Ont Can

Relationship of Next of Kin: Sister

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

**Casualties, Promotions, &c.**

| Particulars | Effective Date | Authority |
|---|---|---|
| appt'd. a/cpl. | 10/4/17 | B.O. 53. 10/5/17 |
| Reverts to ranks | 23.8.17 | B.O. 202 23/8/17 |

**Admissions to Hospital, &c.**

| Date Admitted | Date Discharged | V. or A. | Name of Hospital |
|---|---|---|---|
| | | | |

Reg'l. No. 725133 Rank a/Cpl. ~~Pte~~ Name Hyland William

If in Perm. Corps What Unit: Unit 109th Bn

Permanent Force Allowances

Place of Attestation: Lindsay Ont

Date of Attestation: Jany 11th/1916

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place: 22.9.17 Can.

Reason and Authority: A.F. 2-1-29 19.6.17. Disposal A.F.

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

| Transferred to | Date | Authority |
|---|---|---|
| C.C.A.C. | ~~2-9-16~~ 1-10-16 | D.O. 248 |
| 109 Battn | 1-12-16 | 109 Bn D.O. 323 18/1/16 |
| 38th Bn | 16-1-17 | D.O. 339 |
| E.O.R.D. Disch & Can Pay & L. R.B. Branch | 21/8/17 | A.F. 1-12-16 B.O. 224. 28/6/17 |
| | 21/9/17 | A.F. 2-1-29 |

Entered on N.P. Card Index

Checked by H. Gillotson

Checked C. Meyer

Checked

| Date | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Rate | Amount $ | Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | | 19 80 | 19 80 | N.S.S. | | | | | | | | Bal. from Canada | | | | | | | 19 80 | | | | |
| Aug 31 | 31 | 1 00 | 31 | | 31 | 10 | 3 10 | | | | | | | | 34 10 | 15 | 9/8/16 | | | | | | | 973 | | | | | 2 20 | 11 93 (58 90) | 41 97 | | | | D.O. 216 AWL 2 days 2.20 |
| Sep | 30 | | 30 | | | | 3 | | | | | | | | 33 | 48 | 31.5.16 | $31 38 | 12-10 | | | | | 487 | | | | | 20 90 | 487 | 70 10 | | | | D.O. 248 Trans to C.C.A.C. 2/9/16 14 days 2 P No 2 AWL 8 days $1 6r 10 cts 6 days 7 P No 2 AWL 20 days 10 cts 2.20 days pay & 5 MMLA 7-10 |
| Oct 1-31 | 31 | | 31 | | 31 | | 3 10 | | | | | | | | 34 10 | | | 3020 | 7/11 | 5/7 | | | | | 9 74 | | | | 19 80 | 55 31 | 48 89 | | | 6 | |
| | | | | | | | | | | | | | | | 121 00 | | | $1278 | 15/11 | | | | | | | | | | | | | | | | |
| Nov 1-30 | 30 | | 30 | | | | 3 00 | | | | | | | | 33 | | | | | | | | | | 2 43 | | | | 15 40 | 18 83 | 64 06 | | 60 | | P7 14 days 11c Brunkard Lindsay CEO 14.8-11-16 |
| Dec | 31 | | 31 | | | | 3 10 | | | | | | | | 34 10 | 317 | 30.11.16 | | | | | | | 487 | | | | | | 487 | 92 19 | | | | 2 6 109 Bn 1/12/16 auth by 109 Bn D.O. 323 18/1/16 |
| 1917 | | | 1530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jany | 15 | 1 10 | 16 50 | | | | | | | | | | | | 16 50 | | | | | | | | | | | | | | | | 108 69 | | | | D.O. 339 - 4-12-16. Appd to 38 Bn Eff 16-1-17 |
| | | | 184 80 | | | | | | | | | | | | 204 60 | | | | | | | | | | | | | | | | | | | | |
| Feb | 16 | 1 | 17 60 | | | | | | | | | | | | 17 60 | 624 | 15/1/17 | | | | | | | 523 | 17 04 | -4 36 | | | | 16 89 | 109 40 | | 90 40 | 19 40 | |
| | | | | | | | | | | | | | | | | 678 | 10/1/17 | | | | | | | 4 36 | | 7 30 | | | | | | | | | |
| | | | | | | | | | | | | | | | | 745 | 19/1/17 | | | | | | | 261 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | 799 | 7/2/17 | 1007 | 20/3/17 | 560 | 24/4/17 | 11 | Odecta | 262 | 349 | | | | | | | | | | |
| Mar | 31 | | 34 10 | | | | | | | | | | | | 34 10 | 840 | 15/3/17 | 933 | 8/3/17 | 600 | 3/3/17 | 88 | | 4 36 | 261 | 262 | | | | 18 31 | 149 02 | | 120 | 29 02 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 182 02 | | 108 135 | 74 47 02 | |
| Apl | 30 | | 33 | | | | | | | | | | | | 33 | | | | | | | | | | | | | | | | | | | | |
| May | 31 | | 37 20 | | | | | | | | | | | 2 10 | 39 30 | 53 | 18/4/17 | | | | | | | 5 23 | | | | | | 5 23 | 216 09 | | 124 50 | 91 59 | appt'd. a/cpl. 10/4/17. B.O. 53. 10/5/17 |
| | | | | | | | | | | | | | | | | 150 | 13/5 | | | | | | | 3 57 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | 207 | 7/5 | | | | | | | 3 57 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | 238 | 2/6 | | | | | | | 3 57 | | | | | | | | | | | |
| June | 30 | | 36 00 | | | | | | | | | | | | 36 00 | | | | | | | | | | | | | | | 10 71 | 241 38 | | 141 00 | 100 38 | |
| b/f | | | 373 50 | | | | | | | | | | | 21 90 | 395 40 | | | | | | | | | 54 59 | 231 4 | 168 9 | | | 59 40 | 154 02 | 1077 3067 | | | | |

S.L. 48 15/10/17 Cr. $300 47

725133. a/Cpl. Hyland M.

1

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Nil Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B/F | | | 373 | 50 | | | | | | | | | | 21 90 | 395 40 | | | | | | | | | 54 59 | 23 14 | 16 89 | | | 59 40 | 154 02 | 241 38 | | 141 00 | 100 38 | Hosp. 27/4/17. to A.B. 24. 28/6/17 |
| July 31 | 1 | 10 | 37 | 20 | | | | | | | | | | | 37 20 | | | | | | | | | | | | | | | | 278 58 | | 157 50 | 121 08 | Trans to E.O.R.D. Eff 31/8/17 |
| Aug 30 | 20 | | 24 | 00 | | | | | | | | | | | 24 00 | | | | | | | | Com 9/8/17 | | | | 4 87 | | | 4 87 | 297 71 | | | | |
| Aug 31 | 11 | | 13 | 20 | | | | | | | | | | | 13 20 | | | | | | | | | | | | | | | | 310 91 | | | | |
| Sept 20 | 20 | 10 | 24 | | | | | | | | | | | | 24 | | | | | | | | | | | | | | | | 334 91 | | | | Trans Pay 2 L. Dis. Con. 21-9-17 |
| 22 22 | | | 491 | 90 | | | | | | | | | | 213 90 | 492 20 | | | | | | | | | | | | | | 290 | 152 98 | | | | | Alg. 2-1-29 |
| Sept | 2 | 10 | 2 | 20 | | | | | | | | | | 1 92 | 3 92 | | | | | | | | | | | | | | 360 | 360 | 334 53 | | | | Fwd 3 Da. Pay BO 202 23/9/17 |
| | | | | | | | | | | | | | | | 499 92 | | | | | | | | | | | | | | | | | | | | 3.92 Sutton Dr. 27/9/17 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Revets to banks 23/9/17 ordered 29 Dec 10 |

A3M. FORM REN'D Nil EFFEC.
DISCHARGED TO Can. DATE 22/9/17
PAYBOOK VERIFIED 22/9/17
Can. BAL 329.67 L.P.C. REN'D 22/9
AUTHY C.P. 2-1-29 19/6/17
Rehired Cdn.

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFER. SER. RED. ALLOE. PAY ENG. |
|---|---|---|---|---|---|---|---|---|---|---|
| OCT 1917 | Balce FORWARD | | | | | | | | | 33 4 53 |
| " | | | | DIV AR 495 15/8/17 7th Reo Bn. | | 9 73 | | | | 324 80 |
| Nov | | | | AR 11754 1/10/17 Buxton. | | 24 33 | | | | |
| " | | | | " 11399 27/9/17 " " | | 4 87 | | | | |
| " | | | | O&R 549 29/8/17 7 Reo Bn | | 9 73 | | | | |
| " | | | | " 1457 29/9/17 Cpe Cdn | | 9 73 | | | | |
| " | | | | " 2370 3/7/17 " " | | 9 73 | | | | |
| " | | | | " 2401 3/8/17 " " | | 48 67 | | | | |
| " | | | | " ~~no 24/10/17 ASR~~ | | | | | | |
| " | | | | DW AR 182 15/9/17 E&ORD | | 2 43 109 50 | | | | 215 30 |
| 1918 Jan. | | | | DTAR 185 26/9/17 E&ORD | | 2 43 2 43 | | | | 212 87 |
| | | | | Balance transferred to N. E. Branch | | | | | | Nil |

Obs 558 C.C.A.C. Gen and Sch
Oct. 16. See credit Note 5.50
for Particulars on file
M.D. 2 dd Vancd 13.12.19
6212

Checked H. V. Williams
L.P.C.

Supp. L.P.C. 27/11/17. Cr. $319 94
Supp. L.P.C. 6/12/17. Cr. $310 21
Supp L.P.C. 11.12.17 Cr. 271-27
Supp L.P.C. 17/2/18 Cr. 261 54
" " 2/1/18 Cr. 212 87

AJS

# Certificate of Service

War Service Badge.
Class "A"#30236.
Class "B"#016689.

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. 7113 (Rank) Private

(Name in full) HYND, William.

Enlisted in 109th Infantry Battalion. (Trans to 38th Battalion)

Canadian Expeditionary Force, on the Eleventh day

of January 1916

He served in CANADA ENGLAND FRANCE & BELGIUM

and was discharged at Toronto, Ont. on

the Fourteenth day of February 1918

by reason of being "Medically Unfit for Further Service".

His conduct and character while in the Service were FAIR

Description on Discharge: Date of Birth [illegible]

Complexion Dark; Eyes Blue;
G.S.W. left Shoulder, 19-6-17

Address 79 Argyle St.,
Toronto, Ontario.

Hair Black.

Major,
for Colonel,
Director of Records

H. Q. 649-4-11335

M. F. W. 39d.
5M.—4-23
1772-39-882

Ottawa 2nd day of April 1924

Next of kin, Mother, Mrs. Hanna Hyland,
1 Defoe St., Toronto, Ont.

Examined by. Capt. McCullock
Lindsay, Ont.
Jan. 11th, 1916.

(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

Man's address: Same.

B.P.C. Original

# MEDICAL HISTORY OF AN INVALID

STATION Ravina Bks. Toronto DATE Jan. 31st, 1918

DEPT. OF DEFENCE MAR - 2 1918 CANADA

1. (a) Unit #2 Casualty (b) Regimental No. 725133 (c) Rank Corporal

(d) Surname HYLAND (e) Christian name William

2. Age last birthday 39 Date of birth Nov. 17th, 1878

3. Enlisted at Lindsay, Ont. on January 11th, 1916

649-H 11335

4. Personal description :—

(a) Height 5' 5¼" (b) Weight 150 lbs. (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks Scar

(Shrapnel wound) left upper arm. Two vaccination right

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

1 Defoe St., Toronto, Ont.,

6. Former trade or occupation Electrician's helper.

7. (a) Service — Years 2 — Days 20

| | Periods From | Periods To |
|---|---|---|
| 109th, Battn. C.E.F. | Jan. 11th, 1916 | Dec. 4th, 1916. |
| 38th, Battn. C.E.F. | Dec. 4th, 1916 | Nov. 5th, 1917. |
| #2 Casualty Unit | Nov. 5th, 1917 | To Date. |

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

8. Present disease or disability (use authorized nomenclature if possible). (1). Convalescent from D.A.H. (2). Neurasthenia.

(a) Date of origin (1). (2). Feb'y. 1916 (b) Place of origin (1). (2). France.

(c) Cause* (1). (2). Blown up etc..

*(Here include original disease or injury)

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

Subjective. (1). Complains of feeling dizzy on stooping over. Can walk 6 miles at his own pace.

Objective. Heart normal in size and position-no murmurs-no tension and thickening of Radials. Blood pressure S. 108 D. 78. 1st sound fair. -no murmurs-no Tachycardia-no dyspnoea on exertion.

Urine- S.G.-1020-Alkaline-No albumen or Sugar.

Subjective. (2). Feels very nervous. Startled easily by sudden noises. Nervous when alone. Sleeps poorly-unable to sleep at times, till 3 or 4 p.m. Memory is good. No headaches.

[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.

NO. 2 MILITARY DISTRICT FEB 6 1918 34 Hy-19

B. P. C. FOLIO FALSE DOCKET 2

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

~~Incapacity exists~~ Multiple Angiomata in Back.

Wassermann negattive in Dec 1917

2 vacc. marks.

Scar left shoulder - size 10¢ piece - non adherent - non tender non-painful.

Abdominal walls appear fairly strong.

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.

(I)Nil (2) 10% Reducing to nil in 6 mos Total reducing to nil in 6 mos.

12. Did the disability arise on or off duty? (I)(2) On duty

13. Was a Court of Inquiry held? (I)(2) Not applicable

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

Yes..... No (I)(2) 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? (I)(2) 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? (I)(2) 6 mos.

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

(I)(2) None

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

(I)(2) No

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

20. Recommendations

Category "Bii"

R. J. Richardson M.B.

*Medical Officer by whom the case is brought forward.*

STATEMENT OF THE SOLDIER.

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

I, the undersigned Wm. Hyland have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Wm. Hyland

*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).

That he be placed into Category E and be discharged as physically unfit.

W. McLean Major *President.*
W. J. Clark Capt
H. A. Lang Capt. } *Members.*

STATION Ravina Barracks, Toronto.

DATE Jan. 31st. 1918.

APPROVED BY Charles Carter Lt Col

DATE Feby. 8th/18 *for Assistant Director of Medical Services.*

APPROVED BY

DATE *Director-General of Medical Services.*

Objective:- Pupils recating - Tremors of Eyelids, Tongue, fingers and jaw, Biceps, supinator and knee jerks are accentuated. Pseudo ankle clonus. No extensor response.

Other systems normal.

Incapacity is due to partial loss of function of nervous system requiring partial ~~in~~ rest for 3 mos.

## 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. 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.

89188

This space to be for numbers.

# Proceedings on Discharge.

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

No. 725133

Rank Private

Name HYLAND William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 Cas Unit (109th Bn)(EORD)

Date of Discharge 14th Feb 1918.

Place of Discharge Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 39 years 2¾ months.
Height 5 feet 5¼ inches.
Complexion Dark
Eyes Blue
Hair Black
Trade Labourer
Intended place of residence (To be given as fully as practicable.) ~~1 Defoe St Toronto Ont~~ 328 Laurier Ave., West. Ottawa

Descriptive Marks
GSW L Shoulder
Scar L Hand
Vacc 2 Rt Arm

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

Physical Unfitness

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Fair NSB

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. A. G. Comp 24
10-3-19 es

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

Nil

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

6. Medals and Decorations..... Nil

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

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

(Place) Toronto Ont.

(Date) 14th Feb 1918.

*Commanding* H S Beaumont Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Toronto Ont. Wm. Hyland (*Signature of Soldier.*)

(Date) 14th Feb 1918. H S Beaumont (*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 34 days.

Total 2 years 34 days.

11. **Confirmation of Discharge.**

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

(Place) Toronto Ont.

(Date) 14th Feb 1918.

(*Signature*) H S Beaumont Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

## Reservations referred to at Para. 8.

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

(OVER)

# List of Discharge Documents.

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

*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.*

74-H-482

Duly.

A 11

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

No. 725133 Rank Cpl. Name and Corps of disabled Soldier:— Byland William 109th Battn.

Previous civilian occupation:—Laborer.

Cause of Disability:— None

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

This soldier was wounded on the external aspect of left shoulder 17/6/17. wound has healed and causes no disability.

About two months ago he had a dizzy spell while doing P. T. and was classified C III

Heart and lungs are normal.

He requires dental treatment.

## OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) none

Probable duration of incapacity:— not app.

Does it render him permanently unfit for Military Service? No

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? No

Signature:— T. C. Claxton Capt
President.

Station:— Quebec

Date 8/11/17

Members

APPROVED.

Date 8/11/17 W. W. Carnegie Major
Asst. Director Medical Services.

Date

Director General Medical Service.

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 725133 RANK Pte. NAME (IN FULL) Hyland W.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 14-2-18 | REASON | AUTHORITY D.O. 43 | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | | | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | DATE | COL. NO. 2 NO. | DATE | COL. NO. 3 NO. | DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. | REGIMENTAL CHARGES $ | C. | OTHER CHARGES $ | C. | | | TOTAL DEBITS $ | C. | BALANCE DEBIT $ | C. | BALANCE CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19.1.20 | | | | | 5 | 50 | | | 5 | 50 | | | 181 964 243-19.1 | | | | | | 5 | 50 | | | | | | | | | | | 5 | 50 | | | | | Overdr. for in Eng. & Ships P.O.A. Auth. "Hy 7" HQ "A.P. 92819-W.1.3." |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Debit of $15.35 from old A/c has been recovered. Auth. same. |

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.