

Enlisted  
23/2/16

FEB 23 1916

6015 D A

ATTESTATION PAPER.

No. 724084

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. ORIGINAL Folio

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... Iles
- 1a. What are your Christian names?..... Wesley Norman
- 1b. What is your present address?..... Dorset
- 2. In what Town, Township or Parish, and in what Country were you born?..... Stantope
- 3. What is the name of your next-of-kin?..... Edmond Iles
- 4. What is the address of your next-of-kin?..... Haliburton Ontario
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... August 26 1889
- 6. What is your Trade or Calling?..... Soldier
- 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 Iles, 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.

Wesley Iles (Signature of Recruit)

Date Feb. 23 1916. A. M. Scott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wesley Iles, 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.

Wesley Iles (Signature of Recruit)

Date Feb 23 1916. A. M. Scott (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 Dorset this 5th day of March 1916.

M. G. Cassidy (Signature of Justice)



6015 A

Description of Wesley Les on Enlistment.

Apparent Age 26 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height ..... 5 ft. 11 ins.

Scar on upper lip.

Chest measurement { Girth when fully expanded ..... 40 1/2 ins.  
Range of expansion ..... 3 1/2 ins.

Complexion ..... Dark

Eyes ..... Grey

Hair ..... Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date FEB 23 1916 191 .

Place Minden

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

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date FEB 23 1916 191 .



FEB 23 1916

ATTESTATION PAPER.

No. 724084

CANADIAN OVER-SEAS EXPEDITIONARY FORCE **TRIPPLICATE**

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Iles*
- 1a. What are your Christian names?..... *Norman Wesley*
- 1b. What is your present address?..... *Dorset*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Stanhope*
- 3. What is the name of your next-of-kin?..... *Edmond Iles*
- 4. What is the address of your next-of-kin?..... *Habitants*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
- 5. What is the date of your birth?..... *Aug. 26, 1889*
- 6. What is your Trade or Calling?..... *Sailor*
- 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, *Norman Wesley Iles*, 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.

*Norman Wesley Iles* (Signature of Recruit)

Date *Feb 23* 1916. *A. M. Scott* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Norman Wesley Iles*, 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.

*Norman Wesley Iles* (Signature of Recruit)

Date *Feb 23* 1916. *A. M. Scott* (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 *Dorset* this *23* day of *March* 1916.

*H. G. Cassidy* (Signature of Justice)



Description of Wesley Iles on Enlistment.

Apparent Age 26 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 11 ins.

*scar on upper lip*

Chest measurement { Girth when fully expanded ..... 40 1/2 ins.  
 Range of expansion ..... 3 1/2 ins.

Complexion ..... Dark

Eyes ..... Grey

Hair ..... Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date ..... FEB 23 1916 ..... 191

Place ..... Menden

*Joseph C. ...* Capt.  
 Medical Officer.  
 109th Overseas Battalion, C. E. F.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Norman Wesley Iles ..... 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.

Date ..... FEB 23 1916 ..... 191

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



Exhibited  
23/2/16

FEB 23 1916

ATTESTATION PAPER.

No. 724084

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Iles*
- 1a. What are your Christian names?..... *Norman Wesley*
- 1b. What is your present address?..... *Dorset*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Starhope*
- 3. What is the name of your next-of kin?..... *Edmond Iles*
- 4. What is the address of your next-of-kin?..... *Salisbury*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
- 5. What is the date of your birth?..... *Aug. 26/1889*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *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 Iles*, 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.

*Wesley Iles* (Signature of Recruit)

Date *Feb. 23* 1916. *A. M. Scott* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wesley Iles*, 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.

*Wesley Iles* (Signature of Recruit)

Date *Feb. 23* 1916. *A. M. Scott* (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 *Dorset* this *23* day of *March* 1916

*H. G. Cassidy* (Signature of Justice)

B. B. X.



# Description of Wesley Iles on Enlistment.

Apparent Age.....26 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 11 ins.

Chest measurement. { Girth when fully expanded.....40 1/2 ins.  
 Range of expansion.....3 1/2 ins.

*scar on upper lip*

Complexion.....Dark

Eyes.....Grey

Hair.....Dark Brown

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\*.....fit..... for the **Canadian Over-Seas Expeditionary Force.**

Date.....FEB 23 1916..... 191

Place.....Minden

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

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date.....FEB 23 1916..... 191



C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

ILES NORMAN W.

724084

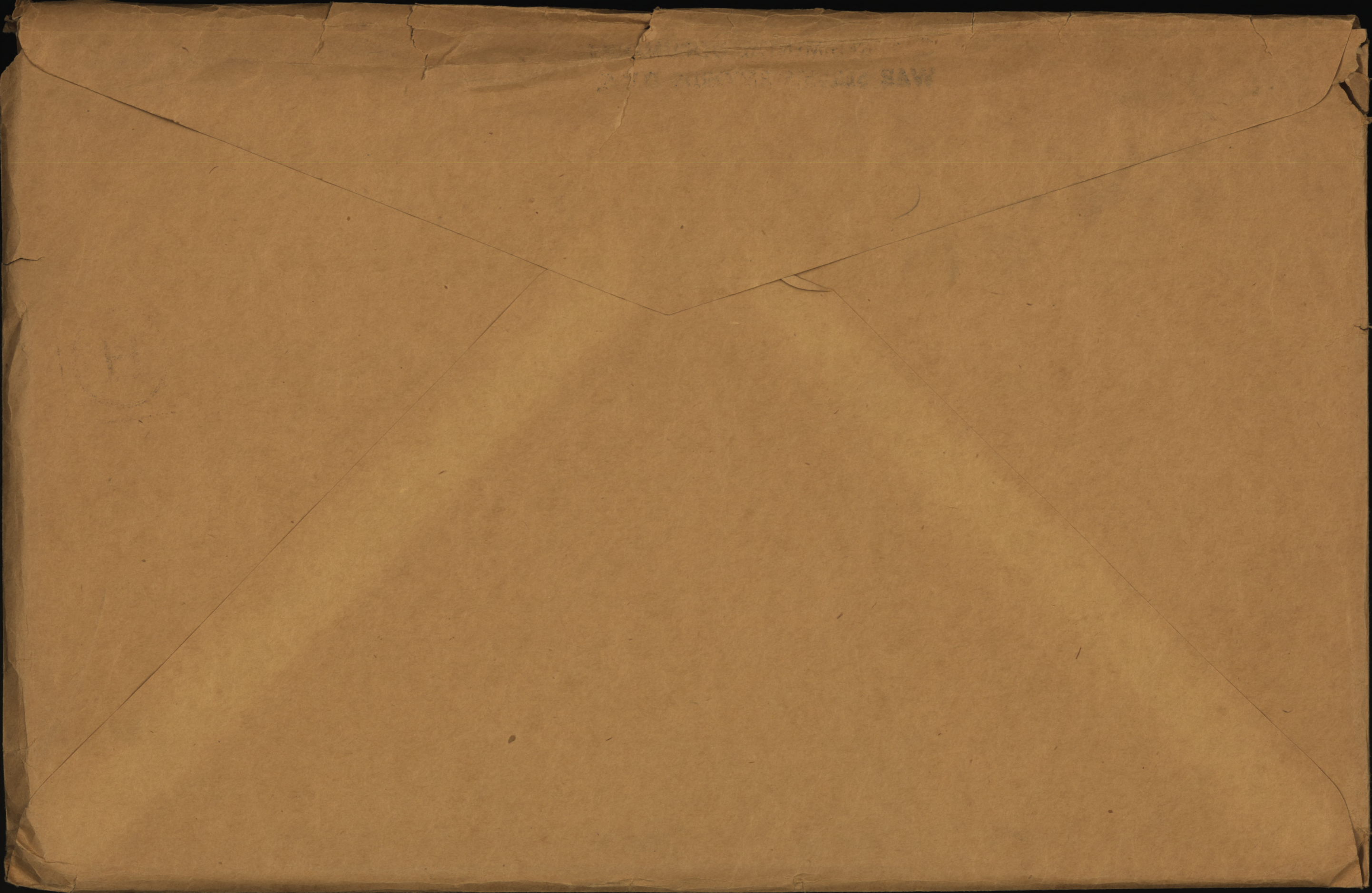
109 BN

00158

PHYS. UNFIT.









To be made out in duplicate.

D

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

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

**INSTRUCTIONS.**

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

- (1) Name of Overseas Unit which Soldier joins..... **109th OVERSEAS BN. C.E.F.** .....
- .....
- (2) Regimental Number ..... **724 054** .....
- (3) Full Name of Soldier..... **Roman Wesley Hes** .....
- .....
- (4) Place of Birth..... **Salisbury, Ontario** .....
- .....
- (5) Are you married, or not? ..... **No** .....
- (6) If married, state,
- (a) Full name of your wife.....
- .....
- (b) Present Postal Address.....
- .....
- (7) Are you a widower? ..... **No** .....
- (8) Have you any children?.....
- If so, give number of boys and girls.....
- Also their names and ages.....
- .....
- .....
- .....
- .....



(9) Is your Father alive?..... *No* .....

If so, state name and address .....

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

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?..... *No* .....

If so, in what Company?.....

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

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

Date..... **JUL 11 1916** .....

*[Signature]* ..... Lt. Col.  
J. C. 109th Overseas Battalion, C. E. F.



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

6015

*Whe.*

M. F. W. 54.  
150M. 10-15.  
H.Q. 1972-50-920.

# Casualty Form—Active Service.

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

Regimental No. 424084 Rank Private Name Wesley Norman

Enlisted (a) 23.2.16 Terms of Service (a) Private Service reckons from (a) 23.2.16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Laborer.

CERTIFIED CORRECT.

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	24.4.16	Part II Order 218 ADJUTANT 109th Overseas Battalion, C. E. F. Pt. 11. D.O. 279.
	Disembarked England.		Liverpool	31.7.16	
8.16.	Appointed <u>L. C. Pl.</u>		Oxney	5.8.16	
	Transferred for Overseas Service with <u>20th Batt'm</u>			5 1916.	
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 55all/10/16
do	do	left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	<u>W3034</u> CAPTAIN.
5-2-17	8 Staty	Bronchitis (Sev)	adm 8 Staty	5-2-17	W3034. ADJUTANT.
3-2-17	6 CFA	do.	adm 6 CFA.	28/1/17	109th BATTALION CAN. INFANTRY— a 36. D.O. 271a 23/2/17. 16-2-17 W3034 26/1/17 16-2-17 W3034 26/1/17 16-2-17 W3034 26/1/17 16-2-17 W3034 26/1/17
3-2-17	4 "	do. adm 30/17	adm 4 "	30/1/17	
16-2-17	8 Staty	do To Eng.	per HS to England	16-2-17	
16-2-17	do	do	trsid To England	16-2-17	
			<u>Whogau</u>		Capt.
					for Lieut-Col. A.A.G.

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



6015

D

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
16.3.17	C.C.A.B.	Taken on strength	Hastings	23.2.17	Pt II 0-122
16.3.17	"	S.O.S. to 1st C.O.R.D.	"	10.3.17	122
22.3.17	1st C.O.R.D.	T.O.S. from C.C.A.B.	W. Sandling	10.3.17	13
			Lieut. & Quarters Capt. for Colonel i/c Records, G.E.F. COM F.		
24-7-17	1st C.C.D.	Admitted to 1st C.C.D. from 15/5/17. D.O. Pt. II. No. 84			28/5/17
St. Leonards on Sea, Sussex.		Beases to be attached on admittance to Waplingham mil. Hosp. 7-6-17.			
4.9.17	1st C.C.D.	Att to 1st C.C.D.	W. Sandling	19.11.17	Pt II D.O. No 179
		Admitted to 1st C.C.D. from 17.5.17. D.O. Pt. II. No. 170.			
28-12-17	1st C.C.D.	Beases to be attached whilst in Moore's Bks W. H. 26.11.17	W. Sandling	23-12-17	
					Lieut. & Assist. Adj. for O. C. 1st C. O. R. D. Pt II D.O. 289. d/28-12-17. W. B. Roll. Lieut. for Officer Commanding 1st CANADIAN COMMAND DEPOT.
4-9-17	1st C.O.R.D.	Att to 1st C.C.D.	W. Adg.	1-9-17	Pt II D.O. No 179
2-1-18	do	Beases to be attached.	C. Adg.	24-11-17	Pt II D.O. No 2
					Lieut. & Assist. Adj. for O. C. 1st C. O. R. D.

Handwritten notes: 19.5.17



6015

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

# Casualty Form—Active Service.

Unit, Regiment or Corps. 109th Bn C.E.F.

Regimental No. 724084 Rank Pte Name Lies, Wesley Norman  
C. E. F.

Enlisted (a) 23-2-16. Terms of Service (a) ..... Service reckons from (a) 23-2-16

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

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

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				
Dis.	#2 Dist.	Depot. Toronto, Ont. effect from May 27, 1918 Part 11 #38			
					<p><i>J. B. Beeman</i> Lieutenant doe O.C. #2 Dist. Depot.</p>

(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.

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







No. 724084 Name *Les W. G.* Sqr., Batty., } *B* Corps *109th Bn 667* Date of enlistment } *23/2/16* G.C. Badges } *nil* Service or Proficiency Pay } *nil*  
 Date of last entry in Company Conduct Sheet } *nil* No. and date of last drunk } *nil* Period not reckoning towards freedom from extra fine } *nil* Sheet No. *one* Signature O.C. Company, etc. } *W. Gray Major* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Transferred to</i>		<i>20th Battalion</i>							
<i>joined</i>		<i>20th Bn</i>		<i>in the field 29/10/16</i>	<i>D. Heron</i>			<i>AW Asst. Capt.</i>	
				<i>Trans Club. Shoreham on Sea Sick</i>	<i>Some Officers</i>	<i>16. 2. 17</i>		<i>ADJUTANT, 100TH BATTALION CAN. INFANTRY.</i>	
				<i>No Entries while attached</i>	<i>to this Unit certified correct</i>				
<i>Went Sandling</i>	<i>13/9/17</i>	<i>Pte</i>		<i>conduct to the prejudice of good order and military discipline, loaning another man his pass</i>	<i>Mr Mallory, Sgt. Jensen, B. M. P.</i>	<i>9 days F.O. No. 2</i>	<i>18/9/17</i>	<i>Major O.C. 'D' Coy 1st Bn</i>	
<i>E. Sandling</i>	<i>27/2/17</i>			<i>certified correct while in this depot.</i>	<i>Mr Symonds Capt.</i>			<i>O.C. 'A' Coy 1st Bn</i>	

Army Form B. 122

A. G. O.

*privilege of pass for two months*







724084

ORIGINAL

6015 8-1 B

MEDICAL HISTORY SHEET

Surname *Iles* Christian Name *Wesley Norman Healey*

Examined on *23rd* day of *February* 191*6*.  
at *Minden*  
City or Town *Stanhope*  
County *Nalderston*

Approved by *McCulloch* Capt.  
109th Overseas Battalion, C.E.F.  
Medical Officer  
Rank *Medical Officer*  
109th Overseas Battalion, C.E.F.

Apparent age *26*  
Trade or occupation *Farmer*  
Height *5* Feet *11* Inches  
Weight *175* Lbs.  
Chest measurement { Minimum *37* inches.  
Maximum expansion *40 1/2* inches.  
Physical development *good*  
Small-Pox Marks *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>3 MAR 1917</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right *None* Left *One*  
Number *One*

Date	Result	VACCINATIONS
<i>9.3.16</i>	<i>good</i>	<i>McCulloch</i> M.O.
		M.O.
		M.O.

When Vaccinated last *at this exam.*  
(a) Marks indicating congenital peculiarities or previous disease *none*

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>25.5.16</i>	<i>good</i>	<i>McCulloch</i> M.O.
<i>4.6.16</i>	<i>"</i>	<i>McCulloch</i> M.O.
<i>12.6.16</i>	<i>"</i>	<i>McCulloch</i> M.O.
<i>2.10.16</i>	<i>"</i>	<i>Hobday</i> M.O.

(b) Slight defects but not sufficient to cause rejection *none*

Enlisted on *23rd* day of *February* 191*6* at *Minden*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Bn. C.E.F.</i>	<i>724084</i>		<i>23.2.16</i>
Transferred to.. ..	<i>20th Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Canadian Convalescent Depot Hillingdon House, Uxbridge</i>	<i>26/8/17.</i>	<i>B. O. S.</i>	<i>D.I.</i>
<i>WATCS H. Concess</i>	<i>3/1/18</i>	<i>Debility TB spinal Separation Calcaneus Clav. Joint</i>	<i>AB</i> <i>Enrolled &amp; Discharged</i> <i>7th Nov 18</i>

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. JAN 1918  
150M.—8-15.  
H. Q. 1772-39-439.

PRESIDENT MEDICAL BOARD  
*McCulloch*  
FOR A.D.M.S. CANADIANS, SHORNOLIFFE

CANADIAN



B  
 6015  
 Norman  
 Christian Name  
 Surname  
 Canadian General Hospital  
 Wellington House, Uxbridge.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Reading War.		22	2	17	26	4	17.	Ch. Pneumonia	64.	<p>There was a history many months previously of dysentery. There have been much here with negative results as to either anast or bacilli.</p> <p>He had considerable liver enlargement and there was ultimately a fusiform aneurysm removed discharged from the lung. The objective signs have now cleared and he is generally convalescing.</p> <p>W. H. R. M. M. D. F.</p> <p>Some cough and expect. Lungs clear &amp; normal. P.T. for 1 wk fit for D.I.</p> <p>Had an attack Gonorrhoea in 1915. Last attack from 26/5/17 nearly healed, only little discharge. Positive 3/4/17 Treat. irrigation. Pot. Per. 4/6/17</p>	W. H. R. M. M. D. F.
M. G. E. P. Army		26	4	17							
		30	5	17	6	6	17	V.D. G		<p>Had on attack Gonorrhoea in 1915. Last attack from 26/5/17 nearly healed, only little discharge. Positive 3/4/17 Treat. irrigation. Pot. Per. 4/6/17</p>	W. H. R. M. M. D. F.
		6	6	17	24	8	17	Gonorrhoea	79	Routine treatment Discharged to Duty.	J. G. H. M. D. F.
		24	8	17	31	8	17.	DO	8	Free from signs of B. G. S.	A. B. M. D. F.

V.D.G. 1st Class  
 MEDICAL DEPARTMENT,  
 Canadian Command Hospital



W. H. R. M. M. D. F.

W. H. R. M. M. D. F.

J. G. H. M. D. F.

A. B. M. D. F.



6015

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Iles Christian Name Norman W

TABLE I.—General Table.

Birthplace { Parish.....  
County.....

Examined { on.....day of.....191  
at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches  
Range of Expansion .....inches

Physical Development.....

Vaccination Marks { Arm..... RIGHT LEFT  
Number.....

When Vaccinated.....

Vision { R.E.—V=.....  
L.E.—V=.....

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by.....  
Rank.....  
Medical Officer.

Enlisted { at.....  
on.....day of.....191..

Joined on enlistment	Corps	Regtl. No.
Transferred to	<u>1st C.C.D</u>	<u>724084</u>

Became non-effective by.....  
on.....day of.....191..  
(Signature).....  
(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>3/1/18</u>	<u>Doubt TB Suspect</u> <u>Separate Admin Circular sent</u> <u>Invited to Canada</u> <u>FB Wilson</u> CAPT. O.A.M.C.
<u>6 JAN 1918</u>	<u>W. H. K. W. R. A. U. C. H. S. S. CANADIANS, SHORNOLIFFE</u> <u>W. H. K. W. R. A. U. C. H. S. S. CANADIANS, SHORNOLIFFE</u> CAPT.

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation







724084

BP 38667  
AR 181

**MEDICAL HISTORY SHEET.**

**DUPLICATE**

Surname Iles

Christian Name William Wesley

Examined - { on 23<sup>rd</sup> day of February 1916  
at Munden

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

Birthplace { City or Town Starhope  
County Haliburton

Apparent age 26 years

Trade or occupation Farmer

Height 5 Feet 11 Inches

Weight 175 Lbs.

Chest measurement { Minimum 37 inches.  
Maximum expansion 40 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left One  
Number One

When Vaccinated last March 9<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>9.3.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>12.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 23<sup>rd</sup> day of February 1916 at Munden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.F.F.</u>	<u>724084.</u>		<u>23.2.16.</u>
Transferred to				

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.

27

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.







NAME OF NEXT OF KIN  
 ADDRESS OF NEXT OF KIN  
 MAN'S ADDRESS  
 RELATIONSHIP **Brother**

**Elwood Iles, Haliburton, Ont.**

6015

M

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the 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 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

**SPADINA MILITARY HOSPITAL**

STATION.....**TORONTO**.....DATE.....**May 16-1918**

1. 1 (a) Unit.....**#2 Dist Depot**..... (b) Regimental No.....**724084**..... (c) Rank.....**Pte**

(d) Surname.....**ILES**..... (e) Christian name.....**Norman Wesley**

2. Age last birthday.....**30**..... Date of birth.....**26-8-17**

3. Enlisted at.....**Minden, Ont.**..... on.....**23-2-16**

**NO. 2**  
**MILITARY DISTRICT**  
**JUN 6 1918**  
**34-26-5**

4. Personal description:—

(a) Height.....**5'11"**..... (b) Weight.....**167**..... (c) Complexion.....**Fair**  
 (d) Colour of hair.....**Brown**..... (e) Colour of eyes.....**Brown**..... (f) Identification marks.....

**Scar on right side of upper lip**

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

**Dorset P.O. Ont.**

6. Former trade or occupation.....**Farmer**

7. (a) Service	Years	Days
		<b>2</b>

	PERIODS	
	From	To
<b>109th Bn</b>	<b>23-2-16</b>	<b>6-10-16</b>
<b>20th</b>	<b>6-10-16</b>	<b>15-3-18</b>
<b>#2 D.D.</b>	<b>16-3-18</b>	<b>16-5-18</b>

(b) Has he been overseas? **Yes**..... 8. Original disease or disability.....

**1. Separation Rt. acromio clavicular joint 2. Pneumonia**

(a) Date of origin.....**1. Sept 1917 2. Feb 1917** Place of origin.....**1. England 2 France**

(c) Cause\*.....**Accident on duty 2 Infection**

(d) Present disease or disability.....**1. Weakness of rt shoulder. 2. Bronchitis.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

**1. SUBJECTIVE: Pain in the rt shoulder on lifting any very heavy weight such as a bag of flour. Lifting moderate weights such as a pail of water does not cause pain. Can move arm for ordinary purposes like**



6015

9. Present condition.—(Continued.)

harnessing horses, the shoulder is steadily gaining in strength.

OBJECTIVE: On abduction of the right arm beyond 90° there is grating palpable in the joint and pain shooting down the arm. Otherwise the movement of the arm is unrestricted X-ray shows a separation of the right scromio-clavicular joint but no dislocation.

2. SUBJECTIVE: Slight dry cough without sputum. On walking over 1/2 mile feels breathless and fatigued (page 4)

(b) Are the following systems normal? If not, briefly state abnormality

Nervous..... You Digestive..... yes..... Respiratory..... see above..... Cardiac..... Yes  
Genito-Urinary..... Yes..... Skin, Middle Ear, Eye or any other part..... Yes

Urinalysis - reaction acid, S.G. 1.020 Albumen None- Sugar none.  
Wasserman reaction to blood - negative

10. History: (a) of Condition referred to in "a" section 9.

- 1. Whilst at P.F. Games on duty collided with a comrade.
- 2. Had bronchitis twice in childhood and pneumonia twice since childhood.

(b) 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.

Scar over left patella.  
over the left internal condyle of the humerus is a pigmented scar the size of 5¢ piece.  
In May 1917 had V.D.C was treated and has had no recurrence.

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

1 & 2 Not applicable.

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

1 & 2 No.

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

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

1. Three 2. Three.

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

English Hospitals 3 mos. and Canadian Hospitals 3 mos

In opinion of Dr Elliott at present there is only a bronchitis but if definite reaction to O.T indicates a previous tuberculous focus



6015-

M

OPINION OF THE MEDICAL BOARD

14 (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?  
(If the answer is "yes" state nature of treatment required and probable duration.)

No. The Bronchitis should disappear at his home in Muskoka  
The shoulder does not require further treatment.

16. Can the former trade or occupation be resumed?  
(If not, briefly state why.)

Yes

17. Recommendations

That he be discharged.

*Ruggles George*  
CAPT. C.A.M.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

*N. Henley*

*GH*

Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

We concur

14

19. 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**

20. 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).



M

6015-

OPINION OF THE MEDICAL BOARD—(Continued).

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

We recommend that he be discharged on account of physical  
unfitness

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

SPADINA MILITARY HOSPITAL  
PLACE..... TORONTO.

DATE..... MAY 16 1918

*Capt. Curran* ..... President.  
*Thos. Hughes* .....  
*J. S. Loudon* .....  
CAPT. C.A.M.C. Members.  
CAPT. C.A.M.C.

APPROVED BY  
*J. P. Christian*  
Assistant Director of Medical Services.

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

DATE..... 22/6/18

DATE.....

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.

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

OBJECTIVE: On the left side of the chest the shoulder is low and movement restricted; but localized dulness and adventitious sounds are absent throughout; Pulse recumbent 78, standing 86, after ascending stairs 135, with return to 84 after two mins. Respiration before exercise 16 after ards 36 with drop to 30 only in two minutes. Was breathless after exertion.  
Incapacity is due to (1) Partial loss of respiratory function.  
(2) Also to partial loss of function of the right shoulder.



# Medical Report on an Invalid.

Station W 11 Can Gen. Hospital

Date Dec 22 - 1917.

- 1. Unit 20th Bn - 5th Res.
- 2. Regimental No. 724084
- 3. Rank Pte
- 4. Name Iles, Norman Wesley
- 5. Age last birthday 30
- 6. Enlisted on 23rd Feb. 1916  
at Minden Ont.
- 7. Former Trade or Occupation Farmer

## 8. Disability.

- 1. Debility - Suspect T.B.
- 2. Separation Acromio-clavicular joint rt.

## Statement of Case.

L-38

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

- 9. Date of origin of disability. Uncertain - probably before enlistment  
End of Sept 1917.
- 10. Place of origin of disability. Uncertain - probably Canada  
East Sandringham, Kent  
Patent States
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
74. He died heart trouble - had cough for years  
Weg. 74. to T.B.  
Heart illness - Had attack bronchitis 5 years ago  
another 3 years ago. Pneumonia 2 years ago - all at times. Double  
pneumonia last Feb 22 to Apr 26/17 at Reading - then sent to Ipswich  
Res. Hosp. Enlisted 23rd Feb/16 in 09 Bn Can Gen England July/16. France  
Oct 1/16 to 20th Bn full duty till Jan 28/17. Invalided back to Reading  
in April. Then to France. Then to England for 9 months. 24/5/17 to 6/6/17  
then to London till 24/8/17 for same condition. Discharge 31/8/17  
then 1st C.C.D. - 6 weeks drill - but couldn't carry on sent to hospital  
23/11/17.  
Pres. Illness - Has had cough ever since landing in England Oct/16  
Has been worse since attack of chronic pneumonia Jan/17 to May/17  
Had occasional night sweats when he had pneumonia - all attacks have  
since until given O.T. last here. Coughed blood during pneumonia  
attack and also spit small bits - slight. Shortness of breath in winter  
since Jan/17 - getting worse.  
3 weeks ago had accident down P.T. at 1st C.C.D. and injured at shoulder. Has had pain  
in movement, difficulty in carrying arm since
- 12. (a) Give your opinion as to the causation of the disability. Infection - probably Tubercle bacillus  
accidental  
no - but aggravated
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.) no  
no - but aggravated by active service condition  
yes - down P.T. at 1st C.C.D.



① Patient lives fairly well now. Wt. on enlistment 175 to 180 - now 177. He frames weighed 200 lbs last Christmas.

13. What is his present condition?

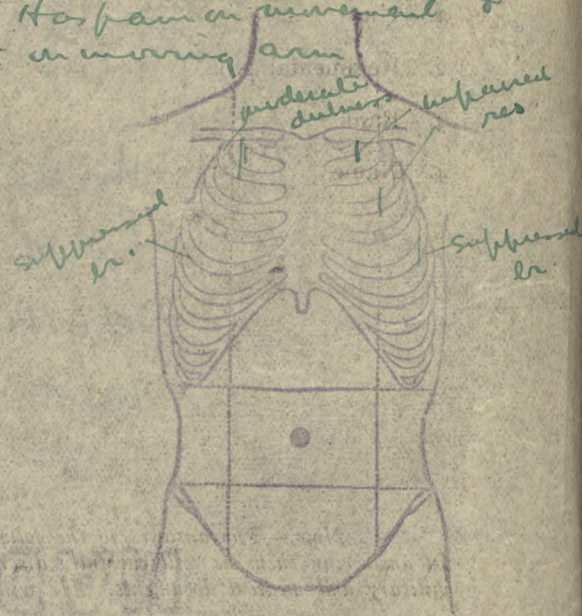
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Imp. sec. 99 evening - pulse usually 100 to 112. After 1-1000 OT. - no reaction of above 99%. After 1-500 OT. - no reaction to sweets with some constitutional disturbance.

Physical signs as charted. X-ray attached.

Other systems apparently normal - no trouble from V.O.S.

② except from injury to shoulder rt. X-ray 6763 - Some separation acromioclavicular joint, but no dislocation, right. Has pain on movement & difficulty in moving arm up. Cranking felt on moving arm.



14. If the disability is an injury, was it caused **Disability 2.**

- (a) In the presence of the enemy? **no**
- (b) On active service? **yes**
- (c) On duty? **yes**
- (d) Off duty? **no**

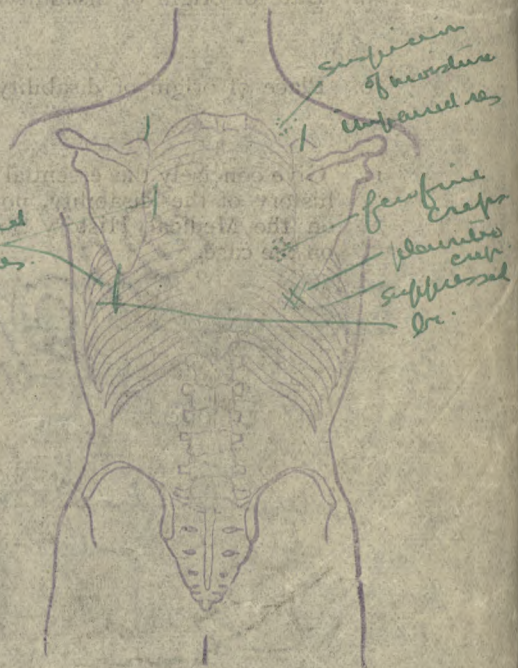
15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where? **no**
- (c) Opinion?

16. Was an operation performed? If so, what? **no**

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

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



- 19. Do you recommend
  - (a) Fit for duty? **no**
  - (b) Fit for base duty? **no**
  - (c) Invalided to Canada? **yes**
  - (d) Discharge as permanently unfit? **no**

Pvt Barker Capt Cairns  
Officer in medical charge of case.

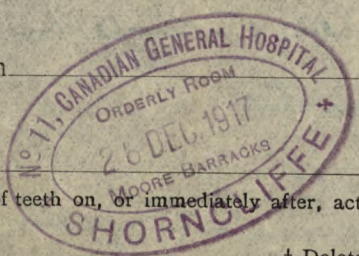
I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_

Wallace A. Swa

Date \_\_\_\_\_

COLONEL, C.M.M.C.  
OFFICER IN CHARGE OF HOSPITAL



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

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



Opinion of the Medical Board.

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

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

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

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

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

a1 1- no  
2- yes  
a2 1- no  
2- yes

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

1. not applicable  
2. Injured shoulder at Physical training

21. Has the disability been caused or aggravated by

(a) Intemperance? no

(b) Misconduct? no

(c) Other conditions?

(1) yes. Aggravated by climate and active service conditions

22. Is the disability permanent?

(2) not applicable  
not applicable

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

not applicable

To be stated in months.

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

not applicable

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

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

not applicable

26. Do the Board recommend

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalidated to Canada? yes

(d) Discharge as permanently unfit? no

7.

27. Remarks.

Signatures:—

F. B. Johnson Capt. President.

Station not CS A Shanceff M. Baird House Members.

Date 3/1/18

Approved.

Station \_\_\_\_\_

[Signature]  
Administrative Medical Officer

Date \_\_\_\_\_

6 JAN 1918



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Prior Park, Bath, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

Proceedings.

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

EXHIBIT

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

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

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

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date



File 38667  
PR 481

# Medical Report on an Invalid.

Station No. XI. Canadian General Hospital,  
Moore Barracks, Shorncliffe.  
Date December 22nd. 1917.

1. Unit 20th. Btn. 5th. Res. 5. Age last birthday 30 years. 100
2. Regimental No. 724084.
3. Rank Pte.
6. Enlisted { on 23rd. Feb. 1916.  
at Minden. Ont.
4. Name Iles, Norman Wesley. 7. Former Trade or Occupation Farmer.

## 8. Disability.

1. Debility, Suspect T.B.
2. Separation Acromio Clavicular Joint, rt.

## Statement of Case.

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

9. Date of origin of disability. { 1. Uncertain, probably before enlistment.  
2. End of Sept. 1917.
10. Place of origin of disability. { 1. Uncertain, probably Canada.  
2. East Sandling, Kent.

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

### Patient states :-

F.H. Mother died Heart trouble, had cough for years. F.H. Negative to T.B.

Past Illness. Had attack of Bronchitis 5 years ago, another 3 yrs. ago - Pneumonia 2 years ago - ill 4 mos. Double Pneumonia last Feb. 22nd. to April 26th. 1917, at Reading. Then sent to Epsom

Pers History. Enlisted 23rd Feb/16 in 109th Bn. Came to England July/16. France Oct 1/16 with 20th Bn. Full duty till Jan 28/17-invalided back to Reading as above. Then Epsom. Then Etchinghill for gonorrhoea 30/5/17 to 6/6/17. Then Warlingham till 24/8/17 for same condition Oxbridge till 31/8/17. Then 1st C.C.D.-6 weeks drill-but couldnt carry on. Sent NoXl. C.G.H. 23-11-17.

Pres. Illness.- Has had cough ever since landing in England July/16. Has been worse since attack chronic pneumonia Jan/17 to May/17. Had occasional night sweats when he had pneumonia-all attacks ever since until given O.T. here. Coughed blood during pneumonia attack a and also six weeks ago-slight. Shortness of breath on exertion since Jan/17-getting worse.

3 mos ago had accident doing P.T. at 1st C.C.D. and injured rt shoulder Has had pain on movement, difficulty in raising arm since.

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

26

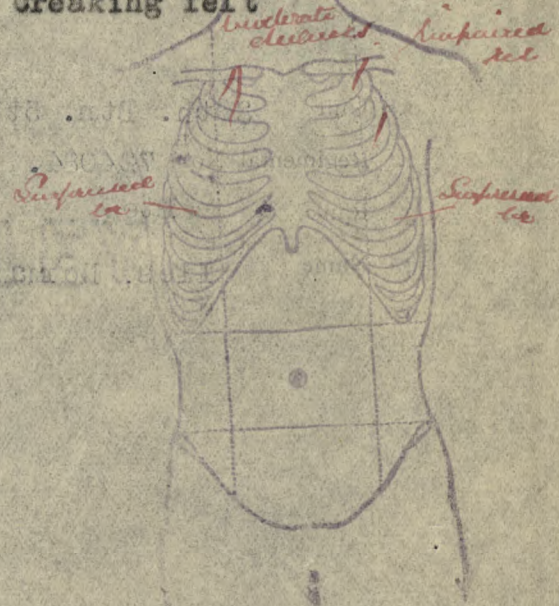


(1) Patient looks fairly well nourished. Wt on enlistment 175 to 180 lbs. now 177. In France weighed 200 lbs last Christmas. Temp occ. 99  
 13. What is his present condition? *Weight should be given in all cases when it is likely to afford evidence of the right or grossness of the disability.* *usually 100 to 112. After 1-1000 O.T. no reaction above 99.1/5. After 1-500 rose to 99.2/5 for 4 days-99 for 5th day-then normal, with 2 or 3 night sweats, with some constitutional disturbance: physical signs as charted.*

Sputum Negative T.B. X-Ray attached.

Other systems apparently normal.-no trouble from V.D.G.

(2) Except from injury to shoulder rt. X-Ray 6763- Some separation Acromioclavicular joint, but no dislocation rt. Has pain on movement and difficulty in moving arm up. Creaking felt on moving arm.



14. If the disability is an injury, was it caused

- (a) In the presence of the enemy? **Disability. 2.**
- (b) On active service? **No.**
- (c) On duty? **Yes.**
- (d) Off duty? **Yes.**

15. Was a Court of Inquiry held on the injury?

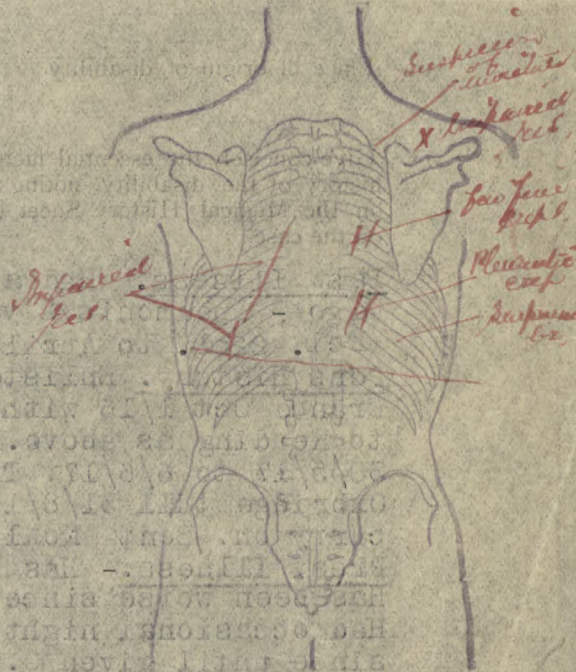
- If so—(a) When? **No.**
- (b) Where? **No.**
- (c) Opinion? **No.**

16. Was an operation performed? If so, what?

**No.**

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

**No applicable.**



18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

**Not applicable.**

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty? **No.**
- (c) Invalided to Canada? **No.**
- (d) Discharge as permanently unfit? **No.**

R.W. Barken, Col. C.A.M.C.  
 Officer in medical charge of case.

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

Station No. 1. Canadian General Hospital. Wallace Moore Barracks. Shorncliffe.  
 Officer in charge of Hospital.

Date 28th December 1917.

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

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



**Opinion of the Medical Board.**

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

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

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

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

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

a1 **1-No**  
**2-No**

a2 **1-No**  
**2-Yes**

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

**1. Not applicable**  
**2. Injury to shoulder at physical training.**

21. Has the disability been caused or aggravated by

(a) Intemperance?

**No**

(b) Misconduct?

**No**

(c) Any other condition? **Yes** **Al. Aggravated by climate and Active Service conditions.**

22. Is the disability permanent?

**Not applicable. All. Not applicable.**

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

To be stated in months.

**Not applicable**

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

**Not applicable**

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

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

**Not applicable**

26. Do the Board recommend

(a) Fit for duty?

**No**

(b) Fit for base duty?

**No**

(c) Invalided to Canada?

**Yes**

(d) Discharge as permanently unfit?

**No**

**F.**

27. Remarks.

Signatures:—

(Sd) F.B.Wilson, Capt. President.

" E.M.Blair, Lieut. C.A.M.C. Members.

Station No.XI, C.G.H.

P. Date 3-1-18- Shorncliffe.

Approved.

Station SHORNCLIFFE

*[Handwritten Signature]*

Administrative Medical Officer.

Date: 6 JAN 1918

23



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Prior Park, Bath, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

Proceedings.

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

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

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

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

\_\_\_\_\_  
Approved.



# Medical Report on an Invalid.

Station No. XI. Canadian General Hospital,  
Moore Barracks, Shorncliffe.  
Date December 22nd. 1917.

- 1. Unit **20th. Btn. 5th. Res.**
- 2. Regimental No. **724084.**
- 3. Rank **Pte.**
- 4. Name **Iles, Norman Wesley.**
- 5. Age last birthday **30 years.**
- 6. Enlisted **on 23rd. Feb. 1916.**  
**at Minden. Ont.**
- 7. Former Trade or Occupation **Farmer.**

## 8. Disability.

- 1. Debility, **Suspect T.B.**
- 2. Separation Acromio Clavicular Joint, **rt.**

## Statement of Case.

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

- 9. Date of origin of disability.
  - 1. Uncertain, probably before enlistment.
  - 2. End of Sept. 1917.
- 10. Place of origin of disability.
  - 1. Uncertain, probably Canada.
  - 2. East Sandling, Kent.

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

### Patient states :-

**F.H.** Mother died Heart trouble, had cough for years. **F.H.** Negative to T.B.

**Past Illness.** Had attack of Bronchitis 5 years ago, another 3 yrs. ago - Pneumonia 2 years ago - ill 4 mos. Double Pneumonia last Feb. 22nd. to April 26th. 1917, at Reading. Then sent to Epsome

**Pers History.** Enlisted 23rd Feb/16 in 109th Bn. Came to England July/16. France Oct 1/16 with 20th Bn. Full duty till Jan 28/17-invalided back to Reading as above. Then Epsom. Then Etchinghill for gonorrhoea 30/5/17 to 6/6/17. Then Warlingham till 24/8/17 for same condition Oxbridge till 31/8/17. Then 1st C.C.D.-6 weeks drill-but 'could'nt carry on. Sent No XI. C.G.H. 23-11-17.

**Pres. Illness.**- Has had cough ever since landing in England July/16. Has been worse since attack chronic pneumonia Jan/17 to May/17. Had occasional night sweats when he had pneumonia-all attacks ever since until given O.T. here. Coughed blood during pneumonia attack and also six weeks ago-slight. Shortness of breath on exertion since Jan/17-getting worse.

3 mos ago had accident doing O.T. at 1st C.C.D. and injured rt shoulder Has had pain on movement, difficulty in raising arm since.

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



6015

4

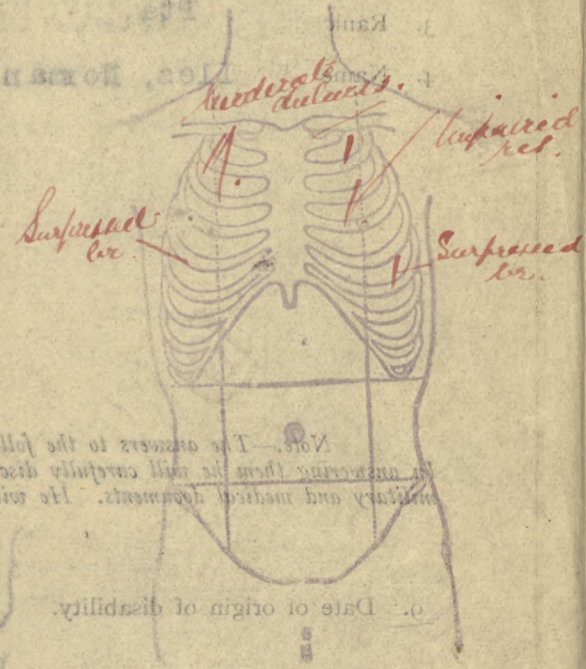
(1) Patient looks fairly well nourished. Wt on enlistment 175 to 180 lbs. now 177. In France weighed 200 lbs last Christmas. Temp occ evenings- Pulse usually 100 to 112. After 1-1000 O.T. no reaction  
 What is his present condition? above 99.1/5. After 1-500 rose to 99.2/5 for  
 Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.  
 night sweats. With some constitutional disturbance. Physical signs as charted.  
 Sputum Negative T.B. X-Ray attached.  
 Other systems apparently normal.-no trouble from V.D.G.

(2) Except from injury to shoulder rt. X-Ray 6763- Some separation Acromioclavicular joint, but no dislocation rt. Has pain on movement and difficulty in moving arm up. Creaking felt on moving arm.

1. Unit  
 2. Regimental No.  
 3. Rank  
 4. Name  
 5. Age last birthday  
 6. Enlisted  
 7. Former Trade or Occupation

14. If the disability is an injury, was it caused
- (a) In the presence of the enemy?
  - (b) On active service?
  - (c) On duty?
  - (d) Off duty?

Disability?  
 No.  
 Yes.  
 Yes.



15. Was a Court of Inquiry held on the injury?
- If so—(a) When?  
 (b) Where?  
 (c) Opinion?

16. Was an operation performed? If so, what?

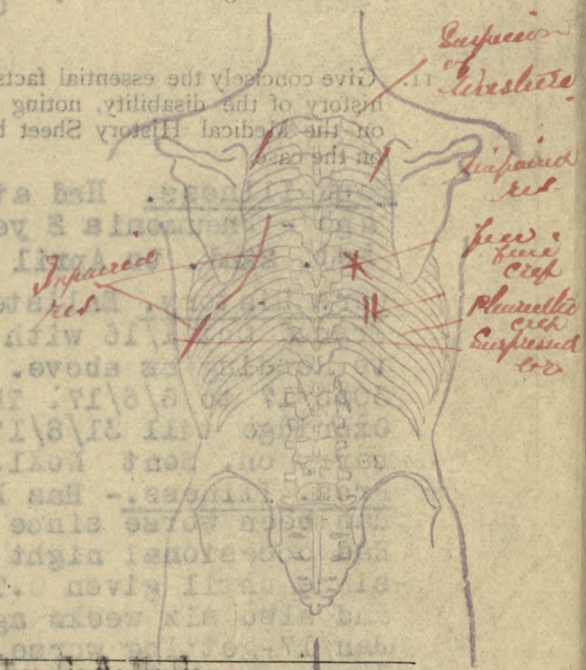
17. If not, was an operation advised and declined?

No applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

Not applicable.

19. Do you recommend
- (a) Fit for duty?
  - (b) Fit for base duty?
  - (c) Invalided to Canada?
  - (d) Discharge as permanently unfit?



P.W. Barker, Capt. C.A.M.C.  
 Officer in medical charge of case.

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

Station No. X. Canadian General Hospital. Wallace A. Scott, Col. C.A.M.C.  
Moore Barracks. Shorncliffe.  
 Officer in charge of Hospital.

Date 28th December, 1917.

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

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



**Opinion of the Medical Board.**

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

a1 1- no  
2- no  
a2 1- no  
2- yes

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

*not applicable.*  
*1. Injury to shoulder as physical training.*

21. Has the disability been caused or aggravated by

- (a) Intemperance? *no*
- (b) Misconduct? *no*
- (c) Any other condition? *Yes A1. Aggravated by climate and active service conditions*

22. Is the disability permanent?

*not applicable A2. not applicable.*

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

*not applicable*

To be stated in months.

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

*not applicable.*

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

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

*not applicable.*

26. Do the Board recommend

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

*F.*

27. Remarks.

Signatures:—

*F. B. Wells* Capt. President.

*Em. Beart* Fleasue Members.

Station *no vi*

Date *2-1-18 Shorncliffe*

Approved.

Station *SHORNCLIFFE*

*H. P. Leurauch*  
Administrative Medical Officer.

Date *6 JAN 1918*



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Prior Park, Bath, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

NOTE—(1) Clear and decisive answers to the following questions are to be carefully filled in by the Board as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

Members of Board.

- (i) Expressions such as "may," "might," "probably," etc., should be avoided.
- (ii) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service, (3) in the absence of the enemy. It is therefore essential when assigning the cause of the disability to discriminate between them (see Article 671 of the Canadian T and Allowance Regulations).
- (iii) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

Proceedings.

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

*Handwritten notes and signatures, including "Not applicable" and "But applicable" written multiple times.*

- 20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
- (b) If due to one of these causes to what specific conditions do the Board attribute it?
- 21. Has the disability been caused or aggravated by:
  - (a) Intemperance? *No*
  - (b) Misconduct? *No*
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- 25. In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{2}{3}$ , or total incapacity.
- 26. If an operation was advised and declined, was the refusal unreasonable?
- 27. Do the Board recommend:
  - (a) Fit for duty? *No*
  - (b) Fit for base duty? *No*
  - (c) Invalided to Canada? *No*
  - (d) Discharge as permanently unfit? *No*
- 28. Remarks.

\_\_\_\_\_  
President

Signed at Prior Park, Bath, this \_\_\_\_\_ day \_\_\_\_\_ 191

\_\_\_\_\_  
Members of

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

\_\_\_\_\_  
Station

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved.



MILITARY CONVALESCENT HOSPITAL

6015- K

SECTION A.

SPADINA M.H.

Date of admission to Hospital Mar 15-1918  
 Name Iles, Norman Wesley Age 30 Married or Single  
 Home Address Dorset out. Enlisted on 23-2-16 at Munden  
 Town or City D.F. 104th. Div. Province  
 Unit 20th Bn Rank and No. Pte 724084 Previous Conduct

Diagnosis and Recommendations of previous Boards  
 Debility - Suspect T B.

Complaint if any, regarding pay Complaint reported to

By \_\_\_\_\_ Date \_\_\_\_\_

The above to be filled in by office when patient is admitted to hospital.

REPORT OF ADMITTING OFFICER

SECTION B.

DATE of admission to treatment 15/3/18 HEIGHT 5'11"  
 WEIGHT Present 5'11" 167 Best 175-- enlistment.

CLASSIFICATION OF CASE

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Indicate primary class by XX secondary by X

Warned for transfer to

- 1. MEDICAL
  - a. Cardiac
  - b. Pulmonary
  - c. Gas
  - d. Nervous
  - e. Gastro Intestinal
  - f. Rheumatic
  - g. Miscellaneous

on the day of 1918

Admit to Smt. 6/10

- 2. SURGICAL
- 3. ORTHOPEDIC
- 4. SPECIAL
- 5. DENTAL

6. LABORATORY EXAMINATIONS REQUIRED

- a. Wasserman MAR 18 1918 NEGATIVE 25-3-18 left Dickell
- b. Blood
- c. Urine
- d. Sputum

7. PROVISIONAL FINAL BOARD

R E Johnston

Signature of Admitting Officer.

REPORT OF MEDICAL OFFICER

SECTION C.

Date MAY 14 1918  
 Special questions for Soldiers' Aid Commission  
 1. Diagnosis Bronchitis  
 2. Degree of Disability (expressed by fraction) Permanent or otherwise  
 3. Can former occupation be resumed? If not, what class of work could be undertaken?  
 4. What military duty could he perform?

A.38792.



6015

Date **K** MAR 16 1918

1. COMPLAINT

slight cough. No sputum. Tires easily.

DATE OF ORIGIN &  
CAUSE OF DISABILITY

Can't carry heavy weights in right arm  
Breathless on exertion.

2. PREVIOUS HISTORY

5 years - worse since pneumonia in Feb 1917.  
separation acromio-clavicular joint Sept 1917.  
3 + 5 years ago - Bronchitis.  
2 years ago - Double pneumonia.  
Feb 1917 - pneumonia.

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment.

3. PERSONAL HISTORY

Alcohol, Tobacco,  
Tea and Coffee,  
Narcotics, etc.  
State amounts.

Mother died "heart"; had chronic cough.

Family history negative to T.b.

Veneral Infection

Gonorrhoea May 1917.

Did patient reach  
England or France  
or remain in Canada?

France

4. PRESENT ILLNESS

If "Gassed" what kind?  
Duration of exposure.  
What were immediate effects?

~~Two attacks of~~  
Cough worse since reaching  
England and especially  
since pneumonia in Feb  
1917 for which he was  
invalided from France.

If wounds or injury  
how caused?

Is condition due to  
service or climate?  
If not, was it aggravated  
by them? How?

Dec 1917. "Impaired resonance at  
right apex and right base.

On or off duty?

In action or in  
field service?

Definite reaction to O.T.

If due to exposure  
on duty, what was nature?

Previous treatment and  
results.  
Where treated?

sputum negative.  
Crep + friction at right base.



6015

PHYSICAL EXAMINATION  
SECTION E.

K

Date MAR 16 1918

MAR 16 1918

Dr. Elliott reports: -

Left shoulder low.  
Movement of left side restricted.  
no localized dullness.  
no adventitious sounds.

Opinion. There is nothing at present to indicate anything except bronchitis; but with the former definite reaction to O. T. a tuberculous focus was undoubtedly present in the chest.

Diagnosis. Bronchitis which should clear with 3 months at his home in Mushoka. Bronchitis due to service.  
J. H. Elliott

3/4/18. Chest examined. no rales heard. cough improved.

Leave applied for 4/4/18  
general condition... good.

Treatment recommended

11/5/18 Returned from one month's furlough

MAY 14 1918 227.

Ruggles George  
CAPT. C.A.M.C.

- Probable minimum duration treatment?
- Where may treatment be most satisfactorily carried out?
- In your opinion is this man sufficiently recovered to return to the colors at an early date?
- Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?
- Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?
- If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer.







France 3/12 1914

6015

5 CAN. GEN. M. H. LIVERPOOL

MEDICAL CASE SHEET.\*

Rec. E

Admission and Discharge Book 120 Year 1917 Station and Date.

Regimental No. 724 084 Rank. Surname. Ileg Christian Name. Morman W Unit. 1 C.C.P. (20 Bn) Age. 30 Service. 2 1/2 Disease Chronic Deformed - suspected T.B. Bronchitis

Complaint - Cough mostly at night - + in early morning. Expectoration not marked. Pains in between shoulders + in chest - weakness - Shortness of breath.

F.H. mother dead - lost - father dead cause unknown. Brothers + sisters 4. neg. - Rem. 7. 4. neg.

Past illnesses - Had Bronchitis about five years ago. - another attack three years ago. Pneumonia two years ago while in Canada before joining up. Double Pneumonia last January. Hosp + Conv. 4 months - six wks. physical training since January.

Present Condition.

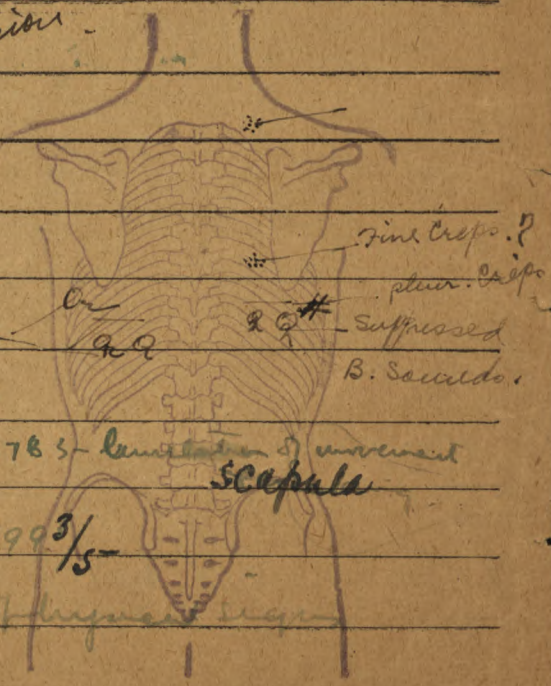
has lost about ten pounds. - looks healthy. General exam. - weak breathing over great part of chest. Suppressed breathing both sides in mid axilla line about level of nipple.

Dull on Percussion.



B.S.

suppressed breathing B.S.



fine creps. pleur. creps. Suppressed B. Scapula.

Separation acromio-clavicular joint right xray 6783 - limitation of movement scapula

Fairly positive test after 1-500 O.T. - temp 59.9 3/5

with had been 99 4/5 once previously. With physical sign of suspected T.B.

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



Station  
and Date.

\*banded  
 12/2/18  
 considerable cough at night. Note impaired  
 right apex & lower right divide. Musculature  
 good, general condition good.

A. S. Bunn, Esq.



*Indicate*  
MEDICAL CASE SHEET.\*

E

No. in Admission and Discharge Book.

Regimental No.  
724084

Rank.  
Pte

Surname.  
Giles

Christian Name.  
Norman W

Year

Unit.  
1.66D (208th)

Age.  
30

Service.  
21  
12

Station and Date.

Disease Debility. Suspect T.B.

x1 *blank* complaint - cough mostly at night, in early morning. Expectoration not marked. Pains in between shoulders & in chest - weakness - shortness of breath.

F.A. Mother dead. Her father dead cause unknown. Brothers & sisters 4 men.

*Blank* illness. Had bronchitis about five years ago, another attack three years ago. Pneumonia two years ago, while in barracks, before joining up. Double pneumonia last January. Stay in barracks 4 mos - six wks physical training since January.

*Blank* condition. Has lost about ten pounds - look healthy. *Blank* exam. Weak breathing over great part of chest, surprised breathing both sides in mid axilla line about level of nipple.

# *Blank* *Blank* *Blank* considerable cough at night, note impaired right apex & below right clavicle. Musculature good, and general condition good.

*R. S. Bue, Cap*

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



Station  
and Date.



H 2 E

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7750	724084	pte	Jew	N.W.
Year	Unit.		Age.	Service.
1917	20th Bn		28	18/12

Station and Date.	Disease
4 AUG 1917	V. D. G.
	Reported sick at Haslemere on 26/5/17

On admission to C. C. F. Upbridge present condition

Free from signs

Recom H.







6015-





6015

1-8

6963

M.O. 1st.C.C.D. East Sandling. 22.10.17.

724084. Pte.Iles.M.W. 1st.CCD.

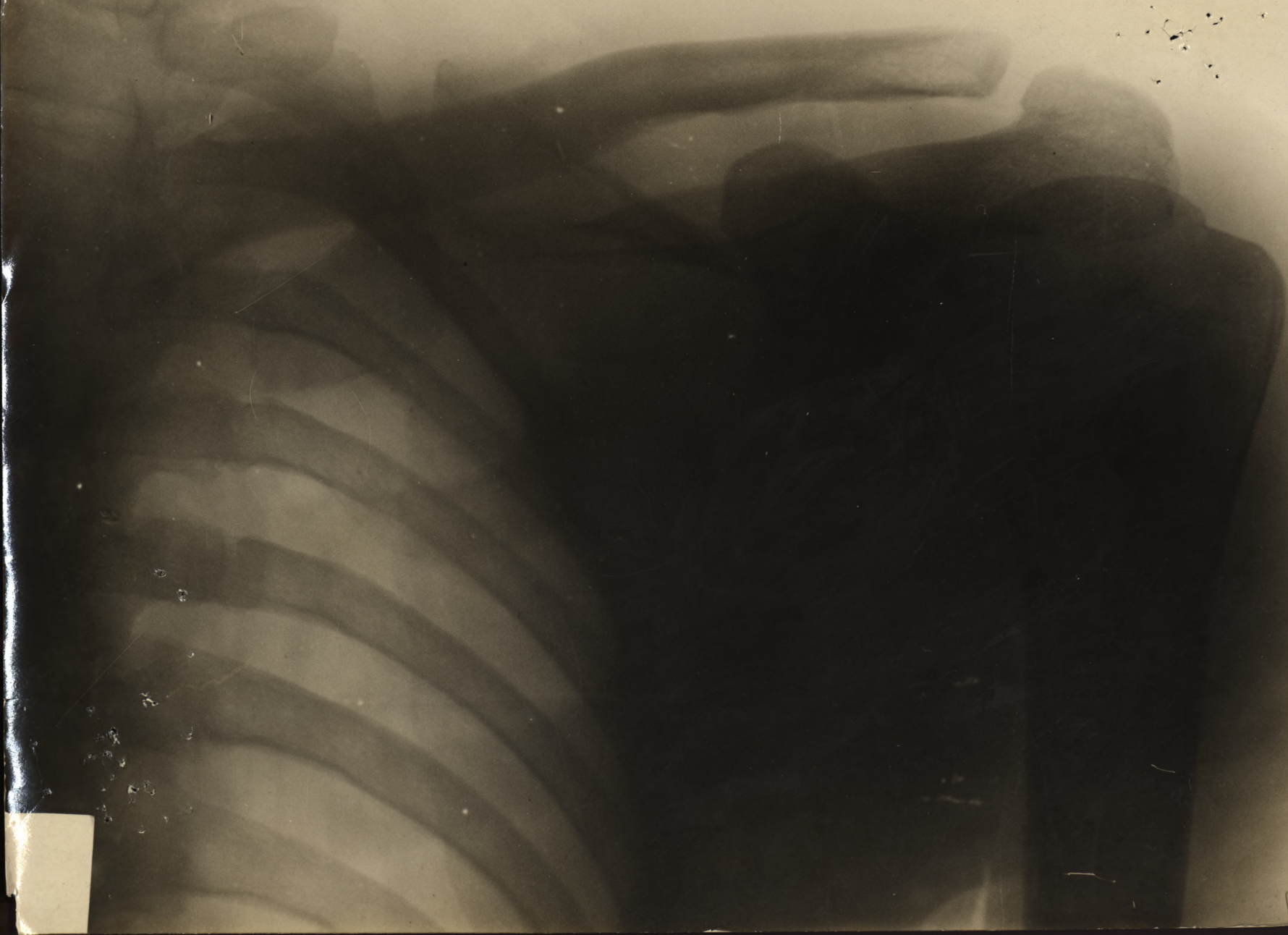
Some separation of Acromio clavicular joint  
but no dislocation, right.

8-9



19

6015





8-9

6015

L-8

M.O., 1st. C.C.D. East Sandling. 23.10.1917.

724084. Pte. M.W.Iles, 1st. C.C.D.

Some separation of acromio Clavicular joint but no dislocation, right.

6763

J.W. Warren Capt. C.A.M.C.  
for O. & X. Ray Department,  
No. 21 Canadian General  
Hospital.



6015

Regt. No., Rank and Name Iles, W.N. Corps 1st C. C. D.

Disease Chronic Bronchitis. Hospital No. XI Can.Gen.Hosp.

To Officer i/c Laboratory. Ward 16

Please carry out an examination of the accompanying specimen of SPUTUM.

with special regard to T. B.

Date 26-11-17. N.O.Thomas, Lieut.

O. i/c Ward.

### LABORATORY REPORT.

\ Please examine Sputum for T.B.

No T. B. found. (Sd) P.W.Barker, Capt. M.O.

Date 28-11-17.

No T. B. found (Sd) C.K.Church, Capt. C.A.M.C.  
" P.W. Barker, Capt. C.A.M.C.

Date 29-11-17.

No T. B. found (Sd) N.O.Thomas, Lieut. C.A.M.C.  
for O. i/c Laboratory.

Date 2-12-17.

No T.B. found (Sd) N.O.Thomas, Lieut.  
for O. i/c Moore Barracks Laboratory  
Shorncliffe.

Date 5-12-17.

No T. B. found (Sd) H.B.Hetherington, Capt.  
O. i/c Laboratory.

Date of Examination \_\_\_\_\_

O. i/c Laboratory.



Regt. No. Rank and Name \_\_\_\_\_

Disease \_\_\_\_\_

To Other Laboratory \_\_\_\_\_

Please carry out an examination of the accompanying specimen of \_\_\_\_\_

with special regard to \_\_\_\_\_

Date 28-11-17

Lt. J. O. Thomas

Ward \_\_\_\_\_

### LABORATORY REPORT

Please examine specimen for W.B.

No. 1. D. found.

Date 28-11-17

No. 2. E. found

(23) J. A. Church, Capt. G. A. A. O.

(24) J. A. Barker, Capt. G. A. A. O.

Date 28-11-17

No. 3. E. found

(25) J. O. Thomas, Lieut. G. A. A. O.

for G. A. A. O. Laboratory.

Date 2-12-17

No. 4. E. found

(26) J. O. Thomas, Lieut.

for G. A. A. O. Moore-Barker's Laboratory  
Shoncliffe.

Date 6-12-17

No. 5. E. found

(27) R. F. Easton, Capt.

G. A. A. O. Laboratory.

Date of Examination

G. A. A. O. Laboratory



Regtl. No., Rank and Name Iles, W.N. Corps 1st C. C. D.Disease Chronic Bronchitis. Hospital No. XI Can. Gen. Hosp.To Officer i/c Laboratory. Ward 16Please carry out an examination of the accompanying specimen of SPUTUM.  
with special regard to T. B.Date 26-11-17. N.O. Thomas, Lieut.  
O. i/c Ward.**LABORATORY REPORT.**Please examine Sputum for T.B.  
No T. B. found.

(Sd) P.W.Barker, Capt. M.O.

Date 28-11-17.

No T. B. found

(Sd) C.K.Church, Capt. C.A.M.C.  
" P.W. Barker, Capt. C.A.M.C.Date 29-11-17.

No T. B. found

(Sd) N.O.Thomas, Lieut. C.A.M.C.  
for O. i/c Laboratory.Date 2-12-17.

No T.B. found

(Sd) N.O.Thomas, Lieut.  
for O. i/c Moore Barracks Laboratory  
Shorncliffe.Date 5-12-17.

No T. B. found

(Sd) H.B.Hetherington, Capt.  
C. i/c Laboratory.

Date of Examination \_\_\_\_\_

O. i/c Laboratory.



Regt. No., Rank and Name \_\_\_\_\_

Hospital \_\_\_\_\_

Ward \_\_\_\_\_

To Officer in Charge of \_\_\_\_\_

Please carry out an examination of the accompanying specimen of \_\_\_\_\_

with special regard to \_\_\_\_\_

Date \_\_\_\_\_

Officer \_\_\_\_\_

# LABORATORY REPORT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer \_\_\_\_\_

Date of Examination *5/2*



6015

H

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 724084 Iles Corps 1st CCD

Disease: U.D.G. Hospital 30 Chapel St. Rd.

To Officer i/c Laboratory. Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of Smear with special regard to Gonococcus

Date 4.6.17 A.L. Shanks M.O.

O. i/c Ward.

LABORATORY REPORT.

*Positive*

*2*



Date of Examination \_\_\_\_\_

*C. Garofalo Capt*  
for O. i/c Laboratory.



LABORATORY REPORT



Faint, illegible text and markings at the top of the page, possibly including a header or address.

Faint, illegible text at the bottom of the page, possibly including a footer or signature area.



4

L. B O R A T O R Y   R E P O R T .

A.F.W. 3212.

Reg.No., Rank and Name *724084 The Doctor* Corps *1 C.C.D.*

Disease *Chr. Bronch* Hospital *No. 11* *Can. Gen*

To Officer i/c Laboratory. *4* Ward *6*

Please carry out an examination of the accompanying specimen of *Sputum* with special regard to *T.B*

Date *1/12/17* *W.S. Parrott* O i/c Ward.

*W.S. Parrott*

Date *1/12/17*

*W.S. Parrott*  
Officer i/c Laboratory.







4

L. . . . . LABORATORY REPORT .

A.F.W. 3212.

Reg.No., Rank and Name 7240 F4 Pte. J. J. Jones Corps 1000

Disease Ch. Bronch. Hospital 16th Cav. Gen

To Officer i/c Laboratory. Please carry out an examination of the accompanying specimen of Sputum with special regard to TB. Ward 16

Date 5/12/17 S. S. Turpin i/c Ward.

No TB found

Date 5-12-17

J. B. Hetherington Capt  
Officer i/c Laboratory.



London, 18th Dec 1851  
Dear Sir  
I have the pleasure to inform you that the  
Board of Directors have resolved to  
pay you the sum of £1000 as per  
the enclosed statement.

Yours faithfully,  
J. B. [Signature]  
18/12/51

£1000 for [unclear]

Wm. [unclear]  
[unclear]  
[unclear]

[unclear]  
[unclear]



4

L. B O R A T O R Y . R E P O R T .

A.F.W. 3212.

Reg. No., Rank and Name 724084 Pte. Dooch Corps 1.C.C.D.

Disease Ch. Bronch Hospital 1111 Cam Gen

To Officer i/c Laboratory. Ward 16

Please carry out an examination of the accompanying specimen

of Sputum with special regard to T.B.

Date 3/12/17 S. S. Purvis. Lt. C i/c Ward.

No T.B. found

No - Shaw Lt  
- Officer in Charge,  
Moore Barracks Laboratory,  
Shorncliffe.

Date 3-12-17







Ward 16

Bid 4

28/11/17

#724084 Pte. Joes. W. N. 1 c.e.d.

Please examine Sputum for T.B.

To T.B. Found,  
C.K. Church,  
Capt. Amc.

20/11/17

*Plussanche capt*

PW Barker Capt







4

10

LABORATORY REPORT. A.M. 3212.

Reg. No. Rank and Name *724084 The Dives* Corps *1000*

Disease *Chol. Broun* Hospital *No 11 Cen Gen* Ward *10*

To Officer *1/c* Laboratory.

Please carry out an examination of the accompanying specimen of *Sputum* with special regard to *T.B.*

Date *29/11/17* *B. W. Dames* *Capt.* *1/c* Ward.

*No T.B. found*

Date of examination *29-11-17* for *W. H. Thomas* *Keel* Officer *1/c* Laboratory.







89.

X. Ray Department,

No. XI Canadian General Hospital.

Record No. 6763

22.10.1917.

1-8

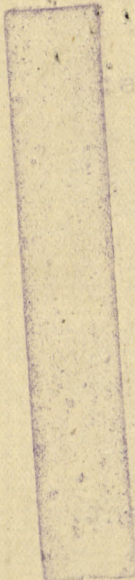
M.O., 1st. C.C.D., E. Sandling.

724084., Pte. Iles. M.W., 1st. C.C.D., (20th Bn.)

Some separation of acromio -  
Clavicular joint, but no dislocation,  
right.

*J. W. Warren Capt.*

Capt. C.A.M.C.  
O. i/c X. Ray Department,  
No. XI Canadian General  
Hospital.





DAILY REPORT

No. of Patients ..... . Discipline and Remarks:  
No. of Plates .....  
No. of Prints .....

Hour ceasing work: .  
.

Tams, W.H.T. ....  
Munro, A.H. ....  
Seymour, F.M. ....  
Jackson, J.S. ....  
Brennan, P. ....  
Johnson, F.E. ....

Orderly i/c  
X-Ray Department.



~~RECEIVED~~  
M.O. Lt. C.C.D., East Sandling.

X. Ray Department,  
No. XI Canadian General Hospital,  
Record No. 6763

2535

8-9

30. 10. 1917.,

724084., Pte. Iles, M.W., 20th Bn.

Diaphragm moves well. Right apex clear left slightly more dense, intercostal expansion good. Retro-cardial space clear below but dense above. Whole of the left side slightly more dense than right.

MO

XND

J. W. Warren  
Capt. C.A.M.C.  
O. i/c X. Ray Department,  
No. XI Canadian General  
Hospital.



REF

30 OCT 1947 P.M.  
First Canadian Company Depot

410  
269



attending more than from other  
great before and hence prove. Above of the left side  
more than, interconnect expansion food. Ratio-calculation space  
laboratory moves well. But the great left attending

most, the type 'M.M.' 30th BU

8-2... 30 TO TOTAL

M.O. 1000... Best printing... 2075

5332



EAST SANDLING

Nov 27. 1917

1st C. C. D.

REG. NO RANK NAME

UNIT

COY%

24084 Pl Isles. N. 20 Bath. A. Coy

THIS IS TO CERTIFY THAT THE ABOVE NAMED MAN IS IN CATEGORY DI

*W. Gaudin's Capt*

LIEUT

C A M C



RECEIVED

1861

JUL 10 1861

YOU

RECEIVED JUL 10 1861

1861



1st Canadian Command Depot.

June 5<sup>th</sup> 1917.

Reg. No.	Rank.	Name.
724084	Pte	Jes. W.

The above man is in Category. *D.T.*

*Kyner* Capt.  
C.A.M.C.



THE NATIONAL BANK OF THE  
CITY OF NEW YORK

PAID TO THE ORDER OF  
\$100.00

THE ABOVE IS IN FULL PAYMENT OF

Account of  
No. 100



WARD 16

Bed 4 7/6

26/1/07

RANK No  
Pte 724084

NAME  
Does W. N. 69471  
no card

UNIT  
1000

Please examine Sputum for I. B.

no TB found

*N. D. Mounsey*  
.....  
for - Officer in Charge,  
Moore Barracks Laboratory,  
Shorncliffe.

*P. W. Barber* Capt MO











U

Document communiqué en vertu de la Loi sur l'accès à l'information

ANNEXE A

1. Le 15 mai 1961, le Dr. J. G. ...

2. Le 15 mai 1961, le Dr. J. G. ...

3. Le 15 mai 1961, le Dr. J. G. ...

ANNEXE B

1. Le 15 mai 1961, le Dr. J. G. ...



M. O 1st bb D. East Sandburg. - 6763

30/10/14.

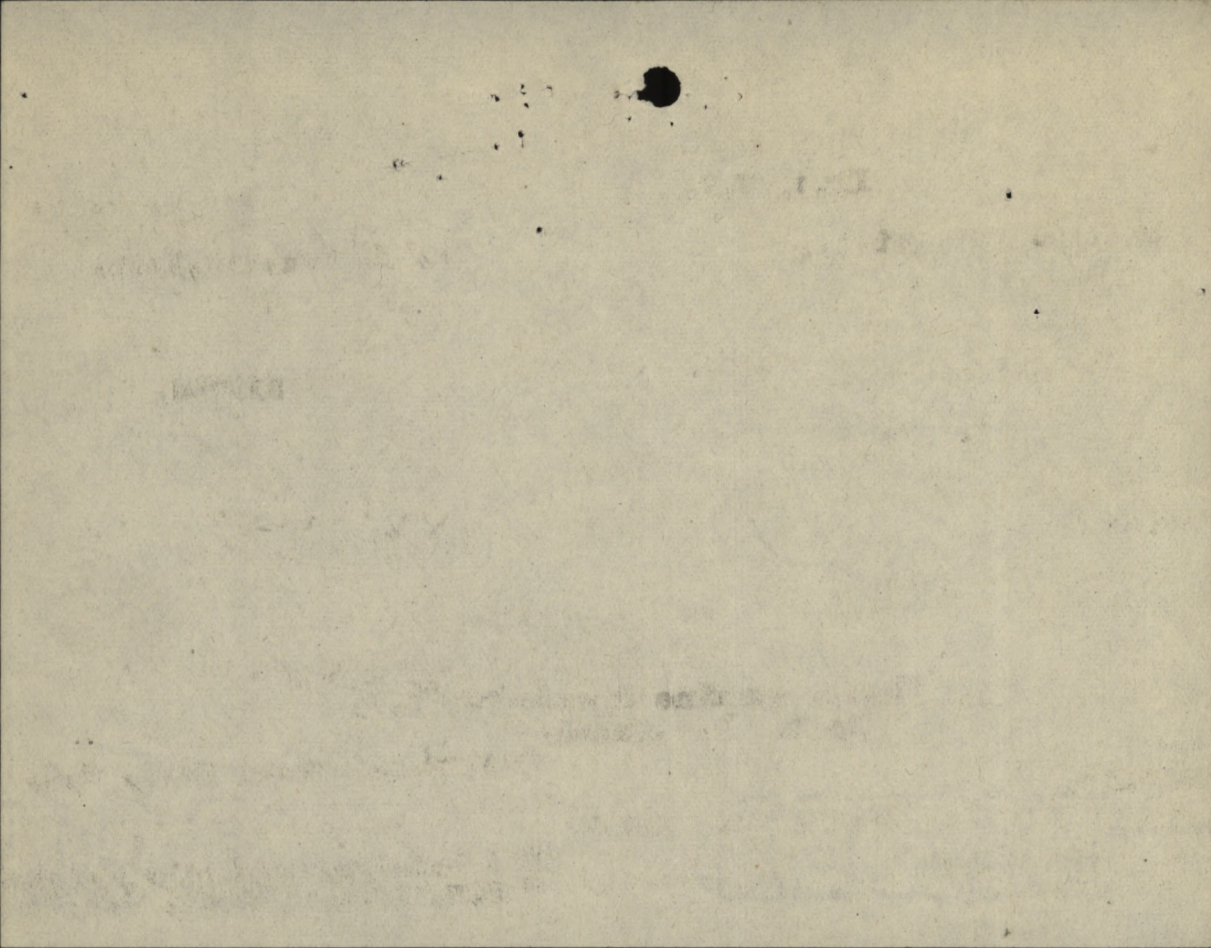
724084 Pts His m.w.  
70 Pts Rtic.

Diaph. mucus succ. Right apex clear.  
Left slightly more dense Intercostal expansion  
good. Retro Cardiac space clear below but  
dense above. Whole of left side slightly  
more dense than right.

Gen. Murray, Capt  
Ausb. Gray Dept.  
No 1 leg H.

24







OTTAWA, *July 8<sup>th</sup>* 1920.

From; The Adjutant-General,  
Canadian Militia,

To ; 724084

*H. M. Iles  
Dorset, P.O.  
Ont.*

Sir,-

Enclosed herewith please find  
Military Will executed by you while in the  
C.E.F., and returned, the same being your  
own property.

*H. Pangman*  
Lieutenant,  
for Lieut.-Col.  
Director of Records.  
for Adjutant-General.

1000.  
7-7-20  
LHp



1910

1910-11-10  
1910-11-10

1910

1910

1910-11-10  
1910-11-10  
1910-11-10

1910-11-10

1910-11-10  
1910-11-10  
1910-11-10

1910-11-10  
1910-11-10  
1910-11-10



# Extract of Information Coded for Hollerith

9.2

Regtl. No. 724084 Name { Surname Iles  
 Christian Names Norman Wesley

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.  
 A.P.C., Attestation Paper and Pay-roll Card.  
 Cas., Casualty Form and Record Sheet.  
 P.D., Proceedings on Discharge.

Extracted by: Jmm Coded by: Jmm Checked by: AM

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	1   1
B. Professional Soldier	A.P.	1	represent	0
C. Theatre of Service	Cas.	2	European	0
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	h.s.	0
E. Rank on Discharge		P.D.	OR	1
F. Date Discharged		P.D.	May 27. 1918	53
G. Disposition on Discharge		P.D.	P. U.	21
H. Place proceeding to		P.D.	Dur	4
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	109th Bn	31   09
K. Country of Birth	A.P.	8	Ont.	05   —
L. Occupation	A.P.	9	Laborer	91
M. Date of Enlistment	A.P.C.	5	Feb 23. 1916	26
N. Place of Enlistment	A.P.C.	13	Dorset on	28   6



O. Age on Enlistment	A.P.		Years	26	26
P. Religion	A.P.		10	Pres.	3
Q. Rank when left Canada		Cas.	4	O.R.	1
R. Unit left Canada with		Cas.	12 (b)	109th Bn	109
S. Date left Canada		Cas.	5	July 24 1916	31
T. Unit in England		Cas.	12 (b)	109th Bn	109
U. Date first proceeded to Theatre of War		Cas.	5	Oct 5, 1916	34

Source of Information—Casualty Form.

1st Unit in T. of W.

20th Bn  

0	2	0
---	---	---

2nd Unit in T. of W.

--	--	--

3rd Unit in T. of W.

--	--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

4  

0	4
---	---

Period of Service

Months:

--	--

Period of Service

Months:

--	--

Period of Service

Months:

--	--

X. Check Column

CHECK

Z. Casualties

Cas.

11

h w 1

YA. Honours and Awards

Cas.

1. Yes.  
2. No.

h o 2

YB. Married or Single

A.P.

~~4. M.~~  
5. S.  
~~6. W.~~

Single 4  
5  
6

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

All cards subsequent to 1st.

8. First Unit.

Last or only card. 8

WATCH



Original

CANADIAN ARMY DENTAL CORPS MILITARY DISTRICT NO. 2

M.F.B. 484.

DENTAL CERTIFICATE ON DISCHARGE.

100m-2-18.

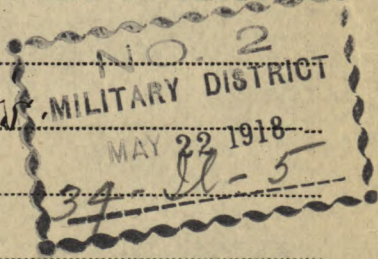
1772-39-1219.

To Officer i-c Dental Services at *Shadma Military Hospital.*

Name *N. W. Iles* Regimental Number *724084*

has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of:-

*Emalgams and Prophylaxis*



This certificate to be presented within two months of the date on discharge papers.

Examined at *Shadma* Date *16-5-18*  
*for J.G. Roberts Major*  
Officer i-c Dental Examination on Discharge.



CANADIAN ARMY DENTAL CORPS MILITARY DISTRICT NO.

M.F.B. 484.

100m-2-18

1772-32-1212

DENTAL CERTIFICATE ON DISCHARGE.

To Officer i-c Dental Services at

Name ..... Regimental Number

has been given Dental examination previous to discharge and is entitled

to Dental treatment to the extent of:-

This certificate to be presented within two months of the date

on discharge papers.

Officer i-c Dental Examination on Discharge.

Examined at Date



C.A.D.C. 5009-10M.

3494-30-8-17.

724084 - Files N.W. - Jste. 20 11/10

6015-

N

**DENTAL CERTIFICATE.**

M

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

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.
8/2/18	<u>017</u>	T.E. Loring copy case	m	







This space to be for numbers

# Proceedings on Discharge.

30-4-52  
bHQ-f. 3536  
MILITARY REFERENCE  
JUN 12 1918  
CANADA  
H

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

No. 724084	
Rank Pte.	
Surname. ILES	
Christian Name Norman Wesley <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) #2 D.D. (109th B.) (20th B.) (1st C.O.R.D.)	
Date of Discharge May 27, 1918	
Place of Discharge Toronto, Ont.	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>	
Age..... 28 ..... years..... 2 ..... months.	Descriptive Marks  Scar rt. Side upper Lip.
Height..... 5 ..... feet..... 11 ..... inches.	
Complexion Fair	
Eyes Brown	
Hair Brown	
Trade Farmer	
Intended place of residence } Dorset, P.O., Ont. <small>(To be given as fully as practicable.)</small>	
<b>2. The above-named man is discharged in consequence of</b>  Physical Unfitnwss.	
<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>	
<b>3. Conduct and character while in the service have been, according to the records, etc.</b>  Good JTB	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>  Farmer.	

*Wesley*

M

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

M. F. B. 218.  
100M. - 1-17.  
H. Q. 1772-39-113.

(OVER)

20029/1/20  
2/19/57  
W & A Corp  
11/2/19  
Butts



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).....May 27, 1918.....

Commanding *H. S. Beecus* Captain,  
For Lieut.-Colonel,  
C. C. No. 2 District Depot.

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. *n.w. des* (Signature of Soldier.)

(Date).....May 27, 1918 *H. S. Beecus* (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)....2years..93days.

Total....2years93days.

11. Confirmation of Discharge.

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

(Place).....Toronto, Ont.....

(Date).....May 27, 1918.....

(Signature) *H. S. Beecus* Captain,  
For Lieut.-Colonel,  
C. C. No. 2 District Depot.







195-12-6-18

REC. JUN 1 2 1918

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.) Reservations referred to at Part 8.

### List of Discharge Documents.

12-18-18  
2018

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.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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."	

*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.*

Statement of Service.

The date is with the Record of Service.

Confirmation of Discharge.



Coronto  
6

Enlisted in 109th Bn.  
C.S. 20th Bn.  
Date of Enlist. 23.2.16.  
Feb 28 1918

This space to be left blank for the Chelsea Number.

73

Army Form B. 268.

Stadina, Gurlough  
Proceedings on Discharge.

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

No. 724084 Army Rank Private

Name Fles Norman W.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st B.O.R.D.

Battalion, Battery, Company, Depot, &c. 5th Res Bn.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge Canada

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age _____ years _____ months		Scars on upper lip and on right side of face
Height _____ feet _____ inches		
Chest measurement { girth when fully expanded _____ ins.	range of expansion _____ ins.	
Complexion _____		
Eyes _____		
Hair _____		
Trade _____		
Intended place of residence (To be given as fully as practicable) { _____		

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

2. The above-named man is discharged in consequence of being no longer physically fit for War Service.  
K.P.V.O. 392 XVI.

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

3. Military character:— Good

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*



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

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

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

6. Campaigns, Medals and Decorations

{ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

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

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

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (Signature of Witness.)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

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

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

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

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



RESERVATIONS REFERRED TO AT PARA. 8.

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

---



LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).  
Army Form B. 221.)
8. Court of Inquiry on an injury (if any)  
(Army Form A 2.)
9. Regimental conduct sheet.  
(Army Form B. 120).
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178).
13. Medical report on invalid (if any).  
(Army Form B. 170).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.  
See section 11 on second page.
19. Active service casualty form.  
(Army Form B. 103).
20. Employment sheet.  
(Army Form B. 2066).

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

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

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

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

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

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

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

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

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

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

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

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

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

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



6015

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

0

This is to Certify that No. 724084 (Rank) Pte.

Name (in full) Iles, Norman Wesley enlisted in

the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Dorset, Ont. on the 23rd

day of February 1916.

HE served in ENGLAND and FRANCE

and is now discharged from the service by reason of PHYSICAL UNFITNESS.

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

Age 28 yrs. 9 mos.

Height 5' 11"

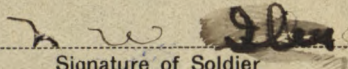
Complexion Fair

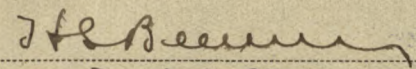
Eyes Brown

Hair Brown

Marks or Scars

Scar rt. side upper lip.

  
Signature of Soldier

  
Issuing Officer

Rank

Captain  
For Lieut.-Colonel

O.C. No. 23 District Depot  
Appointment

Date of Discharge May 27, 1918

Signed at Toronto, Ont. this 27th day of May 1918.

in Military District No. 2

File Reference No. \_\_\_\_\_

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 724084 (Rank) Pts. Name ILES, Wesley Norman

Unit 109th Bn.

Address on Discharge Dorset P.O., Ont.

Character and Conduct Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations NIL

Remarks

Signed at Toronto, Ont. this 27th day of May 1918.

W.S. Beeman

Name of Officer

Rank Captain, For Lieut.-Colonel, O.C. No. 2 District Depot. Appointment

Uniform not to be worn after date of discharge unless written authority has been granted by the G. O. C. of district.

Captain  
For Lieut.-Colonel  
O.C. No. 2 District Depot



26965

WAR SERVICE BADGES.

INFORMATION REQUIRED File No.

To Director of Records.

Re Application for War Service Badge Class *a* & Class *B*

No. Rank Name

Unit Address

APPROVED.  
*She*

(Strike out answer which does not apply)

Service over 3 months - ~~yes~~

Service in Canada Yes. - ~~No.~~

Service in England Yes. - ~~No.~~

Service in France Yes. - ~~No.~~

Retained for duty)

in Canada ) Yes. - No.

Discharged Yes. - ~~No.~~

*In strength*  
*distinctly*

*#2*

If discharged, state reason *S.O.S. 27-5-18*

*Physically unfit*

Age *28* Complexion *Fair* Eyes *Brown* Hair *Brown*

Badge issued Class *A* No. *35701*

" " " *B* No. *624898*

Badge Refused

W.138-100m.10-17.  
1772-39-1167.(M).

*14-8-18*  
*C. McH.*

*19-6-18*  
*S. McH.*



BARBARA J. ...

INFORMATION REQUIRED File No.

Director of Bureau

Class ... Class

...

...

(Strike out answer which does not apply)

... in Canada Yes - No  
... in England Yes - No  
... in France Yes - No  
... (United States) Yes - No  
... in Canada Yes - No  
... in England Yes - No

...

...

...

...

...

...

...



**M. D. NO. 2**

*A Badge received*

# 35401

WAR SERVICE BADGES

List# 741

P. C. 2199.

*file - 26965*

APPLICATION

*Supplementary*

Classes "A"- "B"- "C".

*August 1918*

I, No. *724084* Rank *pvt* Name *ILES, N. W.*

hereby make application for a War Service Badge, Class " " and also Class " *B* "

Class "A" Badge. On Active Service AT THE FRONT in the present war in the Canadian Expeditionary Force with (Unit) \_\_\_\_\_ from \_\_\_\_\_ 191 \_\_\_\_\_ to \_\_\_\_\_ 191 \_\_\_\_\_

Class "B" Badge. On Active Service IN ENGLAND in the present War in the Canadian Expeditionary Force with (Unit) *109th Battalion* from *July* 191 *6* to *Oct* 191 *6*.

Class "C" Badge. Served in the Canadian Expeditionary Force IN CANADA or elsewhere than in England or at the Front, with (Unit) \_\_\_\_\_ from \_\_\_\_\_ 191 \_\_\_\_\_ to \_\_\_\_\_ 191 \_\_\_\_\_

Date struck off strength *May 27* 191 *8*.

Reason for being struck off strength *physical Unfitness*

If retained for duty in Canada state present employment \_\_\_\_\_

If in possession of Canadian Patriotic Fund Badge state number \_\_\_\_\_

STREET ADDRESS *13 Garden Ave* *no fls* (Signature)

TOWN AND PROVINCE *Fairbank Ont*

The applicant should strike out that part of the form which does not apply to his particular case.

For full instructions regarding War Service Badges see reverse side of this form.

(over)



18.01.11.11

Class "A" Badge.

For members and ex-members of the C.E.F., who have been on active service at the Front in the present war and who come within the following qualifications:-

(a) Honourably retired or discharged from the C.E.F., or returned to Canada and retained on duty.

(b) Not been struck off strength for any of the following reasons:-

- (1) Discharged as unlikely to become an efficient soldier unless incapacity due to Military Service.
- (2) Discharged by reason of stoppage of working pay.
- (3) Struck off strength or discharged within three months of appointment or enlistment unless for incapacity due to Military Service.

All persons coming within Class "A" are also entitled to Class "B" badge, provided they are honourably retired or discharged on account of old age, wounds or sickness.

All ranks undergoing treatment at Military Hospitals and Convalescent Homes will be considered as "retained in Canada on duty" for the purpose of awarding Class "A" badge, under classification "A" of the Order in Council.

Class "B" Badge.

For ex-members of the C.E.F., who have been on duty in England during the present war, and who come within the following qualifications:-

(a) Honourably retired or discharged from the C.E.F.

(b) Been rendered permanently unfit for further military service on account of old age, wounds or sickness.

(c) Not been struck off strength or discharged for any of the three reasons mentioned in paragraph (b), Class "A".

Class "C" Badge.

For ex-members of the C.E.F., not included in classes "A" or "B" and who come within the following qualifications:-

(a) Honourably retired or discharged from the C.E.F.

(b) Been rendered permanently unfit for further military service on account of old age, injuries or sickness.

(c) Not been discharged for any of the three reasons mentioned in paragraph (b), Class "A".

Note.- Ex-members of Imperial Forces are NOT eligible for award of the above badges. Application should be made to the Officer in charge of Records of their Regiment in England.



WAR SERVICE BADGES.

26935

P.C. 2199.

File No.

26965

M. D. No. 2

APPLICATION.

Classes "A"- "B"- "C".

Mar 20 1918

I hereby make application for a War Badge Class "A" & Class \_\_\_\_\_

I am in possession of Patriotic Fund Badge, Class " " Number \_\_\_\_\_

(A) I enlisted in the Canadian Expeditionary Force, have seen Active Service at the Front in the present War, from October 1916 to February 1917 and have been honourably discharged, (or have been retained in Canada on duty), and am therefore entitled to a War Badge, Class "A", and also to a War Badge, Class "B".

(B) I enlisted in the Canadian Expeditionary Force, have seen Active Service in England in the present War, from \_\_\_\_\_ 191 to \_\_\_\_\_ 191 and have been honourably discharged on account of old age, Wounds, Sickness, whereby I have been rendered permanently unfit for further military service and am therefore entitled to a War Badge, Class "B".

(C) I enlisted in the Canadian Expeditionary Force and served in the Present War from \_\_\_\_\_ 19 to \_\_\_\_\_ 191, and have been honourably discharged from the Canadian Expeditionary Force, on account of old age, wounds, sickness, whereby I have been rendered permanently unfit for further military service.

new des (Signature)

ADDRESS 13 Garden Av. REG. NO. 724084 RANK Pte (No. and Street)

Toronto Ont. UNIT 20th Bn. (Town and Province)

NOTE: The applicant should strike out that part of the form which does not apply to his particular case.

Handwritten initials and marks at the bottom right.



28882

THE SERVICE BUREAU

110 21st

APPLICATION

CLASS "A"

191

I hereby make application for a War Badge

Class "A" & Class

I am in possession of Previous Trade Badge

Class "B" Number

I enlisted in the Canadian Expeditionary Force, have been Active Service in England in the present war, from 1914 to 1918. I have been honorably discharged from the Canadian Expeditionary Force, and am therefore entitled to a War Badge, Class "A", and also a War Badge, Class "B".

I enlisted in the Canadian Expeditionary Force, have been Active Service in England in the present war, from 1914 to 1918. I have been honorably discharged from the Canadian Expeditionary Force, and have been honorably discharged on account of ill health, disability, wounds, sickness, or other reasons, whereby I have been rendered permanently unfit for further military service, and am therefore entitled to a War Badge, Class "B".

I enlisted in the Canadian Expeditionary Force and served in the Present War from 1914 to 1918, and have been honorably discharged from the Canadian Expeditionary Force on account of ill health, wounds, sickness, or other reasons, whereby I have been rendered permanently unfit for further military service.

(Signature)

REG. NO. NAME ADDRESS (No. and Street)

UNIT (Town and Province)

The applicant should strike out that part of the form which does not apply to his particular case.

1918-11-15



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

M. D. 2  
No. 23

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

Regimental No. 724084 Rank Pte Name W. Iles

Corps #2 Dis. Dep. who was\* Discharged

On May 27, 1918. 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 18, 1918. 191.....  
to May 27, 1918. 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	1	70
Advances } No.....			Regt'l Pay <u>10</u> days at \$ <u>1</u> c.....	10	
by } No.....			Field Allow. <u>10</u> days at \$..... c <u>10</u>	1	
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances*.....		
Other charges.....			Other Credits* <u>Clothing</u>	8	
Payment on transfer or discharge No.....	53	70	Bal. Dr. (to be deducted by new unit).....	33	
Balance Cr. (to be paid by the new unit).....					
Total.....	53	70	Total.....	53	70

\* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of..... 191..... }  
 { and Sep'n Allee. 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... D.O. 38
- (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 25/5/18  
 Place Toronto, Ont.

*S. W. Nurse*  
 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.







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2  
No. 56

AMENDED

## LAST PAY CERTIFICATE

MM.

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

Regimental No 724084 Rank ..... Pte. Name ILES, W.  
 Corps No. 2 District Depot. who was\* Discharged  
 On 27-5-18 191... to .....  
 \*Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No. ....			Reg'tl. Pay ..... days at \$.....c.....		
} No. <u>39267</u>		<u>27</u>	Field Allow. .... days at \$.....c.....		
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly)		
Other charges			<u>R.O. 716 of 25-6-18</u>		<u>27</u>
Payment on transfer or discharge. No. ....			Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits*		
			Bal. Dr. (to be deducted by new unit)		
<b>Total</b>		<u>27</u>	<b>Total</b>		<u>27</u>

\*Give particulars.

A monthly stoppage of \$..... (†) has ..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n Allee. 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.

Out 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 .....
- (3) cause of discharge ..... authority D.O. 38
- (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 4-10-18  
 Place TORONTO, ONT.

*[Signature]*  
 PAYMASTER, No. 2 DISTRICT DEPT

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.



1875



*ms.*  
Number

724084

Rank

~~Pl~~ *L-Cpl*

Surname

*TLES*

Christian Name

*Wesley Norman*

Units

*20<sup>th</sup> Bn. Can Inf*

Theatre of War

*France*

Date of Service

*6-10-16*

Remarks

Latest Address

*Borset, PO.*

*Ont.*

Roll No.

*Blag 13907*

200m-2-21.M.



DESP JUN 17 1922

REGN. NO. *21864*

*Bd Vredt 27/7/22*

DESP. JUL 31 1925

REGN. NO. *15217*



NAME

*Alex*  
*Ote.*

RANK AND CORPS

*Pl. 2.*  
*20 th. Bn.*

REG'TL NO

*724084*

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 436	# 8 Stat Wimercup	5-2-17	Bronchitis Sev. "d"
B 284	Reading War Reading	23-2-17	" d Sev 28-3-17
B 331	Cgw. Cpnw. W'dcafe O K. Eppson	29-4-17	Bronchitis
B 32	3. Ban. Com. Hillingdon House uxbridge	31-8-17	V. D. G.
C 75	# 11 Can. Gen. Thorncliffe	24-11-17	Chr. Bronchitis (1 <sup>st</sup> C. O. R)
C. 139	No. 5 Can. Gen. Kirkdale	6-2-18	T. B. Pulm. Susp.
C 144	Enrolled to Canada	16-2-18	T. B. Pulm



Name ILES, Wesley Rank Pte. Reg. No. 724084  
 Unit Norman  
 20th Battalion.  
 Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
5-2	No. 8 Stat. Hosp.	Wimereux.	Bronchitis	Sev. A436		
23-2	Reading War Hosp.,	Reading.	do.	* B284		
27-4	CCH. Woodcote Pk.	Epsom.	do.	B331		
7-6-17	M.H. Court Farm	Warlingham	V.D.G.	B359.		
25.8.	Can. C. Hosp.	Hillingdon House	Uxbridge	B421		
31.8.17	<i>Dis</i>		<i>- do</i>	B2		4917







Wesley Norman

Name LES ✓

Rank Pl. ✓

Reg. No. 724084

Unit 1st C.B.D. (20th Batt)

1st C.O.R.W. ✓

Next of Kin (MORR) Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-11-17	11 C.G.H. M.B. Schliffe	The Bronchiter	75			6930
6-2-18	5. C.G.N. Liverpool	do	7. B. Pulm. Lush	C139		12124
16-2-18	Invalided to Canada	do	do	C144		4907
No Start						







NO 5 CANADIAN  
GENERAL HOSPITAL  
LIVERPOOLA. & D.  
CARD

L

.....HOSPITAL.

AT T.266  
 A. & D. No. T.266 PL. OF ACTION .....

RANK Pte REG. NO. 724084 UNIT 1st Bde. SICK OR WOUNDED .....

NAME JONES N W AGE 30 RELIGION Pres

PLACE IN HOSPITAL .....

DIAGNOSIS T B Suspect.

ADMITTED - 5 FEB 1918 FROM 11 Cpt Showcliff

DISCHARGED .....

TO TO CANADA

TRANSFERRED 18 FEB 1918

SERVICE AT HOME 17/12 IN FIELD 8/12

RESULTS .....

Minden Out

(See Document Card for M.H. Sheet and other Documents.)

P.T. F







NO. 5 CANADIAN  
GENERAL HOSPITAL  
LIVERPOOL

HOSPITAL

DOCUMENT  
CARD

A. & D. No. T 266 AT: .....

ADMITTED 5/2/18 INV TO CANADA 16 FEB 1918 DISCHARGED .....

REGTL. No. 724084 RANK PO NAME ISLES N.W.

UNIT 15660 TRANSF'D FROM 11694 H.cliffe

DIAGNOSIS TB suspect DIAGNOSIS CHANGED .....

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	To	DATE	To	DATE	TO WHOM SENT.
		<u>6/2/18</u>	<u>O.</u>		

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c ..... FLOOR ..... WARD J. ON 7/2/18 191 .....

RECEIVED FROM M.O. COMPLETE ..... 191 .....



REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

M.	C.	S.
T.	C.	S.



A. 38792

REG. NO.

724084

NAME

Wes M. W.

(SURNAME FIRST)

RANK

Pvt

CORPS

Co En.

21

AGE

30

SERVICE

Entered 23-2-16

NAME OF HOSPITAL

Spadina Mil

PLACE

London

DATE OF ADMISSION

March 5<sup>th</sup> 18

DISEASE

Bronchitis

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD







No. 724 084 RANK

Pfc

NAME

John W. Norman  
Wesley

T. O. S. 2-3-2-16. UNIT

D. O. 100. 16-3-16.

109th. Battalion:

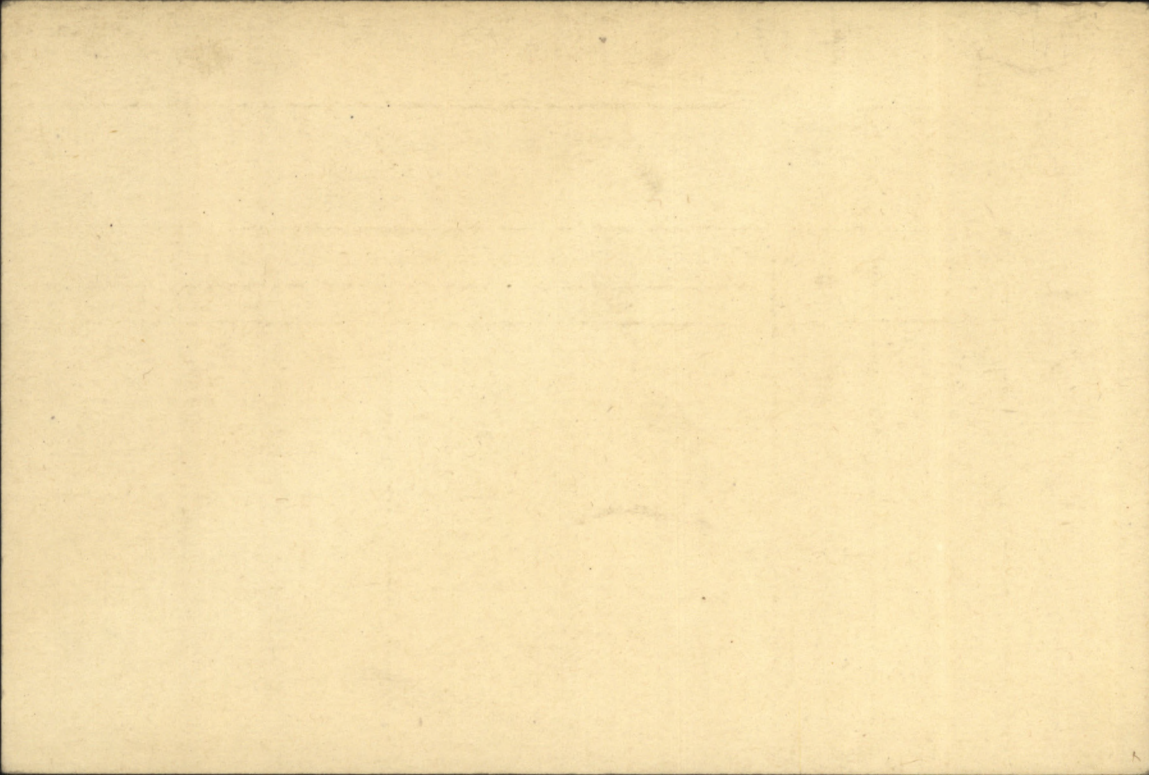
M. D.

13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Feb. 23	1916. Mar. 31	v		
	April.	v.		
	May.	v.		
	June.	v.		
	July.	v.		

UNIT SAILED  
JUL 23 1916







6015

F

Surname *Iles.* Christian Name or Names *H. H.* Reg. No. *724084.*

Rank *Pl* Unit *20<sup>th</sup> Batt.* Co. *1802.* Troop *Depot.* Batty.

Hospital *8. Stat. Humberux* Date of Admission *5.2.14*

Transferred *Reading War Reading* Hosp. *23.2.17*  
*Woodcote Park, Epsom* Hosp. *27.4.17*

*Mil. Court Farm Warlingham* Hosp. *4.6.17*  
*Can. Con. Uxbridge* Hosp. *25.8.17.*

Diagnosis *Bronchitis. Sev*

- (1) *V. O. G. J.*
- (2) *Chr. Bronchitis.*
- (3)

Additional Diagnosis: if more than one state present  
*T. B. Pulm. Susp. ~~1/10~~*

DISPOSITION

Date

*Disc. 31.8.17.*

- CL 212.2.14. Q436*
- 2-3-17 B284*
- 3-5-17 B331*
- 11-6-17 B359*
- 29.8.17 B421*
- 5.9.17 B.2.(3)*
- 29-11-17 C75*
- 14.2.18 C139.*

REMARKS

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

*20.2.18 C144.2. Invalided to Canada 16.2.18*

*Rw*



6015

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	11. Can. Gen. Shorncliffe.	24-11-17.
2.	5 Can Gen. Kirkdale.	6.2.18
3.		
4.		
5.		
6.		
7.		

Dis. to Canada per HS. Llandoverly  
Castle from Liverpool 16-2-18.



6015-  
R-122

AC Rank *Private* Name ILES, Wesley Norman. ✓  
 Unit 109th. Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment Dorset, Feb. 23rd. 1916. ✓ Place of Birth Stanhope. ✓  
 Name and Address, Next-of-Kin Elwood Iles. ✓  
 Haliburton, Ontario. ✓ Relationship Brother. ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character

N/E. R.B. No. *12328*  
 File R.L. *Law Mill*  
 Category *Law Mill*

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5. 8. 16	109 <sup>th</sup> Bn	App'd Prov. L. Cpl	Oswestry		Pt. II D.O. 218
5. 10. 16	do	S.O.S. to 20 <sup>th</sup> Bn	Bramshall	5-10-16	Pt. II D.O. 279. <i>File.</i>
11- 10- 16	20 <sup>th</sup> Bn	T.O.S. from 109 <sup>th</sup> Bn	Field	6-10-16	" II 54.
do	do	Reverts to rank of Private	do	do	do.
12-2-17	do	Adm of 8 Slat Hosp	Wimbourne	5-2-17	GRA 436 Bronchitis Sw
2-3-17	do	Reading War Hosp	Reading	23-2-17	" B 284 "
8-3-17	do	Transf. to C. C. A. C. Shoreham-on-sea		16-2-17	Pt. II O. # 19.
16-3-17	C.C.A.C.	Taken on strength	Hastings	23-2-17	Pt. II O. # 122
16-3-17	"	S.O.S. on transf. to 1 <sup>st</sup> B. O.P.S.	"	10-3-17	" "

A.F.B. 103 CHECKED  
 16 OCT. 1916



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.				
22.3.17	1st Lt RD.	L. Co. From 4604	Woolding	10.3.17	Pt 6. 13.
19.5.17	✓	D.S. + on com 1st CCD.	✓	15.5.17.	71. 1st CCD. D.O. 84.
3-5.17	62. 20th Bn.	Tfd. Com. Comms. Hosp. Woodcote Pk. Epsom	Woodcote Pk. Epsom	27-4-17	62. B 331 (Bronchitis) v 1st CCD P 100. 93.
11.6.17	✓ ✓	Trans to Mil. Ho. (out Jan)	Warlingham	7.6.17.	62. B 359. V.D.G. 7.6.17.
24.7.17	1st Lt RD.	Leave to be attn, having been in Hosp. over 21 days.	St Leonards.	7.6.17.	Pt II O 133.
29.8.17	20th Bn.	To. 6. Co. Hosp. Kellingham. W. W. Pte.	W. W. Pte.	25.8.17	62. B 221. v. D.C.
4.9.17	"	Disch from Hosp. "	"	31.8.17	" B 2. "
4.9.17	1st Lt RD	On Com. 1st CCD.	Sally	1-9.17	Pt II 179. 1st CCD. D.O. 170. 5.9.17.
28.11.17	1st Lt RD	To 11 Co. Gen Hosp	Schiffe	24.11.17	62. C 75. Ch. Bronchitis
2.1.18	1st Lt RD.	Leave attn CCD.	Sally	24.11.17	D.O. - 2.
20.2.18	1st Lt RD	Invalided to Canada	" "	16.2.18	62 C 144.
25.2.18.	1st Lt RD	Post to Canada	Pte. Schiffe	16.2.18	56 Par 392 Sec 16
	Dis Depot:	To Sanatorium	m 2. Toronto	28/2/18	NR 438.



Name *Pte W J Sles*

*13 Garden Ave.  
Toronto*  
Name and address of next-of-kin

Regimental No. *724084*

Unit *14asp Sec 109 Bn*

Date of enlistment

Place of

Married (yes or no) *no*

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*Spc*

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					
<i>May</i>	<i>18</i>	<i>27</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>1</i>	<i>170</i>	<i>2070</i>	<i>22337</i>	<i>5370</i>			<i>33</i>	<i>0036 taken on</i> <i>sis 0038</i>	
<i>Oct.</i>								<i>27-27</i>	<i>3926</i>	<i>27-</i>				<i>27-</i>	<i>P.O. 716 of 25-6.</i>	















MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Miss J. Mc Kay.*  
 Address *Dorset*  
*Dnt.*

By Whom Assigned

*M*  
*Iles, W. W.*

Regtl. No.

*724084.*

Rank

*Pte*

Corps

*109 Batt.**"D" Co.*

Rate *15<sup>00</sup>* per *m.*

AUG 1 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

















MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Miss F. McKay

PAYMENTS.

Name of Soldier Iles, M. W.

# 724084

D Coy Ote

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

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 <sup>00</sup>	
				<b>AUG 1 1916</b> 109 Batt.
April	1916			
May				
June				
July				
Aug.		7 15335	15	
Sept.		V 18096	15	
Oct.		V 23076	15	
Nov.		C. 26885	15	
Dec.		L 31297	15	
Jan.	1917	P 38906	15	
Feb.		P 44915	15	
March		M 50644	15	15 P.
April		I 2576	15	15 W.
May		I 4835	15	
June		M 15712	15	PDW
July		I 22309	15	B.
Aug.		R 29151	15	
Sept.		G 36303	15	
Oct.		Q 41850	15	
Nov.		N 49262	15	
Dec.		O 55412	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*ad*

*file*

*255*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

13750/273 *26*

*Iles*

*am* *OK*

Name *Iles*, N.W.  
Surname

Christian Name

Regimental Number 724084

Rank Pte.

Address (in full) *Dorest P.O. Ont.*

Unit 109th Bn.

Original Unit

District where paid M.D.2.

Date of Discharge

P. D. P. Filing Number 1-557-2.

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem, Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	9192	27-6-18	33 00	8784	27-7-18	34 10				33 00	67 10
<del>1158 105</del>	<del>14914</del>	<del>27 2/19</del>	<del>70 00</del>								
<del>0.439-2</del>	<del>838509</del>	<del>14/3/19</del>	<del>70 00</del>								

M. F. W. 127.  
60M-617.  
1772-33-1140.

Remarks:



Dec'n No 13750/273 **W. S. G.** File No 9298-70-1

Award ..... days at \$ ..... per day \$ 70.00  
 S. A. .... months at \$ ..... per mo. \$ ..... \$350.00  
 Less P. D. P. Credited \$100.10  
\$249.90

Less further debit balance \$ .....  
 Net due paid as below 249.90

*Direct P.O., Ont.*

TO SOLDIER OR DEPENDENT					
Ord. No	Ch No	Amount	Ch No	Amount	
27/2/19	1158	914914	70.00		
14/3/19	439A	938909	70.00		
10.4.19	3	983B	424557	70.00	
30.5.19	892C	408594	39.90		
				Total	

*27/2/19*  
*14/3/19*  
*10.4.19*  
*30.5.19*

*algm*

GEN'L AUDITOR  
 Posting checked by *Webster*  
 Date *2.8.19*

*20/10*



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>			
------------	--	--	--

*724084*

## PARTICULARS OF SEPARATION ALLOWANCE

No. *724084*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *M. W. Iles*  
 Battalion *109 Batty D Co*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Miss F. M. C. Hay*  
 Address *Dorset Cont.*  
 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>255-</i>	<i>255-</i>	
<i>Jan 1</i>	<i>A 61381</i>		<i>15</i>	<i>15</i>	<i>M</i>
<i>Feb</i>	<i>A 69292</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 96907</i>		<i>15</i>	<i>15</i>	

*ap* ..... A/c Closed *28 2/18*  
 Ret'd per *Slantoverly Castle*  
 # *285<sup>00</sup>* Date *28 2/18* F.X. *9-3-18*  
 Clerk *S.B.S.*  
*96907 cancelled*

*M R O 2 B.*  
*5-4-18*  
 A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT











