

OK

A. Coy.

ATTESTATION PAPER.

No. 724683

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Jepson*
- 1a. What are your Christian names?..... *Walter Elias*
- 1b. What is your present address?..... *300 Mount Pleasant Road North Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Nottinghamshire, England*
- 3. What is the name of your next-of-kin?..... *Gertrude Florence Jepson*
- 4. What is the address of your next-of-kin?..... *300 Mount Pleasant Road North Toronto*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *18th July 1880*
- 6. What is your Trade or Calling?..... *Labourer*
- 7. Are you married?..... *yes*
- 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?.. *83. Battalion Toronto 4 months*
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, *Walter Elias Jepson*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 6th* 191*5*. *Walter Elias Jepson* (Signature of Recruit)
Wm D Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Walter Elias Jepson*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Dec 6th* 191*5*. *Walter Elias Jepson* (Signature of Recruit)
Wm D Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Lindsay* this *25th* day of *December* 191*5*.

[Signature] (Signature of Justice)

to att.

Description of Walter Elias Jepson on Enlistment.

Apparent Age... 33 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. 3 ins.

Scar on upper lip
Scar on outside right elbow

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

Complexion..... Fair

Eyes..... Blue

Hair..... Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... December 6th 1915

Place..... Tuesday

James Cullloch..... Capt.
W. Boyd..... 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.

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

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

Date..... JAN 10 1916 1916

no 3

Original

ATTESTATION PAPER.

No. 171793

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Walter Elias Jepson*
 2. In what Town, Township or Parish, and in what Country were you born? *Nottingham Notts Eng*
 3. What is the name of your next-of-kin? *Florence Semmiae Jepson (Wife)*
 4. What is the address of your next-of-kin? *300 Mt Pleasant Rd Tor*
 5. What is the date of your birth? *July 18th 1880*
 6. What is your Trade or Calling? *Labourer*
 7. Are you married? *Yes*
 8. Are you willing to be vaccinated or re-vaccinated? *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*
- Walter E. Jepson* (Signature of Man).
J. G. Rutley (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Walter Elias Jepson*, do solemnly declare that the above answers made by me to the above questions 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.

W E Jepson (Signature of Recruit)
Date: *Aug 9* 191*5* *J G Rutley* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Walter Elias Jepson*, 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.

Walter E. Jepson (Signature of Recruit)
Date: *Aug 9* 191*5* *J G Rutley* (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 *Toronto* this *9* day of *August* 191*5*.
Walter E. Jepson (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. E. Corneack Capt. (Approving Officer)

Description of W. E. Jepson on Enlistment.

Apparent Age 35 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. 7 3/4 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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 Aug 17 1915

Place Lombard

F. H. Mudgett
 Medical Officer.

*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.

W. E. Jepson 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.

Rep. Pellat
 (Signature of Officer)

Date AUG 15 1915 1915

NAME *Jepson, Walter Elias*

DOCUMENTS
724683
121793

UNIT *124th Bn*
83rd Div Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	4 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
2	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.E.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
15	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				05365	1. "Not likely to become efficient." 2. "Demobilized."
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	3 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
2	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Pay Card.					
1	Cas Card. <i>2 Hand</i>					
1	R 122					
3	Dispersal Certificate.					
1	War Service Gratuity Form					
1	M F B 313a					
3	M F W 101.					
1	Med Transfer Certificate.					
2	Proc of a Med Board.					
17	Miscellaneous.					
1	M F W 144					

FORM 2589 100M-11-19 1772-30-1377
CDC 5009A, 1 MFW 67
MFW 31199
MFW 145

2-25-
21-25-
33-25-
1

18-4-18
20-8-28

DUPLICATE

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....109th Battalion.C.E.F.

(2) Regimental Number.....724683.

(3) Full Name of Soldier.....Walter Elis Jepsen.
Pte.

(4) Place of Birth.....City of Nottingham. England.

(5) Are you married, or not? ..Yes.

(6) If married, state,
(a) Full name of your wife.....Gertrude Florence Jepsen.
242 Hillside Ave Toronto.

(b) Present Postal Address.....

(7) Are you a widower? ..No.

(8) Have you any children? ..Yes

If so, give number of boys and girls.....2 Boys 1 Girl.

Also their names and ages.....John 3Years.

Teddy 12.

Ray 6

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

If so, state name and address

(10) Is your Mother alive?..... **No.**

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

(11) If your Mother is a widow..... **No.**

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.

..... **Nil.**

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

..... **Nil.**

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

..... **Yes.**

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

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

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

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

Date..... **JUL - 8 1916**

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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Walter, Elias* 2. Surname *Jepson*
3. Rank *Pte.* 4. Original Unit *109th Bn.* 5. Reg. No. *924683*
6. Address, in full, to which future payments of gratuity are to be forwarded
*Bank of Montreal,
North Toronto, Ontario*
7. Date of enlistment in the C.E.F. *25-4-15* *25-12-15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Gertrude, Florence Jepson*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *R.R. # 4,
Belwood, Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Canada 25-4-15 to 18-4-15.
England 18-4-15 with 12th Reg. ~~to~~ to 18-4-16, and with
C.P.C. 18-4-16 to 5-8-19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Yes. Enlisted in 83rd Bn. Jan. 1915 and discharged at Toronto March 1915. Reg. No. 2. Re-enlisted in 109th Bn 25-4-15. Reg. No. 424683*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *No.*
20. Have you been issued with a War Service Badge? If so what class? *No.*
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*
24. Are you now serving in the C.E.F.? *No.* If not, give:— (a) Date of discharge
 (b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *W. E. Jepson*

Place of Residence: *R.R. #4, Belwood, Ont.*

Declared before me at: *Witley Camp, Surrey.*

This *5th* day of *August* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

J. A. Whaley Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Questions 10, 13, 14, 20, 24, 25, 26 and 27 are answered.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

EG

THIS IS TO CERTIFY that No. #724683 (Rank) PRIVATE

Name (in full) JEPSON, Walter, Elias enlisted in
the (SECOND ENLISTMENT) 124th O/S. Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 6th
day of December 1915.

HE served in ENGLAND:

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness~~

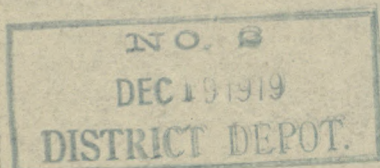
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 39 Yrs.	Marks or Scars Vacc. scars left arm.
Height 5' 2"	Scar on upper lip.
Complexion Fair	Scar outer side of Right Arm.
Eyes Blue	Tattoo Marks:-Spot back of left Hand.
Hair Light	

W E Jepson
Signature of Soldier

W O Argent
Issuing Officer

Date of Discharge



O.C. No. 2 District Depot.

Rank

Date 19th December 1919

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

DISCHARGE CERTIFICATE

Uniform is not to be worn after
expiration of one month from date of
discharge, except by special permission
of G. O. C. District.

No. 171793 RANK *Pte.*

NAME

*Jepson, W. E.*T. O. S. *26.7.15*

UNIT

*83rd Battalion C. I. F.
(10th Regt. Royal Grenadiers)**Aug. payroll*M. D. *2.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>July 26</i>	<i>Aug. 31</i>	<input checked="" type="checkbox"/>		
<i>Sept.</i>		<input checked="" type="checkbox"/>		
<i>Oct.</i>		<input checked="" type="checkbox"/>		
<i>Nov. 1</i>	<i>Nov. 25</i>	<input checked="" type="checkbox"/>	<i>Dischgd. as inefficient 25.11.15</i>	<i>DD 89 of 26.11.15</i>
UNIT SAILED				
APR 28 1916				
<i>acc closed by payment S.</i>				



Walter Elias

Name JEPSON

Rank

Otc.

Reg. No. 724683

Unit C. A. B. D.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
7-8	Canada	Witley	20	6577		11804
15-8		Witley	20	6577		11849
11-9-19	Invalided to	Canada		124		9651
		(510-2)				

Reg. No. 724683 Name Jepson W G
 Rank Pte Corps 2nd Age 42 Service 6/12/22 - 4/12
 Ledger No. Serial No. Q 37233

HOSPITALS	DATE	DIAGNOSIS
<u>Pass</u>	<u>21. 9. 19</u>	<u>U.S.G.</u>
<u>Sis</u>	<u>10. 12. 19</u>	
<u>Tamto</u>		
<u>S.S.R.</u>		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 724683. RANK *Pte*

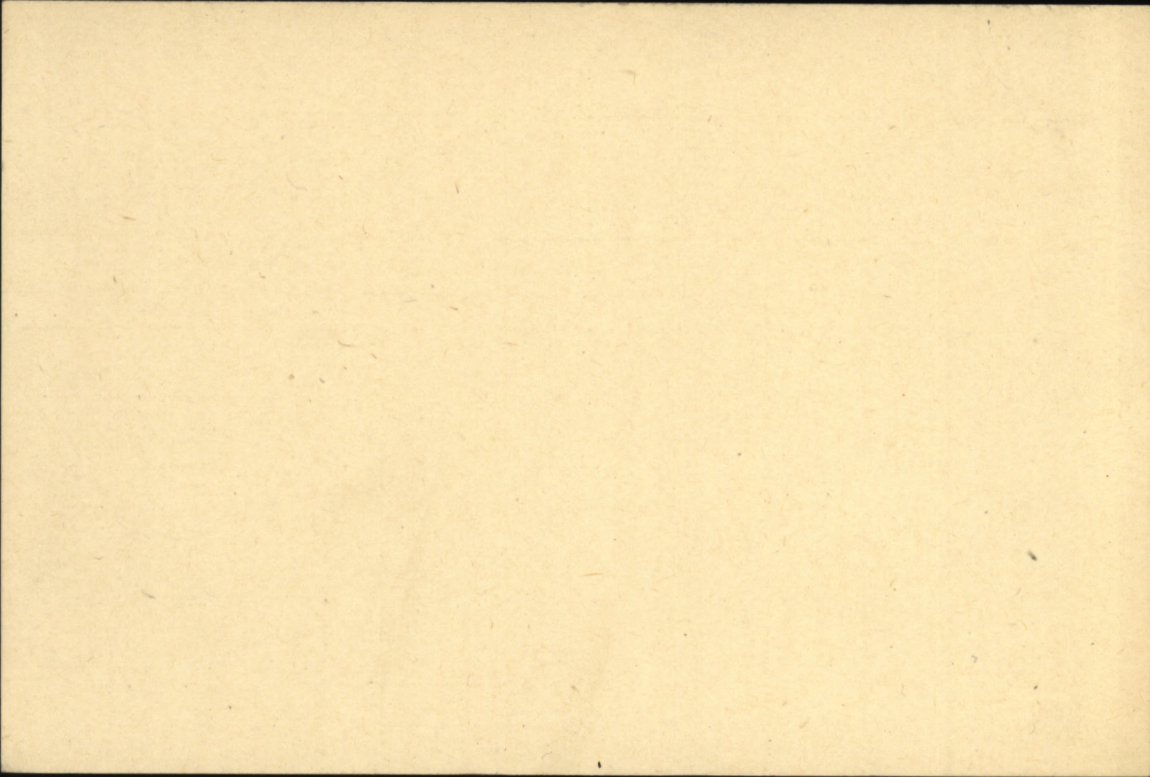
NAME *Jepson. W. C.*

T. O. S. *6-12-15-* UNIT *109th. Battalion.*
d.o. 14 6-12-15.

M. D. *3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>	<i>✓</i>		
<i>Dec 6</i>	<i>Dec 31</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



MD
WJ



Number 724683

Rank P.T.E

Surname JEPSON

Christian Name Walter Elias

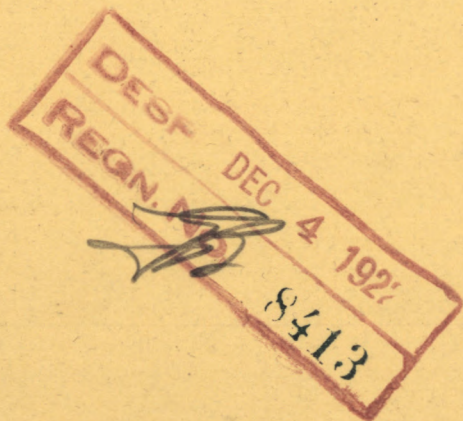
Units 109th Bu Cavalry Theatre of War England

Date of Service 31/7/16

Remarks

Latest Address ~~300 Mount Pleasant Rd~~
~~Yorvto~~ Box 422

Roll No. A Page 306⁷ Mt. Fergus
Cub.



DESF DEC 4 1927

REGN. NO. 8413

Surname
JEPSON

Christian Name or Names
W.E.

Reg. No.
724683.

Rank 1. Pte
2.
3.
4.

Unit 1. CFC
2.
3.
4.

Depot

Cas. List.

Hospital and Diagnosis.

Date

18-8-19 C587

Can. Spec. Witley

7-8-19

V.D.G. *R.*

19-8-19 C588

11 Can. Gen. S'cliffe

16-8-19

INV. TO CANADA

11-9-19

Cas. List.

Hospital and Diagnosis.

Date

*Name I, JEPSON. WALTER ELIAS Rank Pte. Regtl. No. 724683.
 Original unit 124th Present unit _____ M. or S. Age 39 Religion C.E. Fyle Depot _____
 Ref. H.Q. _____
 Port, ship, and date of arrival Halifax. Araguaya 19-9-19
 Next of kin (W) Gertrude F. Jepson 300 Mt Pleasant Rd., N Toronto Ont.
 Address on leave Same
 Address on discharge Same
 Transportation issued Yes No Date _____ Character on discharge _____
 Previous occupation laborer Date and place of enlistment Lindsay 6th Dec. 15.
 Diagnosis Demobilization Date of Medical Boards 15-12-19

T.O.S. Date.	Remarks.	Pt. 2 Order No.
11-9-19	Posted to HOSP SECT O(15-10-19)	268
21-9-19	Araguaya to B.H. H.S.	268
	D.O. 268 Date of Posting amended to read 19-9-19	274
	Stoppage of 60¢ per diem whilst confined to Base Hosp. With V.D. from 21-9-19 to 24-10-19.	300

*—Name will be given in full; surname first.

[OVER]

Date

Remarks.

Pt. 2 Order No.

Date	Remarks.	Pt. 2 Order No.
<i>W.S.G. submitted to P.D. Roll 13.</i>		
	Stoppage of 60¢ per diem whilst confined to Base Hosp. 333 with V.D. from 25-10-19 to 24-11-19.	
19-12-19	Base to Cas. Co.	H.S. 351
19-12-18	S.O.S. on "Demobilization" entitled to W.S.G. (re-enlisted)	351

M.F.W. 192.

233-D.P.-200M-3-19.

1772-89-1243.

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Hospital. 7 Ward. 7

Age 42 Service 57/12 Religion C.E. Disease S.D.G.

Regiment C.F.C. Coy. Reg. No. 724683 Rank PG Name Septon W.E.

Date of Admission 6-8-19 Disposal Date of Discharge

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse Dates and Places of Three last Exposures July 14-19
Nothing known

Main points in history Transfer from C.S. & Witley.

Condition on admission Slight Punctate Discharge

[P.T.O.]

Date	Treatment		Progress	Complications and their Treatment
	Local	General		

Treatment
Injections

Present condition

Subacute gonorrhoea

Banded I.T.C.

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. #724683 Rank Pte. Name JEPSON, W. E.
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<p>S.O.S. DISCHARGED #2 D.D. 19th December 1919 Pt. 11 D.O.#351</p> <p><i>W. E. Jepson</i></p> <p>..... Capt.</p> <p>FOR O. C. No. 2 D. D.</p>					

(b) 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. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 109th Bn Regimental Number 724683

*Substantive Rank Plt. Surname JEPSON Christian Names Walter Elias

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

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
			Arrived in England per H.M.T. 2810		31-7-16	
8.12.16	O/C 109 th Bn	Prd 343	S.O.S. on trans to 124 th Bn	Witley	8.12.16	
9.12.16	O/C 124 th	265	T.O.S. from 109 th Bn	"	"	
29.3.17	12 th Reg	81	T.O.S. from 124 th Bn	E. Sandling	29.3.17	124 th Bn 15083 S.S.
18.5.18	12 th Reg	119	S.O.S. to 1 Corp. D.	Plt Witley	18.5.18	139-21-5-18 (1000)
30.5.18	1 Corp. D.	148	S.O.S. to C.Y.C.	"	30.5.18	T.O.S. 48. C.Y.C. Prd 150. 31-5-18
19.6.18	H.Q. C.Y.C.	67	T.O.S. from B.D.	London	14.6.18	S.O.S. 130 C.Y.C. Prd 143 18-6-18

Certified true copy

[Signature]
for C.T. Co. 1/c Records G.E.F.

To be folded on this line.

Nothing to be written in this margin.

(226383.) Wt. W. 9688-P. 2068. 540,000. 3/19. S. & S., Ltd. E. 4602.

SERVICE AND CASUALTY FORM Part III

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
28.8.19			TOS 23.8.19 WITLEY. SOS, OMFC. TO CEF CANAD. 20.9.19			

Brown
OFFICER in RECORDS.
R. WING C.C.G.,
WITLEY.

Nothing to be written in this margin.

Temporary

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 12th Res Bn.

Regimental No. 724 683

Rank Pte

Name Jepson (Walker, Elias)

Enlisted (a) 6.12.15

Terms of Service (a) DoW

Service reckons from (a) 6.12.15

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) Labourer

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				

29.3.17

12 Res Bn

attached from 12th Res Bn Witley.

Witley.

29.3.17.

Pte II 81

3.5.17

do.

Amended to read "Taken-on-Strength"

do.

29.3.17.

Pte II 112

18-5-18

12th. Bn.

B.O.S. to 1st.C.O.R.D.

Witley.

18-5-18

Part II 119.

E.S. Hoop
Lieut. i/c Records,
12th. Res. Bn.

21.5.18 to C.O.R.D.

T.S. from 12th Res Bn Witley

Witley

20.5.18

D.O. 139

30.5.18 to C.O.R.D.

S.O.S. of Thompson Can. Forester Corb.

Witley

30.5.18

Pt. II D.O. No. 148

A.W. Dunkley
O/c Records
12th. Res. Bn.

31.5.18

O.O. C.F.G. T.O.S. Base Depot, C.F.C. Sunningdale

30.5.18

Pt. II D.O. 130

on posting from C.O.R.D.

16.6.18 to C.O.R.D.

S.O.S. BASE DEPOT C.F.C. SUNNINGDALE on posting to HQS (TW. Bedford)

16.6.18

Pt. II D.O. NO. 148

W. Green
12th. Res. Bn.

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

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				
18-6-18.	D.G.T.O.	T.O.S. HQ CFC at Wise on reporting from Base Depot.	LONDON.	14 th 78.	Pr II D.O. #67.
7-1-19	D.G.T.O.	Granted leave of absence from 24-12-18-2-1-19. (Xmas leave.)	London.	24-12-18.	Pr. II D.O. # I
2-8-19	"	S.O.S. to C.F. B.D. Witley	"	31/7/19	" " " 36. <i>[Signature]</i> MAJOR, D. A. A. G. FOR MAJOR
11-9-19	T.O.S. No. 2 District Depot,	Part II, D.O. No.			267
		Stoppage of 60¢ per diem whilst confined to Base Hosp. with V.D. from 21-9-19 to 24-10-19.			300
		Stoppage of 60¢ per dime whilst confined to Base Hosp. with V.B. from 25-10-19 to 24-11-19.			333

[Signature]
Capt.
for O.C. #2 District Depot.

[Signature]
Capt.
For O.C. No. 2 District Depot

[Signature]
Capt.
For O.C. No. 2 District Depot

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

M. F. W. 54. (A. F. B. 103.)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

83rd Bu. 141492. Unit, Regiment or Corps *1st L. S. S.*

124th Bu. Regimental No. *424682* Rank *Plt.* Name *J. S. O. Walker* *Lias*
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>4-10-19</i>	<i>1st L. S. S.</i>	<i>SOS. we transfer to L. S. O. L. S. O.</i>	<i>Buxton</i>	<i>11-9-19</i>	<i>Plt II DO. 231</i> <i>W. S. O. L.</i> <i>for J. S. O. L.</i>

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

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

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				

MEDICAL HISTORY SHEET.

Surname Jepson Christian Name Walter

Examined { on 17th day of August 1915
 at Loronto
 Birthplace { City or Town Notts
 County England

Approved by F. Munnick
 Rank Major M.O.

Apparent age 35
 Trade or occupation Laborer
 Height 5 Feet 2 3/4 Inches.
 Weight 130 lbs. Lbs.
 Chest measurement { Minimum 36 1/2 inches.
 Maximum expansion 15 inches.
 Physical development good
 Small-Pox Marks nil

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

Vaccination Marks { Arm Right 1 Left 3
 Number 4
 When Vaccinated last 34 years ago
 (a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>30-8-15</u>		
<u>23-8-15</u>		<u>Walter W. McP...</u> M.O.
<u>27-8-15</u>		<u>...</u> M.O.
<u>31-8-15</u>		M.O.

Enlisted on 17th day of August 1915 at Loronto.

	CORPS.	REG'TL NUMBER.	RANKS.	DATE.
Joined on enlistment	<u>Grenadeirs.</u>			
Transferred to.. ..	<u>83rd</u> <u>Battalion</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 724683 Rank P.O. Surname JEPSON
(Give name in full)

Walter Elias

Unit or Corps no 2 W.D. Birthplace Wolterham, Eng.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs.

Height 5-3 ft. 3 in.

Colour of Eyes Blue

Nutrition good

Pulse 72

Condition of arteries normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scar outer side of R. Arm since childhood.
Latent spot back of L. Hand.

Opinion as to general health and physical condition Fit for gen'l service

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System yes Cardio-Vascular System no

Special Senses yes Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Eyes. sore since 6 yrs of age. Chronic conjunctivitis & Blepharitis. Not due to nor aggravated by service.
V. O. G. infectious July 13th/19. Overt July 19th.
Treatment. Wally & Moon Bks. until Sept.
S. T. C. Canada. Base Hosp. Toronto to date.
Apparently cured.

APPROVED
 DEC 16 1919

 CAPT.
 D. 2

(If space is insufficient, continue on back of form.)

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Base H. of Toronto*.....(Canada)

Date *15-12-19*..... Signed *J. A. Russell Cpt. Can. C.*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *W. E. Gerson*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 724683 Rank PTE Surname JEPSON
(Given name in full)

Unit or Corps C.P.C. Birthplace Walter, Elizat
Nottingham Derby Eng

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72 Reg.
 Condition of arteries Soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 27-18-19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature W.E. Jepson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Opinion as to general health and physical condition
Has (Member) Other rank ever suffered from or has he now any affection of the following systems?
(Answer "Yes" or "No". Substantive evidence may be submitted in certain cases.)
Nervous System
Special Senses
Respiratory System
Circulatory System
Digestive System
Genito-urinary System
Muscular System
Bones and Joint System
Any other general condition

[over]

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA).

Reg. No. Rank Name *Jepson.* Unit

Diagnosis Admitted Discharged

Medical Officer i/c case

HISTORY

No. of previous attacks

Where and when acquired

Date and character of symptoms

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
DEC 4 1919	<i>sh.</i>	<i>sp. R.V.P. Palpable.</i>	<i>not tender.</i>		<i>M.</i>			<i>o disch.</i>
		<i>R.V. Slightly enlarged.</i>	<i>Fairly Regular. Fairly Soft.</i>					
		<i>not tender.</i>	<i>L.V.N.P. L. L. Former than right Fairly regular.</i>					
		<i>Slightly enlarged. not tender. Sm ++</i>						
		<i>Pro: - Pus + Epith + Gram + Cocci + Pro: fluid +</i>						
DEC 8 1919	<i>sp. sh.</i>	<i>R.V.N.P.</i>	<i>R.V. Fairly regular. Fairly small.</i>		<i>DM K32</i>			
		<i>L.V.N.P. L. Larger. Slightly irregular. Fairer.</i>	<i>Sm +++</i>	<i>sh. / sh. 0</i>				
		<i>Pro: - Pus + Epith + Gram + Cocci +</i>						
		<i>Gram + Cocci + Pro: fluid +</i>						
DEC 11 1919	<i>sp. sh.</i>	<i>d.</i>			<i>out of irrigation</i>			<i>o disch 9</i>
<i>15/2/19.</i>	<i>cl.</i>	<i>cl.</i>			<i>no treatment.</i>			<i>day.</i>
					<i>Apparently cured</i>			<i>o disch</i>
					<i>Geo A Russell Capt.</i>			
					<i>Can C.</i>			



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BERKELEY

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LIBRARY

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LIBRARY



{GONORRHEA}(M.F.7. 101).

NO

RANK

NAME

Jepson

DATE OF DISEASE	SMEAR	URINE	URIN-ALYSTS	OTHER LAB. TESTS.	COM-PIT-TATIONS	MEDI-CINE	IRRI-GATION	OPER-ATIONS.
Nov 3 19	op sh	d	R.I.N.P. about normal in size fairly soft. fairly regular. Slightly tender.	L.V.N.P. about same as right. Slightly tender. fairly reg. no smear. 2/21 2/21 sh.				o disch 1 day
Nov 6 19	sh	d	R.I.N.P. about normal in size fairly soft. fairly regular. not tender.	L.V.N.P. much larger than right. firmer. Has a diagonal ridge. moderately tender.		WM K29		o disch 1 day some on 5th
Nov 10 19	op sh	d	Microscope Passed neck of bladder. Gum colored area in prost. urethra to the right of the median line touched with silver wire. Peri. mont. is small. apparently normal in size. the urethra not seen. Bulbous urethra is striate, alternating bright red & blue grey. The orifice of bicucular of the morgagnic seen. In the proximal part of lower third of the penial urethra quite red, touched with silver wire. Remainder of urethra apparently normal. The prost. urethra appears moderately oedematous.	Pros: - Pus + Epith + very few cells.	Urethroscope			o purulent
Nov 13 19	op 3	sh d						Change to indin/1000 o disch 1st am
Nov 17 19	op	d						o disch 5 days
Nov 20 19	op sh	d	R.V. Very high, just palpable. Slightly tender.	R.I. Small. Hard to outline. fairly soft. not tender.		WM K31		o disch 8 days
Nov 24 19	op sh	d	R.V.N. Lt. larger than right. much firmer. moderately tender.					Pros: - Pus + Epith + Pros. fluid +
Nov 27 1919	op sh	d						Wiret smear. o disch 12 days
Nov 27 1919	op sh	d						Urethroscope o disch 15 days
DEC 1 1919	op sh	d						Mod purulent

VENEREAL DISEASE CASE SHEET.

(Gonorrhoea)

Reg.No.

Rank.

Name

Unit.

HISTORY.

No. of previous attacks

Where and when acquired

Date and character of symptoms

13 1 - 0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE - - - - *May 14* - - - - 1917.

SPECIAL REPORT ON EYES.

NO. *724683*

RANK *Plt*

NAME *Johson W E*

IN OR OUT PATIENT *Out*

UNIT *12th Res*

FROM: OFFICER COMMANDING

TO: *Ob 12th Res, Post Reading*

RIGHT VISION - $\frac{6}{24}$ *pan* $\frac{6}{9}$
LEFT VISION - $\frac{6}{24}$ $\frac{6}{9}$

REMARKS:

*Myopia & Blepharitis
Medication prescribed -*

HE IS FIT FOR OVERSEAS SERVICE. GLASSES
HAVE *not* BEEN ORDERED. CONDITION WAS PRESENT
PREVIOUS TO ENLISTMENT AND HAS *not* BEEN CAUSED BY
SERVICE.

RECOMMEND PATIENT FOR CATEGORY *B-1*

J. M. ... C.A.M.C.
FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

M.

OFFICE OF SENIOR MEDICAL OFFICER
SANDLING CAMP
15 AUG 1917
CANADIAN RED CROSS SOCIETY

11500

—————

11500
M. D. L. 11500

26-8-15

MILITIA AND DEFENCE

277

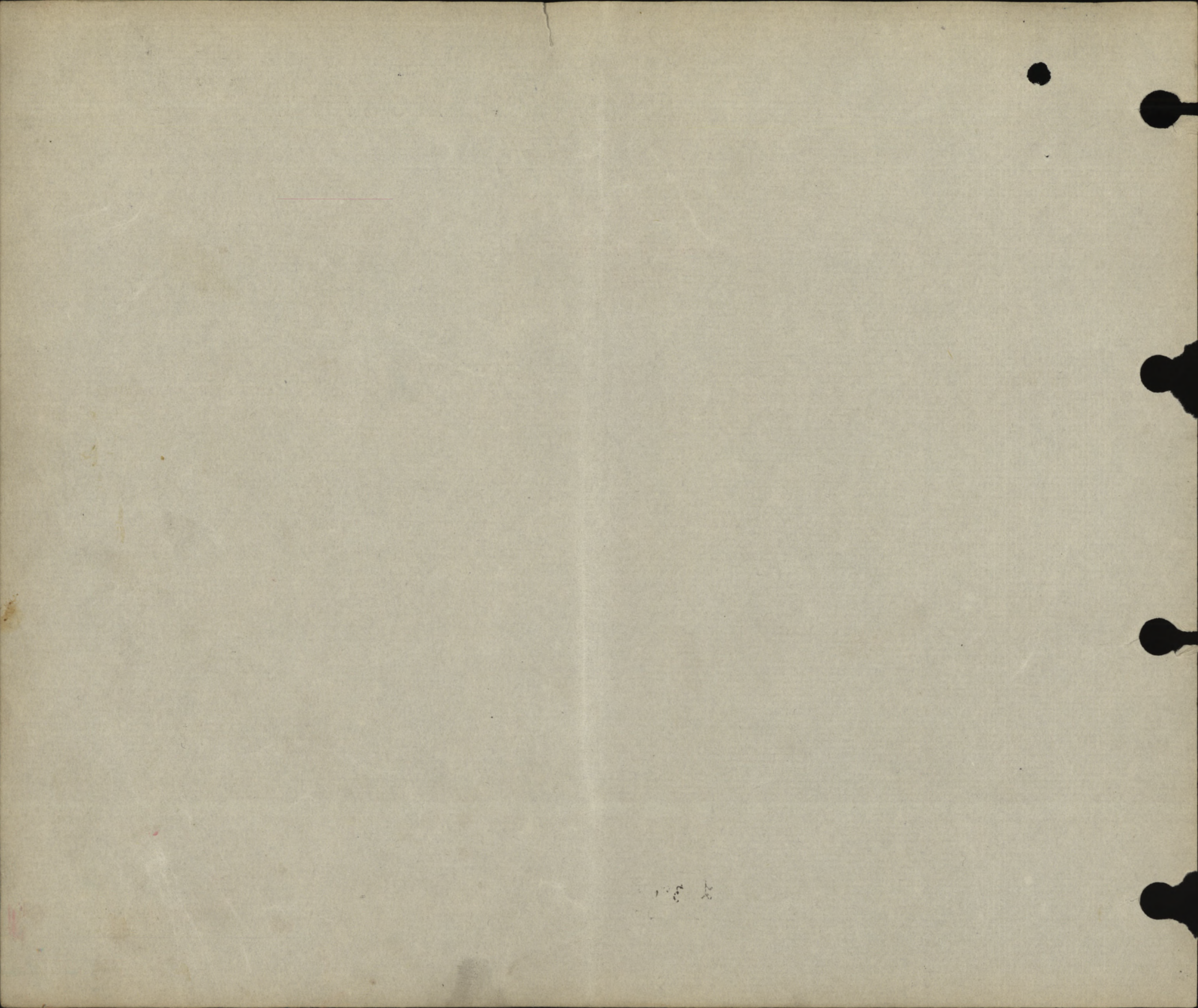
SEPARATION ALLOWANCE

Name *Mrs. Gertrude G. Jepson* Name of Soldier *Jepson, W.C.*
 Address *300 Mount Pleasant Rd,* Regtl. No.
North Toronto Rank *Pte.*
Ont, Corps *83rd Batta*
 Relation to Soldier } *242 Hillside Ave.* To what Corps belonging }
 wife, child or mother } *Wife* when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i># of overpaid</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>6404</i>	<i>23 - 23</i>	
Oct.		<i>20241</i>	<i>20 - 20</i>	
Nov.		<i>10739</i>	<i>20 20</i>	
Dec.		<i>13902</i>	<i>20 20</i>	
Jan.	1916			<i>(13902 cancelled) Discharged 25/11/15 (P.M.) 29/11/15) Account closed</i>
Feb.				
March				



~~48 Erskine Ave.,~~
~~Toronto,~~
~~Ont.~~

(22/3/16)

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Mrs. Iperkude J. Jepson.*
 Address ~~300 Mount Pleasant Rd.~~
~~North Toronto~~

wife

By Whom Assigned *Jepson. W. E.*
 Regtl. No. *724683.*
 Rank *Pte.*
 Corps *109 Batt. "A" Co.*

~~100 E. ...~~
R.R. # 4, Rate \$15⁰⁰ per m.
 AUG 1 1916

Belwood, Ontario

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				

16-10-17 wt.



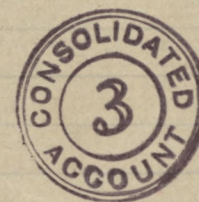
11-11-11

SEPARATION ALLOWANCE

Name *Gertrude F. Jepson* Name of Soldier *Jepson, Walter E.*
 Address ~~*300 Mt Pleasant Rd*~~ Regtl. No. *424683*
242 Hilldale Ave North Toronto Rank *Pte*
259 Erskine Ave. Out Corps *109 Batt*
 Relation to Soldier }
 wife, child or mother } *Wife* To what Corps belonging }
 when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>228487</i>	<i>20 70</i>	



1850

1850

1850

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Gertrude F. Jepson.

PAYMENTS. # 724683.

Name of Soldier

Jepson, W. E.
Pte. "A Coy" 109 Batt.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 ⁰⁰ AUG 1 1916
April	1916			
May				
June				
July				
Aug.		715402	15-	
Sept.		916895	15'	
Oct.		1321361	15-	
Nov.		H 26920	15	
Dec.		X 34530	15	
Jan.	1917	X 37371	15	
Feb.		X 44043	15	
March		046566	15	15-h-
April		15w. 02585	15-	48 Erskine Ave., Toronto, Ont.
May		0 8645	15	22/0/14 work.
June		B 15799	15	B
July		0 22982	15	Ba
Aug.		X 28134	15	
Sept.		N 36393	15	B
Oct.		Y 42503	15-	
Nov.		T 49948	15	
Dec.		9 56127	15-	
Jan.	1918			R.L. #4, Belwood, Ont. 360/2 (16-10-11 work)
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 8902.-Req. 6213.

*Getrude T. Jepson**(Wife)*
PAYMENTS.

Name of Soldier

Jepson, Walter E.
*Rt**724683*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L 2071	16	<i>16</i> Deduct 4 ⁰⁰ expd from 83 rd Batt.
May		H 6726	20	<i>20</i>
June		K 7839	20	<i>20</i>
July		M 10274	20	<i>20</i>
Aug.		Q 12983	20	<i>20</i>
Sept.		R 16518	20	<i>20</i>
Oct. <i>5</i>		X 19301	20	<i>20</i>
Nov.		C 23021	20	<i>20</i>
Dec.		B 26541	20	<i>30</i>
Jan.	1917	H 29068	20	<i>20</i>
Feb.		H 32165	20	<i>20</i>
March <i>20 AM</i>		S 35302	20	<i>20</i> 48 Erskine Ave, Toronto. Ont
April		Q 1560	20	<i>20</i>
May		O 4784	20	<i>20</i>
June		K 8206	20	<i>20</i>
July		I 11188	20	<i>20</i>
Aug.		N 14117	20	<i>20</i>
Sept.		T 17905	20	<i>X</i>
Oct.		C 21558	20	<i>B</i>
Nov.		H 24134	20	<i>M</i>
Dec.		M 27272	20	<i>Hd 436/1</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

D

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1/8/16	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	

NAME: **JEPSON Walter Elias**
 NUMBER:- **724683** H

NAME, ADDRESS, RELATIONSHIP & AUTHORITY
Gertrude J. Jepson (Wife)
 RR #4
 Belwood
 Ontario

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- **109th BATT.**
 DATE ACCOUNT FIRST OPENED:- **1/8/16**

Account agreed as at **30/9/18**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P O	UNIT TRANSFERRED TO
			12 Res 1 COB
	16-18	20.6-18	BR. C.P.C. Eng

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/8	10587		2755				
1/5 10.	18/9-31/9-9.	48 @ 60	2880				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10	7	10 R

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
May 31	Cap. Sgt. J.A.								1481	Nil	
Apr	P. Pay	33		AR 189 16/4					973		
				AR Cam				15			
				AR 260 26/4					730		
								15			
								15			
	May P. Pay	34	10	AR Cam				15			
				AR 505 14/5					1273		
				" 279 25/5					489		
								15			
								15			
								15			
June	P. P	33		AR. B. 1221 19/4/18. 11A.					973		
				AR. L. 666 21/6/18. Catford.					730		
				C.A.P.					1703		
								15			
								15			
July		34	10	C.A.P.				15			
				AR. L. 807 16/7/18. Catford					973		
				AR. L. 919 26/7/18					730		
								15			
								15			
								15			
								15			
Aug		34	10	C.A.P.				15			
				AR. L. 1017 13/9/18. Catford					973		
				AR. L. 1197 29/9/18					730		
								15			
								15			
								15			
Sept		33		C.A.P.				15			
				A.R. L. 1379 Catford 12-9-18					973		
				" L. 1485 London 25-9-18					730		
								15			
								15			
								15			
Oct		34	10	C.A.P.				15			
				A.R. L. 1671 11/10/18. B.F. Co.					3893		
								15			
								15			

COMPLETED *W. H. Fletcher*
 CHECKED *W. H. Fletcher*

NUMBER

724683 RANK

NAME

JEPSON, Walter E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	R.P.	33		bal.				15	409		
				M.L. 2324 15/11 676	973						
				- 2678 26/11	243						
Dec		34 10		bal.				15			
				M.L. 3895 13/12	1703						
Jan		34 10		bal.				15	31 10		
		101 20			29 19			45			
Feb		30 80		A.R. L. 3213 7/11	973						
				L. 3564 23/11	487						
				L. 3650 11/2/19	943						
				L. 3906 24/2/19	730						
				bal.				15			
Mar		34 10						15			
				M.L. 4070 12/3/19	973						
				- 4319 24/3/19	730						
		64 90			4866			30	1734		
Apr				A.R. 149 15/4/19 676	1947						
May		67 10		A.R. 421 16/5/19	1947						
				bal.				30	1550		
		67 10			3894			30	6710		
Jun				A.R. 648 14/6/19	1703				8260		
		67 10		cash June July				30	4703		
		67 10			1703			30	3557		
Aug	P. Pay	34 10		A.R. 1012 11/7 686	1947						
				bal.				15	3520		
		34 10			1947			15			
Sept	C Pay	33 -		A.R. 10587 R.Ming 4/8/19 4	2433						
		33 -		bal.				15	2887		
					2433			15			
				A.R. 4326 1/9/19 Schiff (end)	973				1914		
17/10				V.D. 15/8 - 31/9/19 48 days	943	2880			966		

SOS 10/9/19 H510 2nd 2

MARRIED OR SINGLE *Married*
 PLACE OF BIRTH *Nottinghamshire Eng*
 NAME AND ADDRESS OF NEXT OF KIN *Gertrude J Jepson
300 Mount Pleasant Road N Toronto Ont*
 RELATIONSHIP OF NEXT OF KIN *Wife*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *724683* RANK *Pte* NAME *Jepson Walter Elias*
 IF IN PERM. CORPS | UNIT *109th Bn* TRANSFERRED TO *124 Bn* DATE *21.1.17* AUTHORITY *D.O. 83.29/3*
 WHAT UNIT | TRANSFERRED TO *12 Base Bn* DATE *21/4/17* AUTHORITY *8.12.16*
 PERMANENT FORCE ALLOWANCES | TRANSFERRED TO | DATE | AUTHORITY
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO | DATE | AUTHORITY
 DATE OF ATTESTATION *Dec 6th 15* TRANSFERRED TO | DATE | AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Gertrude J Jepson* *R.R. #4 Belwood* RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ | DATE EFFECTIVE *Toronto Ont*
 PAYABLE TO | RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.
<i>July 31</i>															<i>365</i>	<i>365</i>																		
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>					<i>34</i>	<i>10</i>	<i>9</i>	<i>95/16</i>					<i>15</i>			<i>24</i>	<i>74</i>	<i>13</i>	<i>01</i>								
<i>Sept 30</i>	<i>30</i>	<i>30</i>					<i>3</i>					<i>33</i>	<i>41</i>	<i>31</i>	<i>31/16</i>					<i>15</i>			<i>29</i>	<i>60</i>	<i>16</i>	<i>41</i>								
<i>Oct 31</i>	<i>31</i>	<i>31</i>					<i>310</i>					<i>34</i>	<i>10</i>	<i>113</i>	<i>30/16</i>	<i>152</i>	<i>15</i>	<i>15</i>		<i>15</i>			<i>29</i>	<i>60</i>	<i>20</i>	<i>91</i>								
<i>Nov 30</i>	<i>30</i>	<i>30</i>					<i>3</i>					<i>33</i>	<i>150</i>	<i>30/16</i>						<i>15</i>			<i>22</i>	<i>30</i>	<i>31</i>	<i>61</i>								
<i>Dec 31</i>	<i>31</i>	<i>31</i>					<i>310</i>					<i>34</i>	<i>10</i>	<i>284</i>	<i>20.11.16</i>					<i>15</i>			<i>27</i>	<i>16</i>	<i>38</i>	<i>55</i>								
<i>Jan 20</i>	<i>1⁰⁰</i>	<i>22</i>										<i>22</i>								<i>15</i>			<i>15</i>			<i>41</i>	<i>45</i>							
<i>Jan 11</i>	<i>1⁰⁰</i>	<i>12</i>	<i>10</i>									<i>19</i>	<i>20</i>	<i>419</i>	<i>15/16</i>	<i>484</i>	<i>3/11</i>			<i>15</i>			<i>14</i>	<i>86</i>	<i>38</i>	<i>19</i>								
<i>Feb 28</i>	<i>1⁰⁰</i>	<i>30</i>	<i>80</i>									<i>30</i>	<i>80</i>	<i>54</i>	<i>15/16</i>	<i>604</i>	<i>26/12</i>			<i>15</i>			<i>29</i>	<i>59</i>	<i>39</i>	<i>40</i>								
<i>Mar 31</i>		<i>34</i>	<i>10</i>									<i>34</i>	<i>10</i>							<i>15</i>			<i>53</i>	<i>92</i>	<i>19</i>	<i>56</i>								
<i>Apr 20</i>		<i>22</i>										<i>22</i>								<i>15</i>			<i>15</i>		<i>26</i>	<i>56</i>								
<i>Apr 21/30</i>	<i>10</i>	<i>11</i>										<i>11</i>								<i>15</i>			<i>26</i>	<i>39</i>		<i>37</i>	<i>56</i>							
<i>May 1/31</i>	<i>31</i>	<i>34</i>	<i>10</i>									<i>34</i>	<i>10</i>	<i>118</i>	<i>30/16</i>					<i>15</i>			<i>32</i>	<i>03</i>	<i>39</i>	<i>63</i>								
		<i>334</i>	<i>40</i>										<i>3</i>	<i>65</i>	<i>338</i>	<i>05</i>					<i>150</i>			<i>298</i>	<i>42</i>									
		<i>334</i>	<i>40</i>										<i>3</i>	<i>65</i>	<i>338</i>	<i>05</i>					<i>150</i>			<i>298</i>	<i>42</i>									

Trans 12th Base Bn 21/1/17

34

This space to be for numbers.

Proceedings on Discharge.

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

No.	141793
Rank	Walter Elias Jepsen
Name	Private
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	83rd Overseas Battn. C.E.F.
Date of Discharge	NOV 25 1915
Place of Discharge	Toronto Ont

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age..... 35 years..... months.	
Height..... 5 feet..... 2 3/4 inches.	
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Labourer
Intended place of residence	300 Mt Pleasant Rd Toronto
<small>(To be given as fully as practicable.)</small>	

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

not likely to become an efficient soldier

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.

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

Very good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

Labourer

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

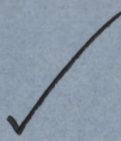
M. F. B. 218.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

*Loaded 4/5/16
m.m.*

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



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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations, with a checkmark in the first line.

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) Yamato Art

Reg Bellatt Hol

(Date) NOV 25 1915

83rd Overseas Battn. C. E. F.
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Yamato Art W E Jepson (Signature of Soldier.)

(Date) NOV 25 1915 H Smith (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] (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Yamato Art

(Signature) Reg Bellatt Hol

(Date) NOV 25 1915

83rd Overseas Battn. C. E. F.

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.)

R. O. 2-5-16.

List of Discharge Documents.

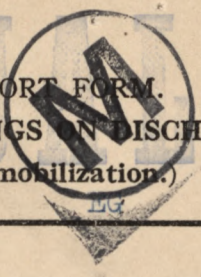
Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
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.

R# 1543
22-12-19

Je - 190

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No #724683

2. Rank PRIVATE.

3. Name JEPSON, Walter, Elias.

4. Unit 124th Battalion C.E.F. (#2 D.D.)

5. Date of Discharge DEC 19 1919 Place TORONTO, ONT.

6. Reason for Discharge.....

"DEMORILIZATION"

7. Authority (#2 D.D. Part 11 Daily Order #351)

8. Proposed Residence after Discharge.....

300 Mount Pleasant Road, North, Toronto., Ont..

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. ?.....

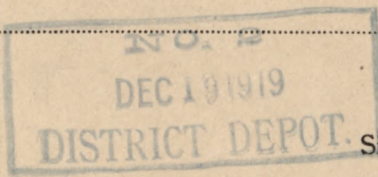
W. E. Jepson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date DEC 19 1919



Signature H. J. [unclear] Capt.
(O. C. Discharging Unit.)

PROCEEDING ON DISCHARGE
U.S. DISTRICT COURT

Name of Debtor	
Residence of Debtor	
Occupation of Debtor	
Date of Discharge	
Reason for Discharge	
Signature of Debtor	
Date of Discharge	
Signature of Creditor	
Date of Discharge	
Signature of Trustee	
Date of Discharge	
Signature of Court	
Date of Discharge	

CERTIFICATE TO BE SIGNED BY SOLIDEX

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

M. F. W.

Signature of Debtor

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Date

Date

(U.S. District Court)

Signature

LIST OF PUBLISHED DOCUMENTS

Medical Form W. 10	Attestation Form
Medical Form W. 11	Attestation of Death
Medical Form W. 12	Attestation of Birth
Medical Form W. 13	Attestation of Marriage
Medical Form W. 14	Attestation of Divorce
Medical Form W. 15	Attestation of Adoption
Medical Form W. 16	Attestation of Guardianship
Medical Form W. 17	Attestation of Emancipation
Medical Form W. 18	Attestation of Naturalization
Medical Form W. 19	Attestation of Citizenship
Medical Form W. 20	Attestation of Residency
Medical Form W. 21	Attestation of Domicile
Medical Form W. 22	Attestation of Jurisdiction
Medical Form W. 23	Attestation of Venue
Medical Form W. 24	Attestation of Process
Medical Form W. 25	Attestation of Return
Medical Form W. 26	Attestation of Execution
Medical Form W. 27	Attestation of Satisfaction
Medical Form W. 28	Attestation of Release
Medical Form W. 29	Attestation of Discharge
Medical Form W. 30	Attestation of Termination

LIST OF DISCHARGE DOCUMENTS.

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

A.C. Rank **Name** JEPSON, Walter Elias. **Reg'l No.** 724683 ✓
Unit 109th. Bn. **If in perm. Corps, What Unit?** } **Married or Single** Married.
Place and Date of Enlistment Lindsay. Dec 6th. 1915. **Place of Birth** Nottinghamshire England.
Name and Address, Next-of-Kin Gertrude Florence Jepson. **Relationship** Wife.
 300, Mount Pleasant Road, N.Toronto.
Assigned Pay Monthly \$ **Payable to** **Relationship** **H**
Separation Allowance \$ **Payable to** **Relationship** **X 081.**
Discharge, Date and Place **Reason** **Character**

23136
 Canmu

H. W. & V., Ld.-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.				
CFC		Arrived in England per H. M. T. 2810		31-7-16	
8.12.16	06109 th Bn	Sold on transf. to 124 th Bn	Witley	8.12.16	PTI NO 343
9.12.16	06124 th Bn	Sold on transf. to 109 th Bn	"	"	265
19.1.17		Sold on transf. to 124 th Bn	"	18.1.17	19. Det. D.O. 51
29.3.17	124 th Res.	XXXXXXXX from 124 th Bn to 2. Sandring		29.3.17	S.O.S. 81. 91244 th Bn Det 0.83
		New know: asl 24th Pnr			
		1 tr. Can-ENG 10-3-18			
18.5.18	12 Res.	Sold to 160 th Bn	Witley	18.5.18	PTI 119 (139 ^d 21.5.18 160 th)
30.3.18	160 th Bn	Sold to 6. C. Corps	"	30.3.18	PTI 148 T.O.S. 180 ^d 27.3.18 160 th
19.6.18	H.Q. C. Corps	T.O.S. from 160 th Bn	London	14.6.18	67 S.O.S. 1280 ^d 11.10.14 27.10.18
		P.T.O.			

Handwritten notes:
 J. J. J.
 J. J. J.

Handwritten note:
 about

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.				
1-8-19	C.P.C.B.D.	T.O.S. & att'd "N" wing.	Pt. Willey	31-7-19	P20 913
8-8-19	H.Q's C.P.C.	S.O.S. on post. to B.D. Willey	Pt. Londa	31-7-19	P20 25
5-8-19	R Wing	T.O.S. funding R.T.C.	" Willey	3-8-19	DO 100
18-9-19	6 R.O.C.L.	Invalided to Canada S 2 510 M 2 at N. XI C G H Doncliff	" Latham	11-9-19	Ch C 24
19-9-19	R Wing	SOS to C.F. Canada S 2 510	" Willey	10-9-19	DO 139

724683 Pte Jepson W.E. 109th Battn C.E.F.
Will removed by Regt. paymaster

J. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

76430

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724683

Name Pte W E Jepson

Unit 109th Battn C E F

Military Will.

Invent of My Death

I leave My Personal
Property and Effects

to My Wife
Mrs E Jepson

259 Carbine Ave
North Toronto

Signature Pte W E Jepson

Rank and Regt. Pte 109th Battn

Date Oct 12th 1916

*Witness
Capt & 7th Cav.*

Bill ...
... ..

...

...

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

Army Book 172.

Extract from Admission and Discharge Book of *No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.* Hospital at Date *1-9-19*

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name.	Completed Years of			DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.	Transferred.			
<i>7</i>	<i>Can. Forestry</i>		<i>7</i>	<i>Pte.</i>								
<i>2</i>	<i>corps</i>		<i>4</i>	<i>Jepson, W.E.</i>	<i>42</i>	<i>50/17</i>		<i>15-8-19</i>		<i>bc</i>	<i>vdy</i>	<i>Amat.</i>
<i>7</i>			<i>6</i>									<i>Araguaya</i>
			<i>8</i>									
			<i>3</i>									

State whether the Patient

- (a) Was transferred from an Expeditionary Force
- (b) Has already been granted 10 days' furlough.....
- (c) Was admitted whilst on short leave from Overseas.....
- (d) Was admitted from a Home Service Unit.....

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

I to C.

[Signature]

Medical Officer in Charge.



724683

724683

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Jepson Christian Name Walter Elias

Examined { on 6th day of December 1915
at Lindsay

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

Birthplace { City or Town Northampton
County England

Apparent age 35 years

Trade or occupation Laborer

Height 5 Feet 2 Inches

Weight 121 Lbs.

Chest measurement { Minimum 35 1/2 inches.
Maximum expansion 35 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Four
Number Four

When Vaccinated last August 1915

(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,
<u>2/3/16</u>	<u>None</u>	<u>None</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Aug. 1915</u>	<u>Good</u>	<u>None</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Feb 27-17</u>	<u>Good</u>	<u>None</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>None</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>None</u> M.O.
<u>8.5.16</u>	<u>Good</u>	<u>None</u> M.O.
<u>32.9.16</u>	<u>Good</u>	<u>None</u> M.O.

Enlisted on 6th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th B. Batt</u>	<u>724683.</u>		<u>6.12.15.</u>
Transferred to.....	<u>124th OVERSEAS BATTALION C.E.F.</u>			<u>X.X.X</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wily Post Sandery</u>	<u>March 27th 17</u> <u>4/12/17.</u>	<u>Chronic Conjunctivitis</u> <u>defective vision</u>	<u>D3</u> <u>Ph. Cook</u> <u>Ri</u> <u>Fredrick</u>

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.

Temporary

MILITARY SERVICE ACT, 1917.

#724683

MEDICAL HISTORY SHEET.

Surname *Pte Jenson* Christian name *Walter P.*

- 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)
- 4. Address (including street and number if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the _____ day of _____ 19____, by the undersigned medical board sitting at _____

- 5. Age as stated Years Months
- 6. Apparent age Years Month
- 7. Height Feet Inches
- 8. Weight Pounds
- 9. Chest measurement Minimum Ins. Maximum Ins.
- 10. Complexion Eyes Hair
- 11. Physical development Good Fair Poor
- 12. Smallpox marks
- 13. Number of vaccination marks Right arm Left arm
- 14. When vaccinated last
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
- 16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma. } We find no evidence of past { Rheumatism Tuberculosis Nervous or Mental disorder. Epilepsy Syphilis Asthma. }

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision. R. L. (b) Hearing. R. L.

Signature of Man

..... President.
 Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined _____ day of _____ 19____ at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

If raised in category, record category in a square. The M. O. will initial and date.

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. 724683 Rank Plt Name Jepson W.E. #2 DD Unit
 Diagnosis V. D. G. Admitted Sep 21 Discharged
 Medical Officer i/c case

HISTORY

No. of previous attacks Occur.
 Where and when acquired London Eng. July 13th 19.
 Date and character of symptoms July 19th 19 Yel. Discharge.
Smears taken. Dir. + H. G. C. found.
Photograph 1/2.

DATE Day of disease	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
Sept 22 19.								sl. purulent
	Dir. +.	very many pus,				increase to 140.		
Sept 26 19								very sl. purulent
OCT. 6 1919	gish d					change to potash		very sl. purulent
Oct 10/19	W 1 sandy W 11 heavy 1st			Irrigation pp.				V.S. m. o am.
Oct 14/19	Irrigation pp.			dry		1 S. shuts W 11 clear		Iodine suspension.
Oct 16/19	Irrig pp 1-8000			dry		W 1 fine W 11 clear 6		
Oct 20/	uric irrig			dry		W 1 specks W 11 clear 1st		no treatment
Oct 23 19	gish d							had purulent fluid discharge continuing
Oct 27 19 op 2				RKXP. RL Large. neg: soft not tender. L.V.P. LL large, quite firm no smears. 1st 3 1st 1st 3 1st 2		Edm		odisch & deep.
Oct 30 19. op 1 d.								very sl. purulent

GENERAL EAST CASE SHEET

DATE

HISTORY

[Faint, illegible handwritten text]

[Faint, illegible handwritten text]

CASE HISTORY SHEET.

Base Toronto Hospital. Toronto Station.
 No. 724683 Rank Plt Name Jepson Walter E Age 42
 Unit #2DD Completed years of service C. 8 1/2 E 3 yrs 4/12 Where and how long
 Date of admission Sep 21/19 Date of discharge
 Diagnosis V-D.G. Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted V.D.G. I.T. Case.
Infection July 15th/19. Onset July 19th.
Directed with. Moor Bauach. Ben Hof.
V. D. G. case sheet attached.

Present Cond.

Cardiovascular Syst?	normal
Respiratory	normal
Digestive	normal
Gen. Urin	normal.
Spec. Exam.	normal.
Nervous Syst.	normal.

Chronic Conjunct & Blepharitis since childhood not due to nor aggravated by service.

FAMILY HISTORY

M. d. f Bronchitis age 45; Ill 4 mos.
(Tuberculosis, mental or nervous diseases.) 7. killed in pit. coal mine.

TREATMENT

V. D. G. case sheet attached
 (Especially any specific or special form.)

CONDITION ON DISCHARGE

apparently cured.
 (and disposal made of case.)

Date 15-12-19.

John Russell Capt.
 Medical Officer i/c case. Case C.
237233

ST. LOUIS, MO.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

1873

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 4/12/17 1917.

No. 724683 Rank P/10 Name JEPSON W. E.

Local Unit 12th C.R.B Overseas Unit _____ Age 35

Examination held at East Sandring

DISABILITY.
Overseas—Local
(scratch one out).

DEFECTIVE VISION

PRESENT CONDITION.

Enlisted Dec. 1915. England Sept. 1916. Newburn & France.
Westcliff report 29/11/17. by Capt Macneil etc.
R.V. 6/24 eye to 6/9
L.V. 6/24 eye to 6/9.
Myopia & Blephoritis. man has glasses.
otherwise condition good.

BOARD RECOMMENDS:—

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

Signatures:—

Leo J. Wilson, Capt President.

Members

Andrew Hignell Lt.

APPROVED

5- DEC 1917

W. H. Hyllebrand CAPT

Dated _____ 1917.

FOR A.D.M.S. CANADIANS, SHORNCLIFF

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1917

23 JUL 1918

Bi JWB

Dated at

Name

Rank

Age

19 SEP 1917

Bi JWB

Overseas U

Local Unit

Examination held at

DISABILITY
Overseas Local

PRESENT CONDITION

BOARD RECOMMENDATIONS

- 1. Fit for Overseas Duty
- 2. Fit for duty
- 3. Fit for Temporary Base Duty
- 4. Fit for Permanent Base Duty
- 5. Discharge

Resident
Members

APPROVED
Date

13-1-0.
WEST CLIFF CANADIAN EYE & EAR HOSPITAL.
LOUISBOURG... Nov. 29th 1917.

S
SPECIAL REPORT
ON EYES.

Reg. No. 724683
RANK..... 1st
NAME..... Jepson, W. E.
IN OR OUT PATIENT..... Out
UNIT..... 12th Reserve
FROM: OFFICER COMMANDING
To O.C. 12th Reserve.

RIGHT VISION : $\frac{6}{24}$
LEFT VISION : $\frac{6}{24}$

REMARKS: Myopia & Blepharitis

$\frac{6}{9}$ vision with glasses -

Medication prescribed for Blepharitis

He is fit for overseas service. Glasses have not...
been ordered. Condition was present previous to enlistment
and is Not caused by service.

Recommend patient for category... BT.....

----- Jamaica ----- Captain. C. A. M. C.

V. For O.C. West Cliff Canadian Eye & Ear Hospital.

11/30/11

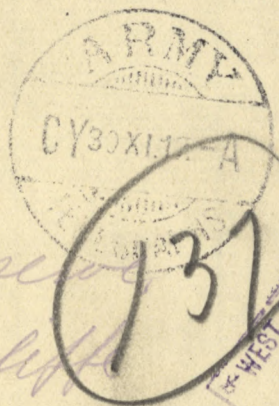
Faint, mostly illegible handwriting across the middle of the page.



1314

M. O.
12th Reserve
Shoncliffe

162



WEST CLIFF GUNNELLY EYE & EAR
HOSPITAL, FOLKESTONE, ENGL.
30 NOV 1911



MEDICAL CASE SHEET (OPHTHALMOLOGY)

Jepson
W. P. S.

MILITARY HOSPITAL *W. and*

DATE *11/10/19*

NAME *Jepson W.P.* RANK *Pa.* NUMBER *724683* UNIT *DP. Base* AGE *42*

HISTORY

SYMPTOMS

Ey. sore for years. . . Spring and fall more severe than

GLASSES WORN

was 6 years ago

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE



O.D.

Chronic conjunctivitis & Keratitis



O.S.

RETINOSCOPY AND OPHTHALMOMETER

O.D.

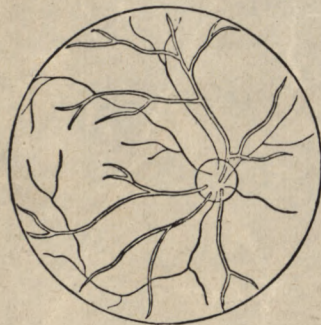
O.S.

OPHTHALMOMOSCOPE

FUNDUS

LENS

CORNEA



FIELDS

Diag - Chronic Conjunctivitis
Dur - 37 years
Dis - No

MUSCLE BALANCE

Due to spasm - No
App by " - No

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

O.D.	BEFORE	SPH.	CYL.	AX.	V	AFTER
<i>V</i>	<i>20/20</i>					
<i>O.S.</i>	<i>V</i>	<i>20/20</i>				

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

O.D.

O.S.

Should refer for observation next Wednesday

TREATMENT:

M. F. W. 144
20M.-8-18.
1172-39-1173

to Argent. Ni (8-1-31)
a couple of drops into each eye 4 or 5 times a day
as to my acid base - to lead edge of eye

W. P. S.

Lt Col

VM
R

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

GLASSES WORN
SYMPTOMS
HISTORY

REFRACTION AND OPTICAL METER

OPHTHALMOSCOPIC

LESION

AXIAL BALANCE



FIELD

EFFECTION

CLASSIFICATION

Base Hospital, M.D.#2, Toronto.

10-12- 1919.

To Officer Commanding.

REG. NO 724683 RANK PT NAME Jepson W. E. UNIT no 2104.

The above noted Soldier has been examined in accordance with instructions of D.G.M.S. Circular Letter No. 25.

FOR GONORRHEA.

Report in his case is contained in answers to the following questions:

May he be discharged as cured within the meaning of that letter yes

Is further treatment considered necessary? no

If so, should it be carried out in a Military Hospital before discharge, or may he be discharged for treatment under the Dept. of Soldiers' Civil Reestablishment? n. a.

He has been warned of the danger of transmitting infection. He has been informed that he may receive free treatment from the Department of Soldiers' Civil Reestablishment.

J. A. Russell. Captain.
For C.C. Base Hospital, M.D. #2.

1911

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

Washington, D.C.

UNIT

THE UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.

REPORT OF THE
COMMISSIONER OF PLANT INDUSTRY
FOR THE YEAR 1911

Published by the Government Printing Office
Washington, D.C.

Temporary

Regional No..... MEDICAL HISTORY of—

A.F. B.178

Regimental No. 224693

Region.....

Surname. Jenson

Christian Names. M.C.

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.

Colour of Hair.....Complexion.....

„ Eyes.....

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 = With Glasses { R.....
L.E.—V = L.....

Identification Marks, such as Tattoo, Moles, Scars, etc:—

Defects or Ailments:—

Examined and found—

Fit for Grade { I.
II.
III.
IV.

(Strike out those which do not apply.)

Signature.....
Chairman of Medical Board.

Re-examined for posting at.....

On.....day of.....191.....

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

Joined on enlistment	Corps	Regtl. No.
Transferred to		

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
26/8/19	Boarded I.T.C. U.D.G. Greeney CAPT. C.A.M.D. PRESIDENT MEDICAL BOARD NO. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

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

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

TABLE II.—Only for admissions to Hospital or to Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<p>CANADIAN SPECIAL HOSPITALS WILEY, BURDICK</p>	6	8	19	15	8	19	Gonorrhoea	10	<p>Treatment not completed transferred Moose Barracks Hospital Stoppage as per date</p>	<p><i>[Signature]</i> MED. REGISTRAR</p>
<p>No. XI CANADIAN GENERAL HOSPITAL MOOSE BARRACKS SHORNCLIFFE</p>	15	8	19	11	9	19	S.D.G.	27	<p>Treatment injections Present condition subacute Gonorrhoea Boarded I.T.C.</p>	<p><i>[Signature]</i> Maj. CRUIK</p>

PROCEEDINGS OF A MEDICAL BOARD

Dated at March 27th 1917.

No. 724683 RANK P4 NAME JEPSOTT W. E

LOCAL UNIT 124th OVERSEAS UNIT - AGE 39

Examination held at W. Uby

DISABILITY.
Overseas - Local. Chronic Conjunctivitis
(strike out one)

PRESENT CONDITION

This man has Chronic Conjunctivitis and weak eyes. Send for specialist report

D³

BOARD RECOMMENDS:-

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

Signatures:-

J. Cook President.

Members.

F. W. ... Capt.

APPROVED

Dated March 27th 1917. S. Campbell Major

for A.D.M.S.,

March 21 1871

VERMONT

31

W. H. P.

Champlain Paper Co.

The Champlain Paper Co. has the honor to acknowledge the receipt of your order of the 19th inst. for 1000 lbs. of No. 10 paper and to inform you that the same has been forwarded to you by express of the 20th inst.

D. S.

W. H. P.
Champlain Paper Co.

March 21 1871

BASIS
DIRECT

11.7
8

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Shorncliffe DATE 26-8-19

1. 1 (a) Unit C.F.C.D. (b) Regimental No. 724683 (c) Rank PTE
 (d) Surname JEPSON (e) Christian name WALTER ELIAS
 (f) Home address R.R. no 4 Belwood, Ontario
 (g) Next of Kin Gertrude Florence Jepson (h) Relationship wife
 (i) Address of Next of Kin as above

2. Age last birthday 41 Date of birth 1880

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date 19-4-15

4. Personal description:
 (a) Height 5-3 est (b) Weight 135 est (c) Complexion fair
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on muscle of right arm. Tattoos on left hand.

5. Former trade or occupation Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>4</u>	<u>129</u>

	PERIODS	
	From	To
Canada <u>Soldiers Statement</u>	<u>19-4-15</u>	<u>19-7-15</u>
England	<u>29-7-15</u>	<u>26-8-19</u>
France or other theatres of War		

7. Original disease, or injury V. D. G.

(a) Date of origin 14-7-19 (b) Place of origin NOTTINGHAM
 (c) Cause INFECTIOUS

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

(V.D.C.) WITH URETHRAL DISCHARGE.

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

Olej. Slight red serous discharge. G.P. neg. Not quite ready for discharge

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

Nervous System... m Cardio-Vascular System... m Genito-Urinary System... m
Special Senses... yes Respiratory System... m Integumentary System... m
Disturbances of Mentality... m Digestive System... m Muscular System... m
Osseous and Joint Systems... m Any other general condition... m

Blepharitis (chronic) both eyes, which was present upon enlistment

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

V.D.C. Nottingham 11-7-19
Treated at Witley and transported
No. 1 15-8-19. Under treatment

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

None

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

None

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

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

no

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

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

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

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

Surgation, permanganate, P. or & Sound.

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

Two weeks treatment in V.A. hospital

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

17. Recommendations *I.T.P.*

W. H. Robbins, Capt. M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of *W.H.P.*

W. E. Jepson Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

I.T.C.

20. It is certified that the invalid

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

Yes. Special treatment one month

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

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

Invalid to be discharged.

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

NO. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNLIFFE

PLACE

26 AUG 1919

DATE

Reaney Capt President.
D.B. Pluquet Maj Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... DATE.....
APPROVED BY.....
APPROVED BY.....
President.
Members

[Signature] COLONEL,
Assistant Director of Medical Services
DATE 28 AUG 1919

Director-General of Medical Services.

DATE.....

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Jepson. G. F. Mrs.

Dependent 724683 W. E. Jepson.

Address 50 Welbeck Street,
Nottingham.

Address.....

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
1919					
Dec 12	W.F.G. A	36 19 9			
13	133853		12 6 7	24 13 2	
1920			6 3 3	18 9 11	
Jan 19	157336				
Feb 9.	148333		18 9 11	0	
		36 19 9	36 19 9		

Form No. 27
Rev. 11-10-44

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

FILE NO.

Person's Name

Number

Branch

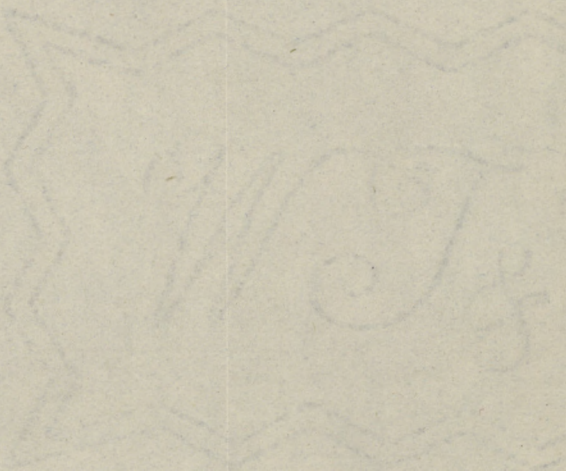
Rank or Rate

Component

Station

Grade or Position

Rate



Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

1630

Aug. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	1/2/17	25	30	1/18
----	--------	----	----	------

P.C. 32570 C. 2753
M.O. 25679

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724683
 Rank *Rte* Promoted Reverted Discharge
 Soldier's Name *W. E. Jepson*
 Battalion *109 Bn "a" Coy*
 Beneficiary *Mrs Gertrude F. Jepson*
 Relationship *wife*
 Address *M No 2554 - 31-7-18
Ret'd O.H. 22/1/18*

PARTICULARS OF ASSIGNMENT

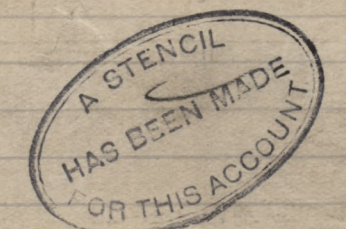
Name *Mrs Gertrude F. Jepson* *wife*
 Address *48 Erskine Ave Toronto Ont*
 Change of Address
 1 *Belwood Mt. R.R. #4 2M 22 1/2 1/18*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31/17		436	360	796	
Jan 1/18	S 67875	30	15	45	<i>P</i>
Feb	E 65496	25	15	40	<i>S</i>
Mar	2 99143	25	15	40	<i>S</i>
Apr	J 13536	25	15	40	<i>S</i>
May	Y 9389	25	15	40	<i>✓</i>
June	L 19410	25	15	40	<i>✓</i>
July	K 29118	25	15	40	<i>✓</i>
Aug	H 84326	25	15	40	<i>✓</i>
Sept	V 43429	25	15	40	<i>✓</i>
Oct	J 55786	25	15	40	<i>✓</i>
Nov	2 52327	25	15	40	<i>✓</i>
Dec	F 67350	45	15	60	<i>✓</i>
Jan	F 75829	30	15	45	<i>✓</i>
Feb	G 77542	30	15	45	<i>-</i>
Mar	7 84102	30	15	45	
Apr	F 4452	30	15	45	
May	U 7692	30	15	45	
June	R 9787	30	15	45	
July	2 11985	30	15	45	
Aug	H 13441	30	15	45	
	U 16399	30	15	45	
		<i>1041</i>	<i>675</i>		

b.d. deduct 4.00 op. from 83² Bn.

A/c Closed 3/9/19
Ret'd per Lt. Acaguaya
Date 19/9/19 M.F.W. 187 2/10/19

AUDITED.



315
360
675/1919
 M. F. W. 128
 4004 6-17-1772-36-141
 L. L. 22520 - M. & D. 7382.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. Promoted Reverted Discharge

Rank

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 2320-M. & D. 3693.

NAME

Jepson, Walter Elias

RANK & NO.

Pte.

724683

CORPS

109th

608 19.12.19 Depot
100 3518 17.12.19 2DD Batt.

ENLISTMENT, PLACE

Lindsay, Ont.

DATE

Dec. 28th, 1915.

FORMER CORPS

83rd Batt.

COUNTRY OF BIRTH

England, Nottinghamshire

NEXT OF KIN

Jepson, Mrs. Gertrude Florence (Wife.)

R. R. no 4, Belwood, Ont.

S.A.A.P. 19-10-17

Sailed from Halifax 23-7-16 per SS "Olympic" 485/78

7910 19-9-19
412 Pte.
9.

M. F. W. 22. 100 m.-9-15.

H. Q. 1772 39 839.

REMARKS:

SURNAME.

Jepson

CARD NO.

CHRISTIAN NAMES

Walter Elias

S.O.S. Dis. 25-11-15-2

REGL. No. *171793*

RANK *Pte.*

UNIT *83rd*

Br

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jepson, Mrs Florence G

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*300 Mt. Pleasant Rd,
Toronto, Ont*

COUNTRY OF BIRTH

England, Nottingham, Notts.

DATE

June, 18th, 1880.

PLACE OF ATTESTATION

Toronto, Ont

DATE

Aug, 9th, 1915

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

35

YEARS

MONTHS

HEIGHT

5

FEET

2 3/4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Aug. 17th, 1915.

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

REGT. No 724683 RANK *Pte.* NAME (in full) *Jepson, W. E.*

IF IN P.F. WHAT UNIT? *P.R. # 4, Belwood - Ont.*

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *6-12-15* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *15.⁰⁰* DATE EFFECTIVE *1-10-19*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *1-10-19*

TO WHOM PAID *Mrs. Gertrude F. Jepson - Wife* RELATIONSHIP *Wife*

ADDRESS *50 Welbeck St. Nottingham - Eng*

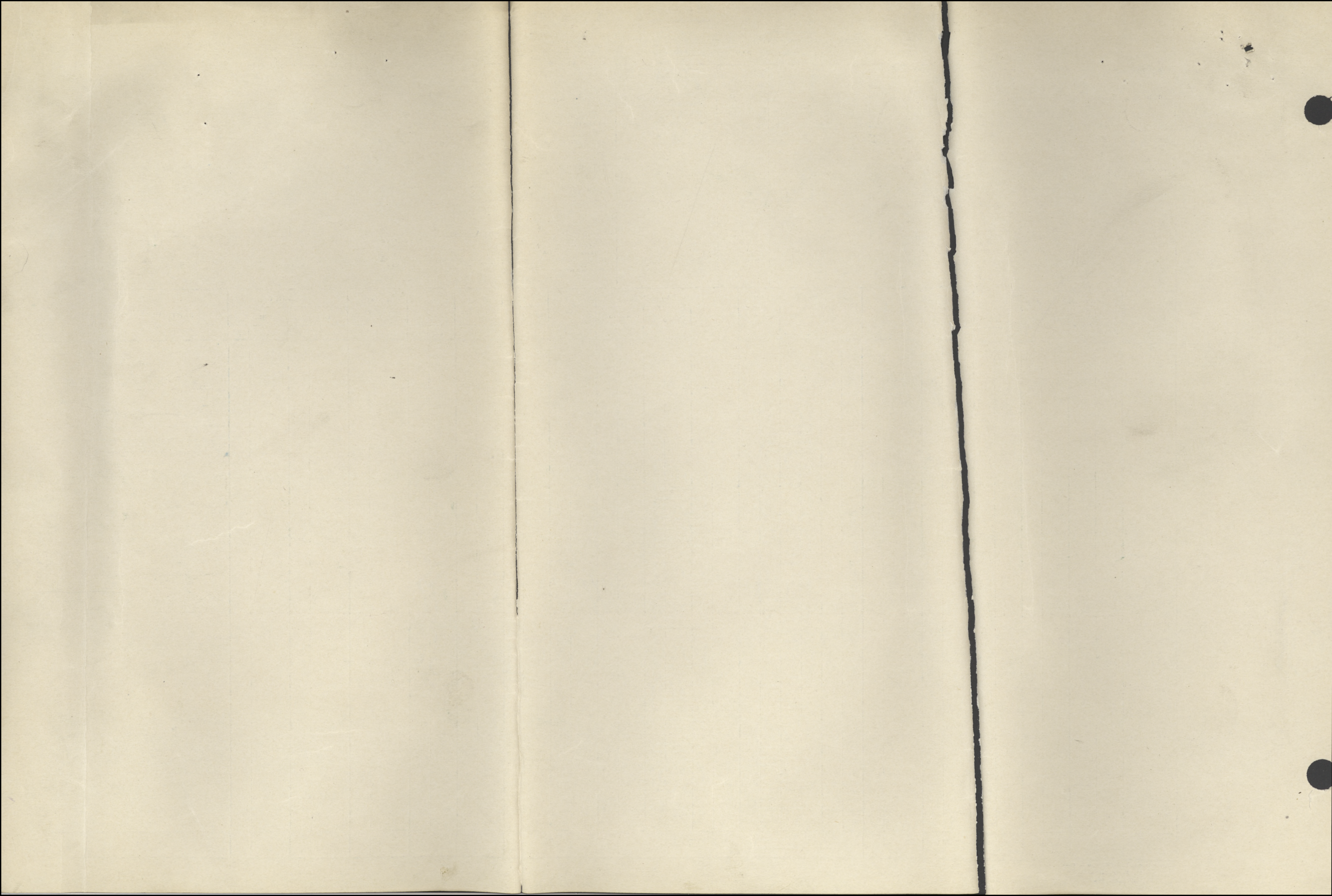
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED PLACE *Toronto* DATE *19-12-19* REASON *Demob* AUTHORITY *D.O. 351* IF ENTITLED TO POST DISCHARGE PAY *Yes*

MONTH	PAY AND F.A.		OTHER CREDITS		SEPTN ALGE	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	DEBIT	CREDIT				DEBIT	CREDIT				
		\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	

82²⁶ D-Bal Recover from W.S.G.

19-11-19	183	1. ⁰⁰	420	180	600	X	AR	DATE	CK. No.	CK. No.	W.S.G.	S.A.	320	280	nil	Count
								<i>19</i>	<i>170</i>	<i>749</i>						<i>19-11-19</i>
								<i>20</i>	<i>175</i>	<i>035</i>						



J. 2054

AUDITOR: C.K. PAYMASTER: J.E.P.

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

REGT. No. 724083 RANK Pte. NAME (IN FULL) JEPSON. W.E.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN							
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM	EFFECTIVE	
					ASSIGNED PAY RENDERED, DATE		
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

5. a/c

Sheet #1

Mrs G. F. Jepson
 50 Welbeck St.
 Nottingham-Eng. Belwood, Ont

Toronto 19-12-19 Demob. D.O. 351 Yes

MONTH	PAY AND F.A.		OTHER CREDITS		SEPTN ALLEGE.	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT
			\$	C.														
30-9-19	1	1.10				-07												
									4326			973				973		
												5-50				55-		
1-10-19	31	1.10	34	10		64.10			165863			5-			45-	64.66		64.73
									161-11110			17029/10				20.40		135.06
									179486			170281				18.60		70.96
Nov.	30	1.10	33	-		63-			187-12.11			190-15.11			45-		68.60	76.56
Dec.	19	1.10	20	90		35-			176668			5-			45-			
									212-11.12			5-				11-60		96.60
									17495			35-						82.26
									218-18.12			50-						300.26
																		82.26

T.O.S. 1/19/19
 SUBS.....70.....D.O.....
 Bal. J.P.B.
 A.R. 1.1.6.8.2.
 main advance
 Dr. Bal.
 H.S. 20th Sept. 21 Oct. 24
 H.S. 25-10 to 24 31-19
 Dec. A.P. 7 Sa. 10-12
 176668, redep. Receipt 4426 20.12.19
 11th 10th Sa. 12 days. Dec
 J. M. J. CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

see sheet #2

