

ORIGINAL.

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 725616.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *King*
- 1a. What are your Christian names?..... *William Victor*
- 1b. What is your present address?..... *Larneville Alderley Heath*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Hereford England*
- 3. What is the name of your next-of-kin?..... *Mrs Kate King*
- 4. What is the address of your next-of-kin?..... *19 Lamport Road Hereford England*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *December 27th 1897*
- 6. What is your Trade or Calling?..... *Tramster*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Victor King*, 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 *February 19th* 1916. *William Victor King* (Signature of Recruit)
Geo Hall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Victor King*, 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 *February 19th* 1916. *William Victor King* (Signature of Recruit)
Geo Hall (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 *Woodville* this *nineteenth* day of *February* 1916
Reuben Thomas (Signature of Justice)

Description of William Victor King on Enlistment.

Apparent Age 19 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. 5 1/4 ins.

*Scars on Back of right forearm
Scars on left knee*

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 1/4 ins.

Complexion Fair

Eyes Brown

Hair Fair

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist 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 July 19th 1916.

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

Place Woodville

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date FEB 22 1916 1916



*Name King Wm Victor Rank Pte Regtl. No. 725616
 Original unit 109 Bn Present unit M or S Age 22 Religion Meth Fyle Depot 3-K-221
 Port, ship, and date of arrival Equitania Halifax 25-1-19
 Next of kin M) Mrs. Kate King 19 Lammoa Lane Hereford Eng.
 Address on leave Eldon Junction Ont.
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Steamster Date and place of enlistment 19-2-16 Woodville Ont.
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
31-1-19.	T.O.S. Casualty Company No. 3 District Depot. <u>From 27s</u> <u>for Disposal, Part Two D.O. 31.</u> <u>Eff 27-1-19.</u> <u>Leave & Sub. 28-1-19 to 10-2-19.</u>	
18-2-19.	P.O.S. Discharged - Kingston. 18-2-19.	H. Q 50.

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

Surname **King** Christian Name or Names **W.B.** Reg. No. **725616**
 Rank **King** Unit **21st Bn** Co. **Can. Mil. C, Out. (6R)** Troop Batty.
 Pte Hospital **5 Fld Amb** Date of Admission **3-12-16**

Transferred **5 Fld Amb** Hosp. **3-12-16**

^{3rd} **6. 4. Amb** Hosp. **16. 1. 17**
St Johns Amb. Bde & Staples Hosp. **25. 3. 17**
Clifton Mil Hosp. **8-4-17**

Diagnosis **NS spr R. quass**

(1) Later Diagnosis (if changed)

(2)

(3)

P. M. C.

Bronchitis.

Additional Diagnosis: if more than one state present

Myalgia

Inf. R. Wrist. Jt
& V. D. S. No 9

v.d.s. + injury R. wrist. Q. Balanitis.

DISPOSITION

Dis. 5. 12. 16
Dis. 8-6-17

Date

C. 23-12-16 A399

REMARKS

30. 12. 16 403
1. 1. 17. Avoy.

Dis. 13. 12. 18.

8. 2. 17 a 435.

A.M.D. 2 DEPT.

1. 2. 17 A 451 Dis. 27. 1. 17 to Duty.

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

2. A. 17 H 477

18-4-17 B 324

16-5-17 B 346

C.L. 13-6-17 B 369

24-9-17 C 19

5. 2. 18 G 126 nose giving Diag as Inf R. wrist & V.D.S.
11. 2. 18 G 131.

25. 2. 18 G 142
24. 7. 18 G 263

Rw

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	<i>Epsom General Can. mil. Eastbourne.</i>	<i>11-5-17 23-9-17</i>
2.	<i>2nd Eastern Gen. Brighton.</i>	<i>7-2-18</i>
3.	<i>Chevyhaston Inf 14th Gen. Eastbourne Woodcote Pl. Epsom</i>	<i>22-2-19 18-6-18 17-8-18</i>
4.		
5.		
6.		
7.		

G.L. 19. 8. 18 G 286.

16. 12. 18. C388.

NAME

King W. V.

RANK AND CORPS

1st Lt. 21st Bn.

REGT'L NO.

725-616

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 379 ^{(11)*}	adm. to Ald. amb.	5-12-16	Sick
a 403*	nos. leam fld. amb.	3-12-16	Sprn. Rt. Groin
a 404	Discharged to Duty	4-12-16	
A 435	To 3 leam fld. Amb	16-1-17	P. N. O.
A 451	Disc to Duty	27-1-17	P. N. O.
A 477	St. John's Amb. Bde. Claples.	25-5-17	Bronchitis
B 324	mil. Chatham	8-4-17.	Myalgia
B 346.	Can Con Woodcote Pk Epsom.	11-5-17	" "
B 369.	Discharged	8-6-17.	Myalgia
C 19	Can. mil. Eastbourne	23-9-17	Inj. R Wrist (East Ont Q)
C 126.	Diagnosis has now been ascertained to		Inj. R. Wrist & U. D. S. " " "



ADMITTING CARD.

Regt. No. 425616 A. & D. No. 3145

Rank Pte

Name King W. V.

Corps 6th Res (21st Bn)

Religion Ch of Eng Age 18

M. H. Rec'd Yes M. H. Requested No M. H. Ret'd No

Disease Injury Rt Wrist Admitted 22/9/18

Admitted 22 SEP 1917 Chin

Discharged No

Place in Hospital Queen's Hospital 134/33

Transferred 27/9/18 Base Hospital Lepton

Results ↓ 2nd Lt. G. H. H. Brighton

20/12 9.2

P.T.O.
No

REMARKS:

Receipt ack 2/2/18

MEDICAL HISTORY SHEET.

Requested

From

Date

Reply

Date

1

2

3

4

Orig. Dup. Recd. from 6th Sea Hosp 22/9/1917

Orig. Dup. Sent to Regd Hosp Seaford 7/2/1918

Recd. from Regr. this Orig. Dup. 1/19

Ward

NAME

King W. V.

RANK AND CORPS

1st Lt. 21st Bn.

REGT'L. No.

725616.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

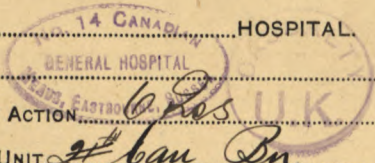
CABLE

No.

DATE

NATURE OF CASUALTY

A. & D. CARD



..... HOSPITAL.

AT

A. & D. No. ~~125616~~ PL. OF ACTION ~~600 East~~

RANK ~~Pl.~~ No. ~~1423676~~ UNIT ~~2nd Ban Bn~~ SICK OR WOUNDED

NAME ~~King W.V.~~ AGE ~~19~~ RELIGION ~~Meth.~~

PLACE IN HOSPITAL ~~C2~~

DIAGNOSIS ~~Injury Wrist Pt.~~

ADMITTED ~~17 JUN 1918~~ FROM ~~Cherryhinton Cambridge~~

DISCHARGED TO

TRANSFERRED ~~16 AUG 1918~~ ~~CCS Epsom~~

SERVICE AT HOME ~~26/12~~ IN FIELD ~~7/2~~

RESULTS ~~OPERATION 23/7/18~~

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

14243
P
Number

725-616

Rank

Plt-
13
14

Surname

KING

Christian Name

William Victor

Units

21st Am Cav Regt

Theatre of War

France

Date of Service

6-10-16

Remarks

Latest Address

Lorneville Junction, Eldon, Mo.
Out.

Roll No.

Page 16646

200m.-2-21.M.

DE
SEP 12 1922
REGN. No. *36371*

ALMERIC PAGET MILITARY MASSAGE CORPS,
MILITARY CONVALESCENT HOSPITAL, EPSOM.

Division.

III

Hut.

A45

Leave this
Blank.

2-21

Patient transferred from *Gasbourne*

Date *16.8.18*

Regt. No. *725616*

Rank *Cte*

Name *King W.*

Unit *21st Can.*

TREATMENT.

Massage—Vibrations.

Movements—Heat.

Ionization (Salt
Sulicylate)

Galvanism

Faradism

Interrupted Sinusoidal.

Breathing Exercises.

Gen. Strengthening Tr.

DISABILITY.

*Injury R. Wrist. "movement
of fingers & wrist impaired". By a fall
3 wks. Had not healed. Op. 2 wks
ago. Swelling of wrist + much
pain.*

Date of Injury.

17.10.17

Date of Admission
to Department.

19.8.18.

PREVIOUS TREATMENT. *2 weeks*

Reactor's normal

PROGRESS AND REMARKS.

Leave this
Blank.

August 26th New Case

Sept. 2nd Slight improvement Still very tender

" 9th Still very sensitive. C.O.

Sept 16. Stronger. still much tenderness.

23rd. 1. slow wipt. To be boarded

30th. Boarded B II. Continue

Oct. 7 Fit as with C.

skipper

Disposition

Fit as with C

Date

Oct 7

Masseuse

Miss Taylor

M.O. i/c case

W. K. Taylor

Name KING William ^{Victor}
Rank Private

Reg. No. 725616

Unit 21st Battalion

Next of Kin Mrs K. King 19. Cannon Mopre St Hereford
 England

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-12-16	Rept From Base To Field	Amb Sick		A399		
3-12-16	5. Can Field Amn	Sprained Rt Groin		A403		
4-12-16	Do Discharged To Duty	Do		A404		
NOTE. The above entries regarding 725616 Pte. King W.V. should appear prior to entry appearing on Daily Casualty List No. A.399 regarding the same Soldier. A403.						
16-1-17	Do 3. Can Field Amb	P.U.O.		A435		
27-1-17	Do Discharged To Duty	Do		A451		
25-3-17	St Johns Amb Bde Hosp	Etaples Bronchitis.		A477		
8-4-17	Mili Hosp Chatham	Myalgia		B324		
11-5-17	Do Can Con Hosp	W.P.Epsom	Do	B346		
8-6-17	Discharged	do.		B369		

N/E

Name King William Rank Pte

Reg. No. 725616

Unit 6th Res. Bn Victor.

Next of Kin Mrs. Kate King, 19 Cannonmore St. Hereford Eng.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
23-9	C. M. H. Eastbourne		Inj. R. Wrist	C/19		2580.
Note	Dia. a. now stated to be		V.D.S. & Do (2-2-18)	C/16		4349
7-2-18	2 nd E. G. H. Brighton		V.D.S. Balanitis	C/31		12111
22-2	Cherry, M. H. Cambridge		V.D.S.	143		13099.
18-6	14 C. G. M. E. bourne	(V.D.S.)	Injury Wrist Rt	263		19202
17-8	mil (con) H. Epsom		Do	6285		24262
13-12	Discharged		Do	388		381
2-11-17						

No. *25616.* RANK*Pte*

NAME

*King, W.**H.*T. O. S. *19-2-16*

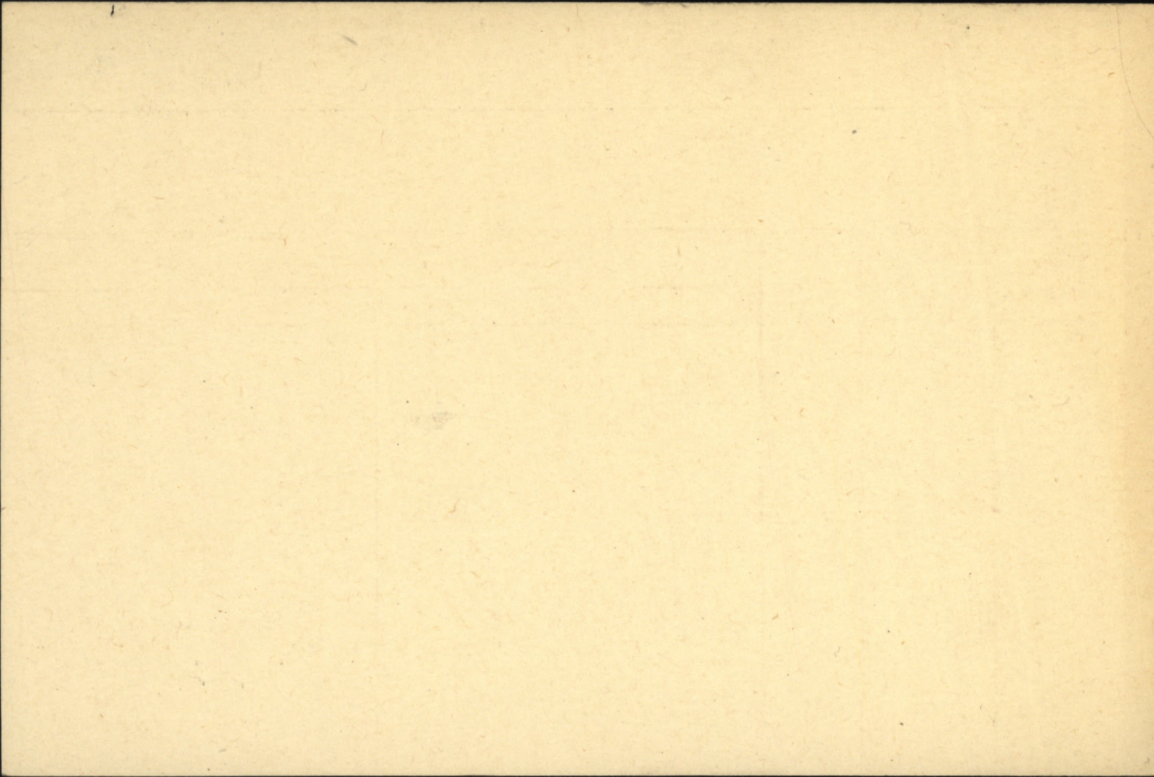
UNIT

*D.O.S. 22-2-16**109th. Battalion*M. D. *13*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 19</i>	<i>1916.</i> <i>Feb. 29</i>	<i>✓</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>		
		<i>.</i>		

UNIT SAILED

JUL 23 1916



ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname King Christian Name William Victor 12/48

Isolation

Examined { on 19th day of February 1916
 at Woodville

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

Birthplace { City or Town Newford
 County England

Apparent age 19 years

Trade or occupation Steamer

Height 5 Feet 5 1/4 Inches

Weight 116 1/2 Lbs.

Chest measurement { Minimum 32 3/4 inches

Maximum expansion 36 inches

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Four
 Number Four

When Vaccinated last Feb. 19th 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>27/9/16</u>	<u>Fit</u>	<u>Capl. J. McCulloch</u>
		<u>ADD 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>19.2.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>11.4.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>7.8.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>2.12.16</u>	<u>Nil</u>	<u>J. McCulloch</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9.5.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>15.5.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>24.5.16</u>	<u>Nil</u>	<u>J. McCulloch</u>
<u>23.9.16</u>	<u>Nil</u>	<u>J. McCulloch</u>

Enlisted on 19th day of February 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>725616.</u>		<u>19.2.16.</u>
Transferred to.....	<u>21st Bn</u> <u>6th Res Bn</u>			<u>23-8-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd. B. G. D.</u>	<u>17.8.17.</u>		<u>Fit for Duty, Aiii</u>
<u>Col. C. H. Epsom.</u>	<u>25.11.18.</u>	<u>Median Nerve Injury</u>	<u>Biii</u> <u>ATC</u> <u>Quay's</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.

CANADIAN

Casualty Form—Active Service.

Regiment or Corps... 109th of 13 Battrn.

Rank... Pte... Surname... King... Christian Name... William Victor

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

Enlisted (a) 19-2-16 Terms of Service (a) 2 of War Service reckons from (a) 19-2-16

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

Extended { } Re-engaged { } Qualification (b) or Corps Trade and rate.

Occupation... Seaman... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
18.6.18.	6th Res. H.R.D.	No 701054/3. 5.18 is hereby cancelled.	Seaford	1.5.18	Pte 70143.
			at Donaldson		
			for 2. Br Lt/c Records.		Lieut
28/12/18	6th Res	On Commens. Tunnel Park pending dispatch to Canada.	Witley	27/12/18	20305
			OFFICER IN RECORDS 5th CAN RES BN		
18-2-19	808	Dis charged	Hingston	18-2-19	H 550

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 5327—M2097 1009m 7/17 (25686) C. P. & S., Ltd. Forms B/103 E/1558. I.P.T.O. No. 3 District Depot

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No.

425616

Rank

Private

Name

King William Victor

Enlisted (a)

19-2-16

Terms of Service (a)

D of W

Service reckons from (a)

19-2-16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Yeoman

CERTIFIED CORRECT.
12 OCT. 1916
CAN. RECORDS, LONDON.

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 23, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			
	Embarked Canada	Halifax	24.7.16.	
	Disembarked England	Liverpool	31.7.16.	Autosetting Capt. ADJUTANT
	Transferred for Overseas Service with	21st Batt'n	OCT 5 1916	109th Overseas Battalion, C. E. F. D.O. Pt. II No. 279
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10. Pt II. O. 58. 9/9-10-16.
	"	Left for unit.	"	2/11 WR. 2/11
21st BATTALION	Arrived unit	Field	5/11	Autosetting CAPTAIN,
Do.	Sick	Hd. Amb.	5/12	B-213 10/11 ADJUTANT. 235. 27 1/2
5 C.F.A.	Sprained Rt. groin	5 C.F.A.	3/12	B-213 10/11 BATTALION D.C.S. 243 1/12
Do	Discharged to	Duty	4/12	a 36 10/12
21st Bn.	In confinement awaiting trial Dec. 23rd 1916. Tried and convicted by F.C.M. of "when on active service conduct to the prejudice, etc. in that he on 23-12-16 negligently discharged his rifle, thereby causing the death of a comrade" and sentenced to 15 days F.P. No. 1. Confirmed by G.O.S. 4th Can. Inf. Bde	in the Field	5-1-17	D.C.S. 245 29.2.
22-1-17.	P. U. O. hands	3. C.F.A.	16-1-17.	B-2069 d/19-1-17. Pt. II O.
				B-2069 19-1-17. Pt II. O. 12. 27-1-17
				a. 36. Dec. 26. 3/2/17.

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

725616

KING W. V.

... ..

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				
	21st Bn	Sentenced to 45 days F.P. No. 1 5-1-17. This sentence is now QUASHED.	in the Field		{ B 2069 d/ 2/2/17. First Army C.W. 9332 d/16-1-17.
27/1/17.	3 C.F.A. St. John A.B. Stables	Neuralgia. Dis to Duty. Bronchitis	Adm St. John A.B.	27/1/17.	936 O.C.S. 270. 25/1/17.
	22 C.C.S. Do	Pyresia	Adm 22 C.C.S.	22-3-17	W. 3034 a 36 243.
	Do	Do	18 A.S.	24-3-17	O.C.S. 286. 10/4/17.
	St. John. Am. Brig. Hosp.	Invalided (SICK) & posted to Eastern Ontario Regtl. Dept. per H.S. "Stad Antwerpen".	Seaford.	5-4-17	W. 3083 No. 957. Pt. II O. 49 d/12-4-17.
<p><i>Joshua</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.</p>					
1/21/17.	6000 W. Bas	Taken On Strength	Seaford	6/4/17	Part II O.C. <i>W. Bas</i> LIEUT: FOR LT: COL: NC RECORDS, C.O.M.F.
23/8/17	DISCHARGED	3rd C. C. D.	Seaford	TO THE BN.	PART II D. O. No. 156. 24/8/17
23-8-17	O.C. 6th CAN. RES. BN.	TAKEN ON STRENGTH 6th CAN. RES. BN.	Seaford	23-8-17	3rd Canadian Comm. Depot, PART II No. 198
3.5.18	O.C. 6th Res.	Having been declared by a Court of Enquiry assembled at Seaford to have illegally absented himself without leave is 8056 O.C.	Seaford	1.5.18	Cancelled by Ptd/O 1143 d/18-6-18. P. 15 B.O. 105

A. W. Wadfield

Officer i/c Records,
6th Can. Res. Battalion.

W. V.

b

To be made out in duplicate.

H.Q. 54-21-23-53

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 OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **735616.**

(3) Full Name of Soldier **William Victor King.**

(4) Place of Birth **Hereford, England.**

(5) Are you married, or not? **No.**

(6) If married, state,

(a) Full name of your wife **Nil.**

(b) Present Postal Address **Nil.**

(7) Are you a widower? **Nil.**

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

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

Also their names and ages **Nil.**

(9) Is your Father alive? No.
If so, state name and address N11.

(10) Is your Mother alive? No.
If so, state name and address N11.

(11) If your Mother is a widow N11.
Are you her sole support, or not? N11.

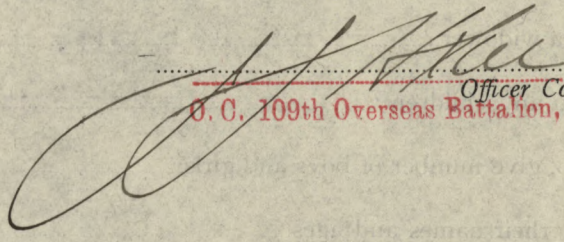
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
N11.

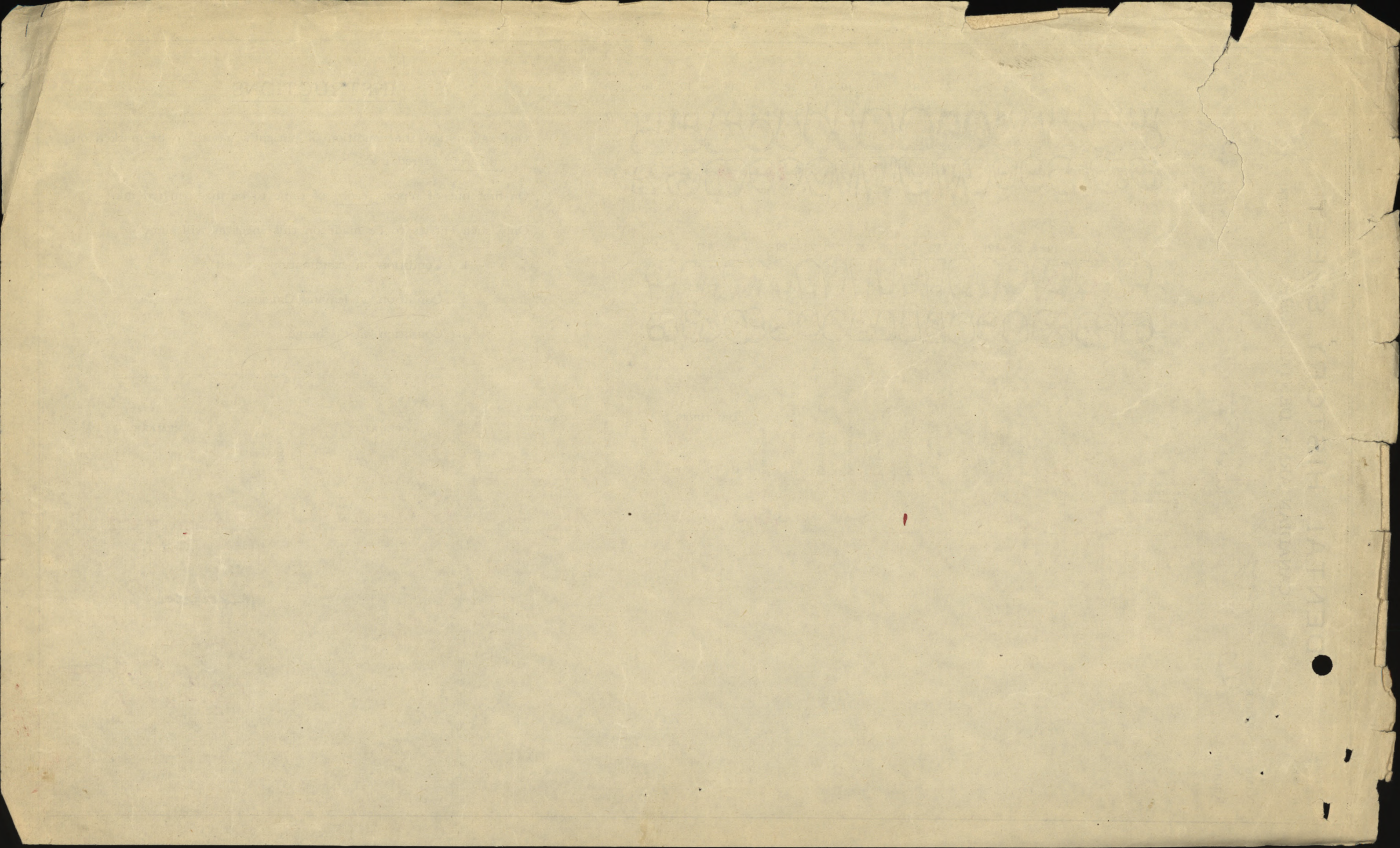
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Ernest King 20 Brandon Road Victoria Park,
Old Ford Road, London N.E.

(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.
N11.

(15) Are you insured? N11.
If so, in what Company? N11.
Have you made arrangements for payment of your Insurance premium? N11.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 8, 1916.


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



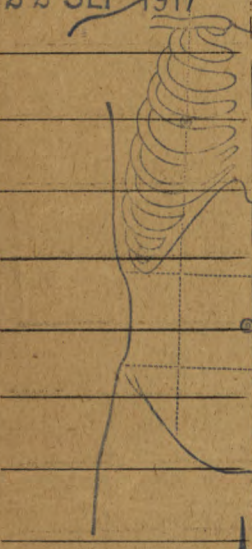
Forms
I. 1237
12



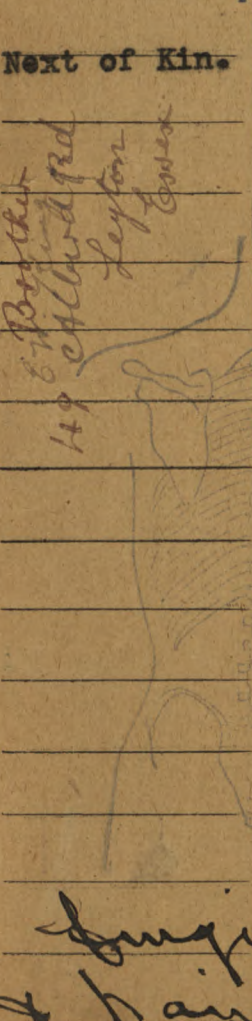
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 901 Year 22 SEP 1917	Regimental No.	Rank.	Surname.	Christian Name.
	725616	Pte	King	W. V.
	Unit.	Age.	Service.	
	6th Aust Btn	18	2 1/2	

Station and Date. Raven's Croft, Military Hpl. Seaford, Suss.	Disease	Former Occupation	Enlisted
	Injury Rt Wrist (2) Splints.	Mail Carrier	Feb 1916
Admitted. 22 SEP 1917	Returned England	Arrived England	To France
	May 1917	Aug 1917	Oct 1916
			Present complaint.



with Asthma
Past Illnesses - Asthma since 15 yrs of age.
P.D.
Three weeks ago cut his rt wrist with glass, since then the wrist has been painful & has had little use of



at hand.
P.C. The patient does not look ill. Temp is normal. Rt Wrist on the anterior surface is a scar about an inch long due to being cut with glass just below this scar is a slight swelling away under to the thumb. The index & middle fingers are held stiffly & can only be passively fully flexed & there is also absence in these fingers of Sensation to heat & cold & pain. Vasomotor, Respiratory & digestive normal.

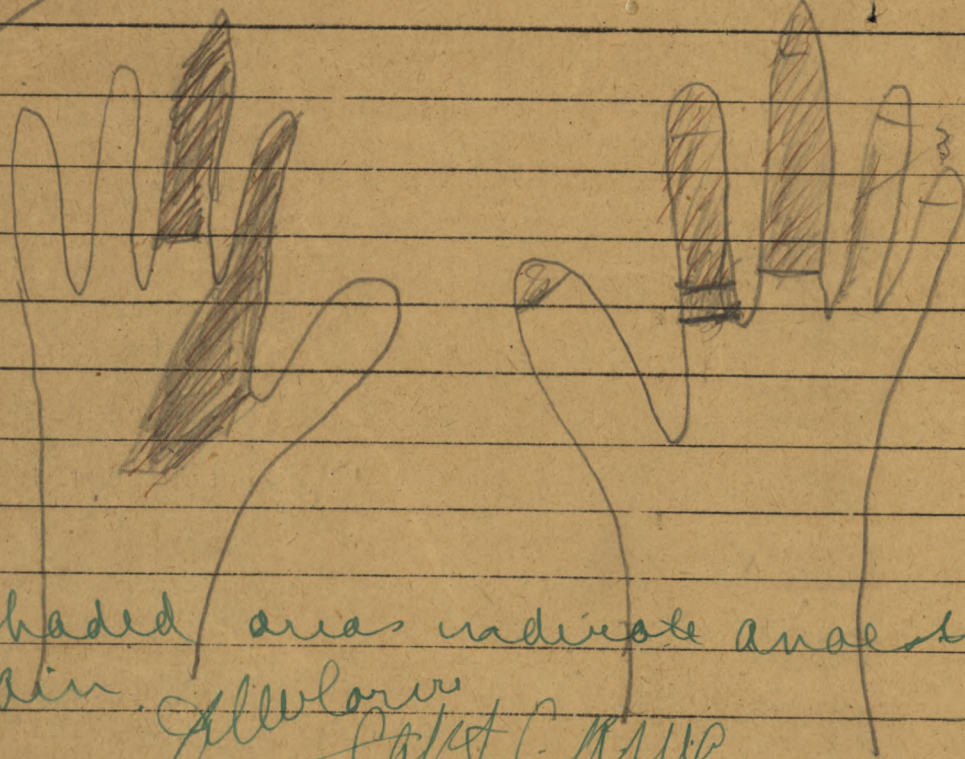
67 Port Street
49 Chichester Rd
Leyton
Essex

The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signature

Station
and Date.

Left hand

Right



shaded areas indicate areas of
pain. Glucose
Capt. C. M. C.

Nov 24 Position of anaesthetic area is unchanged
as there appeared to be some foreign body
in the wound, at site of old wound,
a small incision was again made
but nothing was found. The hardness
felt was apparently hard fibrous tissue.
Glucose

Dec 18 Transferred to 14 C.F.H.E. Catapan A 111

Glucose

Capt. C. M. C.

19/12/17. Complaints - tenderness over scar
of wound on wrist. Loss of sensation
in index & middle fingers right hand,
as shown above.

Referred to Murray Dept. Glucose

16/1/18. Notes - For I.B.

1. Recommended for Buxton by Board.

2. Have contracted Syphilis. Urethra eroded hard

Chancre on penis - to venereal Hosp.

Post-cervical glands enlarged. Lewinham. Capt. C. M. C.
Under. Inguinal nodes. Philochoete seen.

377 26/4
 17

Forms
 I. 1237
 17

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book T-8 Year	Regimental No.	Rank.	Surname.	Christian Name.
	725616	Pte	King, W. V.	W. V.
	Unit.	Age.	Service.	
	6 th Cav R. Bde	19	28/12.	

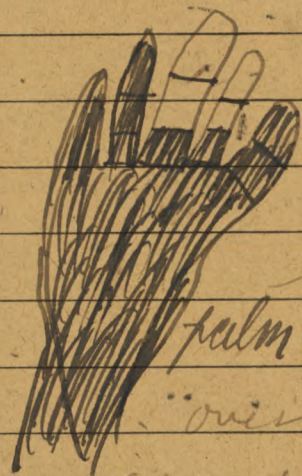
NO. 14 CANADIAN
 GENERAL HOSPITAL
 Station
 and Date.

17.6.18

Disease Injury to Wrist

P.H. Athra 1915. Sent back from France with Athra. V.D.S. & V.D.S. Treatment of Salvarsin & Mercury
 H.P.I. cut Wrist with piece of glass.
 6 months ago, hand became anaesthetic all except little finger ~~on pt~~ has improved a lot since at present areas of anaesthesia are as noted in diagram slight atrophy of muscles of hand still present.

clear areas anaesthetic



Power of flexion of Index finger limited weak. other fingers still less than normal. Scar present over palmar surface of wrist considerable thickening present & some tenderness.

Heart & Lungs Neg.

23-7-18

Operation: - Longth. incision over ulnar nerve in wrist. The nerve was found enveloped in dense scar tissue. This was the nerve fibres were freed from the scar. No definite node found.

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

J. Wickham
 Maj. P.T.O.

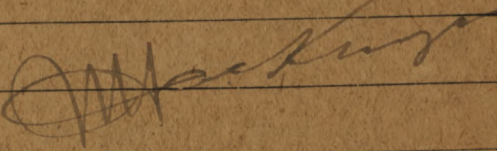
Station
and Date.

12.8.18. Wound well healed. Sensation on
back of thumb improved. Scar still
sensitive, though less than formerly.
Has been getting daily massage & electric
& transf. Epsom (treatment)

J. C. Wickham
M.D.


24/9/18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.	
Year 1918	725616.	Pte	King	H.	V.
	Unit.		Age.	Service.	
	6th Co Reserve.		19.		
Station and Date.	Disease				
M.C.H. 17.8.18	Laceration of right wrist. Acc. H.N.O. P. Acc. Fall on must. Octatec. H.N.O. P. a steel of glass cut right wrist. movements of fingers flexion slightly impaired. Wound at R. Wrist very pained, on pressure no duty, + massage 2x daily				
26.8.18	Massage + no duty				
9.9.18	" " "				
16.9.18	" " " Improving				
25.11.18	B.M. By Stander by Medical Board				
2.12.18	T.M. S. 				

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.O.]

TABLE II.—Only for admissions to Hospital or to the 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				
2nd Eastern Gen Hqs Brighton	6	2	18	22	2	18	Syphilis		Treatment: Khamivan Mercury, H&C Cell Transferred to mercury in Brighton	M. H. C. P.
CHERRYHINTON MILITARY HOSPITAL CAMBRIDGE	22	2	18	15	6	18	Gen 20 S 42	113	Manual Treatment 606 & Hydrocyanic Injections as recorded on S.F. 91238. Disch to Unit at Bradford.	James E. P. S. M. A. S. M. C.
	17	6	18	16	8	18	Injury Wrist Rt.	61	Readmitted for old wrist injury. Nodule over median nerve exposed - composed of scar tissue. Median nerve freed from scar, nerve fibres intact. Nerve covered with sheath. Wd. well healed. Anaesthesia becomes less. Movements of hand & fingers improved. Trans. Epsom. continued massages & electricity that recommended.	J. H. C. P. Major C. A. M. C.
C. G. A. Epsom	16	8	18	13	DEC	1918	82	120	Has had Massage Brax. rec. m. d. B.T.M.	Capt. C. A. M. C.

LABORATORY REPORT

LABORATORY REPORT

LABORATORY

OVERSEAS MILITARY FORCES OF CANADA.

DATE Dec 9 1914

To:-

Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

725-616 Pte
King W. V.
76th C. R. Bn.

The marginally named soldier has this day been
Medically examined and placed in Category B III
and is now available to be discharged.

I hereby certify that this man has been found
at this inspection this day free from Venereal,
Venereal and Infectious Diseases. B III

FURLOUGH ADDRESS

Local

NEAREST STATION.

TAB 2-12-18
6-Court
Mackenzie

Captain C.A.M.C.,
for Commandant,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

AR/7JT

OVERSEAS MILITARY HONORS OF CANADA

DATE

101

Hospital representatives,
Military Convalescent Hospital,
Woodcote Park, Surrey.

The marginally named soldier has this day been
medically examined and placed in Category
and is now available to be discharged.
I hereby certify that this man has been found
at this inspection this day free from Venereal,
Venereal and Infectious Diseases.

THROUGH ADDRESS

REGISTER SECTION

1117
Captain G. M. D.,
for Commandant,
Military Convalescent Hospital,
Woodcote Park, Surrey.

AR/27

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.S.

NAME OF SOLDIER (Block Letters) King, W.V.
REGIMENT 21 st RANK Pte No. 226614

Date of Examination in England 27-12-10 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Fill

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England *yes*
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer *[Signature]*

Handwritten notes at the top of the page, including "Kauf" and "Pte".

Handwritten initials or a signature in the middle of the page.

Vertical text on the right side of the page, possibly a list or index.

Vertical text on the right side of the page, possibly a list or index.

DENTAL CERTIFICATE

Number 72566 Rank Pvt Name King W. Unit 6 Res

Date of Examination

Present dental condition

In case of loss or decay of teeth, is the loss due to wounds, injury, or disease directly attributed to Active Service?

Has he ever declined Dental treatment

Recommendation.



fit

G. W. Briggs Maj.

 Captain, C. A. D. C.

UNITED STATES GOVERNMENT

<p>Has he ever been treated by dentist or physician</p>	<p>Has he ever been treated by dentist or physician</p>	<p>In case of loss of teeth, is the loss due to wound, injury, or dis- ease likely attribut- ed to active service?</p>	<p>Present dental condition</p>	<p>Name of dentist</p>
---	---	--	-------------------------------------	----------------------------



.....
 Captain, U. S. A.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE ORIGINAL

Regimental No. 725616 Rank Cpl Name King W V
(Surname first)
Unit 109th Bn who was* Discharged
On Feb 18 1919 to Category E1
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 18/2/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		152.49
Regimental Pay..... days at \$.....	1.00	18
Field Allowance..... days at \$.....	c. 1.0	1.80
Separation Allowance		35
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>4644</u>	207.29	
Total	<u>207.29</u>	<u>207.29</u>

*Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee

(Address)

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment..... married or single.....
(2) Separation Allowance, entitled or not Not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer..... 3 D D B - R - 221

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 12/2/19
Place Kingston Ont.

W. P. ... Captain,
OFFICER IN CHARGE DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY ...
CHECKED BY ...

A.C. Rank **KING, William Victor.** ✓ Name **109th. Bn.** Unit **Woodville, Feb. 19th. 1916.** ✓ Place and Date of Enlistment **Hereford, England** ✓ Place of Birth **Single.** ✓ Married or Single **Ernest King.** Name and Address, Next-of-Kin **Mrs. Kate King.** ✓ Relationship **Brother.** ✓
~~57 Albert Rd. Leyton, Essex. Au 29 E d/14. 11.18.~~
~~19, Cannonmoore St. Hereford, England.~~ ✓ Relationship **Mother.** ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No	6915	10071.
File R.L.		
Category	Abes	

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
C		Arrived in England per H. M. T. 2810 31-7-16			
5-10-16	109 th Bn	S.O.S. to 21 st Batta	Bramshott	5-10-16	Pt II. 50-279 WAR.
9-10-16	21 st Bn	Taken on strength.	Field	6-10-16	Pt II 58
23-12-16	-	Adm to fld amb	3 "	5-12-16	GLA399 Sick
30-12-16	-	- to 5 th Can fld. amb.	1 "	3. 12. 16	- 403 Sprained rt. groin
1-1-17	"	Discharged to duty	2 "	4-12-16	" 404 " "
27-1-17	"	In confinement awaiting trial 23-12-16 tried and convicted by F.C.C. of whom on active service conduct to the prejudice of good order and good discipline in that he on 23/12/16 negligently discharged his rifle thereby causing the death of a comrade and sentenced to 15 days F.P. No 5/17 Confined by F.C.C. to 2nd Can Inf Bde 5/1/17.	} field	5-1-17	Pt II 012.
9-2-17	21 st Bn	THE ABOVE Pt II 0.12. ARE NOW cancelled as the Court martial is now quashed. Pt II 017.			

A.F.B. 103 CANCELLED 10071

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS	
Date.	From whom received.				Taken from Official Documents.	
8-2-17	2 nd Bn	cam 3 ban fld Amb	field	16-1-17	GRA 435	P.O.
1-3-17	"	Discharged to duty	"	27-1-17	" 451	"
2.4.17	"	H Johns Amb Surg Hosp	Staples	25.3.17	" 477	Bronchitis
12.4.17	"	Posted to R.O.A. Sick	Seaford	6.4.17	Post II 0 to 441	20th Bn
18.4.17	"	Military Hospital	Chatham	8.4.17	Post 324	Myalgia
16.5.17	"	ban byw Hosp	Woodcotth.	11.5.17	" 346	"
17.6.17	"	Sick Hospital	"	8.6.17	" 369	"
15.6.17	60th	Sick Hosp Urban 5th Bn	Seaford	"	Post 110 91	3rd GGD P.O. 101 b. d. 18-6-17
25/8/17	60th Bn.	ceases to belong to 5 th Bn. his S.O.S. to 6 th Bn.	Pte " "	23/8/17	6th Res. Bn. 10/198 d/23/17	93rd GGD 154/24 166 17
25-9-17	60th Bn.	Adm'd Gen Trily Hosp.	Pte Eastbourne	23-9-17	Ed. 6.19. 1917. Pte. Wrist.	
3/5/18	6 th Res. Bn.	Having been declared by a Court of Enquiry assembled at Seaford to have illegally absented himself without leave from 8.4.18 to 17.5.18. is S.O.S.	Seaford	1.18	Post 105.	cancelled by Pte II 0 143 d/ 18.6.18
28-12-18	6 th Res.	In Com ^d Humber Park Regt	"			
		M.D.3. Pend. Res. C.	"	27-12-18	Pte II D.O. 305	
30.1.19	"	S.O.S. to 684 Canada M.D.3.	Seaford	18.1.19	" 22	

8/2

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725616 (Rank) Private

Name (in full) King William Victor enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Woodville on the 19th

day of February 19 16

HE served in Canada England France

and is now discharged from the service by reason of Med unfit for further Service

R.O. 1420 Auth JDD-3-K-221 D/ 15-2-19

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

Age 25 yrs 2 months

Marks or Scars Scar on back of right

Height 5ft 5 1/2 ins

forearm scar on left knee

Complexion Fair

Eyes Brown

Hair Fair

W. King
Signature of Soldier

[Signature]
Issuing Officer Lieut.
Discharge Section
No. 3 District Depot
Rank

Date of Discharge 18-2-19

Appointment

Signed at Kingston Ont this 18th day of February 1919

in Military District No. 3

File Reference No. JDD-3-K-221

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: KING William Victor
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 725616
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				Pfc.
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- 109. Bn
				DATE ACCOUNT FIRST OPENED:- 1-8-16
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'F'D
				UNIT TRANSFERRED TO
				WORKS - Can Sect
				1/1/19

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
7/11/18	1019	Epsom	4 87				
12/1/18	4096	✓	4 87				
3/12/18		✓	4 87				
11/12/18	6881	Waley	24 33				
24/12/18	7157	✓	4 87				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1/1/19 Auth NR 9/13186 Res 76/12/18 L'P6 Bal 156 79

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal B.F.								397 10	300	
Apr	P.P.	33		N. Rem. 3477 22/4/18. Cskuton (3)	4 87				425 23	315	
		33			4 87						
May	P.P.	34 10		Rem 5294 2/5/18 (WORD) (1)	24 33						
				9428 27/5/18 ✓ (12)	4 87						
				Decred by Coy I. at Seaford to be irregular absent in SOS. 1/5/18. Auth 8/4/19 to 30/4/18 B0105							
				3/5/18. 6 th Res.	25 30						
					29 20	25 30			404 83	330	
June	P.P.	33		Rem. 12095. 13/6/18. WORD (2)	19 47						
				V.D. Charge. 22/2/18 to 12/6/18. Inc. 114 days. B0 143 18/6/18 6 Res.				68 40			
				D.P. 1029. 27/6/18 14 C.R.A.	33	24 3					
					21 90	68 40			372 83	345	
July	P.P.	34 10		D.P. 1486 29/7/18 14 C.R.A.	61	4 87					
		34 10			4 87				402 06	360	
Aug	P.P.	34 10		AR 1686 13/8/18 ✓	12	7 30					
				AR 1834. 19/8/18 Epsom	17	4 87					
				4527 30/8/18 ✓	27	4 87					
					17 04				419 12	375	
Sept	P.P.	33		4235 19/9/18 ✓	12	4 87					
				AR 4005 62 20/9/18 21 Bn		08					
					4 95				447 17		
Oct	✓	34 10		G Rem 7561 20/10/18. Ldon	1	38 93					
				G Rem 2777. 27/10/18 ✓	8	14 60					
				AR 41 1/10/18. Epsom	10	4 87					
				4789 18/10/18 ✓	10	4 87					
					13 27				418 00	405	

Victory War Loan 1918 300.00 from Accumulated Deferred Pay.

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											418	845	
Nov	P. P			33		AR 478 4/11 Epsom	1	487					
						C. F. New Loan 1918	4	300					
Dec				34	10	AR 4096 15/11 - Epsom	10	304	87				
	Inton Defray 31-10-18			20	37	1 1019 9/11	10	487			200	60	
						1 476 - 3/11/18 - ✓	11	487					
						DN. 6881 - 16/11/18 6 Rev	12	487					
						1 7127 - 22/11/18 ✓	13	487			156	79	
				47	47			348	64				
Feb						AR B-1-9-1-19-R. PK. End of	4	973			147	06	
								973					

Monks 27-11-18


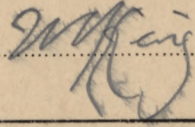
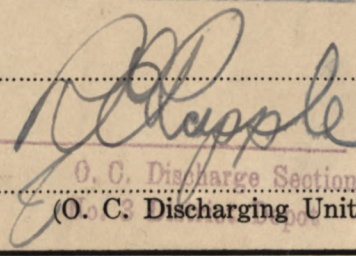
188

P

381

War Service Badge
class A 90172 +
class B 55377
19-10-1919
issued
PERMITS
REGISTRY OFFICE
M: 22 19

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.		725616
2. Rank.		Pte
3. Name.		King William Victor
4. Unit.		No 3 District Depot
5. Date of Discharge	18-2-19	Place Kingston Ont
6. Reason for Discharge..... Demobilization/R.O. Med unfit R.O. 1420		
		
7. Authority. 3DD-3-K-221 D/ 15-2-19		
8. Proposed Residence after Discharge..... Lorneville Junction Eldon Co. Ont		
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?.....39.....</p> <p>x </p> <p>Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....Kingston Ont.....</p> <p>Date.....18-2-19.....</p> <p>Signature..... </p> <p>(O. C. Discharging Unit.)</p>		

Medical Documents
Forwarded to
S.C.R. or B.P.C.
on
Date MAR 27 1919

12/2/20

J.R.A.

SHORT FORM
 PROCEEDINGS ON DISCHARGE
 (Demobilization)

1.	No.	70040
2.	Rank	1st
3.	Name	John William Wilson
4.	Unit	No. 1 District Depot
5.	Date of Discharge	12-2-19
6.	Reason for Discharge	Discharged
7.	Address after Discharge	12-2-19
8.	Proposed Residence after Discharge	12-2-19
9.	CERTIFICATE TO BE SIGNED BY SOLDIER	
	I hereby acknowledge that at the underlined place and date I received my discharge Certificate	
	M. J. W. Y.	12
	Signature of Soldier	
10.	CONFIRMATION	
	The discharge of the above named man is hereby confirmed.	
	Place	Kinston Ga
	Date	12-2-19
	Signature	
	(O. C. Discharging Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	MINIA Form W. 38
or Particulars of Receipt	MINIA Form W. 135
Field Contact Sheet	MINIA Form W. 178 or A.F.B. 128
Casualty Form	MINIA Form W. 54 or A.F.B. 103
Last Pay Certificate	MINIA Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	MINIA Form B. 313 or A.F.B. 175
Proceedings of Medical Board	M.F.B. 321, A.F.B. 179 or A.F.A. 41
Mental History Sheet	MINIA Form B. 405
Medical Report	M.F.W. 121 or M.B. 137
Regimental Contact Sheet	MINIA Form B. 282
Company Contact Sheet	MINIA Form B. 283

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

Reserved for M.H.C.

Regt. No. 725616 Rank PTE Surname KING Christian Name WILLIAM VICTOR

Unit or Corps—(a) Overseas from United Kingdom..... (b) In United Kingdom RESERVE

Born at—Town HEREFORD County or Province HEREFORDSHIRE ENGLAND

Date of Birth—Day 24 Month DECEMBER Year 1899 Age 18 yrs. 10 months.

Joined at WOODVILLE CANADA Date 19 FEBRUARY 1916

Former Trade or Occupation TEAMSTER

Permanent marks or peculiarities that will serve for future identification:

- 1. SCAR RIGHT WRIST
- 2. THREE VACCINATION MARKS LEFT ARM

Height—feet 5 inches 5 1/2 Colour of eyes BROWN

Signature of Soldier (for identification purposes) W. V. King

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) MEDIAN NERVE INJURY RIGHT WRIST.
- Disabilities Group (b) N.A.
- Disabilities Group (c) N.A.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>ACCIDENTAL</u>	<u>SEAFORD</u>	<u>7/6/15</u>
(ii.) As to Group (b) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>
(iii.) As to Group (c) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? no If yes, has Active Service aggravated it? no
- (ii.) As to Group (b) above? no If yes, has Active Service aggravated it? no
- (iii.) As to Group (c) above? no If yes, has Active Service aggravated it? no

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? no
- (ii.) As to Group (b) above? no
- (iii.) As to Group (c) above? no

Sailing No 7

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? **no**
- (ii) While off duty? **yes**
- (iii) Was a Court of Inquiry held? **no**
- (iv) Where? **na**
- (v) When? **na**
- (vi) Opinion of the Court? **na**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Notes: Admitted 14 C. 904. Eastbourne 22/9/17 Injury to right wrist. Wd healed but has some stiffness of hand. Anesthesia of middle fingers and inner side of ring finger. V.D.S. 2nd Easton Gen H. Brighton 6/2/18/22/2/18. Syphilis. Chrysinon military Hosp. 22/2/18 to 13/6/18. Gonorrhoea + syphilis. Serial treatment. Discharged to unit. No 14 C. 9. N. 17/6/18 to 16/8/18. Injury to wrist. Anesthesia of hand with some atrophy of flexor of middle fingers. Other fingers still less than normal. Scar present on volar surface of wrist considerable. Thickening present and bone tenderness. 25/7/18 op. Longitudinal incision over ulnar nerve in wrist. Nerve found enveloped in dense scar tissue. Dense fibrous scar. 2/8/18. Wd healed. Sensation improved in back of thumb. Scar operative. Movements of fingers improved.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Subjective: Complains that he cannot close right hand.

Objective: Unable to fully flex index and middle fingers due to paralysis of two outer lumbricals due to injury to branch of median nerve at wrist. Also paralysis of part of flexor Brevis pollicis. Anesthesia in most of median area. Scar on wrist is very tender. All movements of wrist good. Heart + borders normal sounds clear. Lungs clear. Other systems apparently normal. Urine analysis negative.

m.c.c.h. Epsom. 17/8/18. Shows treatment for P.O. 5/12/16 to 27/1/17 and myalgia + arthritis 7/4/17 to 9/6/17. No symptoms present now. General condition is good.

- 8. OPERATION: (i) Was one performed? **yes**
- (ii) If so, state what. **Opening of wound and freeing of median nerve from scar**
- (iii) Was one advised and declined? **no**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

- 9. (i) Is there loss or decay of teeth attributable to Active Service? **no**
- (ii) If so, describe. **fit**

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **no**
- (b) Fit for base duty? **yes B III likely to be raised in category within six months**
- (c) Invalid to Canada? **no**
- (d) Discharge from the Service as permanently unfit? **no**

Date of Report **25.11.18.** 191
 Station **M.C.H. Epsom.**

Signed **[Signature]**
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~delete~~

[Signature]
 Capt. **C.A.M.C.** for **CAPT CAMC for** (Officer i/c Hospital) Strike out one of these.

Dated at **Military Convalescent Hospital. Epsom.** Station, on **25.11.18.** 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *yes*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *yes*
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? *no*
Aggravated? *no*
(b) Misconduct of the Soldier { Caused? *no*
Aggravated? *no*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
fifty per cent

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)
all

16. Permanency of the Pensionable Disability estimated next above in (15). *no*
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)? *not months*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *na.*

18. Remarks.
In addition to paralysis of the two outer lumbricals mentioned in ques seven there is also paralysis of part of the flexor brevis digitorum.

*Authority (A. P. I.) 9083.
by raw 11/11/18.*

19. Recommendation:—(a) Fit for duty? *yes. B III*
(b) Fit for base duty? *na.*
(c) Invalid to Canada? *na.*
(d) Discharge from service as permanently unfit? *na.*

Classification for the Military Hospitals Commission.

Date of Board *25/11/18.*

Station *Inst. Epsom*

Signatures of the Board. *R. Hamman Smith President. Major. J. Thompson Capt*

Approved *A. J. Minton Capt*
A.D.M.S. Station

Dated at *Epsom*
for A.D.M.S., Canadians, London

ASSISTANT DIRECTOR OF MEDICAL SERVICES,
CANADIANS, LONDON AREA.
DEC 7 1918
13, BERNERS ST. LONDON, W.1

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 1918

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

- 1. That the soldier mentioned in Part I. (a) is entitled to a pension of _____ per cent of his pay.
- 2. That the soldier mentioned in Part I. (b) is entitled to a pension of _____ per cent of his pay.
- 3. That the soldier mentioned in Part I. (c) is entitled to a pension of _____ per cent of his pay.
- 4. That the soldier mentioned in Part I. (d) is entitled to a pension of _____ per cent of his pay.
- 5. That the soldier mentioned in Part I. (e) is entitled to a pension of _____ per cent of his pay.
- 6. That the soldier mentioned in Part I. (f) is entitled to a pension of _____ per cent of his pay.
- 7. That the soldier mentioned in Part I. (g) is entitled to a pension of _____ per cent of his pay.
- 8. That the soldier mentioned in Part I. (h) is entitled to a pension of _____ per cent of his pay.
- 9. That the soldier mentioned in Part I. (i) is entitled to a pension of _____ per cent of his pay.
- 10. That the soldier mentioned in Part I. (j) is entitled to a pension of _____ per cent of his pay.

Handwritten notes: In addition to the above mentioned pension, the soldier mentioned in Part I. (a) is entitled to a gratuity of _____ per cent of his pay.

Handwritten notes: The soldier mentioned in Part I. (b) is entitled to a gratuity of _____ per cent of his pay.

Classification for the Military Pensions Commission

Dated at _____ this _____ day of _____ 1918

Signatures of the Board

President

Handwritten signatures of the Board members

1st EASTERN GENERAL HOSPITAL.

5353

EYE DEPARTMENT.

CAMBRIDGE, 15 5 18

Regtl. No.	Rank.	Name.	Age.	Regiment.
725616	Pte.	King W. V.	18	21 Canadians
			Ward	Bed
				Cherryhurst. M.H.

Patient's Statement: — Left eye dazzles when he reads.

Previous Spectacles R. Ignored finished "606" abt 3 weeks ago.
 L. Ignored

Vision.	Lenses.	Corrected Vision.
R.V. = $\frac{6}{6}$	\ominus sph + 0.75	= $\frac{6}{9}$
L.V. = $\frac{6}{6}$	\ominus cyl + 0.75 ax 50°	= $\frac{6}{12}$
Retinoscopy		
$\frac{15}{5}$ $\frac{18}{18}$	+2.25 +2.25	+2.00 +2.75
	R.	L.

Spectacles	Reading	
	Distance	
Lids		
Conjunctiva		
Cornea		
Iris and Pupil		
Lens		N=Normal
Fundus	<u>No gross lesions</u>	
Other Abnormalities		

Vision fit for { General Service.
 Garrison Duty.
 Home Service.
 Medical Board.

Diagnosis Refractive error is trifling
 Report: — and does not account for symptoms complained of

(Signed) Ernest W. Zau
 R.A.M.C. (T.)

1st EASTERN GENERAL HOSPITAL

EYE DEPARTMENT

CAMBRIDGE

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

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Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Exam. Date

Ref. No.

Corrected Vision

Distance

Near

Binocular

Monocular

Distance

Near

Binocular

Monocular

Distance

Near

Binocular

Monocular

Distance

Near

Binocular

Monocular

Distance

Near

Binocular

Monocular

Distance

Near

Binocular

R.A.N.C. (T)

(Signed)

Report

Diagnosis

Medical Board

Home Service

War Service

General Service

Other

Remarks

M.D. 3

Reserved for M.H.C.

MEDICAL HISTORY

Regt. No. 725616 Rank Pte. Surname King Christian Name William W.
 Unit or Corps—(a) Overseas from United Kingdom 21. Battalion (b) in United Kingdom 21. Batt.
 Born at—Town Hereford County or Province Herefordshire Country England
 Date of Birth—Day 27 Month December Year 1899 Age 19 yrs. 0 months.
 Joined at Woodville Ont. Date Sept. Feb. 19/16
 Former trade or occupation Mail's clerk

Permanent Marks or any peculiarity that will serve for future identification :—
Scar on right forearm and left knee.

PRESENT CONDITION

Height—feet 5 inches 5 1/2 Colour of eyes Brown
 Signature of Soldier (for identification purposes) W. King

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY. W.B. PARESIS
DISABILITY OF RIGHT HAND.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)
 Disabilities Group (b)
 Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Injured by fall</u>	<u>England</u>	<u>15/10/17</u>
(ii.) As to Group (b) above.	<u>N.A.</u>		
(iii.) As to Group (c) above.	<u>N.A.</u>		

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? NO If yes, has Active Service aggravated it? NA
 (ii.) As to Group (b) above? NA If yes, has Active Service aggravated it? Not A
 (iii.) As to Group (c) above? NA If yes, has Active Service aggravated it? NA

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? yes
 (ii.) As to Group (b) above? NA
 (iii.) As to Group (c) above? NA

5. MEDICAL HISTORY.

Oct 15 / 17 states he fell on a piece of glass and lacerated his right wrist. States he was in hospital from then for one year & three months, Ravenscroft at Seaford & 14th C. General Hosp. at Eastbourne. Also convalescent at Epsom. W. (No documentary evidence)

6. PRESENT CONDITION.

Subjective - Complains of weakness and inability to close first two fingers and thumb of right hand. Also has numbness over palmar surface of same area.

Objective - Has scar two inches long in middle of flexor surface of right wrist. Has marked wasting of muscles of first two fingers & thumb of same hand. Sensation greatly impaired over palmar surface of first two fingers & slightly over thumb. Cannot distinguish point from head of pin in fingers. Marked weakness in hand clasp.

Other systems apparently normal

7. OPERATION. (i) Was one performed? Yes. 3. (ii) If so, state what. Reunited Median nerve & repaired wound. (iii) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? No. (ii) If so, describe. No.

9. DO YOU RECOMMEND:— (a) Fit for duty? (state category) Biii (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No

Date of Report... 6/11/19... Station, Kinnel Park. Signed... W.W. Bittle capt. Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except. Dated at... Station, on... 191... *Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.
No
partial paralysis of right hand.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.
Yes

12. From the medical information now adduced, was the disability caused or aggravated by:
(a) Negligence of the Soldier { Caused? no Aggravated? no
(b) Misconduct of the Soldier { Caused? no Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)
N.A.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)
N.A.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?
N.A.
(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
not declined

17. Can the former trade or occupation be resumed?
yes

18. REMARKS:—
G. T. Telegram 9083 of 11/11-18
Scar not painful, but very tender to touch, Radial & Median nerves both injured - otherwise agreed

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B III
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board June 7, 1919.
Station Kimmel Park Wales.
Approved [Signature] A.D.M.S.
Dated at Kimmel Park Station 7/1/19 1911

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned... have heard the description of my disability read, and am satisfied (or not satisfied) with it.

If the case of the disability fully described in Part I (S) is not described in...

Caused by the Soldier

Caused by Negligence of the Soldier

From the medical information now received, was the disability caused or aggravated...

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions

3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

MORNING SICK REPORT

MEDICAL INSPECTION REPORT*

Army Form B 158

Unit 6th Royal Canadian

Squadron, battery, or company _____

Station and date Seaford 6-2-1918

Regtl. No.	Rank and Name (Christian name in full; Surname first; M under name if married).	Completed Years of		Religion.	If for duty†	Whether a defaulter.	Lines or barracks.	Room.	Disease.	Disposal. Medical Officer's remarks and signature.
		Age.	Service.							
725616	King W V.	18	20 12	66					V.A.S.	No 2 Evacuation Balaclava Hosp Brighton 6-2-18 H. Blenkins Capt. Comd.

† State nature of duty for which warned. In the case of men for medical inspection, the reason, such as, "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.
* Strike out whichever is not applicable.

Orderly
N.C.O.

To be Discharged from Hospital to-morrow.

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION... Barrie field. DATE... 13-2-19.

1. 1 (a) Unit... #3 CCDD. (b) Regimental No... 725616. (c) Rank... Pte.
 (d) Surname... King. (e) Christian name... William V.
 (f) Home address... Lorneville, Jo. Ont.
 (g) Next of Kin... E. King. (h) Relationship... Brother.
 (i) Address of Next of Kin... 57 Albert Rd. Seyton, England.

2. Age last birthday... 19. Date of birth... 27-12-1899.

3. Enlistment, or Appointment (if an Officer) (a) Place... Waddville. (b) Date... 17-2-16.

4. Personal description:
 (a) Height... 5' 6". (b) Weight... 145. (c) Complexion... Fair.
(stripped)
 (d) Colour of hair... Brown. (e) Colour of eyes... Grey. (f) Identification marks, Scars, etc.
Scar right forearm, left knee.

5. Former trade or occupation... Mail Carrier.

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
3 years.		

	PERIODS	
	From	To
Canada	17-2-16.	1-3-16.
England	1-8-16. 4-10-16.	4-10-16. 2-4-17.
France or other theatres of War	Eng. Can. 2-4-17. 27-1-19.	27-1-19. Date.

7. Original disease, or injury... Accidental wound right forearm (wrist).

(a) Date of origin... 15-10-16. (b) Place of origin... England.
 (c) Cause... Fall on broken bottle.

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.)

Partial Paresis left hand.

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.)

SUBJECTIVE - Complains of weakness and of poor grip in right hand. Unable to completely close first and second fingers and complains of numbness over palmar surfaces of same. Does not complain of pain but says there is considerable tenderness on scar from deep pressure. OBJECTIVE - There is a well healed scar 3" long in centre of flexor surface right wrist joint with some tenderness on pressure over scar. There is considerable wasting and atrophy of the muscles of first and second fingers and thumb right hand. There is also considerable atrophy lower 2/3 right forearm. Circumference right forearm at junction of lower and middle third is 7 1/2" same over left forearm 7 1/2". Circumference right wrist is 6" while left wrist is 6 1/2". There is considerable impairment of sensation over palmar surface of 1st and 2nd finger right hand and slightly over thumb. Cannot distinguish between head and point of finger with 1st and 2nd fingers right hand. Clasp of right is 50% less than normal. Movements of thumb, right ring and little finger right hand are normal. He cannot completely flex 1st and 2nd fingers right hand. Flexion is limited to 25%. Extent of normal adduction abduction and extension are normal. Man says he had T.B.C. but Medical documents are not available. Sent for Wasserman 14-2-19. Other systems are normal.

(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..... Cardio-Vascular System..... Genito-Urinary System..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... Respiratory System..... Integumentary System.....
Disturbances of Mentality..... Digestive System..... Muscular System.....
Osseous and Joint Systems..... Any other general condition.....

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

On Oct. 15th, 1916 states he fell on a piece of glass and lacerated his right wrist. States he was in Hospital then for 1 year 3 mos. Treated at Seaford and 14th Gen. Hosp. Eastbourne. Conv. at Epsom. Note. Medical History and documents not available but says had three operations for uniting severed nerve.

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).)

as described.

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

as described in 2(a).

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.)

N/A.

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? Permanent but likely to show improvement over present condition in 12 months.

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

Ravenscroft Hosp. Searforth 2 months. Eastbourne 9 mo.

Treated for V.D.S. St Cambridge 1917.

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

No.

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

17. Recommendations. Fit for Cat. C1.

D. J. Coale Capt. 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, 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

J. W. King 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.)

Cl

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.)
- (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.)

Fit for Cl. Disability arising on service.

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.

PLACE Barriefield.

DATE 13-2-19.

President. 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.

President.

PLACE

DATE

APPROVED BY Assistant Director of Medical Services

APPROVED BY Director-General of Medical Services.

DATE 14-2-19

DATE

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 6th Can Res Bn

No. 725616

Rank and Name Pte King W. V.

Age 18

Military Hospital Raven'scroft

Service 29/11

Disease Injury Rt Wrist

Date of admission 22 Sept 1917

Date of discharge _____

Result _____

Dates of Observation	Days of Disease																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
Temperature, Fahrenheit	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°	6		6		6		6		6		6		6		6		6		6		6		6		6		6	
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°	absent		absent																									
Pulse per Minute	60		56		60		60		60		60		60		60		60		60		60		60		60		60	
Respirations per Minute	16		15		16		16		16		16		16		16		16		16		16		16		16		16	
Motions per 24 Hours							11		11		11/2		11		11		11		11		11		11		11		11	

Signature W. J. King

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. 725616

Rank and Name Pvt. King

Age _____

Military Hospital 14 Can Gen. Post Home

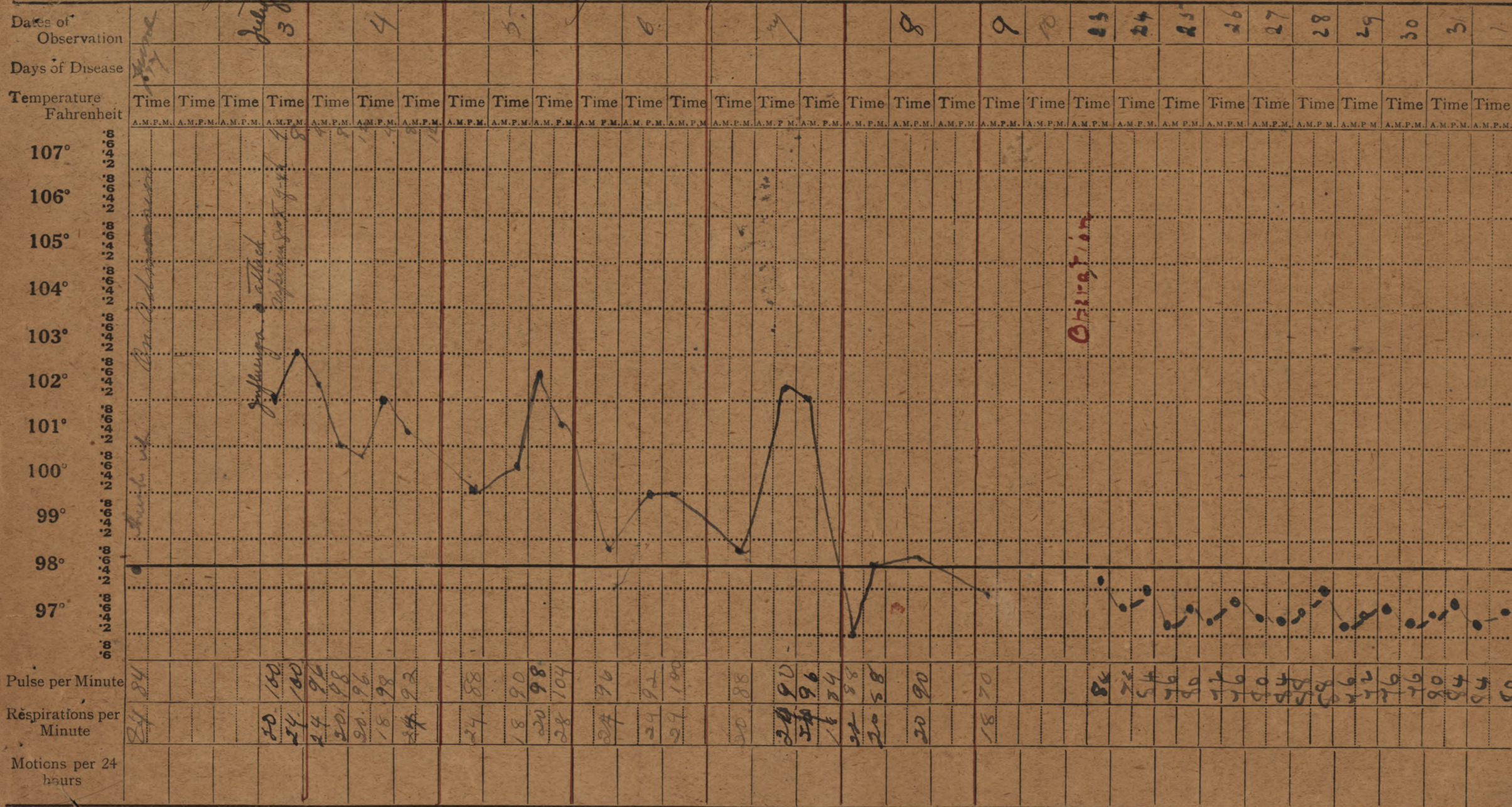
Service _____

Disease Injury Rt. Arm

Date of admission June 17/18

Date of discharge _____

Result _____



CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____

No. _____

Rank and Name Pvt. King

Military Hospital _____

Age _____ Service _____

Disease _____

Date of admission 9. 4. 88

Date of discharge _____

Result _____

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	60	60	62	72	57	60	64	60	72	64	80																			
Respirations per Minute																														
Motions per 24 hours																														

Dise. by 14.88

Signature _____ In charge of case.

Corps

66au Res Bn

CLINICAL CHART

(To be attached to Case Sheet)

Post. Hospital. Army Form B. 181. Hospital.

No. *725616*

Rank and Name

Pt. King

Age

Disease

Injury Rt. Wrist

Date of admission

22 SEP 1917

Date of discharge

Result

Dates of Observation	Days of Disease																																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	26			
Temperature Fahrenheit	Time																																					
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.		
107°	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
106°																																						
105°																																						
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102°																																						
101°																																						
100°																																						
99°																																						
98°																																						
97°																																						
Pulse per minute	20	20	18	18	17	17	17	16	17	17	17	17	16	16	16	15	15	15	16	16	18	16	16	17	16	16	16	16	16	16	16	16	16	16	16			
Respirations per Minute	20	20	18	18	17	17	17	16	17	17	17	17	16	16	16	15	15	15	16	16	18	16	16	17	16	16	16	16	16	16	16	16	16	16	16	16		
Motions per 24 Hours																																						

On admission

Absent

Signature *Angie King*

In charge of case.



CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6th Cav Regt, Bn.

No. 725616

Rank and Name Pvt. King W. J.

Age 18

Military Hospital Kavense wff.

Service 2 yr

Disease Injury Rt. wrist.

Date of admission 22 Sept. 1917

Date of discharge _____

Result _____

Dates of Observation	Days of Disease																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Temperature, Fahrenheit	Time																															
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
106°																																
105°																																
104°																																
103°																																
102°																																
101°																																
100°																																
99°																																
98°																																
97°																																
Pulse per Minute	64	91	68	64	72	68	86	72	80	80	60	60	76	86	74	80	70	79	74	68	70	68	72	74	72	74	64	72	72	72		
Respirations per Minute	16	17	16	16	16	17	16	17	18	16	16	16	17	17	16	16	18	16	16	17	17	14	16	14	17	16	16	16	16	16		
Motions per 24 Hours	1/1				1/1				1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1		

to be continued

Signature [Handwritten Signature]

In charge of case.

CLINICAL CHART.
(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	Days of Disease	Time																											
		A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
Temperature, Fahrenheit																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

P. 878.

~~Extract D.O.~~ No. 7

Unit:- th 6 Res

Date.-

~~SAILING LIST:-~~

Reg. No.

Rank

Name

725616

PTE

KING

Canada

W V

Now GOR

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. MD 3

18/1/19

Acted on

Ledger Ck.

1897

PASSED TO W. S. G.
FEB 17 1919

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. *725,616* RANK *Pte* NAME (IN FULL) *King W. V*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)	
ADDRESS		<i>Pte. King, William, V., Cafe of Junction Hotel, Lorneville Junction Ont.</i>			<i>109th Bn</i>			
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY	
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY	
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE		
					<i>- Nil -</i>			
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY	
					<i>Kingston</i>	<i>18/2/19</i>	<i>Demob.</i>	<i>3-K-221</i>

K-211

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

~~43~~

~~45~~

~~47~~

~~44~~

~~46~~

WAR DIARY
or
INTELLIGENCE SUMMARY.

(Erase heading not required.)

Summary of Events and Information

WAR DIARY

INTELLIGENCE SUMMARY

(CLASSIFIED BY SP-5 J. H. [unclear])

Summary of Events of [unclear]