

ATTESTATION PAPER.

No. 725122

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Low*
- 1a. What are your Christian names?..... *Henry John*
- 1b. What is your present address?..... *233 Victoria Ave Lindsay*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Holland Landing, Ont.*
- 3. What is the name of your next-of kin?..... *Mrs Lillia Low*
- 4. What is the address of your next-of-kin?..... *233 Victoria Ave Lindsay*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *22 Sept 1886*
- 6. What is your Trade or Calling?..... *Cabinet maker*
- 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?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Henry John Low*, 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.

Henry John Low (Signature of Recruit)

Date *Jan 6* 1916. *Rev J Downey* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Henry John Low*, 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.

Henry John Low (Signature of Recruit)

Date *Jan 6* 1916. *Rev J Downey* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *20* day of *January* 1916.

[Signature] (Signature of Justice)

Description of Henry John Low on Enlistment:

Apparent Age.....29 years3 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 1/2 ins.

None

Chest measurement. (Girth when fully expanded.....33 1/2 ins.
 Range of expansion.....3 ins.)

Complexion.....Medium

Eyes.....Brown

Hair.....DK Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Jan 6th 1916

Place.....Lindsay

J. McCulloch
 Medical Officer Capt.
 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.

Henry John Low.....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. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date.....JAN 20 1916.....191


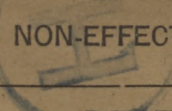
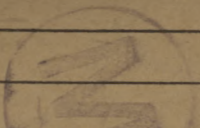
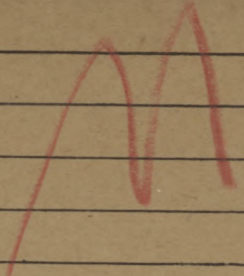
REGIMENTAL DOCUMENTS

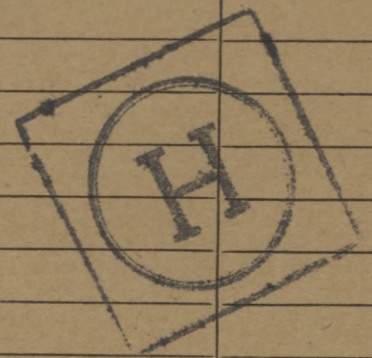
SGT. NAME LOW HENRY JOHN

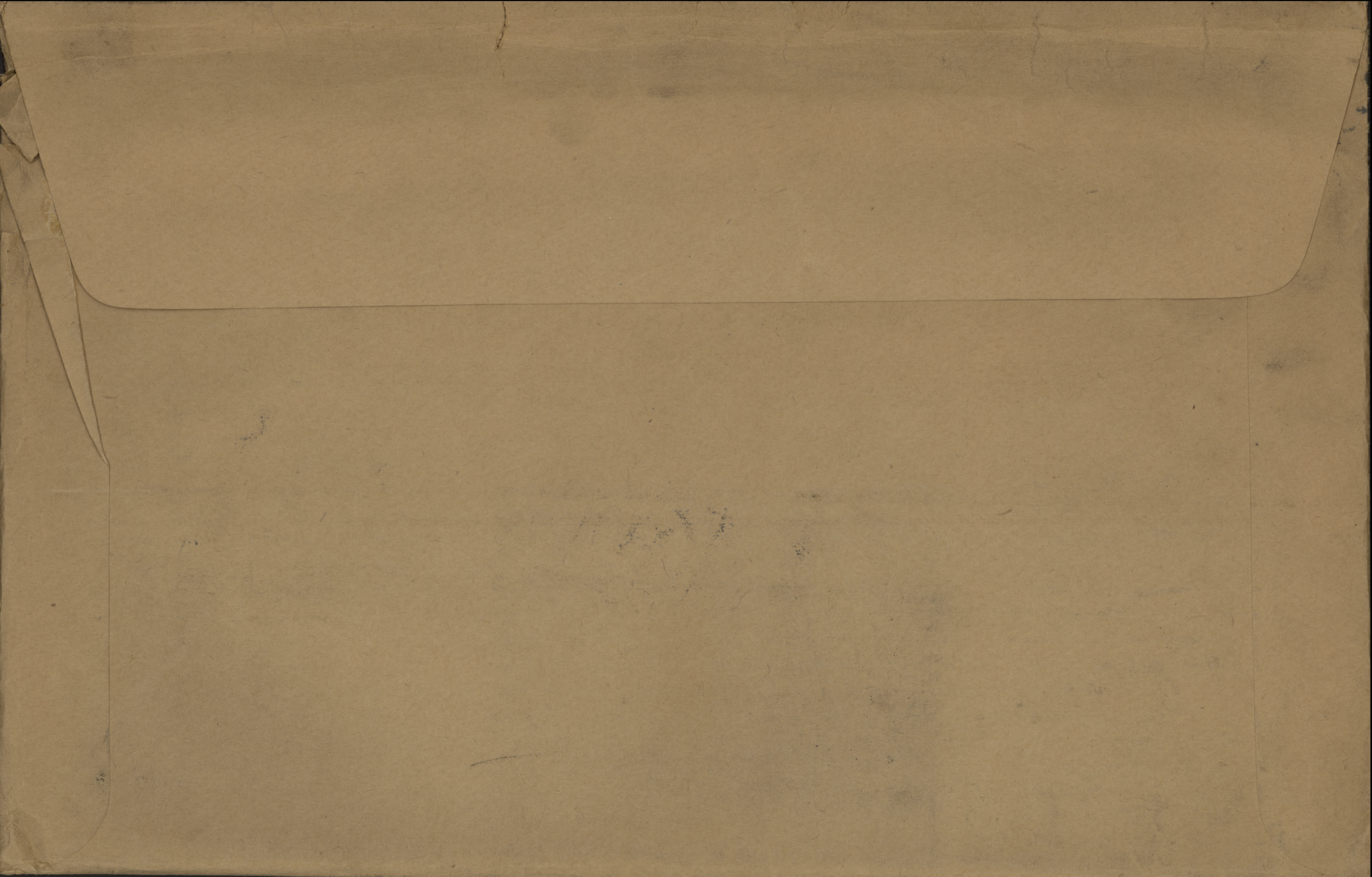
REGT. NO. 725122 UNIT C.F.C.

H. Q. FILE NO.

PER
23/7/19

 CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
32 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					 DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)				32877	
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 Misc					
1 M.F.W. 67					
1 R. 122					
1 [unclear]					
1 Indt Card					





No. 725122. RANK Pfc

NAME Law. H. J.

T. O. S. 5-1-16.

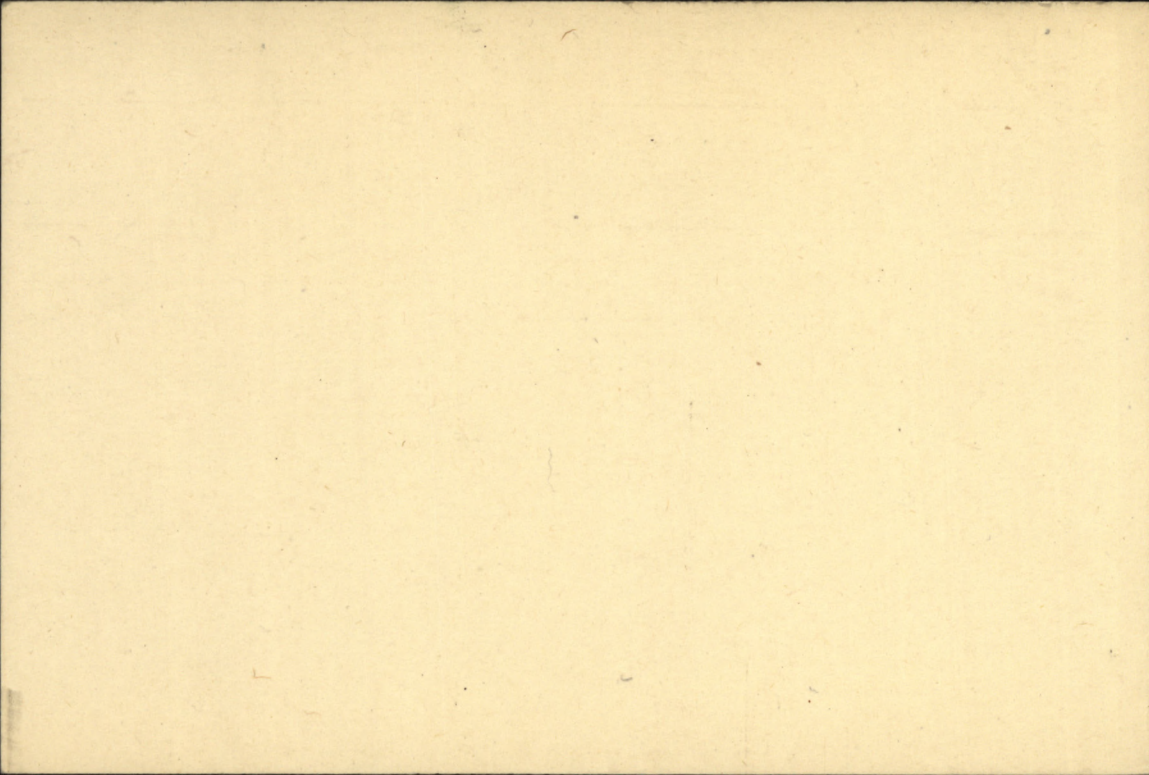
UNIT 109th. Battalion.

D. O. 41. 7-1-16

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PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 5	1916 Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916



SURNAME. *Low*

"92" CARD NO.
 808 Dec 16-7-1916 mof
 1916 of 15-7-1916 WH
 FOLL

CHRISTIAN NAMES *Henry John*

REGL. No. *725122*

RANK *Pte.*

UNIT *109th*

Batt.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Low, Mrs. Lillia*

RELATIONSHIP TO SOLDIER *Wife.*

ADD *266 North Lisgar St.
Toronto, Ont.
L.S.A.P. 3-18-16.*

COUNTRY OF BIRTH *Canada, Holland Landing* DATE *Sept. 22nd. 1886.*

PLACE OF ATTESTATION *Lindsay, Ont.* DATE *Jan. 20th. 1916.*

Sailed from Halifax *Per S. S R/C 9-7-19367*
 "Olympic" 23-7-16 *489* *102 Sgt*

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Cabinet maker.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

29

YEARS

3 MONTHS

HEIGHT

5

FEET

3 1/2 INCHES

CHEST MEASUREMENT

33 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Medium

EYES

Brown.

HAIR

Dk. Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Lindsay; Ont.

DATE

Jan. 6th. 1916.

ag. B.
[Handwritten initials]

Number. 725122 Rank. A/Sgt. *B*

Surname. LOW

Christian Name. Henry John

Units. 109th Bn. Can. Inf. Theatre of War. England.

Date of Service. 31-7-16

Remarks.

Latest Address. ~~266 North Lissgar St.~~

~~Toronto, Ont.~~

197 Concord Ave.

Roll No. *a Page 725.* Toronto

Ontario

No.

RANK.

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
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OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

46163
AUG 23 1921

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom Lillia Law
 Address Lindsay, Ont.
266 North Liggar St.
Toronto
 Rate 90⁰⁰ AUG 1 1916 7/10/16
 By Whom Assigned Law, Henry J.
 Regtl. No. 725122
 Rank Pte
 Corps 109 Bw B Coy

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
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Jan.	1916			
Feb.				
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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-416.
 1772-39-819.

Sheet No. 2. Lillie Low

L. L. Job 310.-Req. 6374.

PAYMENTS.

Name of Soldier Low - Henry J.
725122 - Pte. - 106 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		A 15737	20	
Sept.		E 19199	20	
Oct.		E 21684	20	
Nov.		C 27077	20	
Dec.		C 36288	20	
Jan.	1917	K 40253	20	
Feb.		K 45521	20	
March		C 51559	20	20 60 C 51559 cared.
April		B 3081	20	20
May		B 9346	20	
June		L 17942	20	2
July		B 24655	20	Lu
Aug.		M 32788	20	OB
Sept.		H 37284	20	2
Oct.		O 43299	20	
Nov.		Q 49660	20	
Dec.		Q 58053	20	
Jan.	1918			
Feb.			340	
March				
April				
May				
June				
July				

20 AUG 1 1916 "B Pay"

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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

1-3-16

MILITIA AND DEFENCE


SEPARATION ALLOWANCE

Name Lillia Low.
Address ~~311 Victoria Ave~~
266 North Dufferin St. Lindsay Toronto
Ont

Name of Soldier Low. Henry.
Regtl. No. 72 51 22
Rank Pt.
Corps 109 B att
To what Corps belonging }
when called out } ✓

Relation to Soldier }
wife, child or mother } wife

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
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July				
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Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<u>£ 34273</u>	<u>20 - 20</u>	

1850

1850

1850

1850

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

725122

Name of Soldier

Low. Henry

Sheet No. 2.

L. L. Job 89002.-Req. 6213

Lillia Low.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 1454	20	20
May		K 65-39	20	20
June		P 85-33	20	20
July		X 10429	20	20
Aug.		E 13233	20	20
Sept.		X 15993	20	20
Oct.		S. 19815	20	20
Nov.		Y 22935	20	20
Dec.		Q 26565	20	20
Jan.	1917	R 29720	20	20
Feb.		F 32679	20	20
March		F 45846	20	20
April		L 1832	20	20
May		S 5306	20	20
June		G 8554	20	20
July		Y 11838	20	20
Aug.		N 14887	20	20
Sept.		T 18058	20	T
Oct.		W 22619	20	B
Nov.		P 23976	20	T
Dec.		K 27567	20	F
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

440

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 725122 (Rank) Lt
Name (in full) Low, Henry John enlisted in
the 6th
CANADIAN EXPEDITIONARY FORCE at Lindsay on the 6th
day of July 1916
HE served in 6th Eny
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 32
Height 5' 3 1/2"
Complexion Medium
Eyes Brown
Hair DK Brown

Marks or Scars Nil

Henry J. Low
Signature of Soldier

J. G. Curly
For Issuing Officer
O.C. No. 2 District Depot

Date of Discharge
**No. 2 DISTRICT DEPOT
JUL 11 1919
TORONTO**

Rank
JUL 11 1919
Date 19.....

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.

DIS

NAME (Last, first, middle)
 GRADE
 SERVICE NUMBER
 DATE OF BIRTH
 PLACE OF BIRTH
 SOCIAL SECURITY NUMBER
 MARITAL STATUS
 RELIGION
 RACE
 HONORARY GRADE
 HONORARY TITLE
 HONORARY SERVICE NUMBER
 HONORARY DATE OF BIRTH
 HONORARY PLACE OF BIRTH
 HONORARY SOCIAL SECURITY NUMBER
 HONORARY MARITAL STATUS
 HONORARY RELIGION
 HONORARY RACE

[Handwritten signatures and stamps are present in this section]

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

2
 Fill in only.—Unit, Number, Rank and Name.

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

503M.—9-16

H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps
 Regimental No. 725722 Rank A. Sgt. Name Low Henry John
 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				
JUL 2 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO	1919	PART II D. 196
JUL 11 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D. 196
					<i>W. J. Roberts</i> Lieut. For O. C. No. 2 District Depot.

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

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

Casualty Form—Active Service.

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

250M.—1-16.

H. C. 1272-39-920.

Unit, Regiment or Corps

109th OVERSEAS BATTALION C.F. C. G. BASE DEPOT.

CANADIAN FORESTRY CORPS.

Regimental No. 425122 Rank Private Name Low Henry John

Enlisted (a) 5-1-16 Terms of Service (a) D of W. Service reckons from (a) 5-1-16

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

Extended _____ Re-engaged _____ Qualification (b) Cabinet-Maker

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

	Embarked Canada		Halifax	24.7.16.	
	Disembarked England		Liverpool	31.7.16.	

8/12/16	O.C. 109th Bn	transferred to 124th Bn	Witley	8/12/16	<p><u>A.W. Aseltine</u> Capt. ADJUTANT 109th Overseas Battalion, C.E.F. D.O. Pt II, # 643</p>
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A.W. Aseltine Capt.
 ADJUTANT
 109th Overseas Battalion, C.E.F.

9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 265 <p><u>A.W. Aseltine</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.</p>
---------	-----------	--	-------------	---------	--

19-1-17	124th Bn.	Transferred to Garrison Duty Battalion	Witley	19-1-17	D.O. Pt. II No. 19.
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(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.

A.W. Aseltine
 Lieut. Col. Adjt. [P.T.O.]
 124th. Battalion, C.M. Inf.

136423

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725122 Rank Plt Name Low H. J. 23/1/1917

Local Unit ~~8.5.10~~ Overseas Unit _____ Age 40
12476 Bu.

Examination held in Bramshott area.

DISABILITY. Heuma at my

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has had the above for the last ten years. Has trouble on marching. Refuses operation. Has had arthritis in his left ^{hand} for the last two months. Hand was much swollen and he has not much use of his 3rd 4th + 5th fingers

Board recommends: B. (ii)

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

Signatures:

Members { *[Signature]* Pres.
H. MacLaren Capt.
N. J. Jackson Capt.

Approved.

Bramshott 23-1- 1917 *[Signature]*

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

101

No. _____ Rank _____ Name _____
Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(scrub one out)

PRESENT CONDITION

Board recommended

1. Fit for Duty

2. Fit for duty after _____ weeks physical training.

3. Fit for Base duty _____ weeks.

4. Fit for Permanent Base Duty.

5. Discharge.

Signature:

Pres.

Members

Approved

Bramshott

101

725122

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Low Christian Name Henry John

Examined { on 7th day of January 1916
at Lindsay
Birthplace { City or Town Holland Landing
County Ontario

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

Apparent age 39 years
Trade or occupation Submit maker
Height 5 Feet 3 1/2 Inches
Weight 113 1/2 Lbs.
Chest measurement { Minimum 30 1/2 inches.
Maximum expansion 33 1/2 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>26/1/17</u>	<u>Fit</u>	<u>J. McCulloch</u> M.O.
<u>Nov 9/17</u>	<u>Fit</u>	<u>Ben L. Roberts</u> Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development good
Small-Pox Marks none
Vaccination Marks { Arm Right none Left Four
Number Four

Date	Result	VACCINATIONS
<u>Feb. 2nd 1916</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last Feb. 2nd 1916
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>10.5.16</u>		<u>J. McCulloch</u> M.O.

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

Enlisted on 5th day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725122</u>		<u>5-1-16</u> <u>6/1/16</u>
Transferred to.....	<u>Canadian Forestry Co</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>23 JAN 1917</u>	<u>Hernia at sup.</u>	<u>13.0.17, O. Cooper</u>
<u>APPROVED</u>	<u>23/1/17</u>	<u>J. Stewart</u> Major, B.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp	<u>President,</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>Summingdale</u>	<u>Nov 22, 1918</u>	<u>ret. at sup. Hernia (complete)</u>	<u>13.0.17, O. Cooper</u>
<u>Summingdale</u>	<u>9.6.19</u>	<u>Weariness of abd. wall</u>	<u>13.0.17, O. Cooper</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.

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 **725122**

(3) Full Name of Soldier..... **Henry John Low.**

(4) Place of Birth..... **Hollandia. Ont.**

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

(6) If married, state,
(a) Full name of your wife..... **Mrs Lillia May Low**

Lindsay Ont P. O. Box 611.

(b) Present Postal Address..... **Lindsay Ont**

P. O. Box 611.

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

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

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

Also their names and ages..... **Gertrude Mildred Low**

10 years.

(9) Is your Father alive?..... *Yes*

If so, state name and address..... *W. G. Low. 262 Brunswick Ave Toronto.*

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

If so, state name and address..... *Mrs W. G. Low. 262 Brunswick Ave Toronto.*

(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.

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

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

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

If so, in what Company?..... *East of C.O.S.F.*

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..... *July 15 1916.*

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

L. Wing B

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. 725122 Rank Sgt Surname LOW H. J.
(Given name in full)
Henry John
Unit or Corps SONNIN/CAFE Birthplace Hallamshire

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

I. GENERAL DESCRIPTION:

Physique good Weight 125 lbs. Height 5 ft. 3 in. Colour of Eyes brown
Nutrition good
Pulse 84 regular
Condition of arteries left
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Mole - left supraclavicular space
scar - left middle finger before enlistment

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.

nil
no document available

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witten.....(Overseas)
Date 29-6-19..... Signed W. H. Deppert..... 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 H. J. Low.....

(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 a Medical Board.)

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

Auth D a s 14-1-48 13-6-19

APM

L. Wing B.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

LOW H.J.

REGIMENT

Sunningdale

RANK

Sgt.

No.

725122.

Date of Examination in England

28-6-19

Date of Examination in France

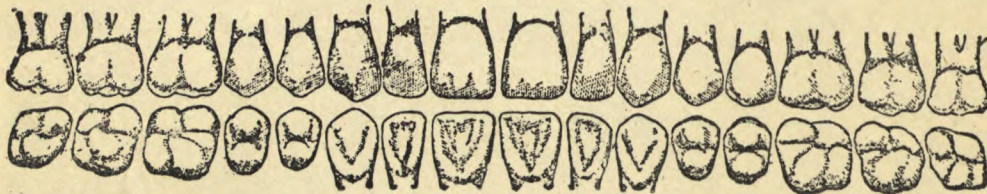
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

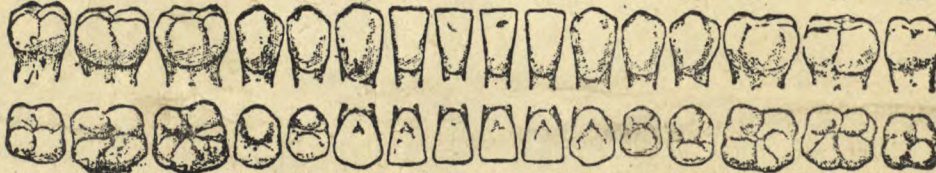
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

5 10.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

2 5 10 12 15.

HAS HE EVER REFUSED DENTAL TREATMENT?

No.

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

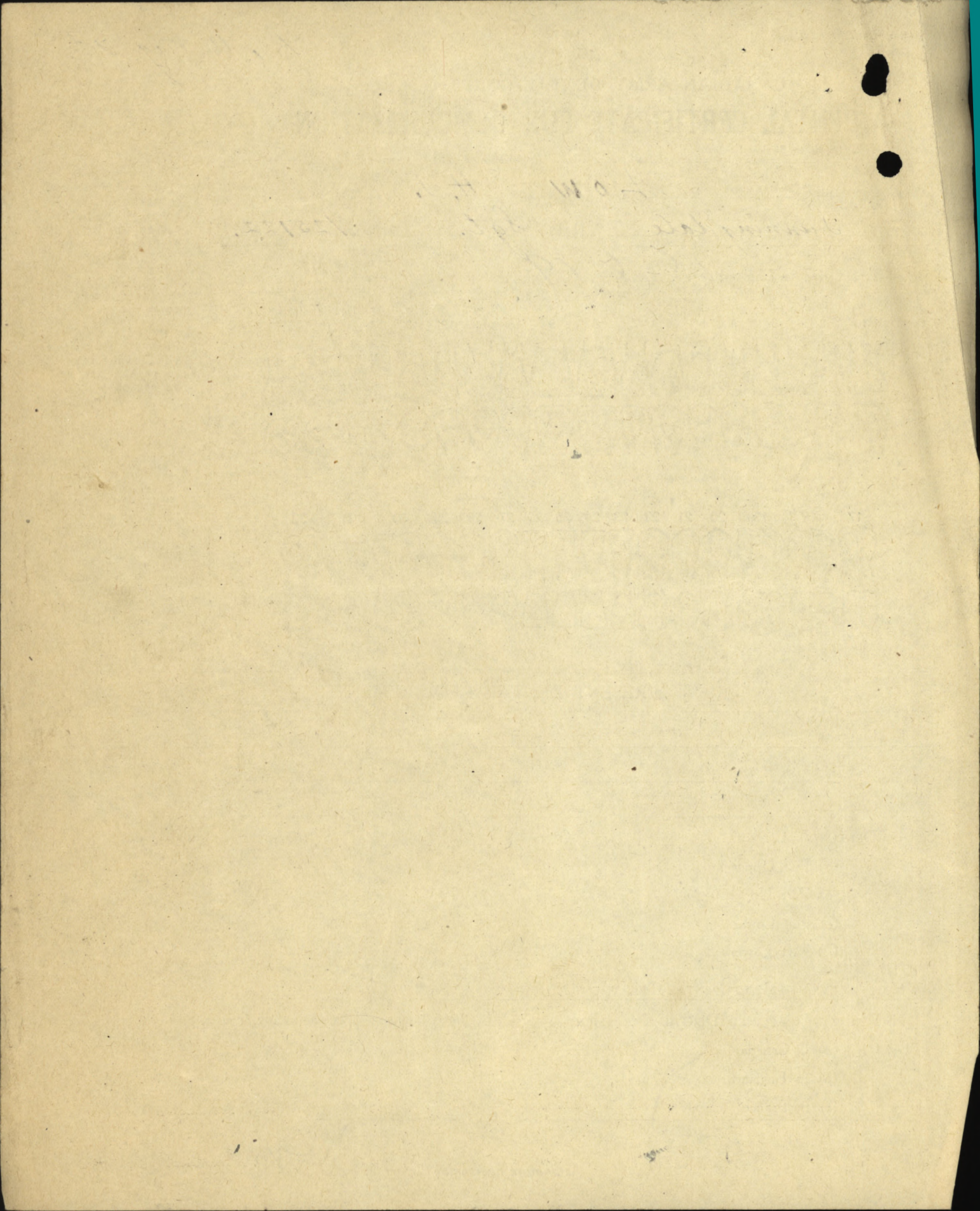
(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

Jurioscap



G. P. O.

Toronto

Asst 2

FORM OF WILL.

I, Henry John Low (Name in full)

Regimental Number 725122 serving in 109 Batt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Henry J. Low
Lindsay.
P. O. Box 611.

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 18th day of July A. D. 1916

Henry John Low Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Roy B. Jones

Address of Witness No 5 Oak St. Galt Ont

Occupation of Witness Machinist

Signature of Second Witness Wm. J. Giffman

Address of Witness Lindsay. Ont.

Occupation of Witness Carriage Painter

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

1. Name in full _____
2. Residential Number _____
3. I hereby declare that I am of legal age and sound mind and I hereby declare that I am the owner of the property herein described and that I have no other will in force.

I hereby declare that I am of legal age and sound mind and I hereby declare that I am the owner of the property herein described and that I have no other will in force.

Name and Address of person to whom it is to be given

Name and Address of person to receive personal property

This is the day of _____ 19__
Signature of Testator

THE STATE OF _____
COUNTY OF _____
I, _____
Notary Public
do hereby certify that the foregoing is a true and correct copy of the original of the will of _____
Notary Public

Witness my hand and seal at _____ this _____ day of _____ 19__

Witness my hand and seal at _____ this _____ day of _____ 19__

Signature of First Witness _____

Address of First Witness _____

Occupation of First Witness _____

Signature of Second Witness _____

Address of Second Witness _____

Occupation of Second Witness _____

A.C. Rank

Name LOW, Henry John.Reg'l No. 725122Unit 109th. Bn.If in perm. Corps,
What Unit? }Married or Single Married.Place and Date of Enlistment Lindsay. Jan. 6th. 1916.Place of Birth Holland Landing.
Ont.,Name and Address, Next-of-Kin Mrs. Lillia Low.233, Victoria Ave., Lindsay, Ont., CanadaRelationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

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.				
Arrived in England per H. M. T. 2810				31-7-16	
8-12-16	106109 th Bn	S.O.S. on trans. to 124 th Bn	Witley	8-12-16	P.I. D. 343
9-12-16	106124 th	S.O.S. - fr 109 th	"	"	265.
19-1-17	"	S.O.S. - to 124 th Bn.	"	19-1-17	19. P.I. D. 0.56
30-1-17	124 th Bn.	Ad libbac. battn to 124 th Bn	Witley.	23-1-17	P.I. D. 0.30.
1-2-17	"	leaves to be att'd to 124 th Bn his att'd to Can. for Corps	"	1-2-17	32
9-2-17	CFC	Att. to CFC for P. D etc. Cases to be att to 124 th Bn	London	1-2-17	35
6-3-17	CCAC	S.O.S. to CFC	Hastings	31-1-17	1101 4P. D. 87. 20/13/17 C.F.C.
25-5-17	C.F.C. Base	On strength	Scunthorpe	1-5-17	" 23.
7-1-18	"	Granted one G.B. Badge	He "	6-1-18	" 6.

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.				
5-3-19	B.D. C.F.C.	Appointed A/Cpl. whilst specially employed.	Pt Spidale	1-3-19	Pt Hdo 64
31-5-19	" "	To be A/Sgt. with pay.	Appl "	1-5-19	-151.
23-6-19	" "	S.O.S. to "L" Wing C.C.C	A/Sgt. "	21-6-19	-174 { J.O.S. "L" Wing CCC S.O. 36 d/26-6-19
3-7-19	"L" Wing CCC	S.O.S. to Canada. S.L 97	" Witley	2-7-19	-43.
			97- J-	2-7-19	

725122 *McC Low. Henry John* A/P 20⁰⁰/c.

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT	
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE						
June 30			334	40					110	335	50			29	20	21	90	36	51	200		28	761	47	89			
July 30			33							33										20		20		60	89			
July 10			34	10					110	34	10			29	20	21	90	36	51	20		20		74	99			
Aug 10			11							11										20		20		63	99			
Aug 31	21		23	10						23	10			4	87							24	34	64	95			
Sept 30			33	-						33	-			12	17							39	47	58	28			
			116	60						110	160	10		7	30							20		24	60	75	34	
														1	30							20		41	42			

W.H. G.F. Eng. A.P.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. PAY ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. PAY ENG.
		58	28						58	28		1913	Balance Forward										
Oct	P. Pay	34	10	A.P. Canada				20				Mar	PP	34	10	G.A.P.				20			
				#3098. 10/8/17.	4	87										ARB1152 B.D. 14.2.18.	9	73					
				D.N.A.R. 2146 30/7/17 C.F.C.	7	30										AR B367 26.2.18.	4	87					
				A.R. 3459 29/7 B.D.	9	73										B1750 19.3.18.	14	60					
				D.N.A.R. 2062 18/7 B.D.	4	87											29	20					
				A.R. 3230 15/7 "	4	87														20			
		34	10		31	64		20	40	74													
Nov	P. Pay	67	10	A.P. Can				20															
				AR B385 15/7 DD. AG.	4	87																	
				" B210 29/7 "	4	87																	
				" B295 14/7 "	9	73																	
				A.P. Dec	19	47		20	48	37													
1918	P. Pay	67	10	A.P. Can				20															
Jan		34	10	AR B361 28/7 B.D.	4	87																	
				" B.423 B.D. 6/7	4	87																	
				" B.503 " 17/7	9	73																	
		34	10	Cap.	19	47		20	43	00													
Feb	P. Pay	30	80					20															
				AR B688 9/8 B.D.	4	87																	
				AR B978 29/8 B.D.	4	87																	
		30	80		9	74		20	44	06													

Carried Forward

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: 702 ENGLAND or CANADA. NAME: Low Henry J. NUMBER: 725122. EFFECTIVE DATE: 1-8-16. AMOUNT: \$20. PARTICULARS OF RANK OR APPOINTMENT: AUTHORITY, DATE EFFECTIVE, RANK OR APPOINTMENT. NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mrs Lelia Low (Wife), Lindsay, Ontario. ORIGINAL UNIT: 109¹/₂ Batta. DATE ACCOUNT FIRST OPENED: 1-8-16.

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
16/6/18	1875	C7C B.D.	38.93	1/4/19	151-153	B.D. C7C	18.30
						Lead Bal br.	57.80
						L.S.G.	6.37
						Agreed on as at 30/11/11	18.57
						1850-	15/11/11

DAILY RATES OF PAY AND ALLOWANCES: AUTHORITY, PAY, F.A., P.F.A., SUBS'CE ALL'CE.

PARTICULARS OF RENDERING NON-EFFECTIVE: Canada 30/6/19

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Bale forward								2896	Mil	
April	Pay	33.00		Cap				20			
				A.R. B. 167 B.D. 12/4/18	4.87						
				A.R. B. 353 " " 25/4/18	9.73						
		33			14.60			20			
May	C.R.	34.10		Cap				20			
				A.R. B. 650 B.D. 4/6/18	4.87						
				" 958 " C.F.C. 20/5	4.87						
		34.10			9.74			20			
June	P.P.	33		b.A.P.				20			
				A.R. B. 1237 14.6.18 B.D.	9.73						
				" " 1387 26.6.18 "	4.87						
		33			14.60			20			
July	P.P.	34.10		b.A.P.				20			
				A.R. B. 1688 B.D. 12.7.18	4.87						
				" 1876 " 25.7.18	9.73						
		34.10			14.60			20			
Aug	P.P.	34.10		b.A.P.				20			
				A.R. B. 2740 B.D. Sunday 12.8.18	4.87						
				" " 2609 " " 28.8.18	4.87						
		34.10			9.74			20			
Sept		33		Cap				20			
				B. 3760 C.R.B. 21/9/11	4.87						
				DN. 11435	9.73						
				A.R. 3038 16/9/18 C7C B.D.	9.73						
		33			14.60			20			

COMPILED BY: A. Hillier
CHECKED BY: H

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Oct	pl	3410		cap				20	3238		
							ARB 3440 CFCBD. 15 ¹⁰ / ₁₈	973						
							- 4031 - - - - 30 ¹⁰ / ₁₈	485				3188		
			Nov	-	3410		cap	1460			20			
					33		ans. CFCBD 14/11/18	1947			20			
			Dec	-	3410		cap				20			
			Jan	-	3410						20	5361		
					10120			1447			60			
			Feb	-	3080		B6781. CFCBD 14/11/18	1217						
							B6032 - - - - 13/11/18	1217						
			Mar	cap pay	3720		B9812 13.3.19	1460						
					6800		cap July 1918				40	4267		
			Apr	-	36		B1116 CFCBD 15/11/18	1460			40			
			May	-	3720		B3233 CFCBD 15/11/18	1947						
							and may cap				40			
					7320							4780		
			June	Ma 61 D @ 304 with bet cap 14/11/18	36			3407			40			
				from 11/11/18 - 30/11/18. Do. 15/3-7/11/18 CFCBD 18/11/18	1830		Ans 15. CFCBD. 16/11/18	3893			20	3717		
				50754	5430			3893						

S.O. Stolanada 2.7.19 MDR
SL 97. CFC.

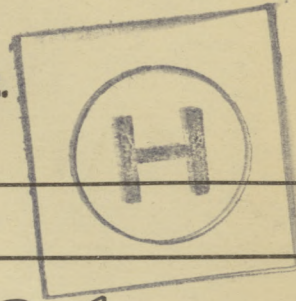
24 JUN 1919

Imperial Station I

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. *725122*

2. Rank. *Sgt*

3. Name. *Low Henry John*

4. Unit. *676 D. 3 676 3 676th England*

5. Date of Discharge *JUL 11 1919* Place *TORONTO, ONT.*

6. Reason for Discharge *Demobilisation*

..... Next of Kin *wife*

..... Occupation *Cabinet maker*

..... Service in France *None* Group

..... Category. *B2*

DEMOBILIZATION

7. Authority. *religion* *market* No. *196* District Depot, Part *196*, D.O.No.

8. Proposed Residence after Discharge *266 North Lascar St*

..... *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.?

.....

..... *Henry John Low*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 DISTRICT DEPOT

JUL 11 1919

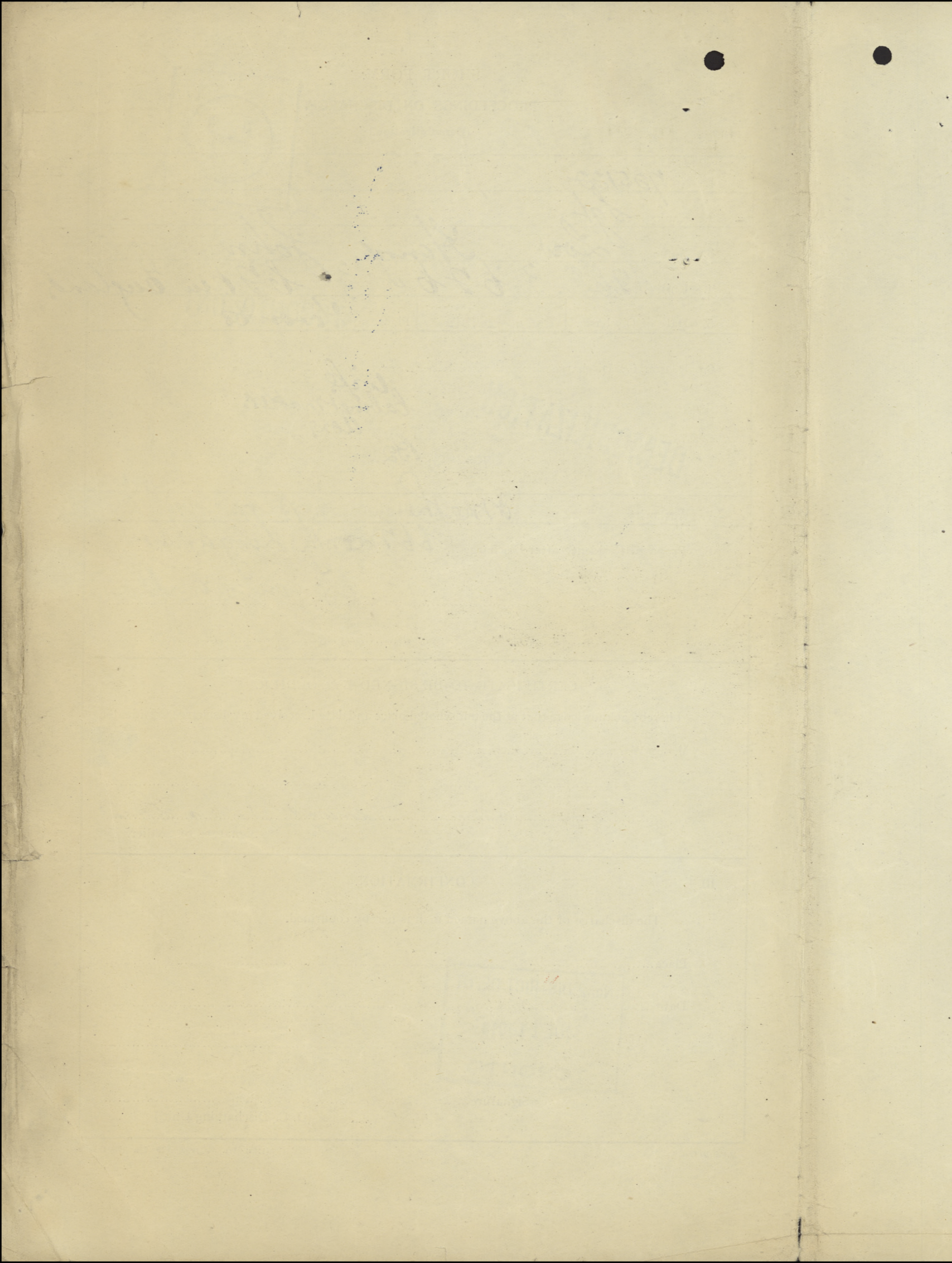
TORONTO

Signature

John Low

For
O.C. No. 2 District Depot.

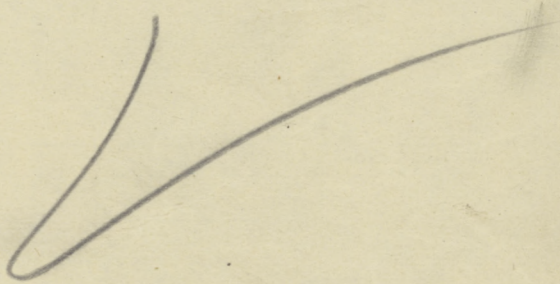
(O. C. Discharging Unit.)



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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a)
10. Dispersal Certificate (C.D. 3). *to Dupl.*
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.



Group..... *B*

Checked by No..... *30*

Date..... *30/12/19*

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 SWINNINGDALE DATE 10-6-19

1. 1 (a) Unit C.F.C. (b) Regimental No. 725/122 (c) Rank A/SGT.

(d) Surname LOW (e) Christian name HENRY JOHN

(f) Home address 266 N. LISGAR ST TORONTO CANADA

(g) Next of Kin MRS LILLIA MAY LOW (h) Relationship WIFE

(i) Address of Next of Kin SAME AS (f)

2. Age last birthday 42 Date of birth SEPT 22 1976

3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY (b) Date JAN 6 1916

4. Personal description:

(a) Height 5' 3 1/2" (b) Weight 114 (c) Complexion DARK
(stripped)

(d) Colour of hair BROWN (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. NIL

5. Former trade or occupation CABINET MAKER.

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>Three</u>	<u>154</u>

	PERIODS	
	From	To
Canada	<u>6-1-16</u>	<u>24-7-16</u>
England	<u>24-7-16</u>	<u>-----</u>
France or other theatres of War	<u>~~~~~</u>	<u>~~~~~</u>

7. Original disease, or injury (1) DOUBLE INGUINAL HERNIA (INCOMPLETE)
(2) LACERATION OF FLEXOR TENDON OF MIDDLE FINGER LETHAND.

(a) Date of origin PREVIOUS TO ENLISTING (b) Place of origin CANADA

(c) Cause (1) ACCIDENTAL INJURY

(2) ACCIDENTAL INJURY

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.)

(1) WEAKNESS OF ABDOMINAL WALL INABILITY TO LIFT HEAVY WEIGHTS.

(2) LACERATION OF FLEXOR TENDON LEFT ^(MIDDLE) 2nd FINGER INABILITY TO FLEX DISTAL PHALANX OF LEFT 2nd FINGER.

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.)

(1) Objective Incomplete inguinal Herniae right and left. The sacs do not protrude through the external inguinal rings. Protrusion on right side larger than left.

Subjective Unable to lift heavy weights.

(2) Scar on anterior surface of first phalanx of middle finger left hand. There is no limitation of movements of joints present, but patient is unable to flex distal phalanx.

Subjective Unable to lift any weight with left middle finger.

(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... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition...

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

(1) Accidental injury while jumping fifteen yrs ago. Soldier states that active service has in no way aggravated his condition.

(2) Laceration of flexor tendon left middle finger in civil life condition not aggravated by service.

10.—(b) (Here give a description of the condition to or since entrance into service.)

Double accident yrs ago

(c) (Here give a description of the condition at the time of entrance into service.)

Double middle

11.—(a) Did the condition at the time of entrance into service...

(b) If so, has the condition at the time of entrance into service...

No

12. Was the disability...

refusal to accept The regiment (If the answer is in this question, state the reason.)

13. What is the present condition...

14. Treatment...

disability

15. Is further treatment...

16. Can the form...

17. Recommendation...

(Sections 7, 8, 9)

I, the undersigned, certify that the present condition...

I complain in accordance with...

J.H.H.

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).)

Double inguinal herniae fifteen years ago
Accidental injury, left middle finger about twelve years ago.

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

Double inguinal herniae scar anterior surface just phalange middle finger left hand.

11. (a) Did the disabling condition have its origin before enlistment? YES. (1+2)

(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 (1+2)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1+2) A=NO B=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 except for surgery (1+2)

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

No treatment in the army for present disabilities

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. NA.

J. W. Harper Capt. C.A.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, H. J. Low, 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

None

H. J. Low Rank.
Signature of invalid examined.

4
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 Operation not recommended.

19. Is the invalid fit for

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

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.)

Boarded for return to Canada Auth a.g. tel 9053-11-16-18

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.

J. H. Hetherland Capt President.

PLACE *Summingdale* }
 DATE *9.6.19* } 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.

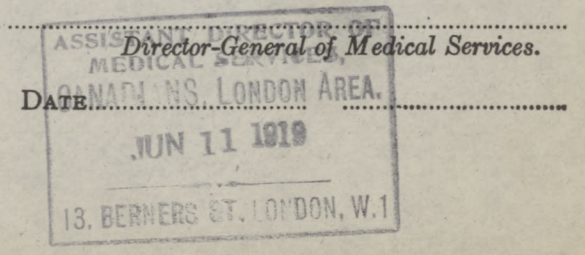
Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

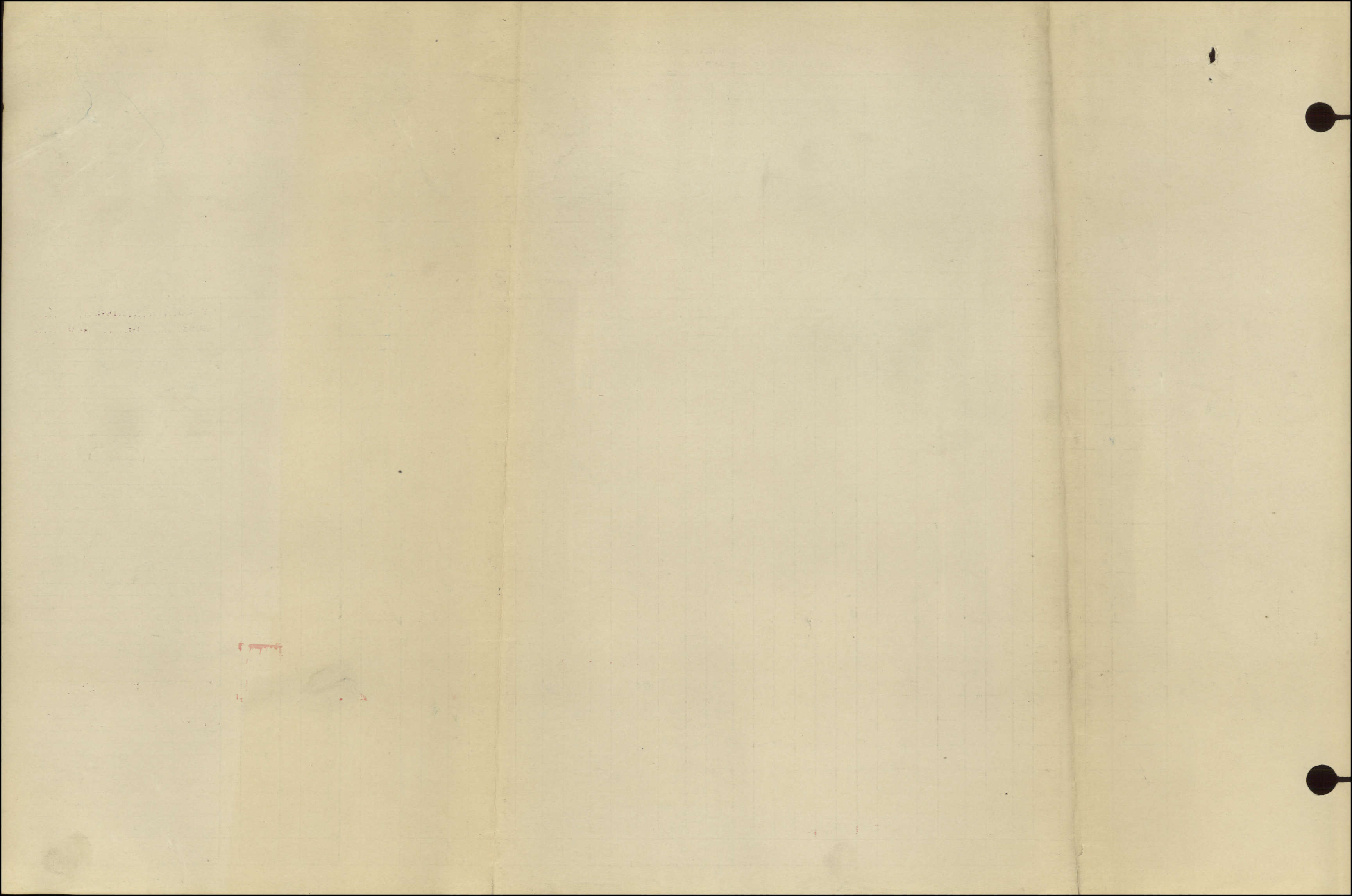
PLACE..... }
 DATE..... } Members

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.

APPROVED BY
 Director-General of Medical Services.

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





Date of Enlistment

1.3.16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

L 7509

Date of Assignment

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰ 1/12/17	30 ⁰⁰ 1-9-18
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PE3257 PE2752
32124

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **725122**
 Rank **Rte** Promoted Reverted Discharge
 Soldier's Name **Henry J. Law.**
 Battalion **109 Bn. "B" Co.**
 Beneficiary **Mrs Lillia Law.**
 Relationship **wife**
 Address **Sn 7.4. 2554 26/7/18.**

PARTICULARS OF ASSIGNMENT

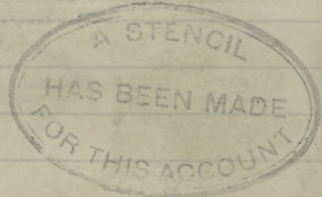
Name **Lillia Law** *wife*
 Address **266 North Lisgar St. Toronto, Ont.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		440	340	780	
1918					
Jan	Q 69653	30	20	50	Bk
Feb	Q 71659	25	20	45	
Mar	J 95826	25	20	45	✓
April	D 2582	25	20	45	✓
May	K 12198	25	20	45	✓
June	H 24693	25	20	45	✓
July	K 30137	25	20	45	✓
Aug	J 41586	25	20	45	✓
Sept	M 45424	25	20	45	
Oct	S 51659	25	20	45	
Nov	M 57016	25	20	45	
Dec	L 65121	45	20	65	✓
1919					
Jan	P 75657	30	20	50	
Feb	N 79336	30	20	50	✓
Mar	J 86522	30	20	50	✓
Apr	J 4427	30	20	50	✓
May	W 72512	30	20	50	
June	V (10211)	30	20	50	
July	S 12617	30	20	50	
		975	720		

M. F. W. 128
400M-6-17-1772-38-141
L. L. 2320-M. & D. 7383.

AUDITED.

A/c Closed 31-7-19
 Ret'd per Olympic
 Date 7.7.19 M.F.W 187 1.8-7-19
 Closed ... Closed ...



ms 2 mko 91304 101505

