

@ Jan 10th 1916
G.R.R.G.

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 725587

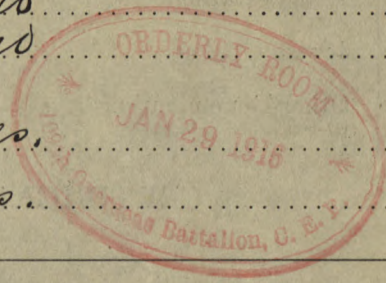
Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname?..... *Lyle.*
- 1a. What are your Christian names?..... *Wilbert Marl.*
- 1b. What is your present address?..... *Bobcaygeon.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Township of Verulam.*
- 3. What is the name of your next-of-kin?..... *William Lyle.*
- 4. What is the address of your next-of-kin?..... *Bobcaygeon, Ont. Canada.*
- 4a. What is the relationship of your next-of-kin?..... *Father.*
- 5. What is the date of your birth?..... *Aug. 10th 1897.*
- 6. What is your Trade or Calling?..... *Laborer.*
- 7. Are you married?..... *No.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes.*
- 9. Do you now belong to the Active Militia?..... *No.*
- 10. Have you ever served in any Military Force?..... *No.*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement?..... *yes.*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *yes.*



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wilbert Marl Lyle*, 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 *Jan 10th* 1916. *Wilbert M. Lyle* (Signature of Recruit)
N.A. Fairbairn Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wilbert Marl Lyle*, 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 *Jan 10th* 1916 *Wilbert M. Lyle* (Signature of Recruit)
N.A. Fairbairn L. (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 *Bobcaygeon* this *10th* day of *January* 1916
W. Menzies (Signature of Justice)

Description of Wilbert Mearl Lyle on Enlistment.

Apparent Age 18 years 5 months.
To be determined according to the instructions given in the Regulations for Army Medical Services.

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

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

Height 5 ft. 7 ¹⁴ ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Light

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

None except a mole on rt. side of neck

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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Overseas Expeditionary Force.

Date Jan 14 1916

Place Bobcaygeon

[Signature]
 Medical Officer
H. Boyd 109th Overseas Battalion, C. E. F.
 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.

Wilbert Mearl Lyle 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 19 1916

REGIMENTAL DOCUMENTS

NAME

Lyle Wilbert Merle

REGT. NO.

72558

UNIT

H. Q. FILE NO.

14

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH

Category

DISCHARGE

Category

DESERTION

35335

H

*38-26
10-26
11-26*

TESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

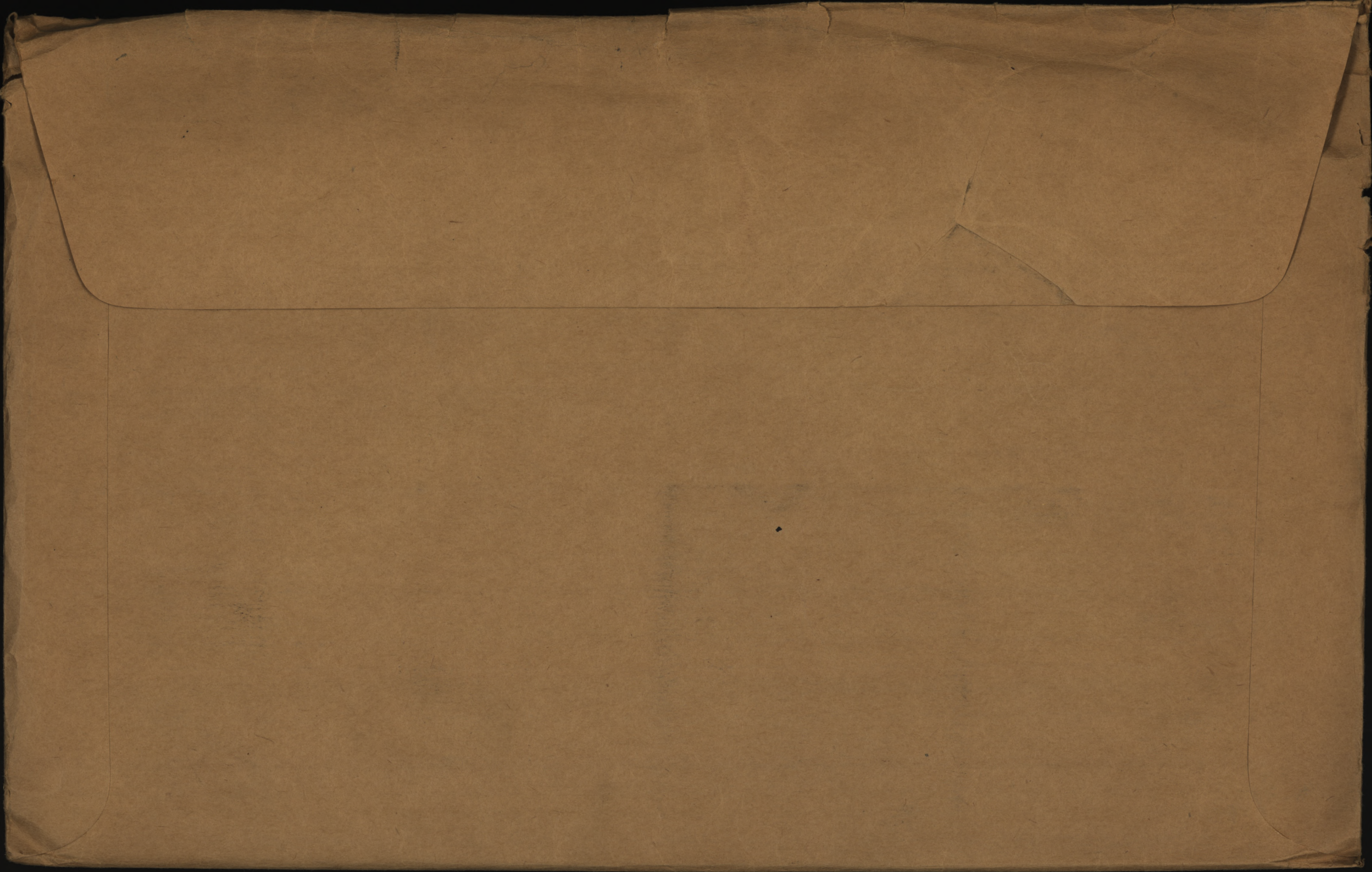
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 *copy*
3 *originals*
1 *copy*
1 *A.F.B. 241*
1 *copy*
1 *pay card*

M.L.
11/12/26



lis

~~13~~
~~17~~

Number... 725587 ... Rank... Pte

Surname... LYLE

Christian Name... Gilbert Mearl

Unit... 21st Bn Can. Inf. Theatre of War... France

Date of Service... 6-10-16. D

Remarks... mother

Latest Address... Mrs Wm Lyle

Bobcaygeon Ont.

Roll No. B. Page 5074

DEPT. OF AGRICULTURE
JAN 24 1922
REGN. NO. *W 7794*

NAME

Lyle Wilber's heart

REGT'L NO.

725587

RANK AND CORPS

Gnr. 6. Bgde C. 7. A.

H. Q. FILE NO. 649.

CABLE

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

NO.

FOLLOWS

M. 6644
W.S.

26/14/17.

2nd. Southern Gen. Hosp. mandin St.
Bristol Ho. Improvements Later
information on cable No 55-6 Card IQ. 7. B. 2090
LondonDied from S.W. Head. + St Buttock
22-12-17 (2nd. Southern General
Hosp Bristol (Red 11-4-18.)

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS



Wilbert Meahl MEARL 3103

Name

LYLE

Rank

DUR Gm

Reg. No.

725587

Unit

20/6 Bde 6 & A

Next of Kin

Canada

WSM R. 25-L-2381
mice

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
4-11	44 Cas. Co. Station	W Back St. Buff	ad	2-92	M 1535	7302
7-11	WS 3rd Inf. Hqs. Queen's		ad	B113		#A 1646
7-12	2nd South Gen. Bristol		ad	B117	M 6517	7845
14-12	Dangerously ill	288 St Bristol	do			2403
22-12	Previously Dangerously Ill. Now Sidel of Wounds at Southend Station of the 2nd Southern Gen. Hosp. Bristol.			A	M 6556	2717
				B125		Tele. No. 38
	age 19 years					
	Pres byterium					

SURNAME.

Lyle,

CARD NO. *✓*

CHRISTIAN NAMES

Wilbert Mearl

FOLL.

REGL. NO.

725587

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Lyle, William

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Bobcaygeon, Ont.

COUNTRY OF BIRTH

Canada, Verulam Tship.

DATE

Aug. 15th 1897.

PLACE OF ATTESTATION

Bobcaygeon.

DATE

Jan. 10th 1916.

Sailed from Halifax Per S.S. "Olympic". 23-7-16

488/21

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

18

YEARS

5

MONTHS

HEIGHT

5

FEET

7 1/4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Light.

DISTINGUISHING MARKS

Mole on right side of neck.

MEDICAL EXAMINATION.

PLACE

Bobcaygeon, Ont

DATE

Jan. 14th, 1916.

(1)

REGT'L No. 725587
H. Q. FILE No. 649.

NAME Lyle Wilbert Mearl

RANK AND CORPS Enr

6 Regtate. 7th

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY Am 109 Bu

NO.	DATE
<u>71-1</u> m6335	<u>12-11-17</u>
<u>14-5</u> m6514	<u>15-12-17</u>
<u>16-1</u> m6556	<u>23-12-17</u>

Adm to 44 Cas. G. S. Stat Nov 4th 1917
Gsw Left Buttock!

Dang. ill 2nd Southern General
Hosp. Bristol, Dec. 14th 1917

and Southern Gen. Hosp Maudlin
Street, Bristol Dang. ill gsw.
back. gsw. left-buttock

Prev. rep. dang. ill. now died of wds.
2nd Southern Gen Hosp. Bristol Dec 22nd 1917.
G. Sw. back, buttock.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A88-3	44 Las. blg. Stat	4-11-17	S.W. Back Lt Buttock
A92-4	no 3 Stat Rouen	7-11-17	S.W. Back " "
B113	2nd South Gen Bristol	4-12-17	S.W. " " " "
B117 ⁽²⁾	"Dang. Illi"	14-12-17	S. H. Back & L. Buttock
B125 ⁽¹⁾	2nd South Gen Bristol		
	Pres. rep. Dang. ill		
	now. Died of wds.	22-12-17	S.W. Back & L. E. Buttock

No. 725587. RANK *Pte*

NAME *Lyle, W. M.*

T. O. S. *10-1-16.* UNIT *109th. Battalion.*
D. O. B. *31-1-16*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan 10</i>	<i>1916. Jan 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Lyle .

W.M.

425587.

RANK

UNIT

Co.

TROOP

BATTY.

Gnr.

BA. CB.

HOSPITAL

DATE OF ADMISSION

H.H. B.B.S.

4.11.17

1.

3. Stat. Rouen.
2nd S. Gen. Hospital

HOSP.

7.11.17
7.12.17

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

S.w. Back Lt. Buttock.
Rw

1.

2.

Prev. lang ill. now.

3.

Healed of wounds. 22.12.17 R.

DISPOSITION

DATE

Cl. 12.11.17. A88. 3.
" 16.11.17. A. 92. (4)
11-12-17 B113-1
15-12-17 B117-2,
27.12.17. B125.

REMARKS

Dang. ill 14-12-17

A.M.D. 2 DEPT.
Ch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

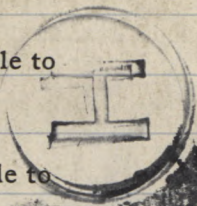
7.

A.C. Rank Name **LYLE, Wilbert Mearl.** Reg'l No. **725587**

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

Place and Date of Enlistment **Bobcaygeon, Jan. 10th. 1916.** Place of Birth **Tp. Verulam.**

Name and Address, Next-of-Kin **William Lyle.**
Bobcaygeon. Ont., Canada Relationship **Father.**

Assigned Pay Monthly \$ Payable to  Relationship

MX
21/1/22 MJ Separation Allowance \$ Payable to Relationship

N/E R.B. No. **3911**

File R.L. **25. L-2381**

Category **AW**

Discharge, Date and Place Reason Character

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

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in Eng 171 per H. M. T. 2310		31-7-16	
5-10-16	109 th Bn	S.O.S. to 21 st Bn	Bramshall	5-10-16	I-II 80.279
9-10-16	21 st Bn	<i>Taken on strength.</i>	Field	6-10-16	" II 58.
4-1-17		attach 4 th fld. Co. C.E. for duty	"	18-12-16	" 1
22-1-17	2 nd Div Engrs	do	do	18-12-16	" 4
31-1-17	"	Cease to be attach 4 th fld Co Engrs	do	17-1-17	" 5.
3-2-17	21 st Bn	do	do	17-1-17	" 14.
2-10-17	6 th Bde CFA	IOS as Gnr from 21 st Bn gnr	"	1-10-17	" " 166 21 st Bn GPO 89/5-10-17.
10-11-17	" " "	Att 44 Cas Co Stat	"	4-11-17	CL A 88. S.N Back Lt Baddock
15-11-17	" " "	" #3 Staty Troop	" Raven	7-11-17	" " 92 " " "

A.F.B. 103 CHICAGO
10 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					
10.12.17	6th Bde	Adm: 2nd S. General Hoop	Gen Bristol	7.12.17	C.L.B 113.	SW Back Lt Butt.
10 12 17	" "	Invalided (W) to Regt Depot	Field	7.12.17 5 12.17	Pt 1100 196	Regt Depot Pt 1100 281 2715.12.17
14 12 17	" "	Dangerously Ill 2 nd S Gen Hoop	Bristol	14 12 17	CLB 117	SW Back Lt Butt
24-12-17	" "	Over-riptsd - Gen. ill Now Died of Wounds	"	22-12-17	CLB 125	Ditto
23.1.18	CA RW	ceases to be shown in Hoop's SOS having died at 2 nd Southern Gen Hoop's warrant for SOS entry	Bristol	22.12.17	Pt 0	23.1.18.

Bed 5.

5 S GEN
BRISTOL
Army Form I. 1237.

Forms
I. 1237
10

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>909 1017</i> Year <i>1917</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>725587</i>	<i>Dr.</i>	<i>Lyle</i>	<i>W. M.</i>
	Unit.	Age.	Service.	
	<i>Canadian Field Art</i>	<i>19</i>	<i>1 1/2</i>	

Station and Date. <i>Southmead</i>	Disease.
<i>Nov. 4 - 7 pres.</i>	<i>S.w. Back & buttock L.</i>
<i>7.12.17.</i>	<i>W's part clear.</i>

<i>12.12.17.</i>	<i>Will Physician kindly see - ? rheumatic fever. art short</i>
------------------	---

Hrt. dulness to n.l. apex diffuse, max 4th sp and soft localized systolic murmur not crested 2^d below a little +. no dulness to R sternum Rhythm regular.

<i>15.12.17</i>	<i>A few rales & bronchi in R chest in axillary region & round over lower ribs in front. Probably a patch of bronchopneumonia. Small amount mucopurulent sputum tinged w blood.</i>
-----------------	---

<i>20.12.17.</i>	<i>For last few days* there has been troublesome diarrhoea. Pt is markedly cyanosed, face is flushed & breathing rapid. He has been delirious & semi-conscious for last 3 days. The physical</i>
------------------	--

DATE OF DISCHARGE:- *Sings in lungs are*

DESTINATION:-

<i>7.12.17</i>	<i>HQS 500 2 amb</i>
<i>13.12.17</i>	<i>3 amb</i>
	<i>22.12.17. Died</i>

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

Station
and Date.

generalized over front of chest - rhonchi
& patches of fine rales. In L. axillae
there is some br. br. Heart normal but
rapid.

Oxygen for 5 minutes every hour.

Hypodermic Strychnine $\frac{1}{30}$ 4th hour.

Brandy 3iv.

DATE OF DISCHARGE:-

22-12-17.

DESTINATION:-

DIED.

CLINICAL CHART

Army Form B 181.

(To be attached to Case Sheet).

Military Hospital _____

Corps _____

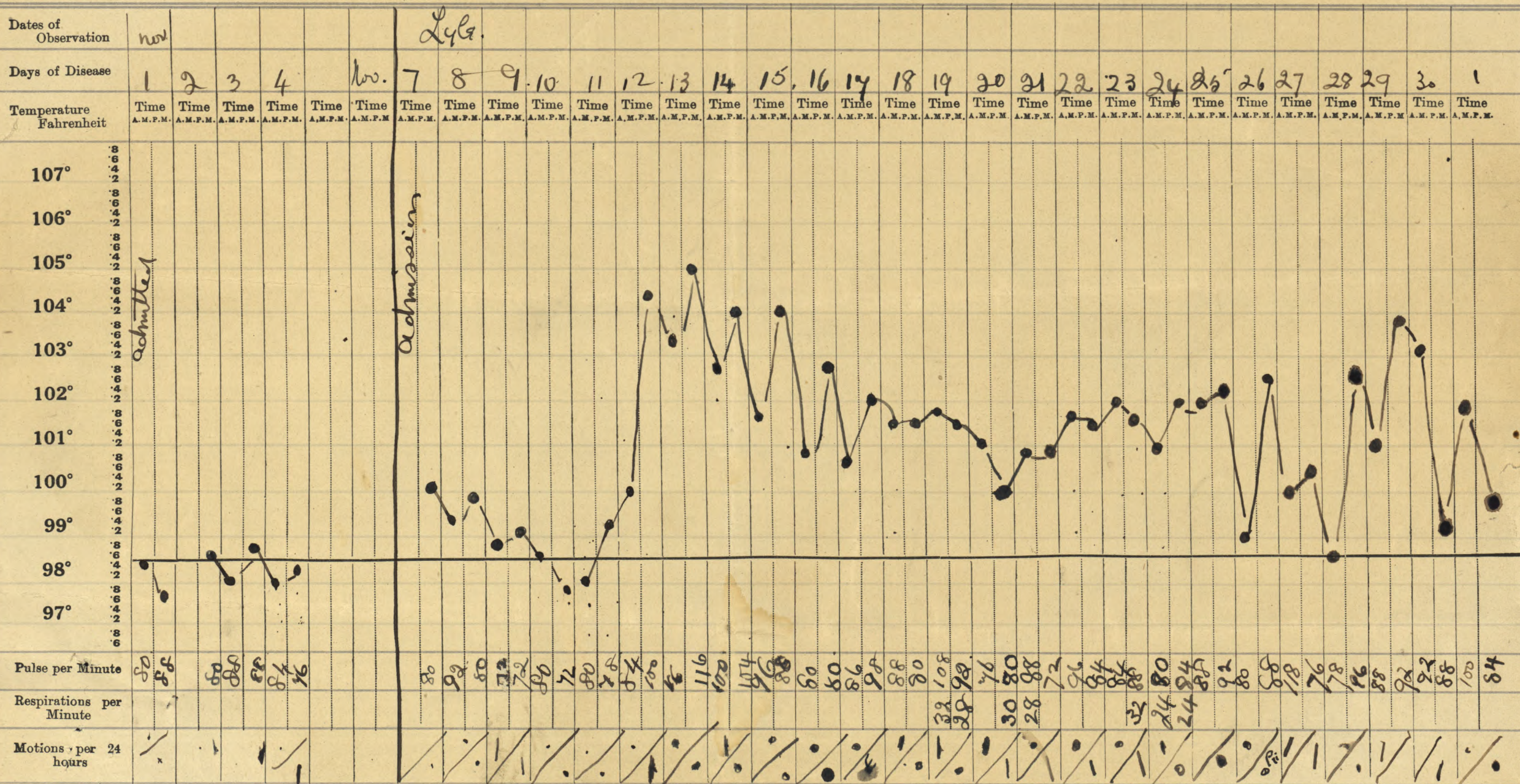
No. _____

Rank and Name W. E. Conner

Age _____ Service _____

Disease _____ Date of admission Nov. 1

Date of discharge _____ Result _____



Signature _____ In Charge of Case, _____



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. 425584 Rank Private Name Lyle Wilbert Mearl

Enlisted (a) 10-1-16 Terms of Service (a) D of W Service reckons from (a) 10-1-16

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) Laborer.

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 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.	
	Transferred for Overseas Service with	21st Batt'n	OCT 5 1916	Capt. P.O. Pt. 11. No. 279 109th Overseas Battalion, C. E. F.
C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II.O. 58. d/9-10-16.
Do.	Left for unit.	en route.	20/10.	N.F. 20/10. <u>W. Seltner</u> CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
21st BATTALION	Joined unit.	21st BATTALION	22/10.	B. 213. 27/10.
Do.	Attached 4th Fed Coy C.E.	Field.	18/12/16.	" 22/12/16. Pt. II.O. 1. 4/1/17.
Do	Passed to be att'd 4th F.C. C.E.	Do.	17/1/17	B-213 191. Pt. II.O. 14 d/3-2-17.
Can. Section	S.O.S. 21st Battalion on transfer to 22nd How. Battery, 6th Bde. Can. Field artillery.	Field	30/9/17	K.E. 18139. Pt. 2.0.89 d/5-10-17.
Do	T.O.S. 6th Bde. C.F.A.	Field	1-10-17.	K.E. 18139. Pt. 2.0. No. 166 d 2-10-17.

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

[P.T.O.]

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				
6-11-17	06 Unit	Wounded to Hospital	Field	4-11-17	Letter. File K.T. 16/29862
5-11-17	44685	J. W. Back & Buttock L adm.	44685	4-11-17	A36(1558)
4-11-17	16 FA	J W Back Buttock L adm.	16 FA	4-11-17	} A36(1724-132725)
7-11-17	3 Stat. Hqs.	J W Back & Buttock L adm.	3 Staty	4-11-17	
6-11-17	44685	J W Back & Buttock L. Wans.	14.A.S.	7-11-17	W3034(277783119.)
6-11-17	44685	J W Back & Buttock L. Wans.	14.A.S.	6-11-17	A36(133861)
5-12-17	3 Stat. Hqs.	Invalided (J. S. W. back, Buttock, L.) and posted to Can. Art. Regtl Depot Witley, Eng. per H.S. St. George.		5-12-17	W3083(4456) Pt. 2. 8. No. 196 & 10-12-17.
					<p><i>Wm. B. Chapwell</i> LIEUT. OFFICER in RECORDS CANADIAN SECTION G.H.Q. 3RD ECHELON</p>

725587

Mc

ORIGINAL

ORIGINAL

F.C.T. 1017

MEDICAL HISTORY SHEET.

Surname Lyle Christian Name Wilbert Mead.

Examined { on 14 day of Jan. 1916
 at Berkeggon
 Birthplace { City or Town Ship of Humber
 County Victoria
 Apparent age 18 yrs.
 Trade or occupation Labour
 Height 5 Feet 7 3/4 Inches.
 Weight 137 Lbs.
 Chest measurement { Minimum 33 1/2 inches.
 Maximum expansion 36 1/2 inches.
 Physical development good
 Small-Pox Marks none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		10 DEC 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

Date	Result	VACCINATIONS.
<u>Jan 25th 1916</u>	<u>Good.</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Jan 25th 1916
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>7/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>7/5/16</u>	<u>"</u>	<u>H. B. Boyd</u> M.O.

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

Enlisted on 10 day of January 1916 at Berkeggon

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u> <u>C. E. F.</u>	<u>725587.</u>		<u>10.1.16.</u>
Transferred to..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

CANADIAN

Sgt. Robert Marshall

Christian Name

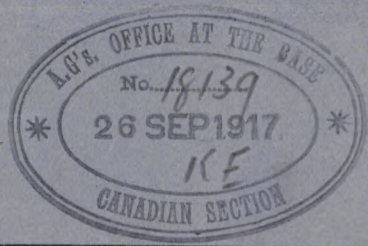
Sgt.

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
2nd S. G. Bristol		6	12	17	22	12	17	S.W. Back & Died Burstock. L.	17.	Back to & Diarrhoea. Died 22.12.17 Capt. R. A. M. C. (F)	A. R. Short.
									7 4 3 7 4 4		

DESCRIPTIVE RETURN of a Soldier at present stationed at In the Field
 who is desirous of being * ^(transferred) ~~(posted)~~ _(attached) from the 21st Canadian Battalion Regiment
 at In the Field to the 22nd How. Battery 6th Bde C.F.A. Regiment
 or Corps at In the field for the purpose of serving with Elder
Brother.

Regiment and Battalion 21st Canadian Battalion
 No. 725584 Rank and Name PTE. WILBERT MARROLL LYLE
 Service towards engagement One years Six months.
 Date of Attestation January 10th 1916
 Period for which attested Duration Colours of War Reserve.
 Age 19 years 160 days. Height 5 feet 7 inches.
 Chest Measurement { Girth when fully expanded 41 inches.
 Range of expansion 2 inches.
 Trade or Calling Farmer.
 Where born Bobcaygeon County Ontario, Canada.
 Married or single, if married, } Single.
 state if with leave }
 Certificate of Education
 Character Good.
 Good conduct badges nil
 Musketry qualification and score -
 Schools or Courses of Instruction {
 at which the soldier has attended and qualified. }
 Nature of certificates obtained to be stated }



To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier Pte. W. M. Lyle 725584

To be signed by a Soldier applying to be posted or attached.

I request to be † transferred as above.

Signature of Soldier Pte. W. M. Lyle 725584

I have examined the above man and find him medically fit for the branch of the service to which it is proposed

to * { transfer } him.
 { post }
 { attach }

Signature of Medical Officer Ed. M. ... Captain M.O. 21st Bdn Bn.

I have no objection to this man being † transferred as above.

Signature of applicant's present Commanding Officer Thos. A. ... Lieut. Col. Commanding 21st Bdn Bn.
 (Station) In the Field (Date) 24-8-17

I have no objection to this man being † _____ as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion } C. Heyman Major O.C. 22nd Bty C.F.A.
 (Station) In the Field (Date) 15/9/17

Signature of competent authority for transfer D. C. Skinner Capt. 5th C.

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.
 † Insert "transferred," "posted," or "attached," as the case may be.

CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who

is to be { posted
transferred } to the Regular Establishment of any arm of the
attached

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that _____

is in every respect competent to undertake and suitable for the duties he will
be required to perform as an Instructor in the arm of the Special Reserve or the

Territorial Force to which I recommend he should be { posted
transferred
attached

Officer Commanding,

Place _____

Date _____

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	Copies of Regimental and Company Conduct Sheets.
In cases of Tradesmen	Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps) ... }	Specimen of handwriting and ciphering.
In case of Candidates for Military Police	Specimen of handwriting
In case of Candidates for the Military Provost Staff Corps }	Copy of Record of Service on Army Form B. 200.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Wm Lyle,*
 Address *Bobcaygeon,*
Ont.

By Whom Assigned *Lyle, W. M.*
 Regtl. No. *725587*
 Rank *Pte*
 Corps *6 C. F. A.*

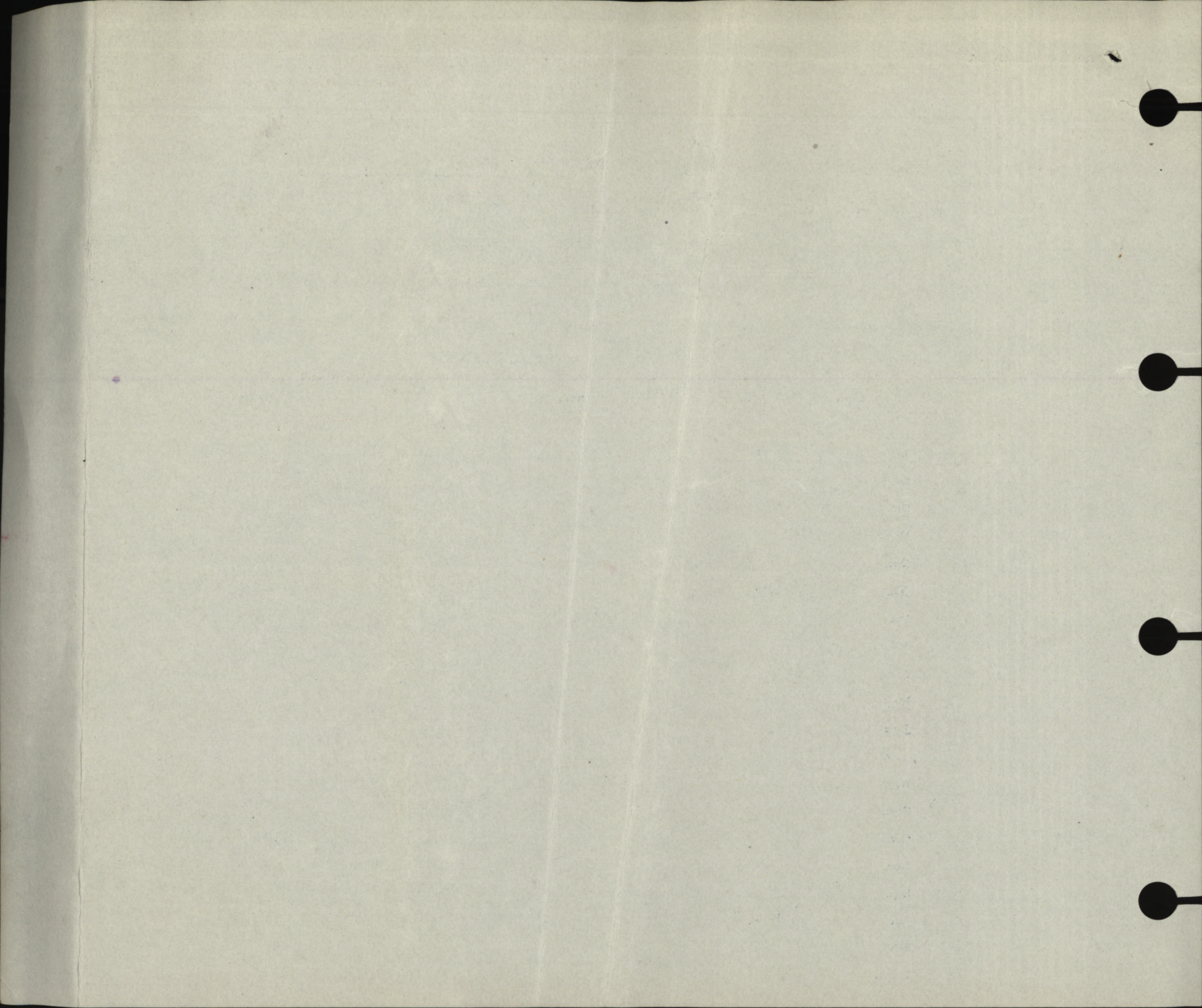
SPECIAL REMITTANCE

Rate *\$9.73*

Sched # 477

20-12-17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1916	<i>4</i> 49482	<i>9</i> 73	
Feb.				
March				



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs W^m Lyle
 Address Bobcaygeon
Ont.

By Whom Assigned Lyle W. M.
 Regtl. No. 725587.
 Rank Pte.
 Corps 109 Bn "C Coy"

Rate \$ 20⁰⁰ AUG 1 1916

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

25543

Lyle, W.M. Pte. 725587 21st Battalion.

Will detached by Paymaster, 109th Batt'n, C.E.F.

H. J. Williamson (Capt)
P.M. 109th Batt'n C.E.F.

694

52857

- 20 -

Perforated sheet for Will from Pay Book of Reg.
No. 725587
Name Pet Wilbert Merrill Lyle
Unit 109 Battalion

Military Will.

I Wilbert Lyle, Reg. No 725587
serving in 109 Battalion 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

Mrs. Wm. Lyle absolutely and in
event of anything happening to me
to Mrs. Wm. Lyle Bobcaygeon Ont.

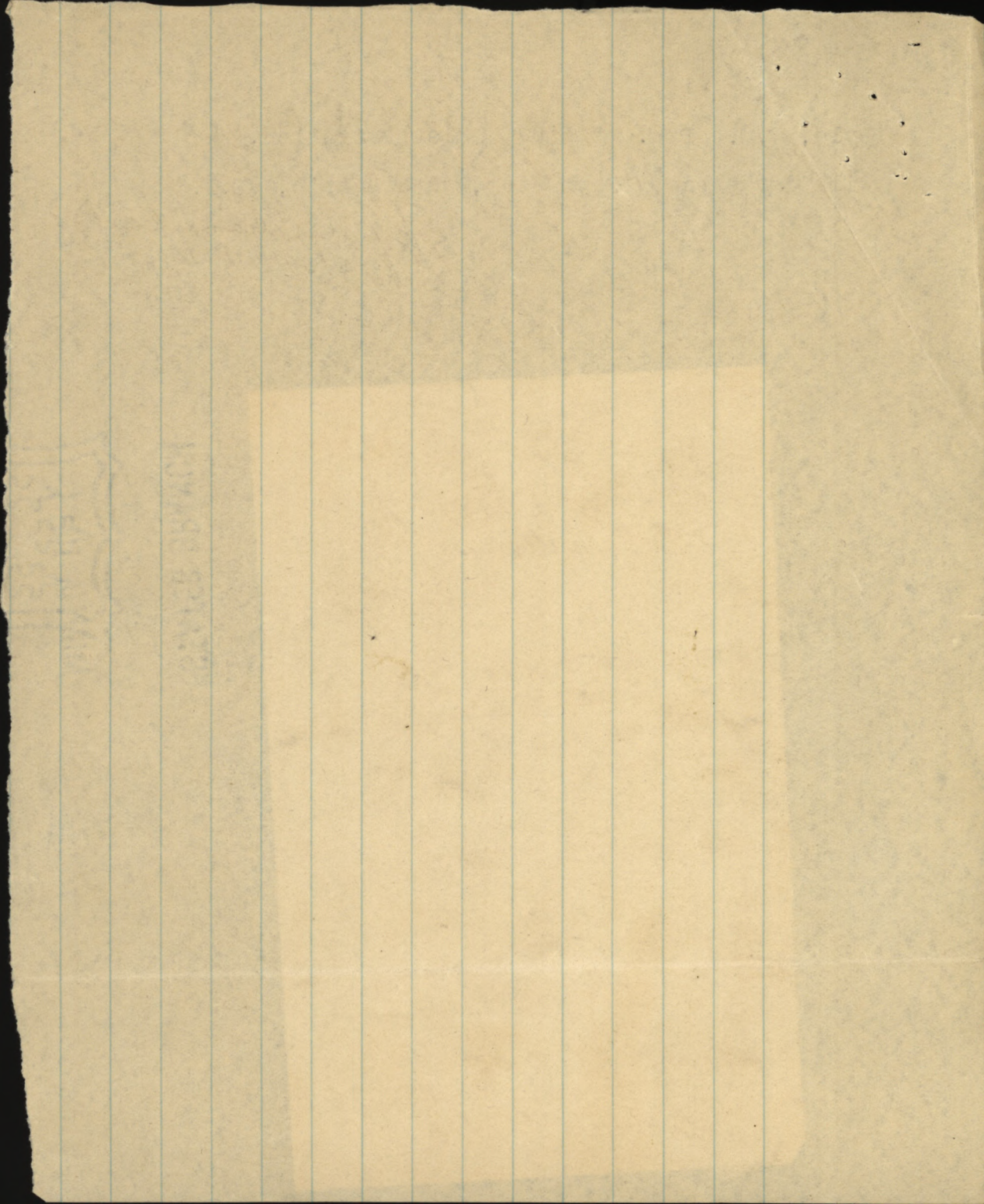
Signature Pet Wilbert Merrill Lyle
Rank and Regt. Pet no 725587
Date Aug 25th 1916

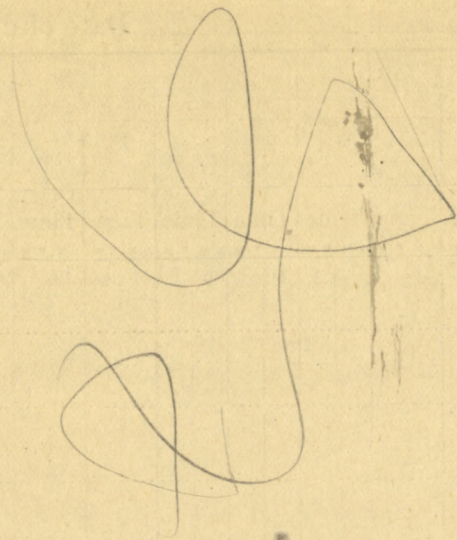
ESTATES BRANCH

JUN 25 1918

MILITIA DEPT.

The original will was
forwarded to Ottawa
31.5





107
106
105
104
103
102
101
100
99
98
97

1112

1113

FORM OF WILL.

F. Wilbert Merrill Lyle (Name in full)
 Regimental Number 725587 serving in 21st Battalion
 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

Mrs W^m Lyle
Bobcaygeon, Ont. Canada. } Name & Address
 of person or
 persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to

Mrs W^m Lyle
Bobcaygeon, Ont. Canada. } Name & Address
 of person or
 persons to receive
 personal estate*
 (see note).

In Witness whereof I have hereunto set my hand

this 11th day of January A.D. 1917.

F. Wilbert Lyle Signature.

* 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.

Name of Witness George A. Amund Serjt
 Address of Witness 19th Canadian Battr
 Occupation of Witness on active service.
 Name of Witness Pte. Oun Suisse
 Address of Witness L 7 Battr Can Battr
 Occupation of Witness 21st Bdr to field

ESTATES BRANCH

JUN 26 1918

MILITIA DEPT.

The original will was
forwarded to Ottawa
31-5-18

ESTATES BRANCH

WILLIAM BELL

Occupation of Witness

Address of Witness

Name of Witness

Occupation of Witness

Address of Witness

Name of Witness

Signature of Witness

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

In witness whereof, I have hereunto set my hand and seal, at Ottawa, this _____ day of _____, 1918.

Notary Public for the Province of Ontario

Signature of Notary

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

In witness whereof, I have hereunto set my hand and seal, at Ottawa, this _____ day of _____, 1918.

Notary Public for the Province of Ontario

Name of Witness
Address of Witness
Occupation of Witness

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

Name of Witness
Address of Witness
Occupation of Witness

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

I, the undersigned, being of legal age and sound mind, do hereby certify that the above is a true and correct copy of the original will of the deceased, as the same appears from the records of the Court of Probate, and that the same has been duly admitted to probate, and that the same is now in force and effect.

FORM OF WILL

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name Doc. Lyle.

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission November 1st

Date of discharge _____

Result _____

Dates of Observation	December.																												
	2 3 4 5																												
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.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	96	78	72	72	76	84																							
Respirations per Minute																													
Motions per 24 Hours	/	/	/	/																									

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____

Rank and Name _____

Age _____

Service _____

Disease _____

Date of admission _____

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																													
Respirations per Minute																													
Motions per 24 Hours																													

CLINICAL CHART.

(To be attached to Case Sheet.)

2nd S. G.

Army Form B. 181.

Corps _____

No. 725687

Rank and Name Dr. Lyle

Age 19

Military Hospital SOUTHHEAD

Service 1 1/2

Disease _____

Date of admission 6-12-17

Date of discharge _____

Result _____

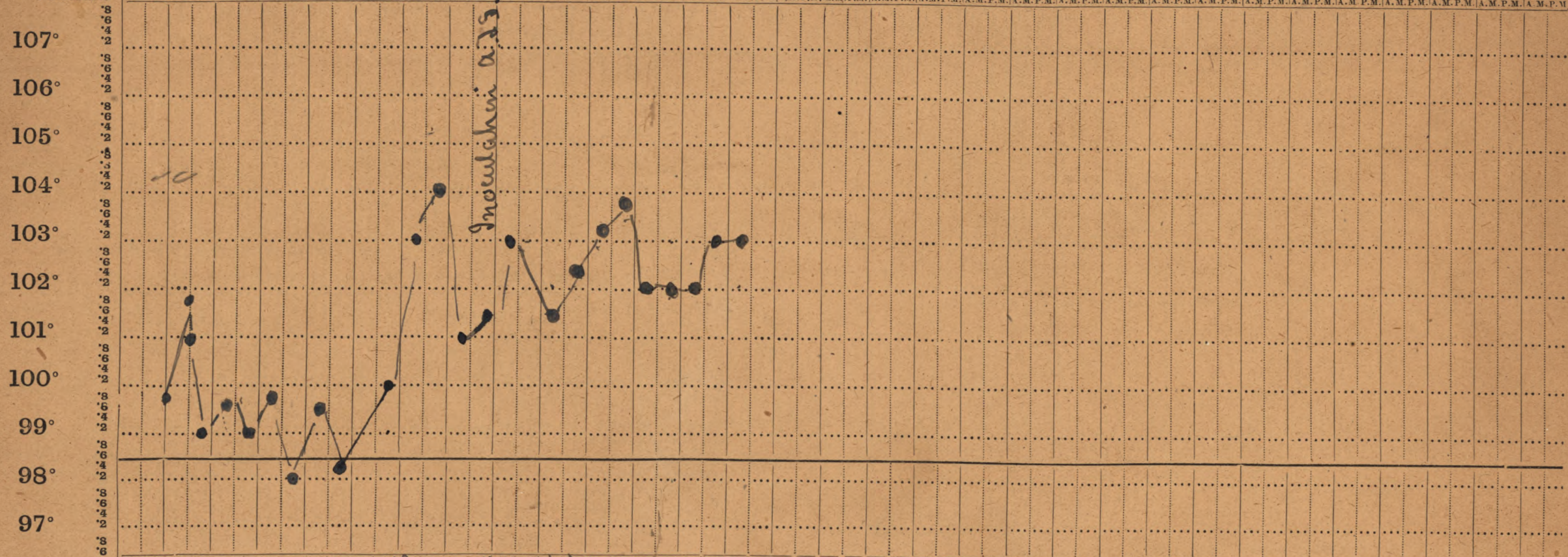
Dates of Observation

Dec

Days of Disease

6 7 8 9 10 11 12 13 14 15 16 17 18 19

Temperature, Fahrenheit



Pulse per Minute

102 105 108 100 92 90 84 80 80 120 124 128 100 120 108 118 120 128 121 128 120 120 124 132 120

Respirations per Minute

24 24 24 24 24 20 20 20 30 26 30 20 36 30 20 20 26 40 44 40 40 40 44 40 40

Motions per 24 Hours

1 1

Signature _____

In charge of case.

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

Army Form B. 181.

Corps _____

Military Hospital SOUTHMEAD

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____

Date of discharge _____ Result _____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

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

Signature _____ In charge of case.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *725-587*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *W. M. Lyle*

Battalion *109 Battr. O. Co.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Wm Lyle*

Address *Bobcaygeon, Ont.*

Change of Address

1

2

3

4

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

<i>1917</i>					
<i>Dec 31</i>	<i>—</i>		<i>340</i>	<i>340</i>	
<i>1918</i>	<i>Jan 68710</i>		<i>20</i>	<i>20</i>	

Closed

#340 C.F.L. 31-12-17
closed 31-12-17
68710. Aug 1

Pensions Notified Date	<i>11-1-18</i>
Killed in Action	
Died of Wounds	Date <i>22-12-17</i>
Missing	
C. L. H. / H. / 24 / 12 / 17	Clerk <i>A. Smith</i>
Date Noted	<i>11-1-18</i> 191

M. F. W. 128
 400M. - 6-17 - 1772-38-1141
 L. L. 25320 - M. & D. 7563.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.					Name	
Rank	Promoted	Reverted	Discharge		Address	
Soldier's Name					Change of Address	
Battalion					1	
Beneficiary					2	
Relationship					3	
Address					4	

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

M. F. W. 128
 400M.-6-17-1772-38-1141
 L. L. 22320-M. & D. 7663.