Cert Sent 4/4/16

MAR 10 1916

100TH·BN

ATTESTATION PAPER.

No. 724091

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Mallon
1a. What are your Christian names? ..... William Henry
1b. What is your present address? ..... St Paul St. Lindsay Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Lindsay Ont
3. What is the name of your next-of kin? ..... Mary Mallon
4. What is the address of your next-of-kin? ..... St Paul St Lindsay Ont
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... Oct 15 1877
6. What is your Trade or Calling? ..... Labourer
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, William H Mallon, 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.

W. H. Mallon (Signature of Recruit)

Date MAR 10 1916 191 . A W Aselting Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William H Mallon, 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.

W. H. Mallon (Signature of Recruit)

Date MAR 10 1916 191 . A W Aselting Lieut (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 MAR 10 1916 day of 191 .

(Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of William Henry Mallon on Enlistment.

Apparent Age 38 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 10½ ins.

Chest measurement:
- Girth when fully expanded 34 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Lt Brown

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

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).

Mole on back between two shoulders

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 MAR 10 1916 191 .

Place Lindsay

J. McCurdy Capt.
Medical Officer
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.

William Henry Mallon 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.

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

Date MAR 10 1916 191 .

8-2-19

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... B

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Dsch

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

AFB 122-1
R&O 6064-1
1 Pay card 2 Pay cards
MFW67-1 1P149
R122-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name MALTON, WILLIAM, HENRY

Regt. No. 424091 Rank Pte

Corps #3 Bn C.S.R.

Proceedings Dis. Desp. to B.R.C. on M.F.W. 2585
Ref. B.R.C. 991 of 10-2-1918

med unfit

03440

H

63-4
23-4
9-6
1

*Name Mallon William Henry Rank Pte. Regtl. No. 724091

Fyle Depot

Original unit 19 Bnt. Present unit H.3.C. Unit M. or S. Age 40 Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin (Sister) Mary Mallon St. Paul St. Lindsay Ont.

Address on leave St. Paul St. Lindsay Ont.

Address on discharge St. Paul St. Lindsay Ont. 281

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment Lindsay Mar. 10/16

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
9-5-18	T.O.S. #3 Can. Bay 18-4-18	D.O. 1
5-6-18	S.O.S. #3 G.G.R. 16-5-18	C.O 36

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Mallon	W.R.	724091

Rank	Unit	Co.	Troop	Batty
Pte.	109th Bn.			

Hospital: Bramshott Military

Date of Admission: 17.11.16

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis AS Fract. Lt. Clavicle

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Disch. 7. 12. 16

C.L. 24.11.16 37

" 13. 12. 16 45.

REMARKS

7

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Number. 724091 Rank. Pte.

Surname. MALLON

Christian Name. William Henry

Units 109 Bn Loan Inf. Theatre of War. England

Date of Service. 31/7/16

Remarks.

Latest Address. 62 St Paul St.
Lindsay Ont.

Roll No. A Page 480

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Mallon. William Henry.

REGIMENTAL NO. 724091. RANK Pte.

ENLISTED AT Lindsay. Ont. PROMOTIONS, &c. AND DATE

DATE Mar. 10. 1916.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Mary Mallon. RELATIONSHIP Sister.

ADDRESS OF St. Paul St. Lindsay. Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
16-5-18.	TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.	D.O. 27/21-5-18.	
23-1-19.	DISCHARGED & STRUCK OFF STRENGTH (medically unfit)	D.O. 23/23-1-19. R.O. 1430/12-12-18.	

No. Rank Pte Name Mallon. W. 36

~~T.O.S.~~ Transferred Unit
No 3 Dist. Depot. 16/5/18
D.O.27/21. 5.18

No 3 Special Service Co.

M. D. 3

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1918 May 17	1918 May 31	"	Now 3rd Rec Gr	
June		"		

No. 724091. RANK Pte NAME Mellon W. H.

T.O.S. 10-3-16 UNIT 109th Battalion
D.O.104. 21-3-16

M.D. 3

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

UNIT SAILED
JUL 23 1916

681-13-372.

3.

CARD NO. ✓

SURNAME. Mallon

CHRISTIAN NAMES William Henry

REGL. No. 724091 RANK Pte.

UNIT 109th Batt.

FORMER CORPS Nil

SOS Dis 23-1-19 3
D.O. 23 of 23-1-19
S/L S.R. (M.M.)

FOLL.

NEXT OF KIN.

NAMES IN FULL Mallon, Mary

RELATIONSHIP TO SOLDIER Sister

ADDRESS St. Paul St., Lindsay, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Lindsay DATE Oct. 15th, 1877

PLACE OF ATTESTATION Lindsay, Ont. DATE Mar. 10th, 1916

Sailed from Halifax Per. S.S.

R/C. 20-3-18. 30/7 = 3.

L. L. 94504. M. & D. 6512. "Olympic" 23-7-16 488/24

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 38 YEARS 5 MONTHS

HEIGHT 5' FEET 10 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION fair EYES blue HAIR lt. brown

DISTINGUISHING MARKS Mole on back between shoulders

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Mar. 18th, 1916

R. 149.

Name	Rank	Reg. No.
Mallon, William Henry.	Pte.	724091

Unit: 109th. Batt.

Next of Kin: Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-11-16	Mil Bramshott.		N.Y.D.	37.		
7-12-16	Dis	Fract. St Clavicle		45.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

REGT'L No 724091

NAME Mallon, W. H.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 109th Bn.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. Job 8885—M. & D. 8146.

M. F. W. 42--25M.—4 10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
37	Can. Mil. Bramshott	17-11-16	N. Y. D. D.
45	Discharged	7-12-16	Frac. Lt. Clavicle

E

L. L. Job 310— D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Guardian Mallon

To Whom Miss. Mary. Mallan

Address Lindsay. Ontario.

AUG 1 1916

Rate 15.00

By Whom Assigned Mallan. W. H.

Regtl. No. 124091

Rank Pte.

Corps 109th Batt. B. boy

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				

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Miss. Mary. Mallan. Guardian

Name of Soldier Mallon Mallan. W. H.

L. L. Job 310.—Req. 6574.

124091 Pte. Div 109th Batt.

15,00

AUG 7 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				16 17 = 13 3/20
Aug.		B 15785	15	
Sept.		617526	15	
Oct.		E 22039	15	
Nov.		E 27235	15	
Dec.		G 31265	15	
Jan.	1917	X 38317	15	
Feb.		X 44999	15	
March		O 51771	15	15 E.
April		L 3649	15	15 B.
May		L 10414	15	15
June		K 16171	15	
July		L 24171	15	
Aug.		X 29942	15	
Sept.		37024	15	
Oct.		44023	15	
Nov.		V 50638	15	
Dec.		662149	15	
Jan.	1918			
Feb.				
March			255	
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Army Form B. 103.

Regimental Number 724091

Casualty Form—Active Service.

Regiment or Corps 129th Battn

Rank Pt Surname Mallon Christian Name Wm Henry

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

Enlisted (a) 10-3-16 Terms of Service (a) ..... Service reckons from (a) 10-3-16

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

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

or Corps Trade and Rate Labour

..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
20-3-17.	1st C.O.R.D.	T.O. & att. 24th Res Bn	W. Sandling	20-3-17	PT.II D.O.11
		Ceased to be att 24th Res Bn.			
25-6-17.	-do-	att. to 185th Bn.	-do-	25-6-17.	PT.II D.O.108.
		Ceased to be att to 185th Bn.			
3-8-17.	-do-	att. to Depot Co.	-do-	2-8-17.	PT.II D.O.147.
		Ceased to be att. to Depot Co.			
13-2-18.	-do-	att. to 1st C. C.D.	E. Sandling	13-2-18	PT.II D.O.44
		Ceased to be att to 1st C.C.D.			
26-2-18	-do-	att. to 1st C.O.D. Buxton	Sheffd.	26-2-18.	PT.II D.O.57.
			H. L. Blackly		Capt.
				for O.C. 1st C.O.R.D.	

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

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
27.2.18	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 48				
					Lieut.-Col. Commanding Canadian Discharge Depôt.
12 MAR 1918	EMBARKED FOR CANADA FROM LIVERPOOL				
					Lieut.-Col. Commanding Canadian Discharge Depôt.
16-5-18	#3 Dist Dep.	TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.	D.O. #27	21-5-18	
					Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.
16.5.18.	On Command Dom. Arsenal Gd Lindsay DO#27/21/5/18.				
23-12-18.	RETURNED FROM	ON COMMAND. D.O. 247. 27-12-18.			
23-1-19	Kingston, Ont.	DISCHARGED & STRUCK OFF STRENGTH (medically unfit.) (R.O. 1430) 12-12-18. D.O. 23/23-1-19.			
					Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.

R—122

J.P.

Rank Pte Name MALLON, William Henry Reg'l No. 724091.

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

Place and Date of Enlistment Lindsay.10th Mar.1916. Place of Birth Lindsay.Ont.

Name and Address, Next-of-Kin Mary Mallon.

St.Paul St. Lindsay.Ont. Canada. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. B.726
File R.L.
Category Can OR

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. 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 England per H.M.T. 2810 31-7-16			
16.11.16	O.C.109th Bn	Admitd to B.M. Hospital	Witley	15-11.16	Pt II. D.O. 321. C.R.37
13.12.16	"	Disch. B.M. Hospital	Bramshott	7.12.16	~~D~~ Cl 45 + Pt II DO. 344
8.12.16	"	SOS on tfr. to 124th Bn	Witley	8.12.16	Pt II DO 343
11.12.16	OC 124th	SOS " " fr 109th "	"	"	" 267.
~~19.1.17~~	"	~~SOS " " to 199th Bn~~	"	~~18.1.17~~	~~" 19.~~ Pt II D.O.26.
30-1-17	"	S.O.S to b.b. a.b + att. to 124 Bn	"	23-1-17	" 30
23-2-17	"	ceases to be att'd to 124 Bn his att'd to 199th Bn	"	22-2-17	" 54 + DO. 53a/22-2-17 199th Bn
3-8-17	1 CORD	Ceases to be att'd to post to Depot Coy	W Sandling	2.8.17	Pro 147
1-10-17	✓	To be a/2/b pl without Pay	✓	1-10-17	— 206

1st B R.C.

Report. Date.	Report. 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.
13.11.17	1st CORPD.	Attch to Horsefall Destructor for Duty. & 12th Res for G.S.R.	a/2/cpl. W Sling	12-11-17	Pt II 0249
6.12.17	✓	Reverts to perm Grade. Pte. Drunk.	a/2/cpl. ✓	30-11-17	— 272.
13.2.18	✓	On Com CCD	Pte ✓	13.2.18	— 44.
26 2 18	1COR D	Cease on Com 1CCD on Com to 1CRD	" Shelyfe	26 2 18	57
28 3 18	1COR D	Cease attch CRD SOS to Canada	" Witting	12.3.18	Pt 85 Disp A G

2nd Original Med. Hist. Sheet. 30-1-1918
prepared by F H Berkeley - Capt
1st CMRD

Army Form B. 178

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

MEDICAL HISTORY OF

Surname Mallon *Christian Name* W H

TABLE I.—General Table.

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

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

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

Trade or Occupation .....

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

Weight .....lbs.

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

Physical Development .....

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

When Vaccinated .....

Vision { R.E.—V = ... L.E —V = ...

(*a*) Marks indicating congenital peculiarities or previous disease—

.....

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

.....

Approved by.....

Rank.....

Medical Officer.

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

	Corps.	Regtl. No.
Joined on enlistment		744091
Transferred to		

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*).....

(*Rank*).....

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

Date.	Brief Details and Signature
~~East Sandy~~ 12-2-18	Deficit Defective Vision - Myalgia Bill Form. F H Mullen ~~Lieut~~ Capt
13 FEB 1918	
APPROVED	Mullen CAPT. FOR A.D.M.S. CANADIANS. SHORNCLIFFE
SHORNCLIFFE	

TABLE IV.—Service Table.

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

Y 8429. Wt. W717 /M838. 100m. 9/16. Drayton Mill. (422)

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

KINGSTON.

Apr 30 18

FROM LT.-COL. J. C. CONNELL

TO Pres. S. M. Board.

Pte W. H. Mallon
724091.

Right eye – Div. strabismus
Hypermetropia (high)
$V = \frac{2}{200}$. not improved.

Left eye – Hypermetropia and
Presbyopia (age 44)
$V = \frac{20}{30} : \frac{20}{20} + .50D$

Reads J. 2. with + 1.50D.

Glasses as worn are correct

No eye disability

J. C. Connell
Capt. M.C.

Kingston Ont.

The Officer Commanding

Queens Military Hospital.

Pte Mallon, W.A.
X-Ray Examination:
1.Knee Left.
2.Elbow Left.
3.Clavicle Left.

Sir:-

I beg to state that the X-ray Exam. of the marginally noted man shows.

1.No bony lesion visible.
2.No bony lesion visible.
3.Old fracture of the outer third of the clavicle, Union is good, with considerable callous formation.

S. M. B. Fort Henry.

J P Duffy
Major, C.A.M.C.

Major C.A.M.C.

1971
62
9

150
30
5
9
24
69
2
138

94
14
80
32
0
32
24
1

No. 724091 - Pte. Mallon) Mallen), H. - 109th Battalion

c.f.

54925

Will in the possession of

A.V.O'Connor (Solicitor)

LINDSAY,

Ont.

From Paymaster's List to Div. Paymaster, Aldershot Command

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

JANUARY
A-F-8-10

Regimental No. 724091 ..... Rank Private ..... Name MALLON, W.H. (Surname first)

Unit No. 3 Battalion, C.G.R. ..... who was* discharged

On 23rd. January 1919, to .....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. Jany. to 23rd. January 1919 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 23 days at $1.00 c.			23	
Field Allowance 23 days at $ .10 c.			2	30
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay War Service Gratuity to be recov. thro' PDP Brch			70	
*Other Credits				
Advances	5			
~~Separation Allowance~~ and Assigned Pay Cheque No. 8206	15			
*Other Charges Victory Bond	5			
Canteen	2			
Balance ~~on transfer~~ Paid or on discharge, cheque No. 8508	103	30		
Total	130	30	130	30

*Give particulars.

A monthly stoppage of $ 15 (†) has (‡) been paid on account of

Assigned Pay for the month of January 1919
and Separation Allce. for month of NIL 191 } (to) Assignee Miss. Mary Mallon

(Address) LINDSAY ONT.,

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 10/3/16 (England) ..... married or single SINGLE

(2) Separation Allowance, entitled or not ..... No ..... (3) Reason for discharge MEDICALLY UNFIT

(4) Authority for discharge or transfer ..... R.O. 1420

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

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

Date 23rd. January 1919

Place Kingston, Ont.

D. F. Bissonnette
Paymaster.

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

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number 724.091

(3) Full Name of Soldier William Henry Wallace

(4) Place of Birth Lindsay Ont

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address Lindsay Ont
St Paul St

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? no.

If so, state name and address —

(10) Is your Mother alive? no

If so, state name and address —

(11) If your Mother is a widow —

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.

Miss Mary Mallon (Cousin)

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

yes.

(15) Are you insured? yes.

If so, in what Company? Independent Order of Foresters

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 7th 1916.

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

P. 559.

Married or Single: Single

Place of Birth: Lindsay Ont.

Name and Address of Next of Kin: Mary Mallon Lindsay Ont.

Relationship of Next of Kin: Sister

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date)

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 724091 Rank: Pte Name: Mallon William Henry

If in Permt. Corps What Unit: Unit: 109th Bn. Transferred to: 12th Bn. Date: 21.1.17 Authority: MO 343 9.12.16

Permanent Force Allowances: Transferred to: C.E.A.C. Date: 1-2-17 Authority: 8030

Place of Attestation: Lindsay Ont. Transferred to: 199th Bn Date: 21.4.17 Authority: Debit Note

Date of Attestation: Mar 10-1916 Transferred to: 156 Bn Date: 21-8-17 Authority: Roll. Mty

C.O.R.D. Pay I.B.N.C. 1-11-17 1-3-18 Nominal Roll.

Assigned Pay Monthly $ 15.00/100 Date Effective: Aug 1st 1916

Payable to: Miss Mary Mallon Lindsay Ont Relationship: Sister

Assigned Pay Monthly $ Date Effective

Payable to Relationship

SEP 30 1918

~~Non-Permt. Force~~ (Assigned Pay) ~~Reinstated (Date)~~ Struck off Effective 1-3-1918 Reason: De Canada.

Discharge Date and Place: 1-3-1918 Canada. Reason and Authority: AG 2-1-29- 26/2/1918 - Deposed

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

1. L.P.C. issued, date 28-2-1918
2. Authority AG 2-1-29 - 26/2/18 - Deposed
3. Discharged to Canada
4. Pay Book verified 28-2-1918
5. Balance shown on L.P.C. $ 1.2 30
6. Balance shown in Ledger Sheet 86 57
7. Full particulars of entries making difference between 5 and 6 if any. . .

No.	Date.	Unit & Particulars of entries.	Amount Debit	Amount Credit
Net Difference $ 74 27			74 27	

8. Assigned Pay cancelled ~~A.S.H. forms rendered~~ 1-3-1918
or
9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct.

Officer i/c Group.

	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.S. Remarks
Balance from Canada																			13 10				
		13 10	13 10																				6
			34 10	16	31/8/16							973				15		24 73	22 47				
			33	48	31/8/16	80	15/9/16					730	730			15	770	37 30	18 17				20263-7 days 7 70 SP 5202
			34 10	119	30/9/16	159	15/10/16					243	730			15	49	25 22	27 05				84005-78-1-9-16
			33	187	31/10/16							973				15		24 73	35 32				
			34 10	239	15/11/16							730				15		22 30	49 12				203443-8.12.16 Sp. 74 24 Cf. 21-1-17
			22													15		15	54 12				
			12 10	425	15-1-17	485	29-1-17					487	17 03			- -		21 90	44 32				
			30 80													15		15	60 12				
			34 10					167. 27/2. 199 Bn. 394. 22/2. 12 Bn. 242. 26/3. 199 Bn						4 87 29 26 9 73		15		58 80	35 42				
			22													15		15	42 42				Trans to 199th Bn 21/4/17
			11																53 42				
			23 10	82 38	26/4 4/4							973 973				15		34 46	42 06				1023 Res. 22-5-17
		13 10	336 50									6082	3163	4 33 80		150	819	294 44					

P. 559.

MARRIED OR SINGLE Single

PLACE OF BIRTH Lindsay Ont.

NAME AND ADDRESS OF NEXT OF KIN Mary Mallon Lindsay Ont.

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
July 31														Balance from Canada									
														13 10	13 10								
Aug 31	31	1.00	31		31	10	3	10							34 10	16	9/8/16						
Sept	30		30				3								33	48	31/8/16	80	15/9/16				
Oct	31		31		31		3	10							34 10	119	30/9/16	159	15/10/16				
Nov	30		30				3								33	187	31/10/16						
Dec	31		31				3	10							34 10	239	15/11/16						
1917			13 30																				
Jan	20	1.10	22												22								
21-31	11	1.10	12	10											12 10	425	15.1.17	485	29.1.17				
Feby	28		30	80											30 80								
Mar	31		34	10											34 10								
Apl 1-20	20		22												22								
21/2-apl	10		11												11								
May 1-21	21		23	10											23 10	82 / 38	26/4 / 4/4						
			323	40										13 10	336 50								

167. 27/2. 199 Rn
394. 22/2. 124 Rn
242. 26/3. 199 Rn

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Lindsay Ont.

NAME AND ADDRESS OF NEXT OF KIN: Mary Mallon Lindsay Ont.

RELATIONSHIP OF NEXT OF KIN: Sister

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 724091 RANK Pte NAME Mallon William Henry

IF IN PERMT. CORPS WHAT UNIT — UNIT 109th Bn TRANSFERED TO 124th Bn. DATE 21.1.17 AUTHORITY DR 343 8.12.16

PERMANENT FORCE ALLOWANCES — TRANSFERED TO C.E.A.C. DATE 1-2-17 AUTHORITY 2030

PLACE OF ATTESTATION Lindsay Ont — TRANSFERED TO 199th Bn DATE 21.4.17 AUTHORITY Debit note

DATE OF ATTESTATION Mar 10-1916 — TRANSFERED TO 156 Bn DATE 21-8-17 AUTHORITY Roll. May

C.O.R.D. 1-11-17
Pay & B.R.E. 1-3-18 — h Roll.

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE Aug 1st 1916

PAYABLE TO Miss Mary Mallon Lindsay Ont RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

SEP 30 1918

~~Non-Payment Form~~ (ASSIGNED PAY) ~~RENEWED (DATE)~~ Stopped EFFECTIVE 1-3-1918 REASON Dis Canada.

DISCHARGE DATE AND PLACE 1-3-1918 Canada. REASON AND AUTHORITY Adj 2-1-29 26/2/1918 - Despond

ACCOUNT TRANSFERED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY 16	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	C.S. REMARKS
July 31													Balance from Canada																		13 10				6
														13 10	13 10																				
Aug 31	31	1.00	31		31	10	3	10							34 10	16	9/8/16							9 73				15		24 73	22 47				
Sept	30		30				3								33	48	31/8/16	80	15/9/16					7 30	7 30			15		37 30	18 17				D0263-7 days 7 70
																																			5 8 20 2
Oct	31		31		31		3	10							34 10	119	30/9/16	159	15/10/16					2 43	7 30			15	49	25 22	27 07				R4005-78-1-9-16
Nov	30		30				3								33	187	31/10/16							9 73				15		24 73	35 32				
Dec	31		31				3	10							34 10	239	15/11/16							7 30				15		22 30	47 12				DR343 8.12.16 Jo. 74246 Cf. 21-1-17
1917			15 30																																
Jan	20	1.10	22												22													15		15	54 12				
21-31	11	1.10	12	10											12 10	425	15-1-17	485	29-1-17					4 87	17 03			- -		21 90	44 32				
Feby	28		30	80											30 80													15		15	60 12				
Mar	31		34	10											34 10					167. 27/2. 199 Bn. 344. 22/2. 124 Bn. 242. 26/3. 199 Bn						4 87 29 26 9 73		15		58 80	35 42				
Apl to	20		22												22													15		15	42 42				Trans to 199th Bn 21/4/17
1/2-Apl	10		11												11																53 42				
May 1-21	21		23	10											23 10	82 38	26/4 4/4							9 73 9 73				15		34 46	42 06				T023 Rec. 22.5.17
			323	40										13 10	336 50									60 82	31 63	4 53	80	150	8 19	294 44					

74091 Pte Mallon William Henry

Date 1917	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
May 7 wd			323	40										13 10	336 50									60 82	31 63	43 80		150	819	294 44	42 06			42 06	
" 22/31	10		11												11																53 06			53 06	
June	30		33												33							166 1/4 166 Bn. 330 1/4 124 Bn				7 30 / 4 86		15		27 16	58 90			58 90	
July	31		34	10											34 10													15		15	78			78	
Aug	20		22												22													15		15	85			85 -	to 136 Bn. acq'ttd May
"	11		12	10											536 60 / 120 10	294 / 243 / 333	17-6 / 30-5 / 27-6							9 73 / 9 73 / 7 30					770	34 46	62 64				I days P&Z BQ 212. 1-8-17
Sept.	30		33												33													15		24 73	70 91				
1917			468	60										13 10	481 70	297	29-7							97 31	31 63	58 96		280	1589	410 79					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Oper. Red. Pay	Sep. Allce. Eng.
~~Sept 30/~~ ~~Oct 1st~~	~~Balance~~	~~70 91~~							70 91		
Oct	P Pay	34 10 / 34 10		AP				15 / 15	90 01		
Nov.	Pte Pay	33						15			
Dec	–	34 10		2135 AR 438 28/7/17 168D	9 73						
				D.N. AR. 296. 1st Cont'd. 15.10.17	4 87						
				D.N. AR. 400 – " – 12.11.17	4 87						
				A Pay Dec.				15			
				D.N. AR. 445. 1st Cont'd. 28.11.17	12 17						
				D.N. AR. 160. – " – 15.8.17	2 43						
				– " – 225 – " – 11.9.17	4 87				88 17		
1918 Jany	P.P.	67 10 / 34 10		Jan. A.P.	38 94			30 / 15			
				DMAR 1951 6 ORD. 31.8.17	7 30						
				" 490 " 17/12/17	29 20 / 36 50			15	70 77		
Feb. 28		34 10 / 30 80		Feby A.P.				15	86 57		
				DMAR. 645. 29/1/18. 1 6 ORD	14 60						
		30 80		" " 559. 11/1/18 " "	7 30 / 21 90			15	64 67		
				a/c 10d 3Pz.							
Mar				DO 37. 4/2/18. 1 CORD		11 00					
				DN AR 346. 24/10/17. 1 ✓	9 73 / 9 73	11 00			43 94		
Apl				✓ 256 30/9/17. 1 ✓	12 17						
				✓ 3223 27/2/18 1 6 BD	4 87 / 17 04				26 90		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Oper. Red. Pay	Sep. Allce. Eng.
									26 90		
May				DN AR 205 14/3/17. 199 Bn	9. 73.						
				✓ 296 14/3/18 166 D	4. 87						
				AR 21598 2/8/18 Base End	4. 87				7 43		
					19. 147						
July				Spl. DN.	7. 43 / 7. 43				Nil.		

Checked Guidebourg.
RPS

M

30-8-39

This space to be for numbers

Proceedings on Discharge.

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

No. 724091

Rank Private.

Surname MALLON

Christian Name William Henry

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 3 Battalion, Canadian Garrison Regiment, C.E.F.

Date of Discharge January 23rd 1919

Place of Discharge KINGSTON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	45 years 3 months.	
Height	5 feet 11 inches.	
Complexion	Fair.	
Eyes	Blue.	
Hair	Dark Brown.	Scar above left Eyebrow.
Trade	Laborer.	
Intended place of residence (To be given as fully as practicable.)	Lindsay, Ont. 60 St. Paul St.	

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

Medically Unfit

Ath. R.O.1420/12-12-18

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

7-2-19
Smacs

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)....KINGSTON, ONT.....

(Date).....

.....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place).....Kingston, Ontario..... W. H. Mallan.....(*Signature of Soldier.*)

(Date).....January 23rd 1919..... W. Kelter Sgt.....(*Signature of Witness.*)

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

.....(*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place)....KINGSTON, ONT.....

(*Signature*)..... Lt.-Col.

O. C. No. 8 Bn., Can. Garr. Regiment

(Date).....January 23rd 1919.

Reservations referred to at Para. 8.

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

No Reservations

W H Mallon

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724091 RANK pte. NAME (IN FULL) Mallon W. H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

M-221

PARTICULARS	EFFECTIVE DATE	AUTHORITY
pte. William Henry Mallon, Lindsay, Ont.		

ORIGINAL UNIT C.E.F. 109th Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE

PAYABLE TO Miss Mary Mallon, Lindsay, Ont. | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Kingston | DATE Jan. 20/19 | REASON | AUTHORITY P.D. 1420 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					25 8/-
											War Service Gratuity																										
					W.S.G.	S.A.																					W.S.G.	S.A.					Soldier	Dependent			
153 days @		Minimum	350 -						350 -																		70 -				70 -		280 -				Pay. # 3 Bn C.G.R.
																											35 38				35 38		244 42				Victory Bond G 236451 Mar. 1/19
																											35				35		209 42				#C3916 24/2/19
																											69 42				69 42		140				M. H. W. 2595 Recd
age 21											G 319130																70				70		70				G 239961 Mch. 17/19
Mar 1/19											319824																70				70		0				

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-139

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: aug 1st/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724091

Rank Pte Promoted Reverted Discharge

Soldier's Name W. H. Mallan Mallon

Battalion 109th Battn B. Coy

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Mallan (Guardian)

Address Lindsay Ontario.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			25.5 —	25.5 —	
Jan 18	W 67192		15	15	N
Feb	74866		15	15	
March	90453		15	15	
April 7	4986		~~15~~	~~15~~	
			315		

File 11699-W-16.

REMARKS

Are closed 28-2-18 - 31-3-18

Ret'd per Olympic

Date 23-3-18 F.X. 17-4-18

Clerk G Brown

April 7 4986 to be Cancelled 18-4-18

M.R.D. 2 17-4-18

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 7993.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724091 (Rank) PRIVATE

Name (in full) MALLON, - William, Henry enlisted in

the 109th BATTALION

CANADIAN EXPEDITIONARY FORCE at LINDSAY, ONTARIO on the TENTH

day of MARCH 1916

HE served in CANADA AND ENGLAND

and is now discharged from the service by reason of MEDICALLY UNFIT

AUTH. R.O. 1420/12-12-18

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

Age 45 YEARS - 3 MONTHS

Height 5 FEET - 11 INCHES

Complexion FAIR

Eyes BLUE

Hair DARK BROWN

Marks or Scars

SCAR ABOVE LEFT EYEBROW

W. H. Mallon
Signature of Soldier

Geo Crawford Lt.-Col.
Issuing Officer
O. C. No. 8 Bn., Can. Garr. Regiment
Rank

Date of Discharge January 23rd 1919

Appointment

Signed at KINGSTON, ONTARIO this Twenty-Third day of January 1919

in Military District No. THREE

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On Demobilization the Particulars called for on the back of this Certificate will not be completed.

Geo. Lerand Ford
Name of Officer

Lt.-Col.
O. C. No. 3 Bn., Can. Garr. Regiment

Rank

Appointment

Forms I. 1237 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	724091	Pte	Mallon	W H

Year		Unit.	Age.	Service.
1916	~~724091~~	109	40	9/12

Station and Date. Disease Fracture Clavicle left

Nov 15th History –

Enlisted in Canada March 10th 1916.
Arrived in England Aug 15th 1916.

Nov 15th While riding on a bicycle, the night being very dark, he ran over side of road and fell over left side of wheel, falling on left shoulder joint resulting in a fracture left clavicle at junction middle and outer thirds. V.D. neg. W.R. neg. Family history unimportant.
Examination – Pain and Deformity Crepitus over outer third left clavicle

Nov 18th X Ray report – Comminuted fracture outer end clavicle. H. Cameron

Urinalysis

Nov 26th Doing nicely. Callus formation. H. Cameron

Nov 30th " " Dressings changed H. Cam C

Dec 4th Adhesive removed yesterday. Massage and forced movements. H. Cam C

K. McAc Crist
Capt Cam C

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 30/1/18 1917.

No. 744691 Rank Pte Name Mallon W H.

Local Unit 1st C.O.R.D. Overseas Unit ——— Age 44.

Examination held at East Sandling

DISABILITY.
Overseas—Local
(scratch one out).

Defective Vision
& Debility.

PRESENT CONDITION.

With Westcliff report on vision — which please obtain. B 111 for 179's.

Fred W. W. Hopwell Capt.
for Pres. 1/1/17. B.

BOARD RECOMMENDS:—

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty.....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge.....

Signatures:—

Members { .....President.
.....
.....

APPROVED

Dated.....1917. .....

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1917

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local
(Special only only)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training

3. Fit for Temporary Base Duty ..... weeks

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures—

President .....

Members .....

.....

APPROVED

Date ..... 1917.

For A.D.M.S.

HJN.

PROCEEDINGS OF MEDICAL BOARD. KINGSTON.

****

No. 724091 Rank Pte Name Mallon W.H.

Corps No 3 Cas Unit. Address Lindsay P.O. Ont

Present civilian occupation Labourer.

cause of disability Deformity of clavicle.

Condition, in detail, which prevents the soldier earning a full livelihood; (basing your report on (1) Subjective, and (2) Objective Symptoms.)

Subjective :- Complainsof pains in left shoulder , neck,left elbow & left knee.

Objective:- There is angular deformity outer 3rd left clavicle with some callous formation at site of old fracture. No apparent cause for pain in Left elbow and left knee.

OPINION OF THE BOARD.

Degree of Incapacity. (Please state in fractions).....

Probable duration of Incapacity Permanent.

Does it render him permanently unfit for Military Service? No

Would operation, special treatment, or use of appliances, etc. lessen the incapacity? No

Category C1

Sgd M.F.Coglon. Cpt President.

Sgd W.H.Mqllon.

A.Macdonald. Cpt Member.

Member.

Station Fort Henry.

Date May 6th. 1918.

WEST CLIFF CANADIAN EYE & EAR

FOLKESTONE.....

8/2/18.

Special Report
on Eyes.

NO. 724091

RANK Pte.

NAME Mallon WH

IN OR OUT PATIENTS out.

UNIT 1st CORD.

FROM: OFFICER COMMANDING

TO: OC. 1st CORD.

RIGHT VISION: 6/60

LEFT VISION: 6/9

REMARKS: Convergent Squint
R. Partial amblyopia - No treatment

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

RECOMMEND PATIENT FOR CATEGORY.....B.....

Maxwell C. Imrie
.....C.A.L.C.

FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

97

S. M. U.

1st C. U. R. D.

392 Shorncliffe

WEST CLIFF CANADIAN EYE AND EAR
HOSPITAL, FORT ROUGE, MAN.

ARMY
CY 29 11 18 - A
TELEGRAPHS

168

AP.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Fort Henry. DATE 11-1-19.

1. 1 (a) Unit #3 C.G.R. (b) Regimental No. 724091. (c) Rank Pte.

(d) Surname Mallow. (e) Christian name W.H.

2. Age last birthday 45 years. Date of birth Oct. 15th, 1873.

3. Enlisted at Lindsay, Ont. on Mar. 10. 1916.

4. Personal description:—

(a) Height 5' 11". (b) Weight 137. (stripped) (c) Complexion Fair.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks Small scar over left eye.

5. Address after discharge (for the use of the Board of Pension Commissioners) 60 St Paul St. Lindsay, Ont.

6. Former trade or occupation Labourer.

7. (a) Service

	Years	Days

	Periods	
	From	To
109th Bn. C.E.F.	Mar. 10-16.	Aug. 3- 17.
#3 Bn. C.G.R.	Mar. 20-18;	Date.

(b) Has he been overseas? England. 8. Original disease or disability 1. Defective Vision. 2. Old fracture left clavicle.

(a) Date of origin 1. 1911. 2. Nov. 1916. (b) Place of origin 1. Lindsay. 2. England.

(c) Cause* 1. Unknown. 2. Fall from a Bicycle.

(d) Present disease or disability 1. Defective Vision. 2. Old fracture left Clavicle.

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

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

SUBJECTIVE - 1. Says he cannot read without glasses. 2. Says shoulder does not bother him except for a few pains in shoulder before a storm. Myalgic pains in right shoulder and arm especially in the morning.

OBJECTIVE - Hypermetropia and Presbyopia age 45. Right eye. Congenital defect. R.V. 20/20 not improve plus 1.D L.V. 20/20. To read J.1. plus 2. D.

9. Present condition.—(*Continued.*)

Glasses worn are correct. No eye disability. (SGD). J.C. Connell Lt.-Col. AMC.
X-Ray - 1. Old fracture of the outer third of the clavicle. Union is good, with considerably Callous formation.
(SGD). J.P. Quigley. Major. AMC.
No limitation movement. No evidence of myalgia. No deformity.

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

Nervous yes. Digestive yes. Respiratory yes. Cardiac yes.

Genito-Urinary yes. Skin, Middle Ear, Eye or any other part see above.

Corns on right Toes, from wearing Military shoes. ~~Eyes~~ Ears normal. Very poor chest but no evidence of active disease. No cough. A poor specimen of soldier. Is debilitated although he has lost no weight. Appetite fair.

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

1. Congenital. 2. While carrying stationary on a bicycle from Bramshott Camp to Witley Camp, for 109th Bn. Room. he fell off wheel and broke calvicle. Was in Hosp. 22 days.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

No record of Court of Inquiry.

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

1. No. 2. N/A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? 1 & 2 No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1 & 2 Permanent.

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

Bramshott Hospital 22 days.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

1 & 2 No.

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

17. Recommendations

Category "E". Very slight disability dueto service.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

W E Mallure

Signature of soldier examinea.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the soldier fit for

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

20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

With very slight disability due to service.

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

President.

Capt. A.M.C.

Members.

PLACE Fort Henry.

DATE 11-1-19.

APPROVED BY D. R. Brundell

For D/ A.D.M.S. Mil. District No. 3

Assistant Director of Medical Services.

DATE JAN 22 1919

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

President.

Members.

PLACE

DATE

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

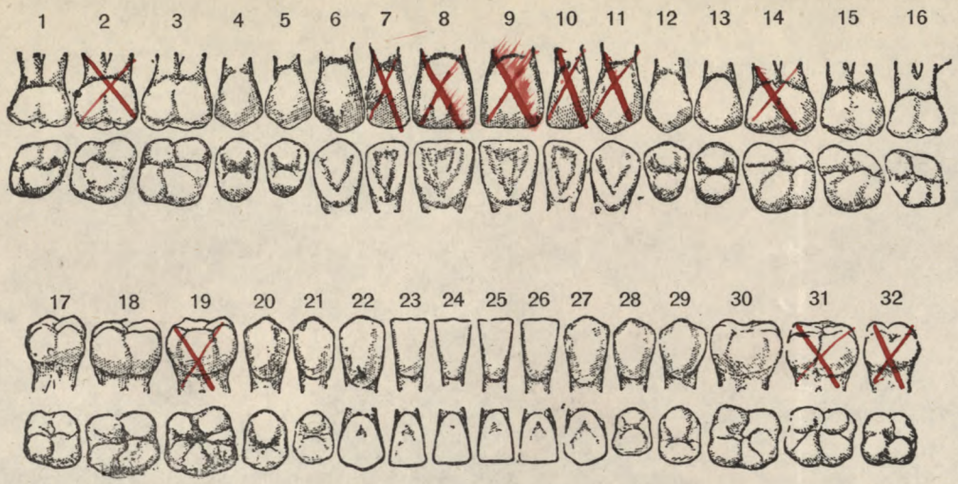
District 3

Name of Soldier Mallon W. H.

Regiment C. S. R.

Rank Pte.

No. 72409



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Exdmination	1919										27 / 6 MII / 1 2 / 31 32			1W							17.	
	January 24																			H. Mulvihill	3	Dr Complete

M.F.B. 465.
150M.—6-18.
1772-39-950.

Reserved for M.H.C.

Regt. No. 724091 Rank Pte. Surname Mallon Christian Name William Henry

Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom 1st. C.O.R.D.

Born at—Town Lindsay County or Province Ont. Country Canada

Date of Birth—Day 15 Month October Year 1873 Age 44 yrs. 4 months.

Joined at Lindsay, Ontario Date March 10th. 1916.

Former Trade or Occupation Labourer

Permanent marks or peculiarities that will serve for future identification :—

MP

Height—feet 5 inches 11 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) W. H. Mallon

Medical Report.

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

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

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

Disabilities Group (*a*)	Defective Vision
Disabilities Group (*b*)	Debility
Disabilities Group (*c*)	~~Rheumatism~~ MALGIA

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Not known	Condition preceeded emlistment	
(*ii.*) As to Group (*b*) above.	Constitutional	preceeded enlistment	
(*iii.*) As to Group (*c*) above.	Fractured Bones	England	1916

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

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

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? Yes If yes, has Active Service aggravated it ? Yes

(*iii.*) As to Group (*c*) above ? No If yes, has Active Service aggravated it ?

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

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? No

(*iii.*) As to Group (*c*) above ? Yes

8

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

(i.) While on duty? Yes (ii.) While off duty?

(iii.) Was a Court of Inquiry held? Yes (iv.) Where? Not known (v.) When? Not known

(vi.) Opinion of the Court? No record obtainable

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

He states that his right eye always bothered him, but in all other particulars he was well at time of enlistment. After enlistment he was recruiting so that he was with battalion only two weeks before coming to England in July 1916. In England he was always in Orderly Room. In Nov. 1916 he was battalion orderly. He had been sent from Whitley to Bramshott for stationery and returning in dark he fell from his bicycle and broke his left collar bone, fractured his left arm just above elbow joint, and injured the bone of left knee on the inner side. He was in Hospital 22 days.
At present time he complains of rheumatism across back of shoulders and down both arms. He complains of defective vision. His knee left gives him pain when he walks.

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

Patient is 5 feet 11 inches in height, poorly developed and poorly nourished. He does not appear to be more than 44 years of age. The broken collar bone and elbow and knee do not cause any impairment of movement and no deformity. There is impairde eyesight as per experts certificate, for which no treatment was given. The condition preceeded enlistment. There is no Medical History Sheet attached, an attached certificate states that one is not procurable. He complains of pain having its origin at the site of fracture (There is no record of Court of Enquiry) and he is suffering from debility. All other systems are in normal condition.

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what. Not applicable

(iii). Was one advised and declined?

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

(ii.) If so, describe. Not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? Yes. Not likely to be raised in six months.

(c) Invalid to Canada? No

(d) Discharge from the Service as permanently unfit? No.

Date of Report 12-2-18 191 Signed A.K. Connolly Capt
Officer in medical charge of case.

Station East Sandling

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

G. F. Clark Capt
Officer i/c Hospital / S.M.O. 12th Brigade } Strike out one of these.

Dated at East Sandling Station, on 12/2/18 191

* Delete if inapplicable.

PART II.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—(*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? not applicable

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

18. Remarks.
The objective symptoms are not marked but the general appearance of the man shows that he is not physically strong and in the opinion of the board he is not fit for category higher than that recommended

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? yes B II not totally disabled
(*c*) Invalid to Canada? no
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 12-2-18

Station Sandling

Signatures of the Board. W Fytche Lt Col President. Archibald Capt.

Approved J Burlson CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE A.D.M.S.

Dated at Station 13 FEB 1918

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

President.

Signatures of the Board