

MAR 27 1916

B

109th OVERSEAS BATTALION, C. E. F.
ATTESTATION PAPER.

No. 724911.
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... Manuel
- 1a. What are your Christian names?..... Harry William
- 1b. What is your present address?..... Fort William Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Wingham Ont.
3. What is the name of your next-of-kin?..... Jeanette Ely Manuel
4. What is the address of your next-of-kin?..... 519 University Ave Toronto Ont Can
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... August 25 1887
6. What is your Trade or Calling?..... Engineer 33
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry W. Manuel, 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.

H. W. Manuel.....(Signature of Recruit)

Date..... MAR 27 1916 191 . J. J. H. H......(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry W. Manuel, 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.

H. W. Manuel.....(Signature of Recruit)

Date..... MAR 27 1916 191 . J. J. H. H......(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 27 1916 day of 1916 191 .

J. J. H. H......(Signature of Justice)

Description of Harry William Manuel on Enlistment.

Apparent Age.....31 years 8 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 ins.

Scar on knuckle of index finger of left hand.

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....5 ins.

Scars on points of first two fingers of left hand.

Complexion.....Dark

Scar on left side of mouth.

Eyes.....Brown

Hair.....Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....MAR 27 1916.....191 .

.....J. McCulloch Capt.

Place.....Sunday.....

.....Medical Officer.....
 109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

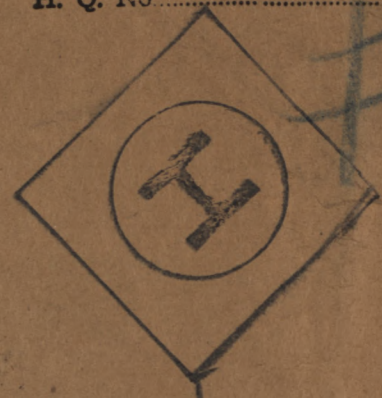
Date.....MAR 27 1916.....191 .



DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1.

Compulsory Stoppages.....

Casualty Forms..... 1.

Proceedings on discharge..... 1.

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2.

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name *Manuel Harry W.*

Regt. No. *724211* Rank *Pte.*

Corps *1st. S. I. R. D. (former 109th Bn)*

Med. Unfit.

05292



~~52-7~~
13-7
4-8

2



A. Y. B. (122)

A. Y. B. 178-2 Sent B.P.C. 12-3-18

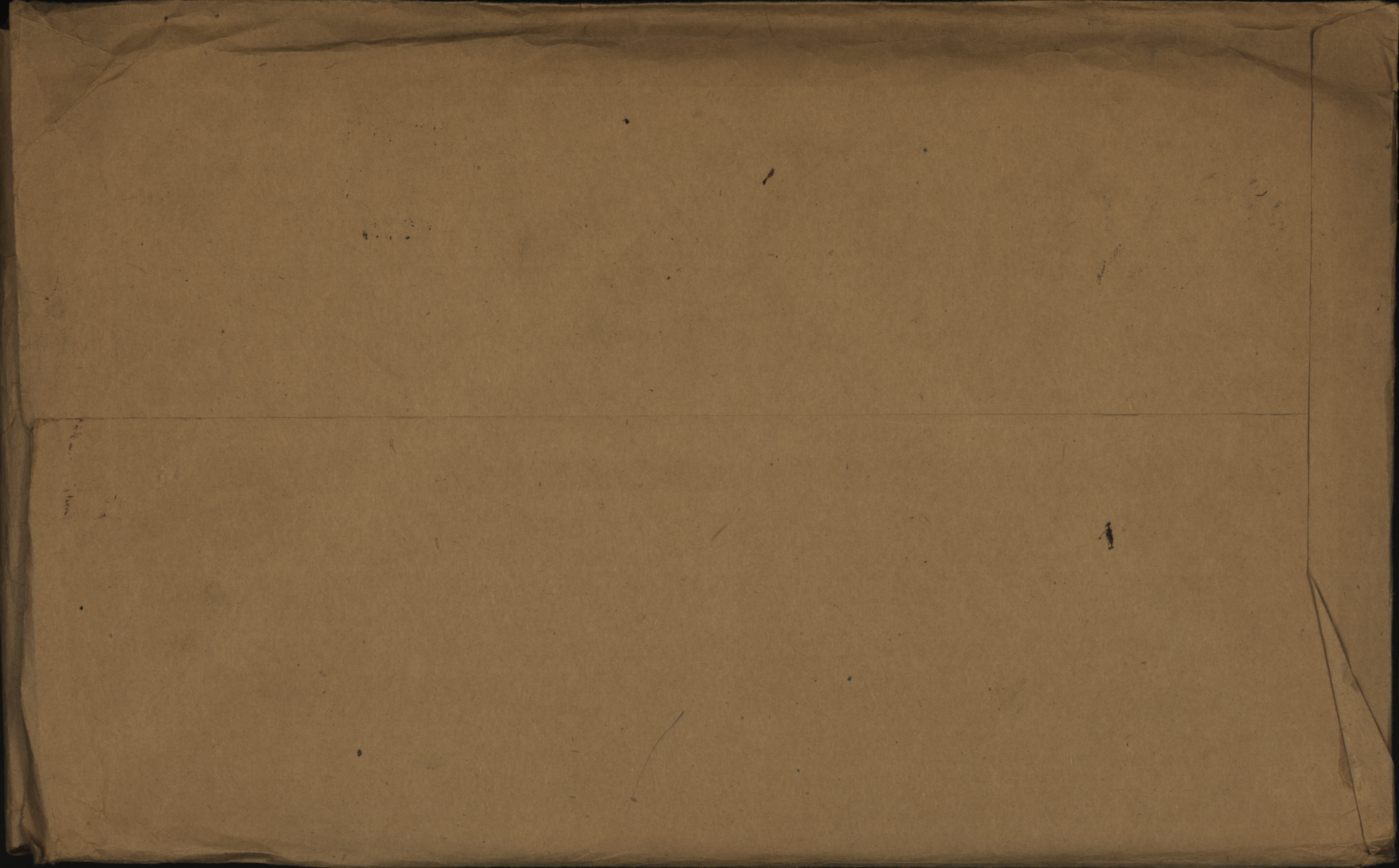
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m r w b j

Pass card

IP 109

M 122



Name **MANUEL H.W.** Rank **Pte.** Regt. No. **724211** Unit **H.**
 Battn. **109th.** Camp or O. S. **0.** File M. H. C. C. H. Q. File **649-M-22046**
 Next of kin **Wife, Loverna, Sask.**
 Discharged to Class **3.** D. of D. **1/10** Conduct **Fair**
 Pension awarded **\$60.00. 6 Mos.** Date of first payment **1-1-18**
 Address on discharge **Suite 5 Armitage Blk. Saskatoon Sask.**
 Diagnosis **Myalgia.** Date boarded **12-9-17**

DATE	CLASS	REMARKS	Part 2 Order
18-9-17	2	T.C.S. St. Chads Outpatient	#261
6-10-17	2	St. Chad's	#282
13-10-17	2	Moose Jaw	#288
13-11-17			
14-11-17		A.W.L., DRUNK, awarded 7 days' detention	#321
26-11-17	2	Moose Jaw Outpatient. Pend. Disc.	#331
31-12-17	3	DISCHARGED	#3

Surname
Manuel

Christian Name or Names
H.W.

Reg. No.
724211

Rank
Pte.

Unit
109th Bn.

Co. Troop Batty.

Hospital
Connaught Aldershot

Date of Admission
5.8.16

Transferred Shorncliffe Military Hosp. 17.8.16

Can. Hosp. Etchinghill Hosp. 16.10.16

Hosp.

Hosp.

Diagnosis

V. D. S.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Disch. 7.8.16
" 21.8.16

Date
Disch 30.11.16

REMARKS

C.L. 27.9.18 15

u. 13.12.16 45

A.M.D. 2 DEPT. 10.16
Ensl sent
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Manuel.

649-M.-22046

CARD NO.

7MB

CHRISTIAN NAMES

Harry William

S.O.S. No. 31-12-17
FOLL. *12*

REGL. NO.

724211

RANK

Pte

UNIT

109th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Manuel, Jeanette Elizabeth

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Meaford, Ont.

L.O.A.P. 24/5/16

COUNTRY OF BIRTH

Canada. Wingham Ont.

DATE

Aug 7th 1884

PLACE OF ATTESTATION

Windsor Ont.

DATE

March 27th 1916.

Returned to Can. Per. S.S.

Carmarion 26/8/17.

(Spec. Que. T.347) 488
L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.-11-16. H. Q. 1772-39-339.

0/523-7-16 23.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Engineer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

31

YEARS

8

MONTHS

HEIGHT

5

FEET

7.

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

5.

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Scar on middle of index finger of left hand. Scars on points of first two fingers of left hand. Scar on left side of mouth.

MEDICAL EXAMINATION.

PLACE

Lindsay Ont.

DATE

*March 27th 1916.**Present Address, Fort William. Ont.*

No. 724211. RANK Pte.

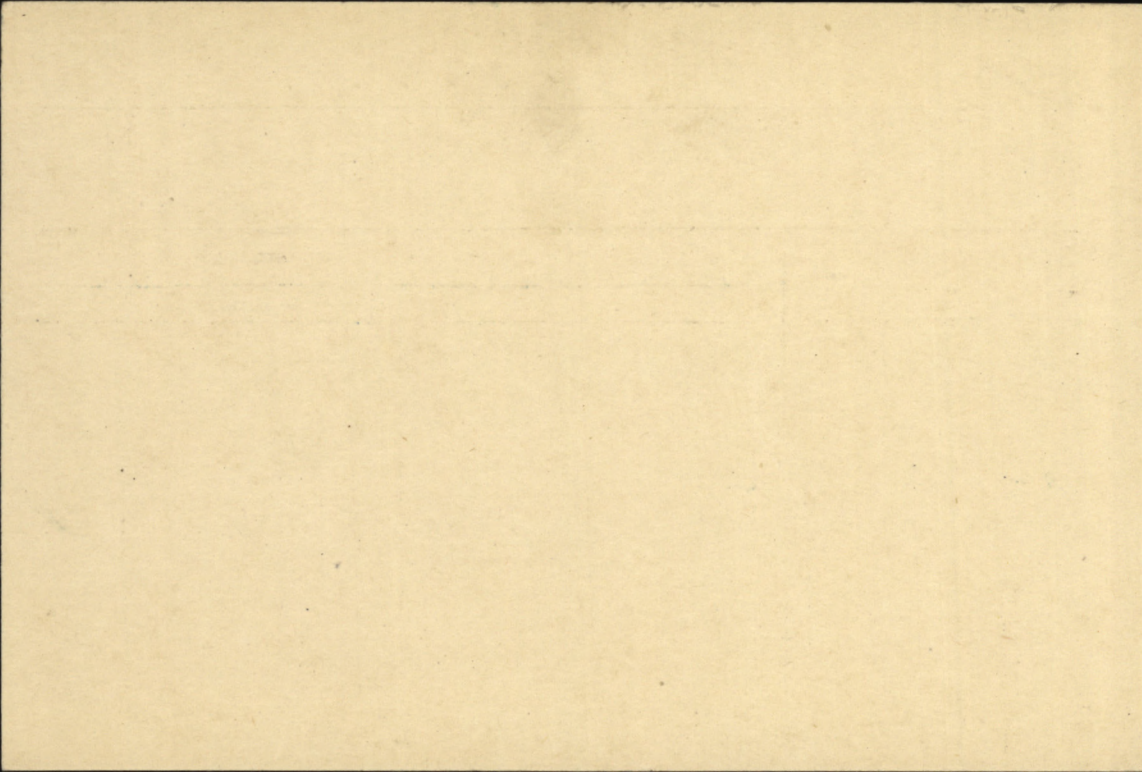
NAME Manuel, J. W.

T. O. S. 27-3-16. UNIT 109th Battalion.
(B.O. 121 of 10-4-16)

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Mar. 24	1916. April 30	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



R. 149.

Name

Mannel Harry Williams

Rank

Pte.

Reg. No. 724211

Unit

109th BATTN

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5.8.16.	Commaught Aldershot		10th B.	15.		
7.8.16.	Discharged		—	15.		
17.8.16.	Mre Bramshott		—	15		
21.8.16.	Discharged		—	15		
16-10-16.	Can. Ettringhill		V.D.S.	45.		
30-11-16.	Sus		—	45		

NAME

Manuel H. W. 13

H. Q. FILE No. 649-

REGT'L. No.

724211

RANK AND CORPS

Pte.

109th Battalion

CABLE

NO.

DATE

NATURE OF CASUALTY

2347

31-8-17

Sailed from Liverpool for Canada
 per the S. S. "Carmania" on Aug. 26th
 1917 (Special Authority)

M. H. 13.

52.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
15	Connaught Aldershot	5-8-16	N. Y. D.
15	" "	7-8-16	" Disch.
15	Mil Bramshot.	17-8-16	" "
15	" "	21-8-16	" Disch.
445	Can. Etchinghill	16-10-16	V. D. S.
445	Disch	30-11-16	" " "
282.	M. H. C. C. Winnipeg	6-10-17.	S. U. S. Out Patients.
331	" " " "	26-11-17.	Trans. to Outp. Mosse
3.	" " " " Regina	31-12-17	Recd. from H. M. J. aw. Mosse Jaw. Class Conduct Jaw.

YCA
CMA
Number. 724211 Rank. Pte B

Surname. MANUEL

Christian Name. Harry William

Units. 109th Bn Can Coy Theatre of War Eng

Date of Service. 31/7/16

Remarks.

Latest Address. Suite 5. Armitage Bldg
10th Ave

Saskatoon
Sask
Roll No. A Page 891

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

724211

Duplicate

MEDICAL HISTORY SHEET.

Surname Manuel Christian Name Harry Hillian

Examined { on 27 day of March 1916
 at Lindsay
 Birthplace { City or Town Wingham
 County Ontario

Approved by J. McCulloch
 Rank _____ M.O.

Apparent age 31 Years
 Trade or occupation Engineer
 Height 5 Feet 7 Inches.
 Weight 141 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 37 inches.
 Physical development Good
 Small-Pox Marks none

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

Vaccination Marks { Arm Right. Left.
 Number X 1

Date	Result	VACCINATIONS.
<u>7.4.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 7th 1916
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>23.4.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 27 day of March 1916 at Lindsay Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724211</u>		<u>27/3/16.</u>
Transferred to.. ..				

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.

Temporary

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname *Mauiel*

Christian Name *H.*

TABLE I.—General Table.

Birthplace { Parish County

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

Declared Ageyears.....days.

Trade or Occupation.....

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

Weightlbs.

Chest Measurement { Girth when fully Expandedinches Range of Expansioninches

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...

Joined on enlistment Corps Regtl. No. *724211*

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

Jan. 10-1917 - C. H. L. [Signature]

PRESIDENT, STANDING MEDICAL BOARD.
TAB [Signature]

15/1/17 [Signature]
19/4/17 C. H. L. [Signature]

25/7/17 [Signature] [Signature] to be raised in category in 6 weeks [Signature]

1

TABLE IV.—Service Table.

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

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. The table is mostly empty with some faint lines.

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 C.S. Bn C.E.F.

(2) Regimental Number 424211

(3) Full Name of Soldier Harry William Manuel

(4) Place of Birth Wingham Ontario

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

(6) If married, state,
 (a) Full name of your wife Jeanette Elizabeth Manuel
 (b) Present Postal Address Meaford Ontario

(7) Are you a widower? No.

(8) Have you any children? Yes
 If so, give number of boys and girls 1 Girl
 Also their names and ages Jeanette Isabella Manuel
6 years.

(9) Is your Father alive?.....
If so, state name and address

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

(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? *Brotherhood of St. Paul*.....
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 *23rd July 1916*.....

J. H. Lee
.....
Officer Commanding.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

8 SEP 1916 1916.

No. 724211 Unit 109th Battalion Rank Pte.

Name MANUEL, Harry William Age 32

Examination held at Bramshott, Hants.

DISABILITY.

Chronic Syphilis.

Overseas—Local.
~~XXXXXX~~
(scratch one out)

Present Condition: Complains of pain in both legs, also in left groin. Has had no training since coming to England. Requires hardening up.

Board recommends:

1. Fit for Duty.
2. Fit for duty after 6 weeks physical training. **Yes.**
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Members { R.D. Stewart Major Pres.
H. MacLennan Capt
H. [unclear] Capt.

Approved.

Bramshott 8 SEP 1916 1916.

[Signature] Major.
D.A.D.M.S. for A.D.M.S. & for G.O.C.
Canadian Troops, Bramshott.

EXAMINATION

STANDING MEDICAL BOARD BRANISWOTT

BY

[Faint, illegible text]

STABILITY

[Faint, illegible text]

[Handwritten signature]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 724211 Rank Pte. Name Manuel, H.W.
 Corps "H" Unit M.H.C.C. who was Discharged
 On December 31st, 1917, to _____

* Insert "discharged" or "transferred."

January 1918.

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.			CR.		
	\$	c.		\$	c.
Bal. Dr. from previous month.....		Nil.	Regimental pay days at \$.....		Nil.
Total payments during period			Field allowance " \$.....		
from.....			Other allowances.....	C.C.Allow. 3/4	16.50
Assigned Pay.....			Other Credits (give particulars).....		
Other Charges (give particulars).....			Bal. Dr. on discharge or transfer.....		
Bal. Cr. on discharge or transfer.....	426	16 50			
		16 50			
TOTAL.....			TOTAL.....		16 50

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is 15.00, and has been charged in Pay-list for month of Dec. 1917.

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted..... S.A. pd to Dec. 31/17.

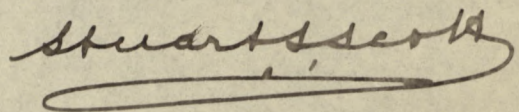
(3) cause of discharge and authority..... D.O. 3/7

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date January 5th, 1918.

Place Regina, Sask.



Paymaster.

Paymaster, H. Unit, M.H.C.C.

M.D. 12
NO. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form is used for all ranks (Vols 1 to 10) and is issued to the soldier on discharge.

Name: _____
Rank: _____
Regiment: _____
Who was: _____
On: _____
Discharged on: _____

Particulars	Amount	Total
Pay for previous month		
Field allowance		
Other allowances		
Other Credits (give particulars)		
Total		

The amount shown as balance due on discharge is transfered to the soldier's account and has been charged in favour of him.

REMARKS: State date of enlistment. If he married and if a Repatriation Allowance Card has been submitted. Name of discharge and authority. If discharged from the contingent state if any Payment Order for Assigned Pay has been forwarded and date. The soldier is advised that this statement is a statement of account and that it is to be a correct extract from the pay book.

Signature: _____
Date: _____

J.P.

R-122

Rank *Rk* Name **MANUEL, Harry William** ✓ Reg'l No. **724211.** ✓
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.** ✓
 Place and Date of Enlistment **Lindsay. 27th Mar. 1916.** ✓ Place of Birth **Wingham. Ont.** ✓
 Name and Address, Next-of-Kin **Jeanette Eliz. Manuel.** ✓
219 University Ave. Toronto. Ont. Canada. ✓ Relationship **Wife.** ✓

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
R139
1-10 Aug
3-44 Aug

Discharge, Date and Place Reason Character *LC 144*

H. W. & V., Ltd.—7165-16.

1
3

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character
Date.	From whom received.				
Arrived in England per H. M. T. 2810				31-7-16	
6.8.16	b.c. 109 th	Admitted to Hoopl	Counouffe	5.8.16	<i>St. II S.O. 219 x C.L. 15</i>
16.8.16	✓	Dischd from Hoopl.	✓	7.8.16	<i>St. II S.O. 229 x C.L. 15</i>
24.8.16	✓	Admitted to Hoopl.	Bramshott	17.8.16	<i>St. II S.O. 237 x C.L. 15</i>
✓	✓	Dischd from Hoopl.	✓	21.8.16	<i>St. II S.O. 237 C.L. 15</i>
28-10-16		S.O.S. Trans to c.c.a.e.		14-9-16	<i>St. II S.O. 302</i>
18-9-16	<i>CCMC</i>	<i>LOS on com 2nd Cld for P. J. Hill</i>	<i>Lolchester</i>	15-9-16	<i>" " 402</i>
13-12-16	<i>109th</i>	<i>can be sent to Etchinghill</i>		16-10-16	<i>ACL 43</i>
1-12-16	<i>b. bat</i>	<i>Rept and Ceases on Com 109th</i>	<i>Hastings</i>	1-12-16	<i>Pty 0 528 Comd</i>
25-10-16	"	<i>on being arm can work. Ceases work 2nd 28-30</i>	"	16-10-16	<i>467</i>
8-12-16	"	<i>Adm Etchinghill Can Hoopl.</i>	"	7-12-16	<i>548</i>
10-1-17	"	<i>Rep as b. c. of Etchinghill</i>	"	10-1-17	<i>17</i>

REMARKS. *8023*
 Taken from Official Documents.
 File R.L. *Jean P.*
 Category *Jean P.*

C.L. 15

C.L. 15

C.L. 15

C.L. 15

402

528 Comd

17

5025-14-1-17

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.				
23-12-16	6606	Rept as a Local Casualty.	Idarstings	22-12-16	PT 50567
4-1-17	"	Admitted Etchingham Hosp. for treatment	"	3-1-17	" 586 (10)
16-1-17	ao	Rise on Com G.D.D. for 3.	"	15-1-17	" 27
6-6-17	1st CCD	Ceases to be att on discharge to 3rd cd	"	6-6-17	" 92
13-4-17	"	att from 2 nd B.D. for PT gto R. Etc	St Leonard	12-4-17	" 44 & 52 ^{2nd B.D.}
3-8-17	1 CCD	Beuse to be att on proct record	do	2-8-17	Pr # 142 (147 ^d 3-8-17 1 CCD)
2-8-17	1 st BORD	To 8 from 6 bac 8 on Comm to 1st B.D.	W Sandling	13-4-17	— 146 1 CCD 254 d/ 28 73
6-8-17	1 st BORD	On Comm to C.D.D. Buxton	✓	4-8-17	— 150
31-8-17	"	Leaves att. " " and S.O.S. to Canada	"	26-8-17	— 175
	Bio Depot	To Com. Home	M. D. 10123 Regina	9-9-17	N. P. 345

Date of Payment.	No. of Acq. Roll.	A M O U N T					Place of Payment.	Name of Paymaster	Remarks.
		Francs	£	s	¢	¢			
11 5 17	226		3		14	60	Sr Leonard	R Robinson	
29 5 17	393		2	0	6	9	86	"	
14 6 17	492		2	0	6	9	85	V Gallagher	
27 6 17	613		2	0	0	7	73	"	
13 7 17	746		5			24	33	"	
25 7 17	889		3			14	60	"	
26 7 17	974		2			9	73	"	
1 8 17	1001		2			9	73	"	

102.43

Владельца: *А. В. К.* *Л. В. К.* *Л. В. К.*
Имя и фамилия Имя и фамилия Имя и фамилия

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11805-H-1

Name **Manuel, HarryWilliam**
Surname Christian Name

Regimental Number **724211** Rank **Pte.**

Address (in full)

6 Armitage Blk., 10th Ave

Unit **109th Bn.**

Saskatoon, Sask.

Original Unit

District where paid **M.D. 12.**

Date of Discharge **31-12-17.**

P. D. P. Filing Number **10-56-12.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	682	1-2-18	58 00	685	1-3-18	58 00	643	1-4-18	59 10		175 10

M. F. W. 127.
50M-617.
1772 33-1140.

Remarks:

Reg. No. 774211 *Ple* Dependent Jeannette E Manuel

Name Manuel Dec'n No. Harry Way File No.
 Address same

Address 9 Boston Cpts per mo. \$
Cor. Ave F 220th St \$
Saskatoon \$
 Net due paid as below

Pay Soldier \$ 104.90 Pay Dependent \$ 120

Clerk L. H. Agath Days 122 Rate 100 Due 400.00
S. Atkins Less P.D.P. credited 175.10
E. Lachance Less further Dr. Bal. or overpayment. -
 Net 224.90

\$8.80 payments not recovered
R. W. 134 17-10-19. 22/9/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount	
5/9/19	18619	512663	70 00	English Dr. note	5/9/19	18620	512662	30 00	
15/9/19	22367	516961	34 90	dated 1/9/19	2	✓	✓	30 00	
				for \$ 8.80	3	✓	✓	30 00	
				not recovered	4	15/9/19	22368	516962	30 00
				22/9/19					
				See Folio 25					
				SA & A.P. file					

GEN'L AUDITOR
 Posting checked by
M. H.
 Date 4.8.19

Eng

Name *Manuel H. H.*

L.P.C. No. *1650*
M. F. W. 41
1 0M-7-16
1772-39 889.

Regimental No. *724211*

Name *None*
Name and address of next of kin *Loverna Sack.*

Unit *109 Bn.*

Date of enlistment *-*

M. B. 12 9 17 Cow Home
S. A. 20 27 16 - 30 17 = 362.

Place of " *-*

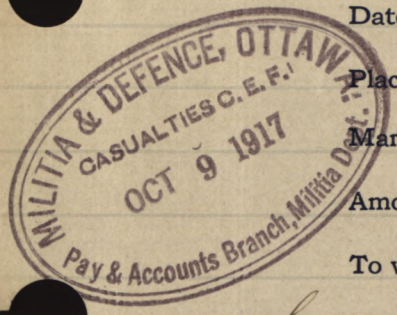
Date and place discharged

Married (yes or no) *Yes*

Amount of pay assigned monthly \$ *15 1 8/16 - 31 8/17 - 195* Reason for discharge

To whom payable *Mrs Jeanetta Manuel* Character on discharge

Carmania 9 17 46 Cambridge St
9alt out bless 2. HQ 649-M-22046.



Form 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	<i>7.8.17</i>															<i>E. L. O. C.</i>
<i>6.8.17</i>	<i>20.9.17</i>	<i>54</i>	<i>1</i>	<i>54</i>	<i>54</i>	<i>10</i>	<i>540</i>		<i>5940</i>							<i>A.R. 7250</i>
					<i>Dr Bal.</i>				<i>2608</i>							<i>D.D. Due.</i>
									<i>8548</i>							<i>220 85 48 2 da R.M.P.H. 21 8/17</i>
																<i>8548 Tfd to H unit for 1.10.17 with Dr Bal</i>

Pensioned.
1-1-18.

Eng A.P. b hgd from 1 8/16 - 31 8/17 - 195

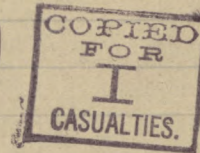
G.R.

SEPARATION ALLOWANCE

Name Jeanetta E. Manuel Name of Soldier Manuel Harry W.
 Address ~~219 University Ave~~ Regtl. No. 724211
Windsor, ~~Toronto Ont.~~ Rank Pte "H" Unit No H 66 19117
46 Cambridge St Corps ~~109th~~ Battn #12 87th 31101729
 Relation to Soldier Wife To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

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



ACCOUNT CLOSED
 DATE..... PER..... W

L. H. J. P.

27-3-16

162

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Jeanetta E. Manuel Wife

Name of Soldier

Manuel Hargrave
Rte.

L. L. Job 310.-Reg. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		43	
May		83390	42	42
June		X3562	19	19
July		98687	20	20
Aug.		912826	20	20
Sept.		016896	20	20
Oct.		X19544	20	20
Nov.		1022281	20	20
Dec.		2026230	20	20
Jan.	1917	L 37031	20	20
Feb.		30912	20	20
March		L 34062	20	20
April		M1856	20	20
May		M5326	20	20
June		M 8587	20	20
July		M11986	20	20
Aug.		T 14986	20	20
Sept.		C 19091	20	20
Oct.			352.00	A/c Closed 30/9/17
Nov.			362	Ret'd per <i>Catmania</i>
Dec.				Date <i>26/17</i> F. X. <i>20/17</i>
Jan.	1918			Clerk <i>M. G. Hill</i>
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

To Whom *Wife*
Mrs. Jeannette, Manuel. By Whom Assigned *Manuel. H. W.*
Address *46 Cambridge St.*
Meaford. Regtl. No. *724211*
Galt. Ont. Rank *Pte.*
Corps *109th Batt. P. Coy.*
Rate *15⁰⁰* 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				



1951

1951

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Mrs. Jeanetta Manuel *Wife*
PAYMENTS.

Name of Soldier

Manuel A. W.

L. L. Job 310.-Req. 6574.

724211

Plt B Coy 109th Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
April	1916			
May				
June				
July				
Aug.		<i>A 15797</i>	<i>15</i>	
Sept.		<i>J 18601</i>	<i>15</i>	
Oct.		<i>F 23113</i>	<i>15</i>	
Nov.		<i>F 27920</i>	<i>15</i>	
Dec.		<i>Z 31084</i>	<i>15</i>	
Jan.	1917	<i>Z 40891</i>	<i>15</i>	
Feb.		<i>Z 46234</i>	<i>15</i>	
March		<i>R 49970</i>	<i>15</i>	<i>15 - ch</i>
April		<i>N 3495</i>	<i>15</i>	<i>15 cu</i>
May		<i>J 9645</i>	<i>15</i>	<i>15 (W)</i>
June		<i>M 18833</i>	<i>15</i>	<i>B.</i>
July		<i>N 23791</i>	<i>15</i>	<i>cu</i>
Aug.		<i>Z 32723</i>	<i>15</i>	
Sept.		<i>Y 37818</i>	<i>15</i>	<i>cu cancelled</i>
Oct.				<i>195.00</i>
Nov.				<i>A/c Closed 31-8-17</i>
Dec.				<i>Ret'd per Carmarion</i>
Jan.	1918			<i>Date 26 8/17 F. X. 19 9/17</i>
Feb.				<i>Clerk E. Nicol</i>
March				
April				
May				
June				
July				

Lu

BL

15 - ch
15 cu
15 (W)
B.
cu

195.00
 A/c Closed *31-8-17*
 Ret'd per *Carmarion*
 Date *26 8/17 F. X. 19 9/17*
 Clerk *E. Nicol*

AUG 1 1916

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.				

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate, M.F.W. 1917)

This is to certify that No. **724211** (Rank) **Private**
 (Name in full) **MANUEL, Harry William**
 Enlisted in **109th Battalion**
 Canadian Expeditionary Force, on the **27th** day
 of **March** 19**16**
 He served in **CANADA & ENGLAND**
 with the **Central Ontario Regimental Depot**
 and was discharged at **Regina., Sask.**
 on the **31st** day of **December** 19**17**
 by reason of **MEDICALLY UNFIT**

His conduct and character while in the Service were **Good**

Medals and Decorations etc. **BRITISH WAR MEDAL**

DESCRIPTION ON DISCHARGE

Age **33 Years**
 Height **5'7 1/2"**
 Complexion **Dark**
 Eyes **Brown**
 Hair **Black**
 H.Q. **649-H-22046** **Ottawa** day of **February** 19**32**
 (Assistant Director of **Records**) **Major,**

NOTE - This Certificate of Service if lost will not be replaced.

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate)

This is to certify that No. (Rank)

(Name in full)

enlisted in

Canadian Expeditionary Force on the

of

He served

with the

and was discharged

on this

by reason of

.....

His conduct

was

.....

.....

DESCRIPTION OF SERVICE

.....

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724 211 Re Manuel Hill

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT	
July 21			367.40					22.10	389.50					75.70	16.19	18.24	11.5	11.70	337.28	52.22									
Aug 7			34.10					34.10									15		15.00	71.32									
Sept 7			7.70					7.70									15		15.00	64.02									
Sept 22								4.30						4.87					4.87	59.15									

Trans Paid to L.A. M. 3.8.17
28-1-29

Signature
A.M. FORM REND... EFFEC. DATE 9/17
DISCHARGED TO L.A. DATE 9/17
PAYBOOK VERIFIED BY L.A. 9/17
A.M. BAL. 38.41 L.P.C. REND. 19/6
A.M. 2-1-29 19/6

Disposal

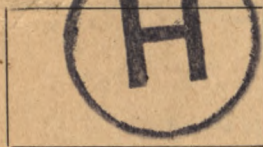
Checked J. Buchanan L.P.C.

D. Bal 38.41
End 487.06 - 23/6 2017

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALICE ENG.
Oct 17	Balford	59.15							59.15		
				5/11/17 383.29	9.86				49.29		
Nov				8/11/17 226.17	14.60						
				6/13/17 20	9.74						
				4/13/17 20	9.85						
				9/17/17 do	9.74						
				8/19/17 do	14.60						
				7/16/17 do	24.33						
				10/1/17 do	9.74				43.31		
					92.60						

Balance transferred to N. E. Branch Nil

This space to be left blank for the Chelsea Number.



CARMANIA

SEPT 9 1917

Army Form B. 268.

Proceedings on Discharge.

X 30

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 724211 Army Rank Capt. R.E.

Name Mannuel O. M.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st C.O.S.D. 109th
Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 31st December 1914

Place of discharge Regina, Sask. Canada.

1. Description at the time of discharge.

Age 33 years 6 months
Height 5 feet 7 1/2 inches
Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.
Complexion NK. Dark
Eyes NK. Black
Hair NK. Black
Trade Mechanical Engineer

Descriptive marks.

Scar, jagged L. Arm

Intended place of residence (To be given as fully as practicable) Street East - 1st Avenue
Suite 5 Armitage Bldg. 10th Ave. Saskatoon

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

DISCHARGED MED. UNFIT:- SICKNESS

Date..... Auth.....

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :— Fair.

4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Section 4/27/18
139

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Looney

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Regina Sask. Canada.

(Date) 30th December 1914

M. Mackenzie
Commanding Adjutant "H" Unit, M. H. C. C. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Regina Sask.

X *Mannul. Harry W.* (Signature of Soldier.)

(Date) Jan 12th 1918

Red Bull (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 at 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 towards engagement to _____ (the date to which the record of service is completed) 1 years 308 days.

Further service " " _____ (the date of confirmation of discharge) " .. "

Total ... 1 " 308 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 31.12.14 (date)

(Place) Regina Sask. Canada

(Date) 31st December 1914

M. Mackenzie
Adjutant "H" Unit, M. H. C. C.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

X

I hereby certify that there are
no reservations.

Harry W. Howell.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

MEDICAL HISTORY OF AN INVALID.

OOO
 Military District No. 12
 NOV 2 1917
 28-M-216
 Regina, Sask.

DEPT. MILITIA & DEFENCE
 NOV 27 1917
 H.Q. CANADA

1. Station. Moose Jaw. 8. General remarks on his:—
2. Regiment or Corps. 109th Batt now H. Unit (a) Conduct. Good
3. Regimental No. and Rank. 724211 (b) Habits. Good
- 85.
4. Name. H.W. Manuel. (c) Temperance. Good.
5. Age last Birthday. 33. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on Oct 27 1916
- at Lindsay Ont.
7. Former trade or occupation. Auto. Mechanic Date. Oct 31st.

9. Service.

	PERIODS	
	Years.	Days.
	FROM	To

10. (a) Disease or disability. "Sciatic Neuritis.
- (b) Date of origin. 1910
- (c) Place of origin. Winnipeg
- (d) Cause. Railroad Accident

11. Present condition. (Most Important.) Complains of pains in legs
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.) felt more especially after walking
much. these date back to accident in 1910
but became much worse in England. when
he became totally disabled.
Headaches bother him somewhat.

12. (a) Is the disability the result of service or climate? No.
- (b) Has it been aggravated by intemperance, vice or misconduct? No.

MEDICAL HISTORY OF AN INVALID

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

V-shaped scar. on lower lip.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable

14. Treatment.

Hospital.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

yes 100%

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Some disability permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

10%

18. State if for discharge on account of unfitness for Service.

Discharge

J. W. Black

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes

18. Is he unfit for Military Service. yes

Recommendations: That further hospital treatment will not benefit
Cat E.

That he be discharged as unfit for further military service.

Signatures:—

Thos. B. Underhill M.D. President.

Station. Moose Jaw.

Date. Oct. 31-17

S. W. Radcliffe M. D.

W. Black M.D.

Members.

Date. 20-11-17

Approved.

Date.

J. Newcombe Capt
Ass. Director of Medical Services.

Director-General of Medical Services.

3830
27/11/17

325 27 1/2

656-27-17

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Recommendations: That further hospital treatment will be necessary for the patient. That he be discharged as unfit for further military service.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m, 8.16.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

SYPHILIS CASE-SHEET.

Regtl. No. *724211* Rank and Name *Pvt. Manuel H.* Corps *2nd C.C.D.*

Placed on Syphilis Register at *CANADIAN HOSPITAL,* on *17-10-16* No. in Register

Disease contracted at *ETCHINGHILL, LYMINGE.* Primary sore appeared on (date) *Oct 12/16*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *now has sore on dorsum of penis involving sulcus and corona.*

Lymphatic glands *Smooth brown indurated. Inguinal ++.*

Skin (nature and distribution of rash) *neg -*

Mucous membranes *Leukoplakia inside angles of mouth -*

Other symptoms *neg -*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum— Method employed (original or modification)

Wassermann reaction Result (positive or negative)

CANADIAN HOSPITAL,
Station *ETCHINGHILL, LYMINGE.* Date *17-10-16* . Signature of M.O. *Ameyate*
Capt Case

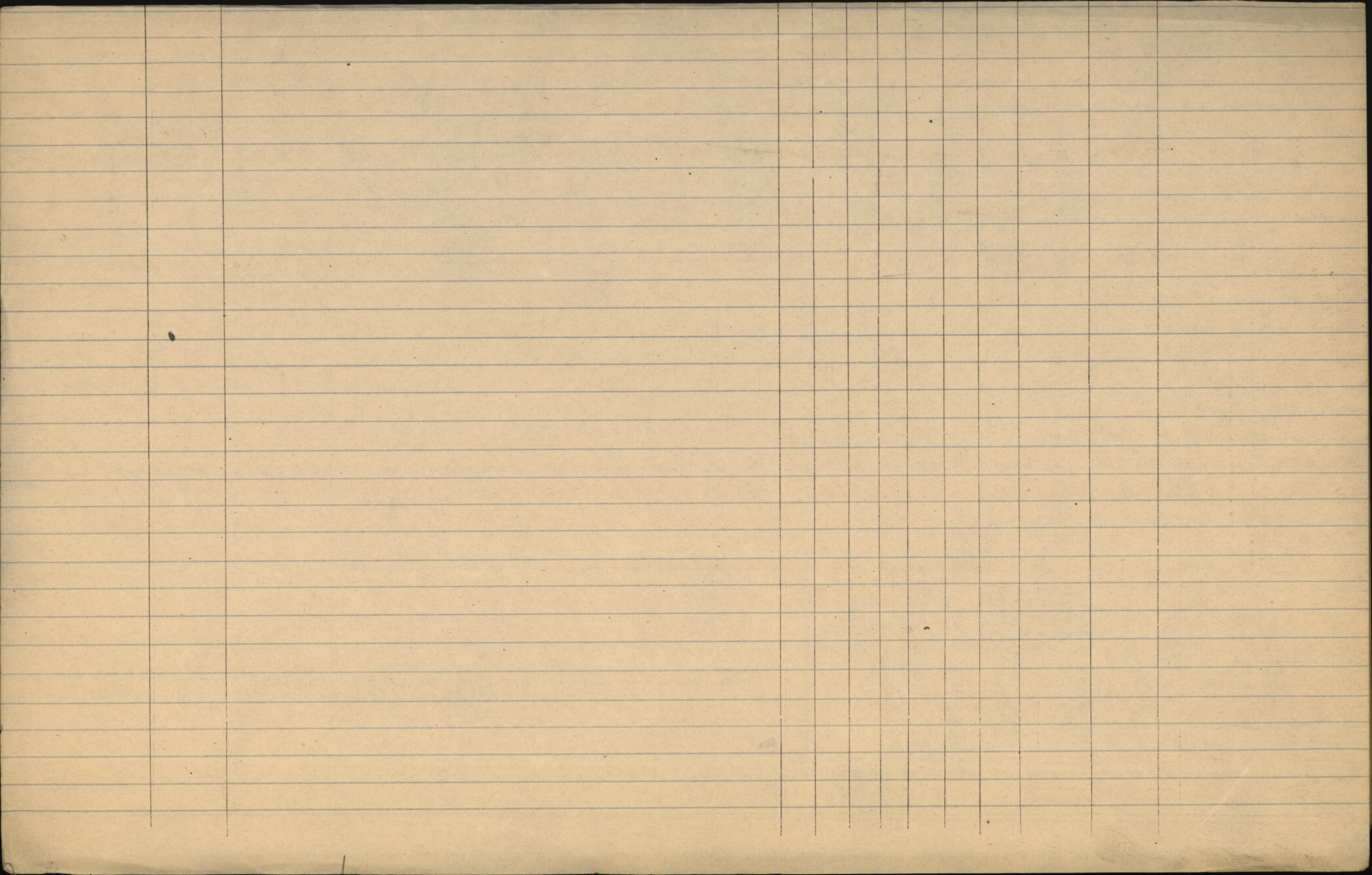
Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wassermann Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.))	Result (Positive (+) Negative (-))	Arsenical		Mercurial	Other Methods	
							Intravenous Injection. Dose in grammes	Neo-Salvarsan			
<i>Etchinghill</i>											
<i>Etchinghill</i>	7-10-16	Wassermann Taken									<i>Amey</i>
	21-10-16	Report					+				<i>Amey</i>
	25/10/16							.3	<i>i.</i>		<i>Amey</i>
	30/10/16							.3			<i>Amey</i>
	3/11/16							.3			<i>Amey</i>
	7/11/16								<i>i.</i>		<i>Amey</i>
	14/11/16								<i>i.</i>		<i>Amey</i>
	18/11/16							.4			<i>Amey</i>
	20/11/16								<i>i.</i>		<i>Amey</i>
	27/11/16							.5			<i>Amey</i>
	24/11/16								<i>i.</i>		<i>Amey</i>
	6/12/16							.5	<i>i.</i>		<i>Amey</i>
	13/12/16							.5	<i>i.</i>		<i>Amey</i>
	20/12/16	WASSERMANN Positive Wassermann to be repeated in one month.					xxx				<i>Amey</i>



**Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.**

MILITIA & DEFENCE

JAN 22 1918

H.C. CANADA

No. *724 211* Rank *Pte* Name and Corps of disabled Soldier:— *Manuel Harry W. 109th Batt.*
 Previous civilian occupation:— *Railroading -*
 Cause of Disability:— *Myalgia*

Condition, in detail, which prevents the soldier earning a full livelihood:—

*Soldier states that he had Syphilis in Kingston
 shortly after enlistment & received full treatment
 for it. In England he was exposed to wet
 and began to have pains down backs of legs
 & in back. These have continued & he has
 almost constant headache as well.
 There are no signs of Syphilis now nor are
 there any objective signs of disease of joints
 nerves or muscles -*

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) *1/10*

Probable duration of incapacity:— *3 months*

Does it render him permanently unfit for Military Service? *no*

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

Convalescent Home

Signature:— *C. Robertson Capt* President.

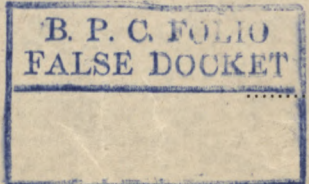
Station:— *Quebec*
Ramsey Capt
W. C. Grant Capt Members

Date:— *Sept 12 1917*

APPROVED.

Date:— *12 9 17* *Wm Carmichael Major*
 Asst. Director Medical Services.

Date:— Director General Medical Service.



325-22/4 E
3/1/18
A 200
0000

8-1-22-024

Proceedings of Medical Board at Discharge Depot
QUEBEC, Que.
Name and Corps of Disabled Soldier
Rank
Present or last occupation
Cause of Disability
Comments

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)
Probable duration of incapacity—
Does it render him permanently unfit for Military Service?
Would operation, Special treatment, or use of appliances, etc., lessen incapacity?
Signature
President

Members
Date

APPROVED

Asst. Director Medical Services
Date
Director General Medical Service

130232

NE

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Jan 10 1916

No. 724211 Rank Plt Name MANUEL H

Local Unit..... Overseas Unit 159 Bn Age 32

Examination held at Hastings

DISABILITY.
Overseas—Local.
(scratch one out)

Syphilis - Sciatic
Neuritis

PRESENT CONDITION.

He is suffering
from sciatic
neuritis
He is suffering
with pain in hips and down
back of leg. Says he has had
same conditions each winter
during past 3 or 4 years.
C III

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:—

[Signature].....President.

[Signature].....

[Signature].....

Members

APPROVED

Hastings, Sussex.

10 JAN 1917

[Signature]

For A.D.M.S.
Captain, C.A.M.C.
A.D.M.S., Canadians, Brighton Area

PROCEEDINGS OF A MEDICAL BOARD

Examined at.....

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

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

Dated at..... 1918

DISABILITY
Overseas—Local
(attach one out)

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

10 JAN 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1st CCD April 19 1916.

No. 724211 Rank Cap Name MANUEL H.W.

Local Unit 109 B² Overseas Unit — Age 33

Examination held at S.M.B Hastings

DISABILITY.
Overseas—Local.
(scratch one out)

Pain in legs

PRESENT CONDITION.

Complains of pain in both legs, probably a neuritis. Had the same condition prior to enlistment.

Circulatory, respiratory & g. system normal

BOARD RECOMMENDS:—

③ III

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

D.P. Miller Cap President.

H. Wallace Capt

APPROVED

Dated at Hastings, Essex 1916.

20 APR 1917

J. M. [Signature]
 Captain, G.A.R.C. For A.D.M.S.
 for A.D.M.S., Canadians.

1916

PROCEEDINGS OF A MEDICAL BOARD

No. _____ Name _____
Rank _____ Overseas Unit _____
Local Unit _____
Examined at _____
Date _____

DISABILITY
Grade _____
Reason _____

PRESENT CONDITION

BOARD RECOMMENDS

1. Fit for duty
2. Fit for duty with _____ weeks physical training
3. Fit for temporary Base Duty _____ weeks
4. Fit for permanent Base Duty
5. Discharge

Signature _____

Members

APPROVED

Date at _____ 1916

Casualty Form - Active Service.

Regiment or Corps 109th Bn
 Rank Plt Surname Manual Christian Name H W
 Religion Age on Enlistment years months.
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate

Signature of Officer H W

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			
<u>16/2/17</u>	<u>6646</u>	<u>Attached to 3rd C.C.D.</u>	<u>Hastings</u>	<u>16/2/17</u>	<u>1180 43</u>
					<u>Commanding Officer Garrison Duty Depot</u>
<u>12 APR 1917</u>	<u>OC2ndCCD</u>	<u>Ceases to be attached to 2nd C.C.D. on transfer to 1stCCD.</u>	<u>Hastings</u>	<u>12 APR 1917</u>	<u>Pt. 2. D.O. # 52</u>
					<u>for OC2ndCCD.</u>
<u>18/5/17</u>	<u>Discharged from 1st G.C.D.</u>	<u>St Leonards to 3rd CC.D.</u>			<u>Part II D.O. No. 76</u>
					<u>19/5/17</u>
<u>2/8/17</u>	<u>Discharged from 1st G.C.D.</u>	<u>St Leonards to 1st CC.D.</u>			<u>En. Part II D.O. No. 347</u>
					<u>Adjutant Canadian Command Depot</u>

(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.
 [M1101] W6185/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./354. **[P.T.O.]**
Canadian Command Depot

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				
4. 8. 17	INCORP	1st Lt 1st Bn D.D. Buxton	Wandsworth	4. 8. 17	1st Lt. & Assist. Adj. for O. C. 1st C. O. F. L.
6 AUG 1917	TAKEN ON STRENGTH	C.D.D, BUXTON PL. II ORDER N. 184	Commanding		Lt. Col. Canadian Discharge Depôt.
26 AUG 1917	EMBARKED FOR CANADA	FROM LIVERPOOL	Commanding		Lt. Col. Canadian Discharge Depôt.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

27-3-16

Separation and Assigned Pay Branch

Aug. 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 724211
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *A. W. Manuel*
 Battalion *109th Battn. "B" Coy*
 Beneficiary *Mrs. Jeanetta E. Manuel*
 Relationship *wife*
 Address

Name *Mrs. Jeanetta Manuel (Wife)*
 Address *46 Cambridge St.*
 Change of Address *Self. Qtd.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>19</i> <i>17</i>					
<i>Dec 31</i>	<i>—</i>	<i>352</i>	<i>195</i>	<i>547</i>	<i>a/c closed 31-8-17 Retd per Larriman 26-8-17</i>

M. F. W. 128
 4009-6-17-1772-39-1141
 L. L. 22320-M. & D. 7483.

