

ATTESTATION PAPER.

No. 724277

QUADRUPPLICATE
CANADIAN OVER SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Maxwell
- 1a. What are your Christian names?..... William Gordon
- 1b. What is your present address?..... Rm 13 Woodville Ont-
- 2. In what Town, Township or Parish, and in what Country were you born?..... Eldon Twp. Victoria Co Ont-
- 3. What is the name of your next-of-kin?..... William James Maxwell
- 4. What is the address of your next-of-kin?..... Rm 13 Woodville Ont-
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... August 19th 1897
- 6. What is your Trade or Calling?..... Drummy
- 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 Gordon Maxwell, 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.

William Gordon Maxwell (Signature of Recruit)

Date APR 29 1916 191 . W. Hall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Gordon Maxwell, 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.

William Gordon Maxwell (Signature of Recruit)

Date APR 29 1916 191 . W. Hall (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

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

before me, at Woodville, Ont this 29 day of April 1916.

Reuben Thomas (Signature of Justice)

Description of *William Gordon Maxwell* on Enlistment.

Apparent Age..... *19* years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... *5* ft. *8 1/2* ins.

Chest measurement { Girth when fully expanded..... *35* ins.
 Range of expansion..... *3* ins.

Complexion..... *Dark*

Eyes..... *Brown*

Hair..... *Black*

*scar above right eye
 scar in left eyebrow*

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... *APR 29 1916*..... 191

Place..... *Woodville*.....

[Signature]..... Capt.
 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.

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

..... *[Signature]*..... Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.
 Date..... *APR 29 1916*..... 191

MAXWELL

WM.

GORDON

724277

109TH BN

14472

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

MED. UNFIT



1892
1892

1892

Name **MAXWELL** Rank*William Gordon*Plc Reg. No. **724277**

OH.

Unit **38 Bn**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No	Notified N/K O	W.O. List
1917						
30-10	No 11 Can 7. Amb	Sw. Face		B56	6515	7057
31-10-17	2. Det. H. Abernethy	do		B58		15883
10-11-17	Royal Victoria H. Netley	do		B63		5575
25-12-17	Mil. Coy. H. Exmouth	do		B99		9024
19-1-18	W. Coy. C. B. Coy. H. Exmouth	do		B117	15119	10877
30-3-18	5. Coy. G. H. Kirkdale	do		B117		15382
6-5-18	Invalided to Canada	do		B2249		7577

Name Maxwell William Gordon

Rank

Unit

109th Battalion.Pte Reg. No. 724277.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
9-8-16	Bonnaught.	Aldershot.	Pneumonia	3	M11007	
11-9-16			→ Seriously Ill.			
			Pneumonia	28		

REG. NO. 724277 NAME Maxwell W.G. (SURNAME FIRST)

9174

RANK Pte. CORPS 109th

37

AGE 20 SERVICE 6³/₁₂ E.M. 1¹¹/₁₂

NAME OF HOSPITAL Queen's Military PLACE Kingston

DATE OF ADMISSION 19/5/18.

DISEASE G.S.W. Left Arm + Face

DISCHARGE 28.6.18.

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD Cut "E"

REMARKS

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

RR/RS

B
X

Number. 724,277 . . . Rank. Pte. . . .

Surname . . . M A X W E L L

Christian Name. William Gordon

Units 38th Bn Can Inf Theatre of War France

Date of Service. 6/12/16 RR#2

Remarks. Little Britain

Latest Address. ~~Woodville~~ Ontario

~~RR#3~~ Ontario

Roll No. B Page 5408.

No: 192

RANK

NAME

T. C. S.

UNIT

SEP

M. D.

35-4475-2017
ga

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM

PAID TO

SIG. OR REC'T

PARTICULARS

AUTHORITY

Convalescent Hospital,
Woodcote Park, Epsom.

HOSPITAL.

A. & D.
CARD

1

AT _____

A. & D. No. 1 28224 PL. OF ACTION _____

RANK Pt 424244 UNIT 38 Cav Bn. SICK OR WOUNDED _____

NAME Maswree W. AGE 20 RELIGION Meth.

PLACE IN HOSPITAL _____

DIAGNOSIS G.S.W. Rt Chest Flesh

ADMITTED 24 DEC 1917 FROM R.Y. Netley

DISCHARGED _____ TO _____

TRANSFERRED Wardcliff, E. & E. (Folkestone) 18.1.18.

SERVICE AT HOME 1/12 IN FIELD 8/12

RESULTS _____

REMARKS.

25-12-17: Severe flash under L. cheek, scar pulls
✓ the outer canthus down & out. Eye
report. M. D. see board fair.

3-1-18: Co.

10-1-18: Transfer to Westcliffe (Treatment)
St. Marlow capt.

NAME

Maxwell

William Gordon

REGT'L. No.

734 277

H. Q. FILE No. 649

RANK AND CORPS

Pvt

38th Bu

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION*

REMARKS

B119-2 to West Cliff Can.

C. & C. Folkestone Kent 19-1-18 S.W. Face Dacryocystitis

B 177-2 ⁶⁴ no 5 Can. Gen. Kirkdale 30-3-18 S.W. Face Dacryocystitis ²⁷⁻⁴⁻¹⁸B 209-2 ⁶⁴ Invalided to Canada. 6-5-18 S.W. Face & Dacryocystitis

REG'T L NO

424244

NAME

Maxwell William Gordon

H. Q. FILE NO. 649-

RANK AND CORPS

Sgt (109th Batta) 38th Bn
form

FOLLOWS

Nb.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

Reported seriously ill. Aug 9th 1916.
(Pneumonia) ✓

Reported wounded March 27, 1917. ✓
Adm 11th fld Amb Oct 30th 1917. Sew. face. ✓

M11004

9-8-16

M2092
93-1

17-4-17

M6312

9-11-17

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

E. Ont Regt-

3 Company Aldershot 9-8-16 Seriously ill pneumonia

25 Discharged 11-9-16 Pneumonia

A173 Rep from Base
Wounded 27-3-17 Wds. not statedB167 No 3. Northern Gen.
Sheffield 12-4-17 G.S.W. L. Arm.

B-189 Priv. Pat. Can. Red x. 13-5-17 " " " " "

Spec. Ramsgate.

discharged

B251 Priv Pat Can Red x Spec Ramsgate. 22-5-17 G.S.W. L. Arm.

A.56-2. #11. Can. Field Amb. 30-10-17 S.W. Face

A58-5 #2 Stat Abbeville 31-10-17 S.W. Face

B-63-2. Royal Victoria Kitley Harits. 10-11-17 S.W. Face

B94-2 to. Mil Camp Woodstock 25-12-17 S.W. Face.

Ch. R. perm. Sussex.

22-1-18

SURNAME.

Maxwell.

CARD NO.

4

CHRISTIAN NAMES

William, Gordon.

G.O.S. Oct. 10-7-18-P.U. 3

PL. 11-85 FOLL. 9/11-7-18

30.10.

REGL. No. *724277.*

RANK

Pte.

UNIT ~~*109th.*~~ *30.10.*

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Maxwell, William, James

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

R. M. 10 no. 3. Woodville, Ont.

COUNTRY OF BIRTH

Canada, Eldon, Sp.

DATE

Aug. 19th. 1897.

PLACE OF ATTESTATION

Woodville, Ont.

DATE

Apr. 29th. 1916.

Sailed from Halifax Per. S. S.

R/C - 16/5/18

174/3

L. L. 94504. M. & D. 6512

"Olympic" 237-16 488/24

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

MONTHS

HEIGHT

5 FEET

8 $\frac{1}{2}$ INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Scar above right eye. Scar
in left eyebrow.

MEDICAL EXAMINATION.

PLACE

Woodville, Ont.

DATE

Apr. 29th. 1916.

Present Address. R. m. 19 #3 Woodville, Ont.

No. 724277. RANK *Pte.*

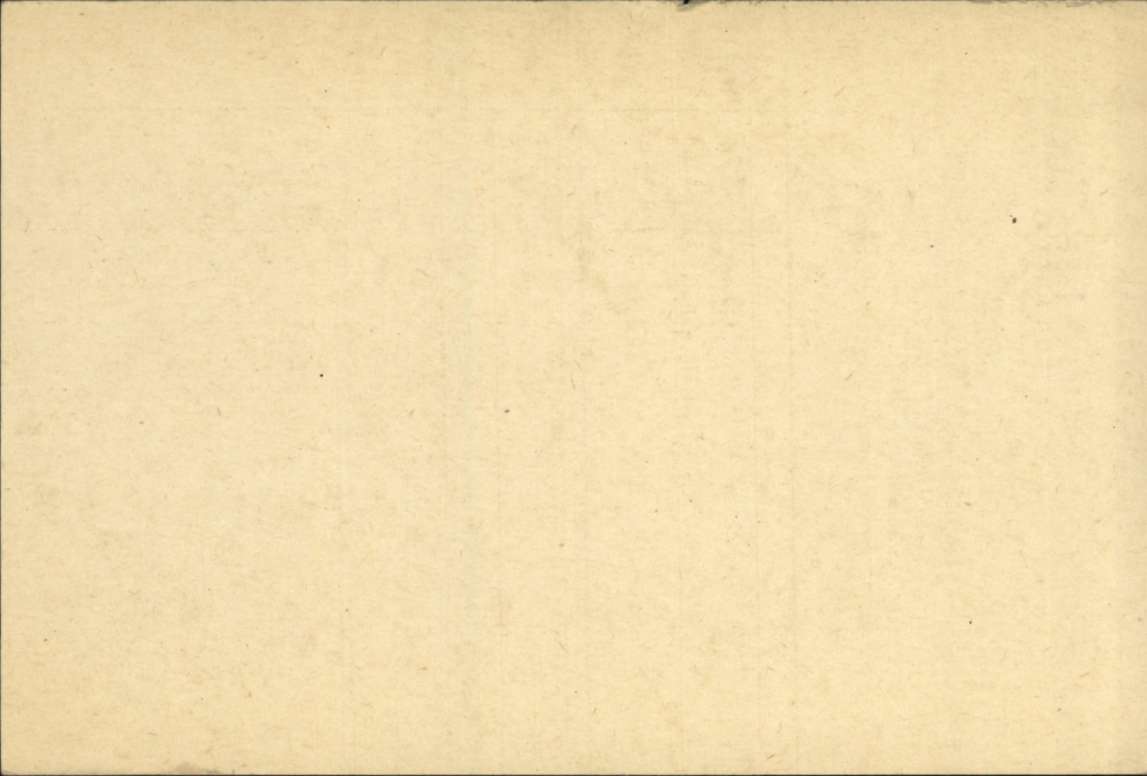
NAME Maxwell, W. G.

T. O. S. 29-4-16. UNIT 109th Battalion.
 (S.O. 140 of 2-5-16)

M. D. 3.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 April 29	1916 May 31	✓		
	June	✓		
	July	✓		

UNIT SAILED
 JUL 23 1916



*Name *Maxwell Wm Gordon* Rank *P't* Regtl. No. *724277*

Original unit *1095* Present unit Mer S. Age *20* Religion *Meth* Fyle Depot *3-m-294* Ref. H.Q.

Port, ship and date of arrival *Halicar* *En H-3-16-5-18*

Next of kin *W. J. Maxwell - R. M. D. #3 Woodville*

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation *Farmer* Date and place of enlistment *29/4/16 - Woodville, Ont*

Diagnosis *gsw face* Date of Medical Boards *26-6-18 CTE*

TOS Date.	Remarks.	Pt. 2 Order No.
<i>19-5-18</i>	<i>Posted to Hospital Sec'n Queens</i>	<i>H536</i>
<i>29/5 to 30/5/18</i>	<i>Granted leave with sub</i>	<i>H536</i>
<i>28-6-18</i>	<i>Transferred to Casualty Coy. CTE</i>	<i>H572</i>
<i>7/7/18</i>	<i>S.O.S. Discharged 10/7/18</i>	<i>C.C. 83</i>

*-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.

Surname

Christian Name or Names

Reg. No.

Maxwell

W. G.

724274

Rank

Unit

Co.

Troop

Batty.

Pte. Hospital

109th Bn. 38 Batt E.O.

Date of Admission

Transferred

Connaught Aldershot Hosp. 9. 8. 15

3 North Ch. Sheffield Hosp. 12. 4. 17

P. Pat's ban. + spec Ramegate Hosp. 13. 5. 17

11. Can. Fld. Amb. Hosp. 30. 10. 17.

Diagnosis

Pneumonia

(1) Later Diagnosis (if changed)

(2)

S. W. L. arm

(3)

Additional Diagnoses: if more than one state present

S. W. Face

S. W. Face. Dacryocystitis

DISPOSITION

Date

Cf. 11. 8. 16 3

R. D. B. Wd

Dis. 11. 9. 16.

27. 3. 17

REMARKS

Dis. 22. 5. 17

27. 10. 16 25
- 17. 4. 17 a 173

20. 4. 17. B 167
- 17. 5. 17. B 189

Invalided to Canada 6/5/18

1-8-17 B 261

7-11-17 a 56 (2)

TO C. PER H.S. SAILING NO. 56.
FROM AVONMOUTH 6-5-18.

9-11-17 a 58 (5)

15-11-17. - B 63 (2)

A.M.D. 2 DEPT.

31. 12. 17 B 99 (2)

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

23-1-18. B 119-2

3. 4. 18 B 177-2

10. 5. 18 B 209-2

R.P.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Stat. Abbeville	31-10-17
2.	Royal Victoria. Netley mit Leunt. Epsom.	10-11-17. 25 12-17.
3.	Westcliffe Con. E. & C. Hosp. S Canadian Me. Kirkdale	19-1-18. 30.3.18
4.		
5.		
6.		
7.		

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724277 Rank Pte. Name Maxwell, W.G.

Corps. 109th Battalion who was* Discharged

On July 10th 1918, to Category "B"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st 1918,
to July 10th 1918, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month.....			
Advances by Cheques	No.....			Reg't Pay.....	<u>10</u> days at \$ <u>1</u> c.	<u>10</u>	<u>00</u>
	No. <u>Clothing 6553</u>	<u>35</u>	<u>00</u>	Field Allow. <u>10</u> days at \$ <u>10</u> c.		<u>1</u>	<u>00</u>
Assigned Pay and Sep'n Allce. No.....				Separation Allowances* (Monthly).....			
Other charges.....				Other Allowances* <u>Clothing</u>		<u>35</u>	<u>00</u>
Payment on transfer or discharge No. <u>6554</u>		<u>11</u>	<u>00</u>	Other Credits*.....			
Balance Cr. (to be paid by the new unit).....				Bal. Dr. (to be deducted by new unit).....			
Total.....		<u>46</u>	<u>00</u>	Total.....		<u>46</u>	<u>00</u>

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of June 1918 }
 { and Sep'n Allce. for month of 191..... } (to) Assignee W.J. Maxwell,
 (Address) R.R. #3,
Woodville, 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 April 29th, 1916
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge..... authority 3MD 88-1-379, July 6/18
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date July 9th, 1918

Place Kingston, Ont.

[Signature] CAPTAIN
PAYMASTER, NO. 3 DISTRICT DEPOT Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque #6554 attached

3 M-294

DENTAL HISTORY SHEET

M.F.F. 165
2005-11
1772-38

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

Maxwell W. B.

REGIMENT

#3 District Depot

RANK

PT

No.

224277



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.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
	<i>1918</i>									<i>7/</i>												
	<i>July 3</i>	<i>3.14.15</i>								<i>1/30</i>									<i>Capt. C.F. Walt</i>		<i>Incomplete</i>	
	<i>14.19</i>	<i>2/</i>																	<i>L. Nesbitt</i>		<i>Complete</i>	

INSTRUCTIONS

1. On arrival at the station, the student should go to the office of the instructor and receive a copy of the instructions.
2. The student should read the instructions carefully and understand the nature of the work to be done.
3. The student should report to the instructor at the beginning of the class.
4. The student should work independently and to the best of his or her ability.
5. The student should keep a record of his or her work.
6. The student should submit his or her work to the instructor at the end of the class.

THE UNIVERSITY OF CHICAGO
 DIVISION OF CHEMISTRY
 LABORATORY OF PHYSICAL CHEMISTRY
 5708 SOUTH DICKENS STREET
 CHICAGO, ILLINOIS 60637

MADE IN U.S.A.

UNIVERSITY OF CHICAGO
 DIVISION OF CHEMISTRY
 LABORATORY OF PHYSICAL CHEMISTRY
 5708 SOUTH DICKENS STREET
 CHICAGO, ILLINOIS 60637

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1/24/18	EFFECTIVE DATE:-	
AMOUNT:-	20. ⁰⁰	AMOUNT:-	

NAME:- MAXWELL *Wm Gordon*
NUMBER:- 724 277

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*W. J. Maxwell
Woodville Ontario
Father*

Stopped off. 1/5/18.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS SEP 30 1918

ORIGINAL UNIT:- *109th Battrn*
DATE ACCOUNT FIRST OPENED:- *1 July/16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S' D	UNIT TRANSFERRED TO
			<i>L.P.C.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

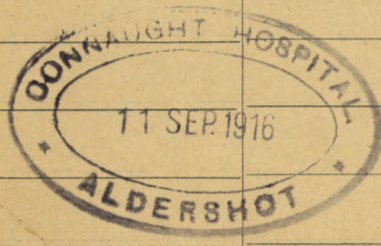
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discharged to Canada. 5 953 28/3/18. asst. cliff. L.P.C. Bal \$42.70*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Bal brou forward</i>								<i>58.31</i>		
<i>April 14</i>	<i>P.P.</i>	<i>446</i>						<i>20</i>	<i>42.71</i>		
				<i>A.R. P. 596 9/4/18. 5844. Liverpool.</i>	<i>243</i>						
				<i>(entered on L.P.C.)</i>	<i>243</i>						
				<i>A.R. P. 1262 23/4/18 5844 "</i>	<i>486</i>			<i>20</i>	<i>37.85</i>		
				<i>(entered on L.P.C.)</i>							
<i>June</i>				<i>Spl. I.R.</i>	<i>37.85</i>				<i>Nil</i>		
					<i>37.85</i>						

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
945 Year 1916. 996.	724 277	Plt	Maxwell	Gordon
Station and Date.	Disease	Unit.	Age.	Service.
CONNACHT	Sent in as Pleurisy.	P. 8. 7	18.	3 months
ALDERSHOT	Complains of dizziness, cough & pain in the right side since yesterday morning. Temp 103.			
Aug 8 th	Commenced with shivering & nausea. did not actually vomit.			
	The right lung. At the base there is dullness, & fine crepitations with increase V7. & V8.			
	Cal of vi. & mag sulph. Mist Opium			
	Milk, Soda, Barley, Lemco, Jelly.			
	11 th All signs clearing up. & temperature down.			
	13 th Some Tubular breathing right base but no crepitation			
	Mis Acid Citric. Zi t. Ds.			
	14 th Auxiliary. Transfer to Farnborough Court			
	Maudith Hammon			
	T. H. R. A. T. C.			
Sept	6 th Complains of pain in right side at base in axilla			
	7 th No physical signs. got up			
	9 th To see Colonel.			
	11 th For discharge.			
	Maudith Hammon			
	T. H. R. A. T. C.			



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

Station
and Date.

J.P.

Rank *Pte* Name **MAXWELL. William Gordon.** Reg'l No. **724277.**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Woodville.Ont.29th Apr.1916.** Place of Birth **Eldon Tp.**
 Name and Address, Next-of-Kin **William James Maxwell.** **Victoria. Co.**
R.M.D.3.Woodville.Ont. Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

N/E. R.B. No. **6956**
 File R.L.
 Category **Can 111**

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8.8.16	<i>t.c. 109th</i>	Admitted to Hospl	Gresham	7.8.16	<i>C.L. 23 x</i> <i>Pt II D.O. 221 x</i>
11.8.16	<i>109th C.L.</i>	Seriously Ill	Counaught	9.8.16	<i>C.L. 73</i>
12.9.16	✓	Dischd from Hospl.	Farnboro' C4	11.9.16	<i>Pt II D.O. 256 x</i> <i>C. D. 156m</i>
4.12.16	-	SOS on tfr. to 38th Bn	Whitley	4.12.16	<i>Pt II D0339</i>
13.12.16	38th Bn	T-O-S on tfr from 109th	Smsht	6.12.16	Pt II D O <i>247.</i>
19.1.17	"	Rep. from base. Wounded		27.3.17.	<i>6/1172</i> Not statd. Q.
20.4.17.	"	3 Northern General Hospital	Sheffield	12.4.17.	<i>6/1167.</i> G.S.W. Adm.
17.4.17.	"	Invalided & posted to Reg Dep't	Scarford	11.4.17	<i>Part II Out of 4600</i> 43. 24.4.17
17.5.17	"	P.O. to 6th Spec Hosp.	Cambridge	12.5.17	<i>6/1189.</i>

A.F.B. 103 CHECKED
 11 DEC 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
25.5.17	Richd	S.O.S. to 7th Res. on Disch Hosp. Seaford	Seaford	22.5.17	At II 07 4.7. Res 12.6 26/5/17
26-6-17	7th Res.	ASOS to 38th Bn (Overseas)	Witley	26-6-17	Pt 0152738 Pt 066 4-7-17
1-8-17	38th Bn	Dischg'd ex (Post) Special Hosp	Parnogate	22-5-17	CLB 251 (GSH. Dr Ann)
6-11-17	E.O.R.	Adm'd to 8 Cam Field Ambl.	Field	30-10-17	CLA 56 St H Acc.
8-11-17	—	Adm'd to 2 Staly Hosp.	Ulling	31-10-17	CL 058 St H Acc.
14-11-17	—	Adm'd Royal Victoria Hosp.	Netley Hants	10-11-17	CLB 63 —
21-11-17	38th Bn	Posted to E.O.R. D (Wounded)	Field	10-11-17	Pt 0.1089 E.O.R. D 25/11-17
29-12-17	E.O.R.	Trans. Mil Conv Camp Woodley Pk.	Epsom	25-12-17	CLB 99 SW. face
10/5/18	Govt.	No. 5. Can. Genl. Hosp + Invalided to Canada ceases to be shown in rank	Kirkdale	6/5/18	Sib. Face + Bacerycystitis — 209.
14/5/18	E.O.R. W	S.O.S. invalided to Can.	Seaford	6.5/18	Pt 0 127
Di Report	Further treatment		M.D. 3 Kingslin	16/5/18	NR 447

9-7-18 105
4/7/18 106

1-3-10
WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE, FEBRUARY 22ND, 1918.

IEP.

To:- President Medical Board.

PARALYSIS LEFT
7TH. NERVE.

Pte. Maxwell, S.C.
No. 724277
109th. Bn.
38th. Bn.

The marginally named man states that he was wounded March 27th, 1917 at Vimy. There is no disability therefrom. He was again wounded at Paschaendale Oct. 30th 1917. He has a large longitudinal scar about 5 inches in length on the left cheek. He has partial paralysis of the left 7th. nerve. There is ectropion of the left lower lid.

I have removed a small dermoid cyst from the left internal canthus. Same has healed and there is no disability therefrom.

It is some time since this man's paralysis was received, but condition has improved, and I consider that he will get a perfect recovery.

Vision is as follows:-

Right vision 6/9

Left vision 6/12.

Recommend that this man be transferred to Canada.

RJ/A.7.
22218.

Richard Jones
Capt. C.A.M.C.
for C.C. West Cliff Canadian Eye & Ear Hospital.

Wm. H. C. C.

1864

1864

Med. MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6924 Year 1918.	724277.	Pte	Maxwell	Wm G.
	38th Can Bn.	Unit.	109th Bn.	Age.
				Service.
			20.	2 1/2. 8 1/2 0.
Station and Date.	<p>Disease <i>Dacryocystitis</i> <i>Left arm. not serious</i> <i>Wounded March 27th 1917. Injury again.</i> <i>Wounded 30th Oct 1917. Passchendaele.</i> <i>France to Netley then Epsom</i> <i>Large longitudinal Scar 5 inches L. side</i> <i>of face - partial paralysis L 7th</i> <i>nerve - Ectropion L. Lower lid.</i> <i>What I take to be a small</i> <i>Denion at L internal canthus</i> <i>to be removed</i> <i>Local.</i></p>			
18/1/18.				
28/1/18.	<p>Removed Denion. Local. <i>hcg</i></p>			
7/2/18	<p><i>Came to see this patient. If he has</i> <i>pain put on ice compresses. Will</i> <i>see him first thing in A.M.</i> <i>hcg</i></p>			
13/2/18	<p>Bathe eye tid. hot Boric Sol. <i>hcg</i></p>			
21/2/18	<p>VR = 6/9 LT = 6/12 29. 3. 18 <i>Canada hcg</i> Trans. S. G. Dept. Kirkdale.</p>			
	<p>23. 2. 18. P.O. for papers.</p>			
	<p>Board 27/2/18</p>			

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

Station
and Date.

Wes @ 42N
Liverpool
29/3/18

Condition unchanged from ³ above
J.P. O'Shea capt

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

23732/473

012039-W-2
KS

Name Maxwell, W.G.
Surname

Christian Name

Regimental Number 724277

Rank Pte.

Address (in full) Woodville, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 10-7-18.

P. D. P. Filing Number 7-142-3.

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

L. L. 22573—M. & D. 800A.

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		
100 10	2791	10-7-18	33 00	2664	10-8-18	33 00	2355	10-9-18	34 10		100 10
	1761	12/9/19	70 00								
	1505	12/31/19	70								

Remarks:

M. F. W. 127.
50M-617.
1772-39-1140.

Woodville
Ont.

Dec'n No 23732-473 W. S. G. File No 12039-W-5

Award ... days at \$ 70.00 per day \$ 350.00

S. A. months at \$... per mo. \$ \$

Less P, D. P. Credited \$100.10

\$

Less further debit balance \$

Net due paid as below 249.90

TO SOLDIER TO DEPENDENT						
	Ac. No	Ch No	Amount	Ac. No	Ch No	Amount
1	1761	36326	70.00			
2	1505A	33780	70.00			
3	1638 B	428512	70.00			
4	1431 B	466970	39.90			
5						
6						
	Total			Total		

12.3.19
12.3.19
19/4/19
20.5.19

GEN'L AUDITOR
Posting checked by
J. N. Malpin
Date 28.12.19

J. N.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom W. G. Maxwell
 Address R. R. No. 3,
Woodville,
Ont.

By Whom Assigned Maxwell. W. G.
 Regtl. No. 124211
 Rank Pte.
 Corps 109th Batt. C. Coy.

Rate 20⁰⁰
~~10⁰⁰~~ April 17 AUG 1 1916

2 m - 24/3/17 Dec. 17/4/17

PAYMENTS

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



1665
1331
300

1665
1331
300

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-33-819.

Sheet No. 2.

W. J. Maxwell

Name of Soldier

Maxwell, W. G.

PAYMENTS.

124277

Pte. "Colony" 109th Bate.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>715856</i>	<i>15</i>	
Sept.		<i>117231</i>	<i>15</i>	
Oct. ✓		<i>K 22463</i>	<i>15</i>	
Nov.		<i>K 27437</i>	<i>15</i>	
Dec.		<i>P 30596</i>	<i>15</i>	
Jan.	1917	<i>F 39242</i>	<i>15</i>	
Feb.		<i>F 45072</i>	<i>15</i>	
March		<i>X 30892</i>	<i>15</i>	<i>15-l</i>
April		<i>T 3472</i>	<i>15</i>	<i>15-ch</i>
May		<i>T 9745</i>	<i>25</i>	<i>25 May to adj</i>
June		<i>S 16544</i>	<i>20</i>	<i>20 future</i>
July		<i>T 24309</i>	<i>20</i>	<i>B,</i>
Aug.		<i>H 30863</i>	<i>20</i>	
Sept.		<i>H 37966</i>	<i>20</i>	<i>J</i>
Oct.		<i>R 43830</i>	<i>20</i>	
Nov.		<i>Y 50716</i>	<i>20</i>	
Dec.		<i>K 58516</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*20⁰⁰
15.00 April 17*

AUG 1 1916

JB

226

*15-l
15-ch*

*25 May to adj
20 future
B,*

J

300

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.				

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

INSTRUCTIONS

DISPOSAL OF ORIGINAL MEDICAL HISTORY - SHEETS

Approved by Officer in Charge

It is the policy of the Army that all entries are properly and fully made and signed. The original history sheets are forwarded to Hospital to which man is transferred immediately upon discharge. The original history sheets are to be retained in the file of the unit to which the man is transferred.

Approved by Officer in Charge

On admission of a man to Hospital, the original history sheets are to be placed in the file of the unit to which he is assigned.

If transferred to another unit, the original history sheets are to be forwarded to the unit to which he is transferred. On discharge, the original history sheets are to be returned to the Record Office of the unit to which he was assigned, without delay.

Approved by Officer in Charge



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.	724 277
Rank	Private
Surname	Maxwell
Christian Name	William Gordon
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	109th. Bri.
Date of Discharge	10 - 7 - 18
Place of Discharge	Kirkgston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....20..... years.....11..... months.	
Height.....5..... feet.....9..... inches.	
Complexion Dark	Scar left eyebrow
Eyes Brown	Scar above right eye
Hair Brown	S. W. scar left side of face
Trade Farmer	
Intended place of residence } Woodville, Ont. (To be given as fully as practicable.) } RR# 3.	

2. The above-named man is discharged in consequence of *being medically unfit for further war service.*

3 m. 10. 88. - m. - 379 Dated 6-7-18

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.

- Very Good -

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.)

- Farmer -

K. R. & O. 5321 RR

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

*W. d. G. Comp.
6-3-1918*



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

nil

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

6. Medals and Decorations.....

nil

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) *Kington*.....

[Signature]
for O. O. District Depot No. 3
Commanding

(Date) *10-7-18*.....

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) *Kington out*..... *W G Maxwell*..... (Signature of Soldier.)

(Date) *10 July 18*..... *W B Bailey*..... (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) *2* years *22* days.

Total *2* years *22* days.

11. Confirmation of Discharge.

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

(Place) *Kington*.....

(Signature) *[Signature]* Major
for O. O. District Depot No. 3

(Date) *10-7-18*.....

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.)

none W. H. Maxwell

<p>Militia Form B. 235 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B. 203</p>
<p>B. 213 Proceedings on Discharge</p>	<p>Conduct Sheet B. 203 Copies of Convictions by C. P. in MS.</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Med. Hist. Sheet Militia Form B. 313</p>
<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalid* B. 237</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate. D. 277</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>*Only if discharged "Medically unfit"</p>

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.

W. H. Maxwell

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.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

Statement of Service.

Confirmation of Discharge.

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

 (Signature)

 (Signature)

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- 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.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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 Q.M.H.Kingston DATE June 28/18

1. 1 (a) Unit 38th Bn. (b) Regimental No. 724277 (c) Rank Pte.

(d) Surname Maxwell (e) Christian name Wm. Gordon

2. Age last birthday 7 20 Date of birth Aug. 19th 1897

3. Enlisted at Woodville Ont. on Apr. 29/16

4. Personal description:—

(a) Height 5'9" (b) Weight 150 lbs. (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks

Long scar of S.W. on left side of face

5. Address after discharge (for the use of the Board of Pension Commissioners)

Woodville Ont.

6. Former trade or occupation Farmer

7. (a) Service

	PERIODS	
	From	To
<u>109th Bn</u>	<u>Apr. 1916</u>	<u>Dec. 1916</u>
<u>38th Bn</u>	<u>Dec. 1916</u>	<u>Date</u>

(b) Has he been overseas? Yes 8 mos. France 8. Original disease or disability

1. S.W. of head & face

(a) Date of origin Dec. 30/17 (b) Place of origin France

(c) Cause* S.W.

(d) Present disease or disability Damage to features following S.W. of face

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.]

As result of contraction of shrapnel scar man cannot fully close left eye. There is a broad scar running from level of supraorbital ridge 1" from outer canthus down to angle of jaw. This scar has pulled on outer margin eyelids so that eyes do not shut fully when asleep.

Man says scar is painful at times. No difficulty in swallowing or cheqing. X-Ray shows - Fracture of left molar. The union is good.

9. Present condition.—(Continued.)

There are two small fragments of shrapnel in the tissues of the face (left side)'.
The Medical Officer in charge of the case is responsible for the accuracy of the statements of the patient and for the proper completion of sections provided for recording the condition of the patient. Medical Officers will carefully check and record the soldier's statements concerning his condition. They will distinguish observations not resulting from their personal observation; if they believe that statements are obtained from the soldier through the influence of other persons, they should so state. All questions must be answered in writing. If space provided under any section is insufficient use blank space on page 4 or add another sheet. Such entries or statements should be made on the reverse side of the page.

(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.....Skin as per 9a

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

Man was wounded in left arm March 27/17 and shows scar of entry about middle over biceps. Exit posteriorly at level of deltoid insertion. No disability from this wound.

(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.

Wounded again Oct. 30/17 in left side of face leaving effects as above described.

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

Due to service

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....Permanent damage to features

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

In hospitals in France & England

Q.M.H. Kingston since May 18/18

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.)

No

Yes

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

17. Recommendations **That this man be discharged with disability due to service.**

H. Conwell, Lieut. Col.
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. G. Maxwell
Signature of soldier examinee.

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). **Yes**

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 pensionable 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.

E. D. MacCallum

Sm. Assistant Surgeon

PLACE..... Kingston

DATE..... June 26/18

Members.

APPROVED BY

W. Craig Captain A. M. C.
For A. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE.. JUN. 29 1918

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.....

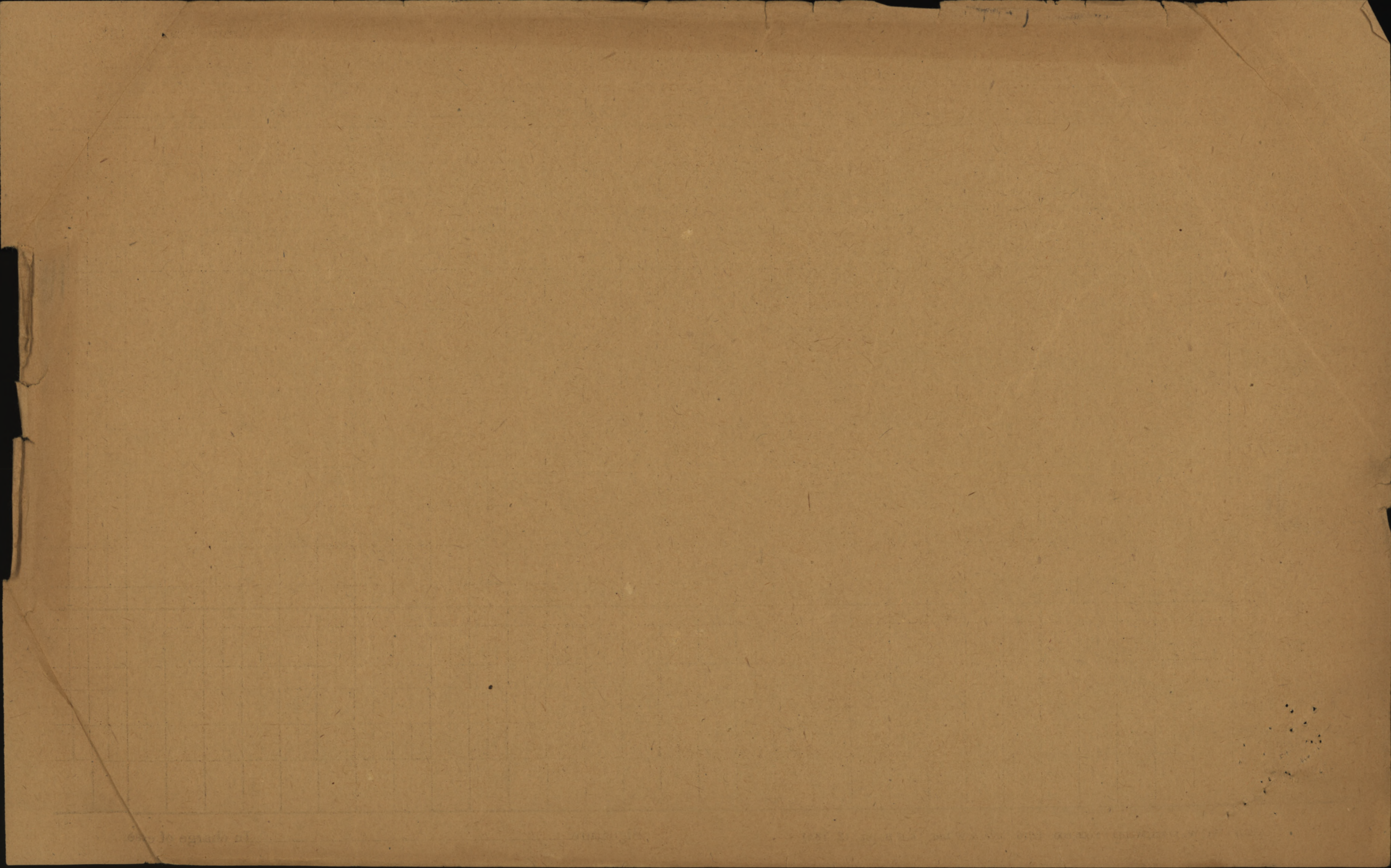
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

OPINION OF THE MEDICAL BOARD
..... President.

PLACE.....

DATE.....

Members.



Canadian Division,
Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

Division... Hut.....

1917.

CASES FOR EXAMINATION AND REPORT BY:-

{OPHTHALMIC SURGEON.
{AURAL SURGEON.

20

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. 72457 Rank and Name Pto Maxwell

Complains of... Eye report please

... G. A. M. C.

28

QUESTIONS.

ANSWERS BY {OPHTHALMIC SURGEON.
{AURAL SURGEON.

- (1) Does he need Hospital Treatment?
- (2) Will he be fit for Overseas?
 - (a) With glasses.
 - (b) With treatment.
 - (c) Is any prescription given for glasses?

- (1) Yes
- (2) Yes
 - (a) Yes

Yes

REMARKS.

Some weakness of L
oculomotor due to the round

Signature of M.O. examining case.

W. Adams For

old +1.00 J. J. in new. 20/10/17

R/L 6 +0.5 m
DE +0.75 m

2066 - M.B. 11
M.B. 11

Handwritten marks or characters in the top right corner.

Faint, illegible handwritten text in the upper middle section.

Large, stylized blue ink signature or mark, possibly a stylized letter 'L' or 'I'.

Faint, illegible handwritten text in the lower middle section.

Admitted. 12-11-17

MEDICAL CASE SHEET.*

Ward. 30B.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724277	Pte	Maxwell	William
Year	Unit.	Age.	Service.	
1917	39/Canadians	20	1 ⁶ / ₁₂	
Station and Date.	Disease	(Use official Nomenclature in full):-		
R.V. Nelly 11-11-17.	S.W. of Face	Injury to left facial nerve.		
Cause, place and date; on or off duty:-	Shell - France - 30.10.17 - in action			
Treatment before admission, operation, A.T.S. etc:-	C.D. A.T.S. 500. 30.10.17.			
Condition on admission to R.V.H., note all structures involved, copy X-ray or other				
Specialists reports:-	Gutter wound left cheek - downwards & forwards to ^{near} angle of mouth. - not penetrating. facial nerve injured			
	A.T.S. 500 11-11-17 18-11-17 25-11-17			
Progress, treatment, disposal, etc:-	Eusol dressings. 21-11-17 Operation - Edges of wound pared, skin undermined & sutured. 28-11-17 Sutures removed - Primary union. T.M. provide To Epsom T.M.C.			

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

Station
and Date.

E. H. G. & G. Appl.

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Maxwell Christian Name William Gordon

Examined { on 29 day of April 1916
 at Woodville
 Birthplace { City or Town Sp. Eldam
 County Victoria

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

Apparent age 19 years
 Trade or occupation farmer
 Height 5 Feet 8 1/2 Inches.
 Weight 130 1/2 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 35 inches.
 Physical development good
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>14 NOV 1917</u>
		<u>20 APR 1915</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left one
 Number one

Date	Result	VACCINATIONS
<u>29.4.16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last 29/4/16
 (a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15.5.16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
<u>15.5.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>25.5.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>20.10.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

Enlisted on 29 day of April 1916 at Woodville

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th M. B. E. F.</u>	<u>724277.</u>		<u>29.4.16.</u>
Transferred to.. ..	<u>38th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ramgate</u>	<u>May 18/17</u>	<u>S.S.U. left arm</u>	<u>A. III D.I. M. Injunct</u>
<u>Mt Cliff. Sackleton</u>	<u>26-2-18</u>	<u>(1) facial Paralysis (2) Schopim - R</u>	<u>Invalid to Canada M. Injunct Capt Cullie</u>
<u>SHORNCIFFE</u>	<u>28 FEB 1918</u>	<u>Approved</u>	<u>J M Harris</u>

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

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				
CONNUGHT, ALDERSHOT	8	8	16	11	9	16	Pneumonia		Came in with lobes pneumonia Rt base which ran abnormal course & subsided on 4 th day Transferred to Lamborough Court 17/8/16	<i>Dr. R. R. R. R.</i>
3rd Northern General Hospital SHEFFIELD	12	4	17	12	5	17	Gas Arm	31	Transferred to Princess Patricia Hospital, Ramsgate	<i>ampoull</i> Lt. Colonel, R.A.M.C. (T) O.C. 3rd Northern General Hospital
PRINCESS PATRICIA CANADIAN RED CROSS SPECIAL HOSPITAL, RAMSGATE, KENT	12	5	17	22	5	17	.	10	Boarded 12/5/17 Att	<i>W. W. W. W.</i> Duplicate Medical History Sheet posted to here.
<i>getty</i>	11	11	17	24	12	17	G.S.M. face Injury to facial N.	43	Wounded in action in France on 30.10.17 Furrow wound left cheek - sutured 21.11.17 Healed. Injury to nerve - recovering to Epsom	<i>W. W. W. W.</i> at Ramsgate
McK. Epsom	24	12	17	18	1	18	do.	26	Some flesh wound l cheek. He scrips the outer canthus down and out. Several operations in eye. Report says requires hospital treatment transferred to Hospital 10/1/18.	<i>W. W. W. W.</i> Newcastle
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE	18	1	18	27	2	18	Dacryocystitis	41	See bottom of Orig.	

Head

CASE HISTORY SHEET.

Queen's Military Hospital. Kingston. Station.

No. 724277 Rank Pte. Name Maxwell. W.G. Age 20

Unit 38th Bn. Completed years of service ^{Where and how long} Woodville, April 29/1916.

Date of admission May 8/1918. Date of discharge June 28/1918 - 200000

Diagnosis S.W. 1/ left side of face. 2. Left arm. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE S.W. left arm. Point of entry a little below middle of left biceps muscle. Exit posterior surface of arm about insertion of deltoid. No effects on nerves. Humerus O.K. S.W. left side of face indicated by scar 3 1/2" long, upper end 1" behind external angular process of left frontal bone, lower end being on the inferior margin of left ramus of mandible. Fracture of malor bone.

FAMILY HISTORY Father & mother alive & well.
(Tuberculosis, mental or nervous diseases.)

TREATMENT At Queens Military Hospital since May 8/18.

CONDITION ON DISCHARGE Man placed in Category C.
9174

Date July 3rd, 1918. H.C. Connell, Lieut. A.M. Medical Officer i/c case.

STATE HISTORICAL ARCHIVES

1871

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Apr. 1/17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

2 1/2 months

PARTICULARS OF SEPARATION ALLOWANCE

No. *724277*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *W. G. Maxwell*
 Battalion *109 Bn. "C"*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

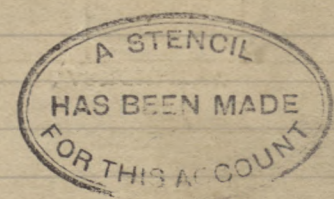
Name *W. G. Maxwell*
 Address *P. R. # 3, Woodville, Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>		<i>300</i>	<i>300</i>	
<i>Jan</i>	<i>18162713</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>H 71939</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>O 93201</i>		<i>20</i>	<i>20</i>	
<i>April</i>	<i>L 11637</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 12306</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>400</i>	<i>400</i>	

A.P. paid at 15⁰⁰ per month from 1/8/16 to 1/4/17 and at 20⁰⁰ per month from 1/4/17 for 2 m. 24/3/17

..... A/c Closed 31/5/18
Ret'd per. Dandoverly Castle
Date 22/5/18 F. X. 22/5/18
M.D. 3 Clerk. B. Blackwell

M. F. W. 128
400M-6-17-1772-38-141
L. L. 22220-M. & D. 7893.



MPO 213 22-5-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400M-637-1772-39-1141
 L. I. 22320-M. & D. 1963.

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 424244 Rank Private Name Maswell William Gordon

Enlisted (a) 29.4.16 Terms of Service (a) D of W Service reckons from (a) 29-4-16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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

Embarked Canada Halifax 24.7.16.
Disembarked England Liverpool 31.7.16.

AW Maswell Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

10C 1094 Proceeded overseas for service with 38th Bn Witley 8.12.16

DO " 339.

AW Maswell Capt.
ADJUTANT
100th Overseas Battalion, C. E. F.

C.B.D. TAKEN ON STRENGTH 38th Havre

6.12.16 N. R. 100. 212 d 13.12.16.

» Left for Unit FIELD

7.1.17 M. R.

Unit Joined Unit FIELD

9.1.17 B. 213. DCS. 80 d 22.1.17.

18 Enl. 28W. arm L adm. 18 Enl.

29.3.17 W 304/243

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

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

13 12 16
1 10 16
13.1.17
29.3.17

OSM.
hand

France

MEDICAL CASE SHEET.*

<p>No. in admission and Discharge Book. <i>147.</i> Year <i>1917</i></p>	<p>Regimental No. <i>724277</i></p>	<p>Rank <i>Pte</i></p>	<p>Surname <i>Maxwell</i></p>	<p>Christian Name <i>William Gordon</i></p>
	<p>Unit <i>38th Canadians</i></p>	<p>Age <i>19</i></p>	<p>Service <i>11 mths.</i></p>	
<p>Station and Date. <i>3rd 9 11. Wounded 27.3.17. King Ridge, Sheffield Entrance W. front L upper arm 3' above 12-4-17. rebor - exit W. bk of upper arm 7" higher up. no fract. or lesion of any vessels or nerves. W. muscle</i></p>	<p>Disease <i>J.S. W. Arm (L) (VIII. 1)</i></p> <p><i>Ackworth</i> <i>Broady. Capt</i></p> <p><i>Shirley</i> <i>my 8 months with lead wound of left upper arm</i> <i>10 dujwell D.D. Dr. H. J. C.M.O.</i></p> <p><i>Princess Pat. Canadⁿ Hosp. Ramsgate</i></p>			

12 MAY 1917

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

17543

Year

1917.

Regimental No.

724247

Rank.

Pte.

Surname.

Maxwell W.G.

Christian Name.

Unit.

38th Div.

Age.

19.

Service.

12/12.

Station
and Date

PPC RES.H

17/5/17

Disease *J.W. L. Ann.*

Wound healed no disability

18/5/17

Boarded.

22/5/17

Discharged.

Postwarburn Capt

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

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 Maxwell Christian Name Wm. Gordon

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 29th day of April 1916
 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 ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
 (Rank) _____
Medical Officer.

Enlisted ... { at _____
 on _____ day of _____ 1916

	Corps.	Regtl. No.
Joined on Enlistment ...	<u>109th Bn C.C.F.</u>	<u>724277</u>
Transferred to ...	<u>38th Can Bn</u>	

Became non-effective by ... _____

on _____ day of _____ 1916
 (Signature) _____
 (Rank) _____

to the Sick List in the case of Warrant Officers treated in quarters.

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
----------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

41 30	<p>Large scar about 5 in. long on left cheek.</p> <p>Partial paralysis of L. 7th. nerve. There is entropion of L. lower lid. Small dermoid cyst removed from left internal canthus - no disability resulting.</p> <p>Mouth slightly drawn to right cannot close L. eye. Some loss of sensation in cheek. Condition has improved somewhat. R. V. = 6/9</p> <p>L. V. = 6/12. He returned invaliding to Canada.</p>	<p><i>[Signature]</i> Capt. C.A.M.C. Adj. & Regt for Officer Commanding WEST BLIFF GANAGHAN EYE & EAR HOSPITAL, FOLKESTONE, KENT</p>
----------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

4	<p>Symptoms unchanged except that he now lowers left upper lid but not raise the lower one</p> <p>no change</p>	<p><i>[Signature]</i> Capt <i>[Signature]</i> Capt Come.</p>
---	-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

