

42.2.16
Mc
A. J. Mc Coy

5 Coy

ATTESTATION PAPER.

No. 736133

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Mc Coy
- 1a. What are your Christian names?..... William Joseph
- 1b. What is your present address?..... Wicklow - Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Campbellford - Ont.
3. What is the name of your next-of-kin?..... Elizabeth Mc Coy
4. What is the address of your next-of-kin?..... P.O. Wicklow - Ont. Dan
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... 20th July - 1896
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William J. Mc Coy, 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 J. Mc Coy (Signature of Recruit)

Date February 12th 1916 W. J. Mc Coy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William J. Mc Coy, 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 J. Mc Coy (Signature of Recruit)

Date February 12th 1916 W. J. Mc Coy (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 15th day of February 1916

[Signature] (Signature of Justice)

6
9/11

Description of William J Mc Coy on Enlistment.

Apparent Age.....20.....years7.....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. 6 ins.

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....3 ins.

Scar on the inside of left knee

Complexion.....Fair

Eyes.....Brown

Hair.....Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....RC
 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.....Feb. 15th.....1916.

Place.....Lindsay.....

J. McCulloch.....Capt.
J. Stewart.....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 J. Mc Coy.....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. Stewart.....Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date.....FEB 15 1916.....1916.

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.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

at B-122-1

Discharge 1

Misc 2

Was card

1237-E

1075-1

Misc 1

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name McCoy, WILLIAM,

Regt. No. 726133 Rank Cpl.

Corps #2 District Depot, 109th Regt.

Keep original
1/27/14



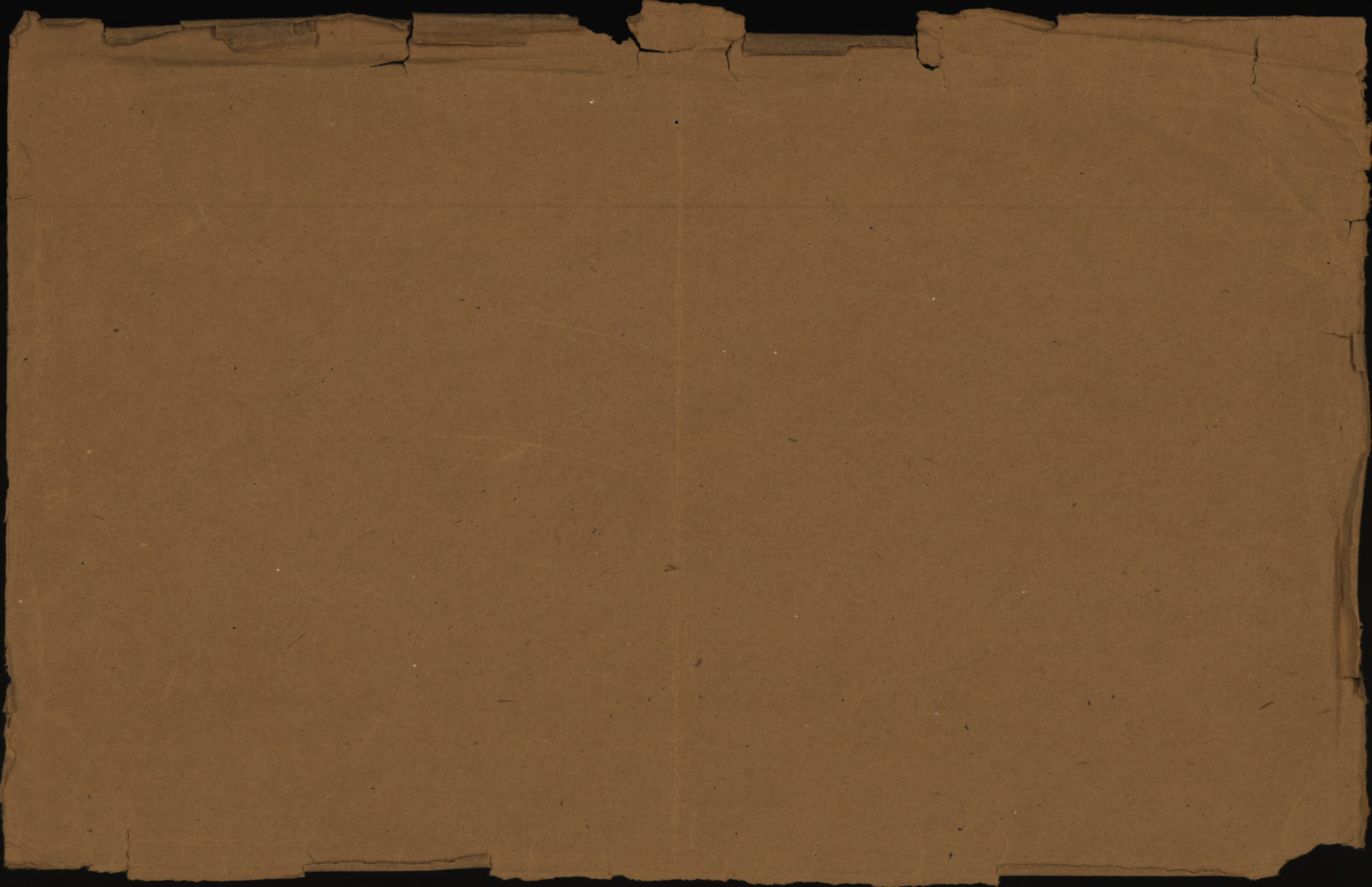
Medically deny it.

M
Deceased
22-4-60

5753



43-13
2-14
1-14



726133

I.D. number
No. d'identification

McCoy

Surname
Nom de famille

William

Given names
Prénoms

deceased 22-4-60

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

OPEN
ATIA

Location
Lieu

6664



~~594~~ - 183
624726133

64528
39

REG NO. NAME McCoy W J
(SURNAME FIRST)

RANK Cpl CORPS 21st Bn

AGE 23 SERVICE C 6/12 E 6/12 F 7/12

NAME OF HOSPITAL Davisville Military PLACE Toronto

DATE OF ADMISSION 20-6-18

DISEASE U.S.W. - Amput Left Forearm

DISCHARGE SR 15-10-18

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

DUPLICATE

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

(2) Regimental Number 726133

(3) Full Name of Soldier..... William Joseph McBoys

(4) Place of Birth..... Camp Lee Ford - Ont

(5) Are you married, or not? no

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

(b) Present Postal Address..... —

(7) Are you a widower? no

(8) Have you any children?..... —

If so, give number of boys and girls..... —

Also their names and ages..... —

.....

.....

.....

.....

(9) Is your Father alive? Yes - Joseph Philip McLaughlin
If so, state name and address Wilmington - Ont

(10) Is your Mother alive? Yes Elizabeth McLaughlin
If so, state name and address Wilmington - Ont

(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.
—

(15) Are you insured? Yes
If so, in what Company? Standard Life Ins Co
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 JUL 11 1916

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

NAME

M^e Coy William Joseph

REGT'L. No.

726 133

RANK AND CORPS

Lt. Col.

H. Q. FILE NO. 649

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

Q 55-2-7

31-1-18

Adm. 5th Fld. Amb. Jan. 25th 1918. Gsw. hand.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 127	#5 Can Fld Amb.	25-1-18.	Sw. Hands.
A 132 - 1	No. 1 Can. Gen. Staples	28-1-18	sw. hands. (E.O.P.) 5-3-18.
B-143 ⁽¹¹⁾ 62	Brook near Woodwich	11-3-18.	" " S. Hand Amp
B. 181.	Granville Can. Spec. Buxton		
c+	Derbyshire " "	3-4-18	S. W. Hands. L. Amp
B. 226 ¹ / ₁₀	# 5 Can. Gen. Kirkdale	25/5/18.	" " " " Hand.
B 236 ²	Invalides to Cascade.	6-6-18	" " "

No. 726133. RANK

Pte
Corpl.

NAME

McCoy, W.

J.

T. O. S. 12-2-16.

UNIT

109th. Battalion

D.O. 75.16-2-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 12	1916. Feb. 29	✓ ✓	Pte. Corpl. 9-5-16.	N.O. 146 of 9-5-16.
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916



Granville Can. Gen. Hospital

HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. T1105 PL. OF ACTION 726133RANK apl UNIT 215A SICK OR WOUNDEDNAME Mc Bay. W. J. AGE 22 RELIGION R.C.PLACE IN HOSPITAL 146/627DIAGNOSIS sw lt Hand Amp.ADMITTED 2 APR 1918 FROM Brook War P WoolwichDISCHARGED 27 MAY 1918 TO _____TRANSFERRED 5th Can. Gen. LiverpoolSERVICE AT HOME 30/12 IN FIELD 1/12

RESULTS _____

56 days

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

a-7-E
9mb

Number. 724133 Rank Capt. RT

Surname. M. C. C. A. V. X

Christian Name. William Joseph

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

Date of Service. 6-10-16

Remarks.

Latest Address. ~~5-65 Rogers St.~~ Rogers

~~Peterboro, Ont.~~

Roll No. 410 Dept of Education
Parliament Bldg.

Toronto
Ont.

Page 6126

OCT 1 1922

YA 44032 *Sp*
B. & W. Medals Retd 1/10 21

DEPT. NOV 25 1922
REG. NO. A. 3180

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

McCOY

W.J.

726133.

RANK

UNIT

CO.

TROOP

BATTY.

LC/.

EO R.21.

HOSPITAL

DATE OF ADMISSION

5 C.F.A.

25-1-18.

1.

1 Can gen Escaplo.

HOSP. 28.1.18

2.

B took. War. Woolwich

HOSP. 11-3-18

3.

Granville spec Buxton

HOSP. 3.4.18

4.

5. C. G. L'pool.

HOSP. 28.5.18.

DIAGNOSIS

1

SW. Hands. Lt. Hand Ampt,
Rw. Rw

2.

3

A.M.D. 2 DEPT.

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

DISPOSITION

DATE

CL. 31-1-18 A127.

REMARKS

6.2.18 Arr @

15-3-18 B163

8.4.18 B181

31.5.18 B 226.

10.6.18 B 234.2

Invalided To Canada

D.to C.per

6.6.18
H.S.Llandoverly Castle sailing 60
from L'pool. 6-6-18.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name L. McCoy W.J. Rank Cpl Regtl. No. 726133
 Original unit 9th Present 21st Fyle Depot
 unit M. of S. Age 23 Religion R.C. Ref. H.Q.
 Port, ship, and date of arrival
 Next of kin Mrs. E. McCoy 565 Rodger St. Peterborough
 Address on leave
 Address on discharge same
 Transportation issued Yes Character on discharge very good
 No Date
 Previous occupation Labourer Date and place of enlistment Lindsay 15-16
 Diagnosis Amp. Lt Forearm Date of Medical Boards 30-9-18

ON COMPLETION OF TREATMENT
 TRANSFER TO NO. 3 D. D.

ATTACHED FROM
 D. D. NO. 3

Date.	M.O.H.	Remarks.	Pt. 2 Order No.
20-6-18.	Posted to H. Sect.	leave to 4-7-18.	68
	Clearing Depot to H.S.	20.6.18 Granted leave to 4.7.18	72
15-7-18	AWL from 2 p.m. 4-7-18 to 4.15 p.m. 11-7-18 Forfeits		
	8 days P&A by R.W. and admonished.		89
7-9-18	Sub. as from 1-9-18 (M.O.H.)		143

Date.	Remarks.	Pt. 2 Order No.
18-9-18	Subs ceases as from 13-9-18 (M.O.H.)	154
18-9-18	AWL from 11 pm 13-9-18 (M.O.H.)	154
21-9-18	Report 154 cancelled: Reported in error. (M.O.H.)	157
-10-18.	Posted to Cas. (<i>Remaining in MOH</i>)	175.
15-10-18	S.O.S. DISCHARGED (HAVING BEEN FOUND MEDICALLY UNFIT	
	FOR SERVICE" (91 days P.D.P. & clo'g all')	176
	(Elects to be Discharged in M.D. #2)	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

726135

Cpl.

This is to Certify that No. 726135 (Rank) Cpl.

Name (in full) McGee, William. enlisted in

the 100th. Bn.

CANADIAN EXPEDITIONARY FORCE at Gooderham on the 12th.

day of Feb. 1916

HE served in England & France

and is now discharged from the service by reason of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

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

Age 25 years

Height 5' 8"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

None. Scars left arm

G.S.W. Lt. Hand. 25.1.18.

W. J. Mc Coy
Signature of Soldier

J. H. Beemer

Issuing Officer

Oct. 15th. 1918

Captain,

Date of Discharge

For Rank Colonel,

O.C. No. 2 District Depot.

Appointment

Signed at Fornto, Ont. this 15th. day of Oct. 1918

in Military District No. _____

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. **726123** (Rank) **Cpl.** Name **McCoy, W.**

Unit **109th. Bn.**

Address on Discharge **565 Rodger st. Peterboro, Ont.**

Character and Conduct **Very Good**

Former Occupation **Laborer.**

Special Qualifications of Value in Civil Life

Medals and Decorations **Nil**

Remarks **Gold Stripes One**

Signed at **Toronto, Ont.** this **15th.** day of **Oct.** 19**18**

JH Beem

Name of Officer

Rank **Captain,**
For **Lieut.-Colonel,**
Q.C. No. 2 District Depot.
Appointment

Daviesville Military Hospital
Toronto.
1918.

To: O.C. Casualty Company
2 District Depot

Sir:

I beg to state that I desire to be
discharged from H.M.S. in No. 2 Military
District.

Signature *W. G. McEay*

Rank *Cpl.*

No. *726159*

259128
265
239128

PROFESSOR
VINO, BILIOE, TROM, ... IN ...
I
EYE:

S.
EYE:

PROFESSOR
DEPARTMENT OF

A.C. Rank *Plc* Name *MCCOY, William Joseph.* Reg'l No. *726133*
 Unit *109th. Bn.* If in perm. Corps, }
 What Unit? } Married or Single *Single.*
 Place and Date of Enlistment *Lindsay. Feb. 12th. 1916.* Place of Birth *Campbellford, Ont*
 Name and Address, Next-of-Kin *Eliz-abeth. McCoy.*
P.O. Wilberforce, Ont., Can., Relationship *Mother.*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. *7161*

File R.L.

Category *Can M V*

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
<i>Arrived in England per H. M. T. 2310 31-7-16</i>						
<i>5. 8. 16</i>	<i>Plc. 109th Bn</i>	<i>app'd Prov. Cpl</i>	<i>Plc</i>	<i>Odney</i>	<i>31-7-16</i>	<i>Pt. II 80. 218</i>
<i>16. 8. 16</i>	<i>✓</i>	<i>Reverts to ranks at own request</i>			<i>16. 8. 16</i>	<i>Pt. II 80. 229</i>
<i>5. 10. 16</i>	<i>✓</i>	<i>S.O.S. to 21st Batta</i>		<i>Bramshell</i>	<i>5. 10. 16</i>	<i>Pt. II. 80. 279.</i>
<i>3-10-16</i>		<i>Reverts to Rank of Plc</i>		<i>"</i>	<i>3-10-16</i>	<i>Pt. II. 1-109-107a.</i>
<i>9-10-16</i>	<i>21st Bn</i>	<i>Taken on strength.</i>		<i>Field</i>	<i>6-10-16</i>	<i>Part II 58.</i>
<i>18-9-17</i>	<i>"</i>	<i>app'd. <u>2/cpl.</u></i>	<i>2/cpl</i>	<i>"</i>	<i>9-12-17</i>	<i>" 86</i>
<i>21/18.</i>	<i>both.</i>	<i>Wounded.</i>	<i>"</i>	<i>"</i>	<i>25/18</i>	<i>C.L.A. 127. S.W. Hands.</i>
<i>19th 18.</i>	<i>both.</i>	<i>Posted from 21st Bn. Gen.</i>	<i>"</i>	<i>Seaford.</i>	<i>11/18</i>	<i>Pt. II 80. 78.</i>
<i>10-6-18</i>	<i>S.O.R.</i>	<i>Involved to Canada Ex Nos Can. Gen. No.</i>	<i>"</i>	<i>Hindale</i>	<i>6-6-18</i>	<i>O.C. CLB 239</i>

A.F.B. 103 CHECKED

10 OCT 1916

WJR

726133

3

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname McCoy Christian Name William Joseph

Examined { on 15th day of February 1916
at Lindsay

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

Birthplace { City or Town Sampbellford
County Ontario

Apparent age 20 years

Trade or occupation Labourer

Height 5 Feet 6 Inches

Weight 133 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Two
Number Two

When Vaccinated last Feb. 15th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>15 MAR 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>15-2-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>25/5/16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>4/6/16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>TAB 22/9/16</u>	<u>"</u>	<u>Stoboyd</u>
		M.O.
		M.O.

Enlisted on 12th day of February 1916 at Godwinham

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>726133</u>		<u>12-2-16</u>
Transferred to.. ..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Quartermaster G. O. H. Buxton</u>	<u>April 15th 1918</u>	<u>S.W. left forearm amputation</u>	<u>Invalid to Canada</u>
<u>Military Orthopedic Hospital Toronto</u>	<u>OCT 2 1918</u>	<u>amputation of left forearm</u>	<u>Discharged (Cat E)</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulation for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.
J. D. London Capt for Pres. Med Bd.

CANADIAN

Christian Name *William Joseph*
 Surname *McKay*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Brook War Hosp. Woolwich S.P. 18		11	3	18.	2	H.	18.	Thrapnel w 4 left hand		amputated above wrist in France Ramsay & Framell Hosp. Buxton	H. Living
Granville Can Spec. Hosp Buxton Derbyshire		2	H.	18	27	5	18	Sh. 5/8 hand Amp.	56	Left fore-arm amputated 3 in above wrist - Stump well healed - no tenderness. Elbow movement and supination and pronation normal.	R. B. Harris Capt
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		27	MAY	1918.	6	JUN	1918	- - -		condition as given above for transfer to Canada	McCabe Capt
H.M.H.S. LLANDOVERY CASTLE.		6	6	18	16	6	18	Do		no change	H. J. ...
MILITARY ORTHOPAEDIC HOSP.		20	6	18	2	10	18	(Boasted, Cal E.)		OPERATION WASSERMANN None Supplied with an artificial arm	H. J. ...

AMF

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2
No. 56

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. 726133 Rank I/cpl. Name McCOY, W. J.
Corps #2 District Depot who was* Discharged
On Oct. 15th 1918, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st 1918,
to Oct. 15th 1918, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances } No.			Regt'l. Pay ..15...days at \$...1.05	15.	75.
by } No.	39447	35. 00	Field Allow. .15...days at \$.....10	1.	50.
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.			Other Allowances* <u>clothing</u>	35.	00.
Other charges			Other Credits*		
Payment on transfer or discharge No. 39448	17.	25.	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	52.	25.	Total	52.	25.

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned
{ Pay for the month of191... }
{ and Sep'n Allee. for month of191... } (to) Assignee
(Address) NIL

(†) 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.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted NO
- (3) cause of discharge authority D. O. 176
- (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 11-10-18

Place Toronto, Ont.

Ernest R. ...
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.

Name 1/1 Cpl. McCoy W. J.

M. F. W. 41
100M-1-18.
1772-39-839.

Regimental No. 726133

Name and address of next-of-kin

Unit 21st Bn. 109th Bn.

Date of enlistment

Place of " "

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

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					
1918	June							80321	25				25 00	attached. DD#3. 0068 4 Supp 136 Cash 20.6.18 7.7.18 0068
May 1	July 31	92	1 05	96 60	92	.10	9 20	24 42		729	50 00		25 00	g. v. 2. 4-7-18 to 11-7-18. Inj's dmp. l. a. DD 89.
								12 00	152 22				8 80	C. Bal 68 42
								152 22					152 22	
Aug 31	31	31	1 05	32 55	31	10	3 10	68 42	104 07	35 20	36 82			
Sept 1	30	30	1 05	31 50	30	10	3 00	10 40		44 90	38 98	44 90		44 90 Sub 1-9-18 Indef DD 143 sub. cases 12/9 to 154
Oct 1	15	15	1 00	15 75	15	10	1 50	35 00	52 25	39 48	17 25			44 90 Sub 1-9-18 Indef DD 143 sub. cases 12/9 to 154 Hd Hs. Gas Co 8/10 DD 175 Dis ltr 15; 3 m 18 Clothing DD 176.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2397/48^{SN}

Name *McBoy*
Surname

M. J.
Christian Name

Regimental Number *726133*

Rank *R/Pl*

Address (in full)

Unit

Original Unit

*648 Bow Mills Rd.
Toronto Ont*

District where paid *MB 2*

Date of Discharge

P. D. P. Filing Number *14-774-2*

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

L. L. 46038—M. & D. 9245

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		
<i>104 65</i>	<i>12668</i>	<i>12.10.18</i>	<i>34 50</i>	<i>11643</i>	<i>12.11.18</i>	<i>34 50</i>	<i>8584</i>	<i>12.12.18</i>	<i>35 65</i>		<i>104 65</i>
<i>1st</i>	<i>23906</i>	<i>2-19</i>	<i>7000</i>								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Elizabeth McBoy*

By Whom Assigned *McBoy Wm. J.*

565 Roger St, Wilberforce

Regtl. No. *726133 (724133)*

Address *Peterborough Ont*

Rank *Pte. D. Co.*

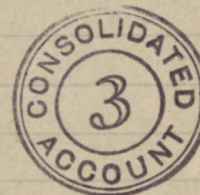
14-12-16 W.P.

Rate *\$ 15 00*

AUG 1 1918

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				



1955

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2. *Mrs Elizabeth McCoy*
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *McCoy Wm. J.*
796133 *Pte "10 Coy" 1109 Btn.*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916			
May				
June				
July				
Aug.		<i>W 15061</i>	<i>15.00</i>	
Sept.		<i>I 7497</i>	<i>15</i>	
Oct.		<i>J 22098</i>	<i>15</i>	
Nov.		<i>G 27402</i>	<i>15</i>	
Dec.		<i>L 33333</i>	<i>15</i>	
Jan.	1917	<i>S 39651</i>	<i>15</i>	<i>565- Rogers St., Peterborough. 14-12-16-W.Y.</i>
Feb.		<i>R. 43278</i>	<i>15</i>	
March		<i>J 51587</i>	<i>15</i>	<i>15.60</i>
April		<i>I 3204</i>	<i>15</i>	<i>15.00</i>
May		<i>I 9815</i>	<i>15</i>	<i>15 R</i>
June		<i>H 15949</i>	<i>15</i>	<i>Mo</i>
July		<i>J 23022</i>	<i>15</i>	<i>6</i>
Aug.		<i>T 30300</i>	<i>15</i>	
Sept.		<i>P 36982</i>	<i>15</i>	<i>00</i>
Oct.		<i>V 42236</i>	<i>15</i>	
Nov.		<i>Z 49445</i>	<i>15</i>	
Dec.		<i>Y 56635</i>	<i>15</i>	<i>2.55</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1920			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*B.
207
354*

DENTAL HISTORY SHEET

2

CANADIAN ARMY DENTAL CORPS

DISTRICT

William Joseph Mc Coy

NAME OF SOLDIER

No. *726133*

RANK *Cpl*

REGIMENT



INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination	no previous history Oct 2/18, Final Board, Exam, M.O.H. H, Toronto, Requiring Filling #3, 18.																				
																			<i>W. J. Thomson. Cpl</i>		
																					<i>Gwen Cerfister</i>

724133 McCoy W. J. *McCoy*

\$15

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						
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.
1917																																		
Feb			335.90																															
June 30	100	10	33																															
July 31			34.10																															
Aug 31			34.10																															
Sept 30	105	10	34.60																															

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	REMARKS	
Oct	1918																				
	17848																				
Oct	1918																				
	3565																				
				Car. a.p.																	
				AR 2009 22/10/18	357																
				AR 550 19/11/18	268																
				AR 698 13/12/18	225																
				AR 698 13/12/18	1446																
				AR 598 22/12/18	268																
				AR 737 27/12/18	109.07																
				Car. a.p.																	
				Car. a.p.																	
					1142.1																
				Car. a.p.																	
				AR 538 27/11/17 C.O.B.	268																
				AR 820 11/11/17 21 Bw	1606																
				" 888 23/12/18	1071																
					29.25																
				Car. a.p.																	
				AR 962 13/11/18 21 Bw	535																
					535																
				Car. a.p.																	
				Rem 365.21 19/12/18	487																
					487																

Carried forward to Large Ledger sheet

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA	NAME: <i>McCoy William J.</i>
EFFECTIVE DATE: <i>1-8-16</i>		EFFECTIVE DATE: <i>1-8-16</i>		NUMBER: <i>724133</i>
AMOUNT: <i>£1500</i>		AMOUNT: <i>£1500</i>		PARTICULARS OF RANK OR APPOINTMENT
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.		AUTHORITY
<i>Mrs Elizabeth McCoy (Wife)</i>				<i>app. Lt Col B.O.S. 19/17</i>
<i>Wilberforce Ont</i>				<i>9-4-17</i>
<i>Stopped Off. 1/5/18</i>				<i>Lt Col</i>
				UNIT AND TRANSFERS
				ORIGINAL UNIT: <i>109th Bn</i>
				DATE ACCOUNT FIRST OPENED: <i>1-8-16</i>
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S F'D
				UNIT TRANSFERRED TO
				<i>21st Bn</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
<i>10/4/18</i>	<i>722</i>	<i>Buxton</i>	<i>£1.10.0</i>	<i>730</i>
<i>20/4/18</i>	<i>1093</i>	<i>v</i>	<i>£10.0.0</i>	<i>4867</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Invalided to Canada Granville 6/50 23/4/18. Ill 9618*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>19th Mch</i>	<i>Bal For'd</i>								<i>13865</i>		
<i>Apr</i>	<i>30d @ Lt Col 1.15.</i>		<i>3450</i>	<i>Can AP</i>					<i>1500</i>	<i>15215</i>	
				<i>AR 1093 20/4/18 Buxton</i>	<i>4867</i>					<i>9618</i>	<i>Still</i>
				<i>" 722 10/4/18 "</i>	<i>730</i>					<i>9618</i>	
<i>May</i>			<i>3450</i>	<i>AR 1422 4/5/18 GCH Buxton</i>	<i>5597</i>				<i>15</i>	<i>7185</i>	
<i>June</i>				<i>JP 4252 3/6/18 5 B.G.H. Cont</i>	<i>243</i>						
				<i>Epl. J.N.</i>	<i>6942</i>					<i>7185</i>	<i>nil</i>

NEXT OF KIN
ADDRESS
HOME ADDRESS
MEDICAL OFFICER

Mc 20 & Mc Coy. (mother)
565 Rodgers Street, Peterboro, Ontario.
MEDICAL HISTORY OF AN INVALID
565 Rodgers Street, Peterboro, Ontario.
INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

CAPT. HEALEY

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

STATION *Danville, Md. Hosp.* DATE **SEP 30 1918**

1. 1 (a) Unit *D.D. No 2* (b) Regimental No. *726133* (c) Rank *Cpl.*
 (d) Surname *Mc COY* (e) Christian name *WILLIAM J.*
 2. Age last birthday *23 years* Date of birth *July 20th 1895*
 3. Enlisted at *Gooderham, Ont.* on *Feb 12th 1916*

4. Personal description:—
 (a) Height *5' 7 1/2 Ins* (b) Weight *150 Lbs* (c) Complexion *Fair*
 (d) Colour of hair *Brown* (e) Colour of eyes *Blue* (f) Identification marks *Amp*
left forearm 1 scar right knee, tattoo mark left arm,

5. Address after discharge (for the use of the Board of Pension Commissioners) *cp Mc E. McCoy*
565 Rodgers Street, Peterboro, Ont.
 6. Former trade or occupation *Labourer*

7. (a) Service	Years	Days
		<i>2</i>

7. (a) Service	PERIODS	
	From	To
<i>109th Batt</i>	<i>Feb 12th 1916</i>	<i>Oct. 5th 1916</i>
<i>21st "</i>	<i>Oct. 7th 1916</i>	<i>June 17th 1918</i>
<i>D.D. No 2</i>	<i>June 19th 1918</i>	<i>Sept. 30th 1918</i>

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

(a) Date of origin *Jan. 25th 1918* (b) Place of origin *France*
 (c) Cause* *Shrapnel*
 (d) Present disease or disability *Amputation of left forearm*

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.]

*I have a tremor moderate and sharp
 tenochalging in character at mid of
 stump. Continues for an hour or two
 at a time and occurs daily*

9. Present condition.—(Continued)

Objective: left forearm amputated in lower third 8" stump healed. painful on pressure. Circular amputation bone fairly well covered. Scar adherent to the underlying tissues in the middle third. It has been supplied with a satisfactory artificial arm. All other systems are normal. Incapacity is due to loss of left forearm.

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

Nervous *Y* Digestive *Y* Respiratory *Y* Cardiac *Y*
Genito-Urinary *Y* Skin, Middle Ear, Eye or any other part. *Y except as in 7a*

*Miss Hef
Annie Hef*

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

Amputation Feb 2nd /18

(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.

*Two small marks on left arm.
Scar 1" long on inner aspect of left knee*

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

Not applicable

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

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

*Ship France 7 wks
England 3 mos
Canada 2 1/2 mos*

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

No

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

17. Recommendations

That he be discharged because he has found
medically unfit for service

Medical Officer

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 W. J. Mc Coy 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 the stump being too sore to wear an artificial arm and dissatisfied with shape and condition of stump. Art. arm unsatisfactory

W. J. Mc Coy
Signature of soldier examined.

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.

We concur

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No) no
- (b) Service abroad, not general service, (" B) (Yes or No) no
- (c) Home service, (Canada only), (" C) (Yes or No) no
- (d) Temporarily unfit, (" D) (Yes or No) 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).

We recommend

That he be discharged as
physically unfit

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.

F. S. Hughes Capt President.
J. D. London Capt Members.

PLACE *Military Orthopedic Hospital*

DATE *OCT 2 1918*

APPROVED BY

J. A. Chestnut Capt
Assistant Director of Medical Services.

APPROVED BY

.....
Director-General of Medical Services.

DATE *9/10/18*

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness

Signed

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

.....
President.

PLACE

DATE

.....
Members.

24-10-256

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. 21315 CATEGORY D.
 Unit D. Surname McCoy Christian Name William J.
 Permanent Address Wierforce Ont.
 M.D. No. _____

No. 726/33 Rank L/Cpl. Original Unit 109th Bn. Service Unit 21st Bn.
 Age 22 Height 5 ft. 6 ins. Complexion Fair Eyes Brown Hair Dark Brown Conduct _____
 Date of enlistment 12.2.16 Where enlisted Lindsay Where seen service France
 Ship returned by fl. Kaste Date of arrival 17.6.18 Port of arrival Halifax
 Birthplace Canada Religion R.C.
 Cause of disability Amputation of left forearm.
(G.S.W.)

Condition in detail which prevents the soldier from earning a full livelihood Eng. Board: 15.4.18.
Numerous scars back of right hand no disability.
Transverse puckered scar 3" long across stump
well healed, slightly adherent in centre. Amputation
is about 3" above wrist. No pain in stump on
pressure. Left elbow movements normal.
Pronation & supination normal. Other
systems normal.

Degree of incapacity—Eng. Board Not est. Canadian Board not yet held on this date.
 Is disability due to or aggravated by Service? Yes. (1-8-18)
 Probable duration of incapacity not est.
 Does it render him permanently unfit for Military Service? _____
 Is further treatment or use of appliances recommended, if so which? as to M.O. Hoop.
 Destination to which transportation issued Toronto
 Members of Board Maj. C. H. Robson - Capt. J. M. Colburn
Came.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin (Mother) Mrs C. McCoy - same address
 Notification of return to be sent to do
 Occupation prior to enlistment Labourer And for how long followed life
 Regular trade or occupation do
 Average earnings previous to enlistment \$17⁵⁰ w/o Any other income? _____
 Name and address of last employer Mr. S. Hughes - same address
 Rent per month _____ If owner of or purchasing property amount due and annual payment, \$ _____ \$ _____
 Taxes _____ If Homestead, or Farm, where located _____
 If carrying life or accident insurance, annual premium \$ _____ Name of Society _____
 If unable to follow previous occupation, name preference _____
 References Last Employer I declare that the above statement is correct.
 Witness F. M. Living
 Date 28.18 Place Toronto Signature W J McCoy

Remarks by Interviewer:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____
 Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____
 First payment date _____

Reports on men returned for discharge under Sp. Auth. on White (Black printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).

Reports on men returned for duty to be typed on White (Red printed) Forms).
 C. Service in Canada. (White red printed forms).
 D. Treatment. (Pink copies).
 A. General Service.
 B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. 11313
 Unit 11313
 Regimental Address 11313
 Christian Name 11313
 M.H.C. File No. of 11313
 Local File No. of 11313
 H.Q. File No. of 11313

No. 11313 Rank 11313 Original Unit 11313 Service Unit 11313
 Age 11313 Height 11313 Complexion 11313 Eyes 11313 Hair 11313 Conduct 11313
 Date of enlistment 11313 Where enlisted 11313 Where seen service 11313
 Date returned by 11313 Date of arrival 11313 Port of arrival 11313
 Burial place 11313 Cause of disability 11313
 Condition in detail which prevents the soldier from earning a full livelihood 11313
 Degree of incapacity—Eug. Board 11313 Canadian Board 11313
 Is disability due to or aggravated by Service? 11313
 Probable duration of incapacity 11313
 Does it render him permanently unfit for Military Service? 11313
 Is further treatment or use of appliances recommended, if so which? 11313
 Destination to which transportation issued 11313
 Members of Board 11313

1. Discharge on full pay for disability (Blue column)
 2. Discharge on full pay for disability (Blue column)
 3. Discharge on full pay for disability (Blue column)
 4. Discharge on full pay for disability (Blue column)
 5. Discharge on full pay for disability (Blue column)

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Name and address next of kin 11313
 Notification of return to be sent to 11313
 Occupation prior to enlistment 11313 And for how long followed 11313
 Regular trade or occupation 11313
 Average earnings previous to enlistment 11313 Any other income? 11313
 Name and address of last employer 11313
 Rent per month 11313 If owner of or purchasing property amount due and annual payment \$ 11313
 Taxes 11313 If Homestead or Farm, where located 11313
 If carrying life or accident insurance, annual premium \$ 11313 Name of Society 11313
 If unable to follow previous occupation, name preference 11313
 References 11313
 Witness 11313
 Date 11313 Place 11313
 Signature 11313
 Remarks by Interviewer 11313

1. Discharge on full pay for disability (Blue column)
 2. Discharge on full pay for disability (Blue column)
 3. Discharge on full pay for disability (Blue column)
 4. Discharge on full pay for disability (Blue column)
 5. Discharge on full pay for disability (Blue column)

First payment date 11313
 PENSION—Class 11313 Amount per year \$ 11313 Dated from 11313
 Amount forwarded to H.Q. Unit \$ 11313 Credit Clothing allowances \$ 11313
 Last Pay Cert. Cr. \$ 11313 Dr. \$ 11313 Amount paid at Depot H.Q. \$ 11313 L.P.C. leaving Depot \$ 11313

M

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. 726133	
Rank Cpl.	
Surname McCoy.	
Christian Name William.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) #2 D.D. 109th. Bn.	
Date of Discharge OCT 15 1918	
Place of Discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 23 years..... months. Height 5 feet..... 8 inches. Complexion Fair Eyes Blue Hair Brown Trade Laborer. Intended place of residence } 565 Rodger St. Peterboro, Ont. <small>(To be given as fully as practicable.)</small>	Descriptive Marks Vacc. Scars left arm G.S.Wd. Lt. Hand. 25.1.18
2. The above-named man is discharged in consequence of	
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
<small>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.</small>	
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. <div style="text-align: center; font-size: large; font-family: cursive;">Very good</div>
	<small>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.</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: large; font-family: cursive;">Decreased 22-4-60 Laborer.</div> <div style="text-align: right; font-size: large; font-family: cursive;">1 CCR 28/2/20</div>

M. F. B. 218.

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

(OVER)

W.S.G. Comps 25/1/19 J. mg.

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).....TORONTO, ONT.....

(Date).....OCT 15 1918.....

Commanding

J. H. Beeman

Captain,
For Lieut.-Colonel,
O.C. No. 2 District Depot.

8. Certificate to be signed by the Soldier

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).....TORONTO, ONT.....

(Date).....OCT 15 1918.....

W. J. Ome Coy
Robert Hunt

(Signature of Soldier.)

(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.

Robert Hunt

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....2 years.....245 days.

Total.....2 years.....245 days.

11. Confirmation of Discharge.

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

(Place).....TORONTO, ONT.....

(Date).....OCT 15 1918.....

(Signature)

J. H. Beeman

Captain,
For Lieut.-Colonel,
O.C. No. 2 District Depot.

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.

ml

W. J. Mc Coy

<p>Attestation Paper, Militia Form B. 232</p> <p>Proceedings on Discharge, B. 232</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p> <p>Conduct Sheet, B. 203a</p> <p>Squadron } Battery } Company }</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</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 Certificate, D. 875</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.

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, <input checked="" type="checkbox"/> Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, <input checked="" type="checkbox"/> " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, <input checked="" type="checkbox"/> Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, <input checked="" type="checkbox"/> " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, <input checked="" type="checkbox"/> Militia Form B. 235.</p> <p>Proceedings on Discharge <input checked="" type="checkbox"/> " B. 218.</p> <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="padding-left: 20px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 20px;">(b) Attestation.</p> <p style="padding-left: 20px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1-14

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>			
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✓

PARTICULARS OF SEPARATION ALLOWANCE

No. *726133 (724133)*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Wm J Mc Coy*
 Battalion *109 Batta. 1st Co.*
 Beneficiary
 Relationship
 Address

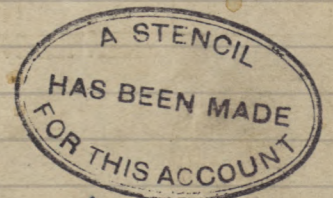
PARTICULARS OF ASSIGNMENT

Name *Mrs. Elizabeth Mc Coy*
 Address *505 Roger St.*
 Change of Address *Peterborough Ont*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1919</i>				
<i>Dec 31</i>			<i>255</i>	<i>255</i>
<i>Jan 18</i>	<i>465060</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>739370</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>92504</i>		<i>15</i>	<i>15</i>
<i>Apr</i>	<i>137 E</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>14951 A</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>27305 H</i>		<i>15</i>	<i>15</i>
			<i>345 00</i>	<i>345 00</i>

REMARKS
A/c Closed 30-6-18
Ret'd per Handover
Date 20-6-18 F.X. 21-6-18
file 12229 W.-10
Clerk Gordon

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22520-M. & D. 7583.



M. R. O. 213. issued 22-6-18

No. in Admission and Discharge Book.
71105
Year

Regimental No. 726133 Rank. Cpl. Surname. McGeary Christian Name. W J.
Unit. 21st Bn Age. 27 Service. 30/17

Station and Date.



Disease

S. W. L. Hand amput.
Occupation Laborer
Enlisted Feb. 12. 1916
England Aug. 1. 1916
France Oct. 6. 1916
Wounded Jan. 25. 1918.
Returned to Eng. Mar 11. 1918

Hospitals - 1 Can. Gen. Hospital - 8 weeks
Brook War Hosp. - 2 weeks

H.P.S. Patient says he was wounded on Jan 25. 1918. by shrapnel in right and left hand. - Right hand was all right in a week - at C.C.S. sutured up left hand - Hand got septic Carrel tubes put through hand - Hand was amputated on Feb. 2. about 3" above wrist - About two weeks after a piece of bone was cut off stump. Stump is practically healed now - Elbow joint has not bothered him. Present Condition Patient says there is no pain in stump but he feels fingers cramping. Elbow joint movement normal - Scar on stump - practically healed transverse and puckered - scar slightly adherent. - no pain on pressure but feels twitching in anterior part of scar. - otherwise normal - R B Ham

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

Station
and Date.

APR. 1918

APB 179 960. U.S.T

JH6

15 APR 1918

- 1-5-18 Fats fairly well - Does not sleep well.
8-6-18 on leave
16, 5-18 No Rash
22. 5. 18. No Rash or V. H. Rash

no 5 Eau qui Hop

27-8-18 Conditions as given above -

For transfer to Canada

Lucas ^{coll} Bell

captain

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

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 426133 Rank Private Name Mc Coy William Joseph
E. F.

Enlisted (a) 12.2.16 Terms of Service (a) D of W Service reckons from (a) 12.2.16

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

Extended _____ Re-engaged _____ Qualification (b) Laborer

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.
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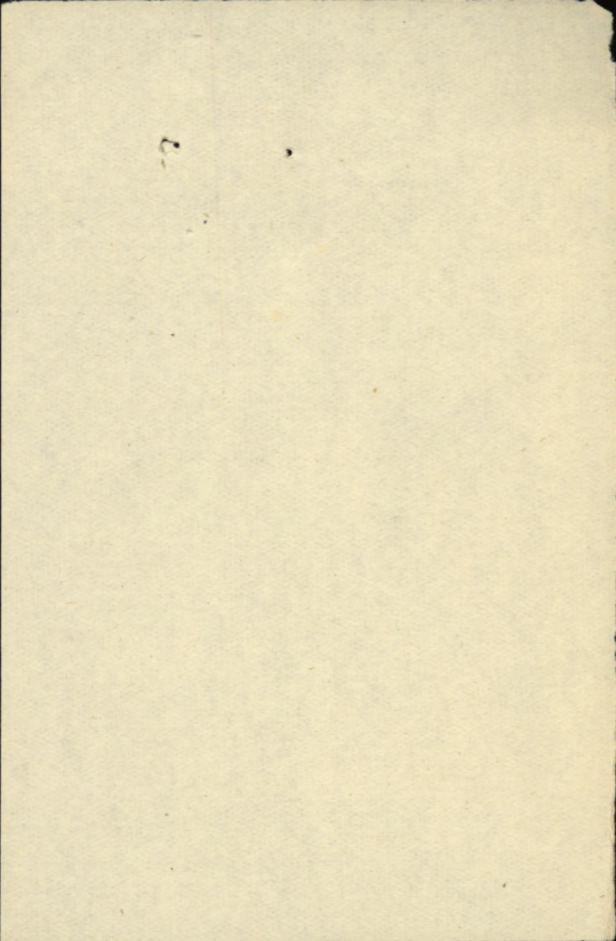
CERTIFIED CORRECT.
 12 OCT. 1916
 CAN. RECORDS LONDON

	Embarked Canada	Halifax	24.7.16	
	Disembarked England	Liverpool	31.7.16	
	Appointed Private Prov. Cpl.	Oxney	5.8.16	Part I Order 218
	Transferred for Overseas Service with	Oxney	16.8.16	Part II Order 229
	Reverts to ranks at his own request	Oxney	16.8.16	Part II Order 229
	Transferred for Overseas Service with 21st Batt'	Oxney	5.10.16	D.O. Pt. 11 No. 279
	C.B.D.	C.B.D.	6/10	Pt. II. O. 58. 9/9-10-16
	Arrived & Taken on Strength	C.B.D.		ADJUTANT,
	C.B.D.	C.B.D.	2/11/16	109th BATTALION CAN. INFANTRY. N.R. 2/11
	Left to join unit.	C.B.D.	2/11/16	
	21st Bn	Field	9-4-17	Pt. 2. O. 86. d/18-9-17.
3/11	21st BATTALION	Field	27-10-17	B-213 - Part II Ord. 99 d/17-11-17.
	Do.	Do	7-11-17	B-213.
10/11	5 C.F.A.	5 C.F.A.	25-1-18	A. 6985.
25/11	Do	18 C.C.S.	26-1-18	A. 7028

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

Strapnel 2 1
Flesh 0
Sepsis 2
upper bet 8
Hand 7

c) amp L B. b



MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

726133

Cpl.

In Coy.

William J.

Unit.

Age.

Service.

21st Canadians

22.

2 1/2 yrs. F. 1 1/2 yrs.

Year

1918

Station
and Date.

Disease

Shrapnel wound of left hand Jan 25 - Amp - Feb. 2.

Extensive wound of hand. Forearm amputated above
wrist because of virulent sepsis. Anterior & posterior
flaps. Stump now almost dry.

A.S. Jan 25, 1500; Feb 5, 750; March 12, 500; March 19, 500;

Book leaves Nos
11-3-18

22/3/18 - Ready for hand & wrist. 112

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

Station
and Date.

Mother:- Mrs Mc Coy

365 Rodger St.

Peterboro

Ontario

Canada

Reserved for M.H.C.

Regt. No. 726133 Rank C.P. Surname McCoy Christian Name W.J.
 Unit or Corps—(a) Overseas from United Kingdom 21 B.N. (b) In United Kingdom 6 RES.
 Born at—Town CAMPBELLTOWN County or Province ONTARIO Country CANADA
 Date of Birth—Day 20 Month JULY Year 1895 Age 22 yrs. 9 months.
 Joined at LINDSAY ONT. Date FEB. 15 1916
 Former Trade or Occupation LABORER

Permanent marks or peculiarities that will serve for future identification

1. Two vaccination marks on left arm
2. Scar one and half inches long on inside of left knee
3. Scar across stump.

Height—feet 5 inches 6 Colour of eyes BlueSignature of Soldier (for identification purposes) W.J. McCoyMedical Report.

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

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

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

Disabilities Group (a)

Disabilities Group (b)

Disabilities Group (c)

AMPUTATION OF LEFT FORE-ARM.N.A.N.A.

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>SHRAPNEL WOUND</u>	<u>FRANCE</u>	<u>JAN. 25 1918</u>
(ii.) As to Group (b) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>
(iii.) As to Group (c) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

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

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

- (i.) As to Group (a) above? NO If yes, has Active Service aggravated it? N.A.
 (ii.) As to Group (b) above? N.A. If yes, has Active Service aggravated it? N.A.
 (iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

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

- (i.) As to Group (a) above? YES.
 (ii.) As to Group (b) above? N.A.
 (iii.) As to Group (c) above? N.A.

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

- (i.) While on duty? **YES**
- (ii.) While off duty? **N.A.**
- (iii.) Was a Court of Inquiry held? **NO**
- (iv.) Where? **N.A.**
- (v.) When? **NA**
- (vi.) Opinion of the Court? **N.A.**

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

Patient says he was wounded on Jan 25, 1918 by shrapnel in right and left hand. Right hand was all healed in one week without disability at no. 18 C.C.S. left hand was sewn up. It became septic and was amputated on Feb. 2. about 3 inches above wrist. In about two weeks a piece of bone was taken off stump. Stump was healed by end of March. - Medical History sheet shows patient has been in Brook War Hospital, Woolwich and Granville Canadian Special Hospital.

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

Patient says he has no complaints. - On examination - 1. Has numerous small scars on back of right hand. - no disability in right hand. 2. Has transverse puckered scar 3 inches long across stump - well healed - slightly adherent in centre of scar. Amputation is about three inches above wrist. There is no pain on pressure in stump. - Left elbow movement ~~good~~ R.B.H. normal. Pronation and supination normal. - Heart, normal. Lungs normal - digestive system normal, nervous system normal - genital urinary system normal.

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

(ii.) If so, state what. **AMPUTATION OF LEFT FORE-ARM**

(iii.) Was one advised and declined? **NO**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **NO**

(ii.) If so, describe. **N.A.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **NO**

(b) Fit for base duty? **NO**

(c) Invalid to Canada? **YES**

(d) Discharge from the Service as permanently unfit? **NO**

Date of Report **Apr. 11** 191**8**
Station **Granville C.S.H.**

Signed **R. B. Harris** apd
Officer in medical charge of case.
A.C.A.M.C.

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



W. M. L. L. L. L.
Registrar, for O.C., Station, on **Granville, Can. Sp. Hosp.** 191**8**
*Delete if inapplicable.

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) *N.A.*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.) *N.A.*

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *N.A.*

18. Remarks.

19. Recommendation :—(a) Fit for duty? *No*
(b) Fit for base duty? *No*
(c) Invalid to Canada? *Yes*
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission.

A

Date of Board

EXAM. MED. BOARD

15 APR 1918

Station

G. C. S. H.

Signatures of the Board

W. A. D. Brown Major General President.
J. A. ... Capt. ...

Approved

[Signature]
COLONEL
A.D.M.S. CANADIANS
BUXTON

A.D.M.S.

Station

Dated at

ASSISTANT DIRECTOR OF MEDICAL SERVICES
19 APR 1918
CANADIANS
BUXTON AREA

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

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

on the _____ day of _____ 191 ^{02/11}

Members of the Board:—

Handwritten initials and faint circular stamps.

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

A. J.

A. J.

A. J.

A. J.

A. J.

A

Handwritten initials and faint circular stamps.

Dated at _____ this _____ day of _____ 191

Handwritten notes in cursive script.

Signatures of the Board

President.

synopsis
MEDICAL CASE SHEET.*

MC #45

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>726133</i>	<i>Cpl</i>	<i>The Coy</i>	<i>W. J.</i>
Year		Unit.	Age.	Service.
<i>1918</i>		<i>21st Batts</i>	<i>22</i>	<i>2 ³/₁₂</i>
Station and Date.	Disease <i>G. S. W. Left Hand Amp.</i>			
	Occupation <i>Laborer</i>			
	<i>Enlisted - sick Feb 1916. Gooderham</i>			
	<i>To England. July 1916.</i>			
	<i>To France. Oct 1916.</i>			
	<i>Wounded 25th Jan 1918 Avion</i>			
<i>No 5</i>	<i>Can Gen. 27/5/18</i>			
	<u><i>Stump L Forearm</i></u>			
	<i>Anteri. posterior scar - attached to bmn. Anteri. no pain no tenderness</i>			
	<i>Heart lump B.S. H.S. - 90S - ny</i>			
<i>1st Pres.</i>	<i>Large wd back L hand</i>			
<i>26-1-18</i>	<i>2. carpus - Extens tendrs capt name.</i>			
	<i>grung little finger cut. wd cleaned</i>			
	<i>tendons sutured - was R hand clean -</i>			
<i>1st Can Gen</i>	<i>Top vedema of hand & forearm</i>			
<i>20-1-18</i>	<i>wound foul - dirty - oozy pus.</i>			
	<i>4-2-18 pocket along extens & tendons opened & drained</i>			
<i>Brook War</i>	<i>Top to violent suppur. - forearm</i>			
<i>11-3-18</i>	<i>amp. above wrist. ant. & post flaps</i>			
	<i>gran. Can spec Top</i>			
<i>2-4-18</i>	<i>stump healed. no pain. moss elbow</i>			
	<i>good - 15-4-18. mole Canada</i>			
	<i>me a.</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

67528

MEDICAL CASE-HISTORY SHEET

ITAL D. M. W. STATION W. Troop
o 726133 Rank Sgt. Name (Given) McCoy (Surname) William Age 23
Unit 21st Service 29/12

Date of Admission June 20/18 Date of Discharge

Diagnosis Shrapnel

Date of Origin Jan 25th/18 Place of Origin France

CAUSE OF ILLNESS OR INJURY:
Shrapnel

HISTORY OF PRESENT ILLNESS OR INJURY. Shrapnel wound left
(Is Illness or Injury result of Service?)
hand. Jan 25th/18. necessitating amputation
one week later. Healed since May 1st 18

CONDITION ON ADMISSION.
left forearm amputated. Circular
amp. 7 1/2" stump. Somewhat painful.

TREATMENT.
Artificial arm ordered

- 24/7/18 Amputating arm.
- 31/7/18 Amputating arm.
- 15/8/18 " " "
- 29/8/18 " " healed 2 weeks H

CONDITION ON DISCHARGE FROM HOSPITAL.
25/9/18 He received arm but says he cannot wear it
because of painful stump. H

26/9/18 Do have 227 5th

1.10.18 This man requires no further treatment
for his stump. He should not have any nerve levels
removed or a reamputation. If he cannot wear
his arm he is to go without it until stump
hardens. Do have 227.

Date JUL 11 1918 Medical Officer i/c Case.
CAPT HEALEY

M. F. B. 313a. Military Orthopedic Hospital

15M.-8-17. 1772-39-439. J. H. Weston

MEDICAL CASE-HISTORY SHEET

Hospital Station

Name (Given) Rank

Service

Date of Admission

Diagnosis

Date of Origin

Place of Origin

Cause of Illness or Injury

History of Present Illness or Injury

(Is illness or injury result of service?)

Condition on Admission

Treatment

Condition on Discharge from Hospital

Date

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

Medical Officer in Charge

Captain Health

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Medical Officer in Charge

Captain Health