

C. Co.  
Bobcaygeon

# ATTESTATION PAPER.

No. 725576

Folio.

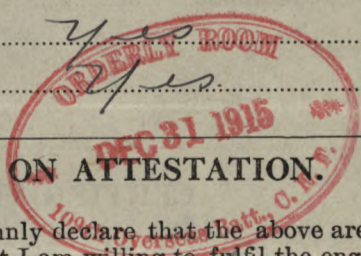
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

**TRIPPLICATE**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Reynard*
- 1a. What are your Christian names? *Thomas Wilbert*
- 1b. What is your present address? *Bobcaygeon*
2. In what Town, Township or Parish, and in what Country were you born? *Harvey*
3. What is the name of your next-of-kin? *Mrs. Albert Reynard*
4. What is the address of your next-of-kin? *Bobcaygeon*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *April 15th 1873*
6. What is your Trade or Calling? *Laborer*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*



## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thomas Wilbert Reynard*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Dec 13* 1915: *Thomas W Reynard* (Signature of Recruit)  
*H. A. Fairbairn, Lieut.* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Wilbert Reynard*, 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.

*Thomas W Reynard* (Signature of Recruit)  
Date *Dec 13* 1915: *H. A. Fairbairn, Lieut.* (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

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

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

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

before me, at *Bobcaygeon* this *20th* day of *Dec* 191*5*  
*McMover* (Signature of Justice)

# Description of Thomas Wilbert Reynard Enlistment.

Apparent Age 42 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. 9 1/2 ins.

Scar back right hand

Chest measurement { Girth when fully expanded..... 37 1/2 ins.  
 Range of expansion..... 2 1/2 ins.

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Grey

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist..... Meth  
 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..... Dec. 13 1915.

J. McCulloch Capt.  
 Medical Officer.  
 109th Overseas Battalion, C. E. F.

Place..... Lindsay

\*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.

Thomas Wilbert Reynard.....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.  
 ..... O. G. 109th Overseas Battalion, C. E. F. (Signature of Officer)

Date..... JAN. 17 1916 1916.

REGIMENTAL DOCUMENTS



NAME REYNARD THOMAS WILBERT REGT. NO. 725576 UNIT #3. Co. Co H. Q. FILE NO. \_\_\_\_\_

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div data-bbox="1179 272 1383 459" style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">M</div> <div data-bbox="1223 731 1543 1041" style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">H</div> </div> </div>			#
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					DEATH
TRAINING HISTORY SHEET (M.F.W. 113)					Category
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>M. U. for further</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Services and E.M.D.</i>
MEDICAL EXAMINATION (M.F.W. 129)					<i>88-R-169 dated 21-2-18</i>
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 124 R 69</i>					
<i>1 125 R 1237</i>					
<i>1 126 B 181</i>					
<i>1 127 R</i>					
<i>1 128 R 122</i>					
<i>1 Pay card</i>					
				08434	
				41 - 26	
				19 - 26	
				11 - 26	

Forwarded 13-9-56



SURNAME.

*Reynard,*

*S.O.S. Dis.*

CHRISTIAN NAMES

*Thomas Wilbert*

*27-2-18.  $\frac{73}{1}$  3.*

REGL. No.

*725576*

RANK

*Pte.*

UNIT

*109th*

*Batt.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Reynard, Mrs. Abigail*

RELATIONSHIP TO SOLDIER

*wife*

ADDRESS

*Bobcaygeon, Ont.*

COUNTRY OF BIRTH

*Canada,*

*Harvey*

DATE

*April 15<sup>th</sup> 1913*

PLACE OF ATTESTATION

*o/s 23-7-16  $\frac{488}{29}$*

*Bobcaygeon*

DATE

*Dec. 20<sup>th</sup> 1915*

L. L. 90:89.—M. & D. 6312

*Per. S. S. Olympic*

M. F. W. 22.

*18-3-18.*  
*Noted Index Sect: B. 24.*  
100m.—1-16. H. Q. 1772-39-839.

MARRIED *Yes* SINGLE *-* WIDOWER *-*

TRADE OR CALLING *Laborer* RELIGION *Methodist*

DESCRIPTION.

APPARENT AGE *42* YEARS *-* MONTHS

HEIGHT *5-* FEET *9 1/2* INCHES

CHEST MEASUREMENT *37 1/2* INCHES EXPANSION *2 1/2* INCHES

COMPLEXION *Fair* EYES *Grey* HAIR *Grey*

DISTINGUISHING MARKS *Scar back right-hand.*

MEDICAL EXAMINATION. PLACE *Lindsay* DATE *Dec. 13<sup>th</sup> 1915.*

No. 725576 RANK Pfc

NAME Reynard T. W

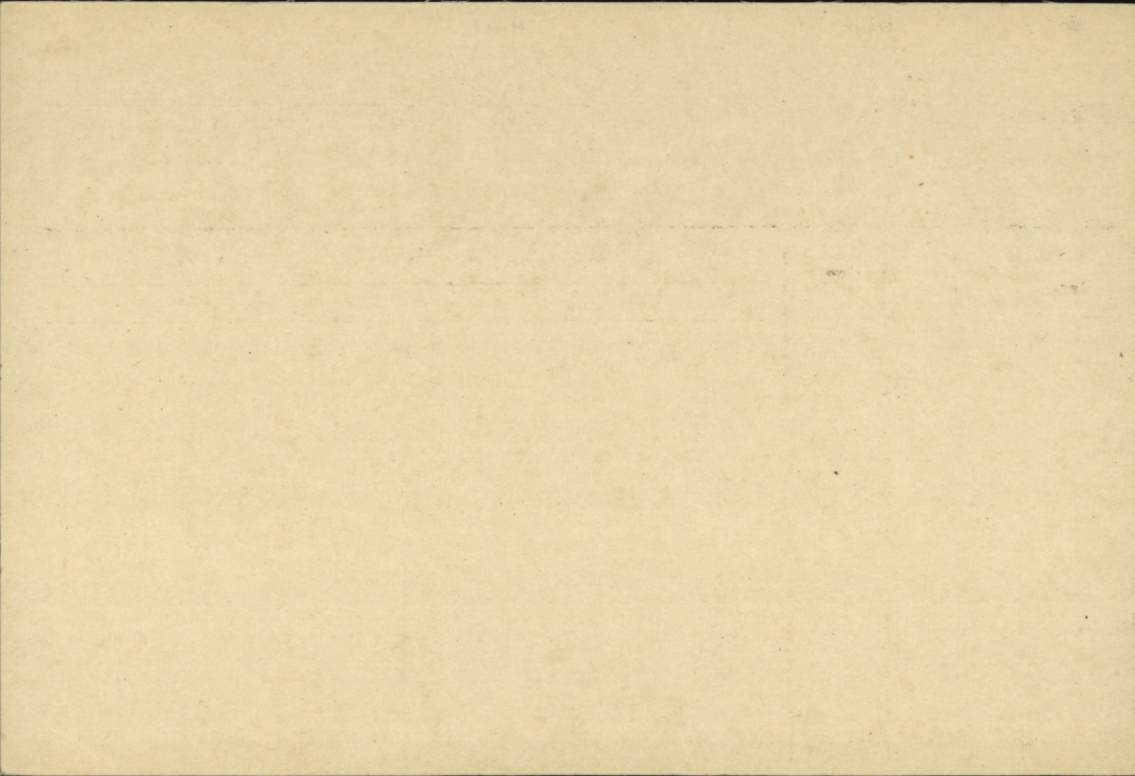
T. O. S.

UNIT

107<sup>th</sup> Battalion

M. D. 3

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





No. 725576 RANK

1<sup>st</sup>  
Lt. Col.

NAME

Raynard J.  
Reynard.

W.

T. O. S. 12-12-15. UNIT

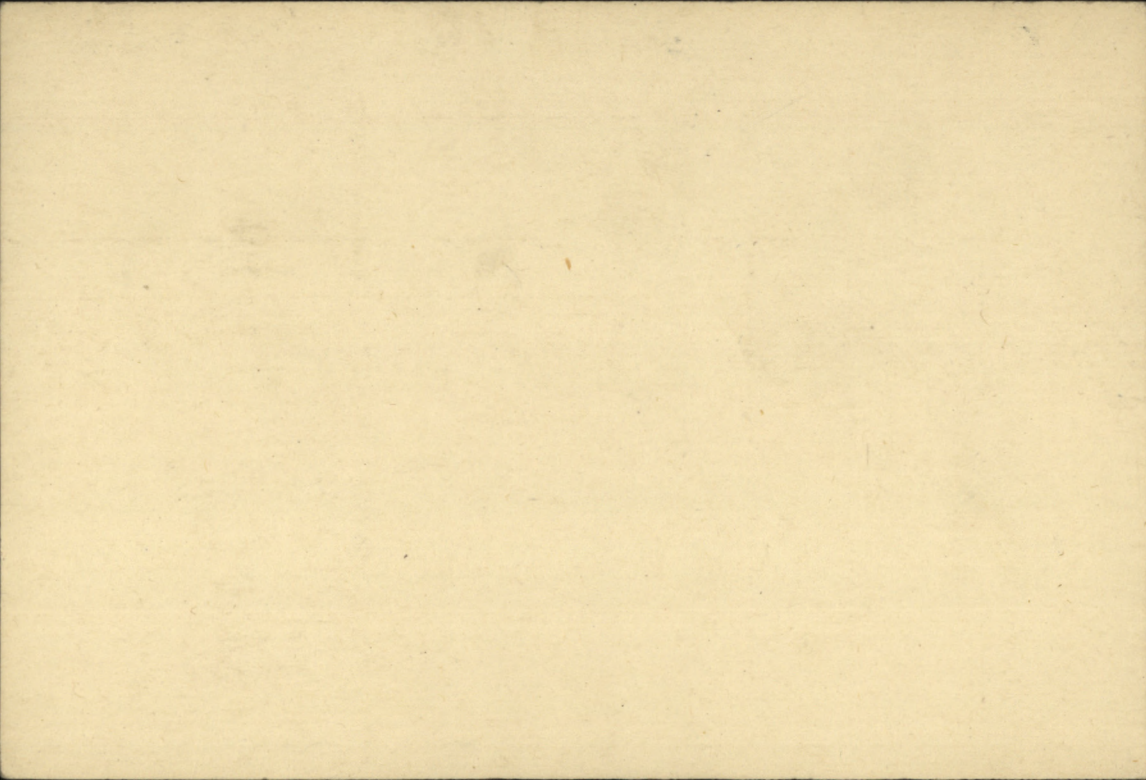
S. O. 45. 12-1-16.

109th. Battalion.

Reynard. Thomas  
Wilbert

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 12	1916 Jan 31	✓		
	Feb	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		
			Pto. Lt. Col. 10-6-16.	S. O. 1754 12-6-16.
				UNIT SAILED JUL 23 1916



No. 725576 RANK *Pte*

NAME *Reynard T. W.*

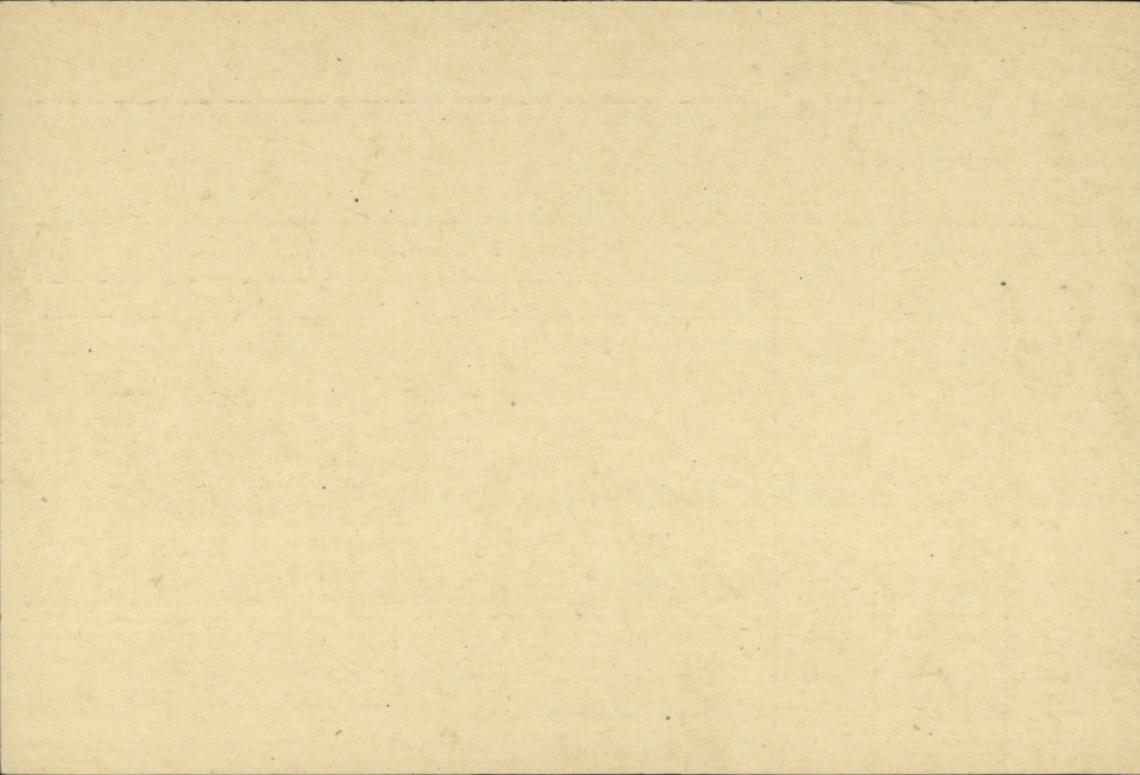
T. O. S.

UNIT *#3 Special Service Coy*

*Transferred from #3 Cav. Unit 23-2-18  
203-4723-2-18*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 Jan 17</i>	<i>1918 Feb 27</i>	<i>U</i>	<i>Discharge 27-2-18 m.u.</i>	<i>2068-46-318</i>
			<i>closed by payment.</i>	



HOSPITAL.

A. & D. No. \_\_\_\_\_ Ward AUnit 21 Sick or Wounded.Regtl. No. 725576 Pl. of Act'n \_\_\_\_\_Rank Plt Name Reynard T.W.Age 46 Religion Meth.Service Compl'd 1 $\frac{4}{12}$  Time with Field Force  $\frac{6}{12}$ Diagnosis PMOAdmitted 17 MAY 1917 25th Bristol Discharged 29 MAY 1917 St.Transferred Acc Hastings

RECORD FURTHER REMARKS ON BACK.

18.5.17 No symptoms except-pain in shins

Racials not thickened.

Ht. a little enlarged.

Urinalysis neg. S.W.

23.5.17 Feels better. Can carry on as usual. 192

S. P. D. Hewitt  
Capt.

Serial T 7760

*Reynard*

**Thomas Wilbert**

Name **RENYARD**

Rank

**Private**

Reg. No. **725576**

Unit **21st Battalion**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-4-17	7. Can Gen Hosp	Etaples	P.U.O.Slt.	A493.		
16-4-17	2nd Southern G.H.	Bristol	Do.	B360.		
17-5-17	Can Con Hosp	Woodcote	P. Epsom	Do. B360.		
<i>29-5-17</i>	<i>Discharged</i>		<i>Do.</i>	<i>B3.</i>	<i>Pat. in Order 90</i>	





*amp*  
*as*

~~B~~  
~~X~~

Number 725576 Rank Pte

Surname REYNARD

Christian Name Thomas Wilbert

Units 21st Bn Inf theatre of War France

Date of Service 6-10-16

Remarks

Local Address Bobcaygeon  
Ont.

Roll No. B Page 9520

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued

Yes  
No

Date \_\_\_\_\_

Character on  
discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_

Date and place of  
enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Medical  
Boards \_\_\_\_\_

Date \_\_\_\_\_

Remarks \_\_\_\_\_

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

DESIGN. NO. 17 921  
REGN. NO. 57397

Surname

Renyard

Christian Name or Names

T W

Reg. No.

725576

Rank

Unit

Co.

Troop

Batty.

Pte

21st Batt

Hospital

E. O. P.

Date of Admission

7 Can Gen Etaples

10-4-17

Transferred

*St Georges Bristol Hosp. 16-4-17*

Hosp.

*Can Gen Etaples Hosp. 17-5-17*

Hosp.

Hosp.

Hosp.

Diagnosis

P U O slt. *Rw*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L.23-4-17 A 493

Date

*Disc. 29-5-17.*

*2-6-17 B360*

REMARKS

*6-9-17 B.3 (3)*

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CHS Rank **REYNARD Thomas Wilbert** Name **REYNARD Thomas Wilbert** Reg'l No. **725576**  
 Unit **109th. Bn.** If in perm. Corps, } Married or Single **Married**  
 What Unit? }  
 Place and Date of Enlistment **Babcaygeon Dec. 13th. 1915** Place of Birth **Tps. of Harvey Co. Peterboro. Ont.**  
 Name and Address, Next-of-Kin **ABRGUL Reynard**  
**Babcaygeon Ont. Canada** Relationship **Wife**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **6208**  
 File R.L.  
 Category **Can O/R**

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 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.					
		Arrived in England per H. M. T. 2810			31-7-16	
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 21 <sup>st</sup> Bn		Brampton	5-10-16	PT II DO 279
9-10-16	21 <sup>st</sup> Bn	T.D.S. from 109 <sup>th</sup> Bn	Field		6-10-16	" 58.
23-4-17	"	N <sup>o</sup> 7 Can Gen Hosp.		Ectles	10-4-17	CL A 493. P.U.O.S <sup>L</sup> T
24-4-17	"	SOS to EOR Dept (S)	Field		16-4-17	PT II DO 46
4-6-17	EOR Dept	TOS from 21 <sup>st</sup> Bn.		Serford	16-4-17	PT II DO 115 d/o 4-17
2-6-17	21 <sup>st</sup> Bn.	2 <sup>nd</sup> South Gen Hosp.		Bristol	16-4-17	CL B 360 do.
"	"	Trans. CC. H. Woodcote PK.		Epsom	17-5-17	do.
5-7-17	Book.	Dis. do. do. do.		do.	29 5/17	CL B 3. P.U.O.
5-6-17	3 <sup>rd</sup> CCD.	attached for P.T. etc		do	29-5-17	PT II DO 90 EOR Dept PT II DO 922/12-6-17
3-6-17	20 <sup>th</sup> Bn	attached for P.T. etc		do		

A.F.B. 103 CHECKED 10 OCT 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.					
24-12-17	EOR Sep.	Ceases on Com <sup>d</sup> 3 <sup>d</sup> CCD.	PT	Seaford	22-12-17	PT 80287. 258d/22-12-17 9 3 <sup>rd</sup> CCD PT II
4-1-18	EOR Sep.	On Com <sup>d</sup> 6 <sup>th</sup> Res Bn.	PT	Seaford	3-1-18	PT 804. 3d/4-1-18 d 6 <sup>th</sup> Res. PT II
5-1-18	EOR Sep.	Ceases on Com <sup>d</sup> 6 <sup>th</sup> Res Bn.	PT.	Seaford	4-1-18	PT 805. 3d/4-1-18 d 6 <sup>th</sup> Res. PT II
11-1-18	"	On Com <sup>d</sup> CCD Buxton pending Embn. for return to Canada for discharge	PT	"	10-1-18	" 11
12-2-18	EOR Sep.	Ceases on Com <sup>d</sup> vs SOS on being returned to Canada for disposal by Adj General	PT	Seaford	31-1-18	PT 8043
	Dis Depot.	For Disch.	MAJ 3	Kingston	9/2/18	NR 412.

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. F.C.T. 225 Year	Regimental No. <u>21<sup>st</sup> Canadian</u> Rank. <u>Pte.</u> Surname. <u>Reynard</u> Christian Name. <u>J.W.</u> 725576 Unit. <u>21<sup>st</sup> Can.</u> Age. <u>46 y<sup>rs</sup></u> Service. <u>13 1/2 y<sup>rs</sup></u>
Station and Date A.	Disease or wound. <u>P.U.O. D 34</u>
B.	Date and place of onset. <u>early April 1917 France</u>
C.	If wound, size and structures involved.
D.	Was wound or injury received in execution of his duty or sickness caused by military service? <u>Yes</u>
E.	Condition on admission, signed by M.O. <u>Bad Pgon heree</u> <u>S.M. Kebbeltwaale</u>
F.	Treatment. <u>Liq Hydrogen Perox for teeth</u> Operation (if any). <u>but Soggy Sal tds.</u>
G.	Progress. <u>25.4.17 Aspirin for X note from</u> <u>6.5.17. Sgt Parrish 3y tds.</u> <u>Full</u>
H.	Description of condition on discharge, signed by M.O. <u>Much improved</u> <u>S. Kebbeltwaale</u>
I.	Date to, sick furlough. light duty. duty.
11 MAY 1917	Transfer. <u>10 May 1917</u> <u>S. Kebbeltwaale</u>
TO E/iron	pending final discharge.
17 MAY 1917	(Stamp: 2ND SOUTHERN GENERAL HOSPITAL BRISTOL)

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

Station  
and Date.



# CLINICAL CHART.

Army Form B. 181

Corps 21<sup>st</sup> Canadian

(To be attached to Case Sheet.)

Military Hospital \_\_\_\_\_

No. 7257

Rank and Name Pte. Reynard J.W.

Age 46 yr.

Service 13/12/1900

Disease \_\_\_\_\_ Date of admission 16 APR 1917

Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation

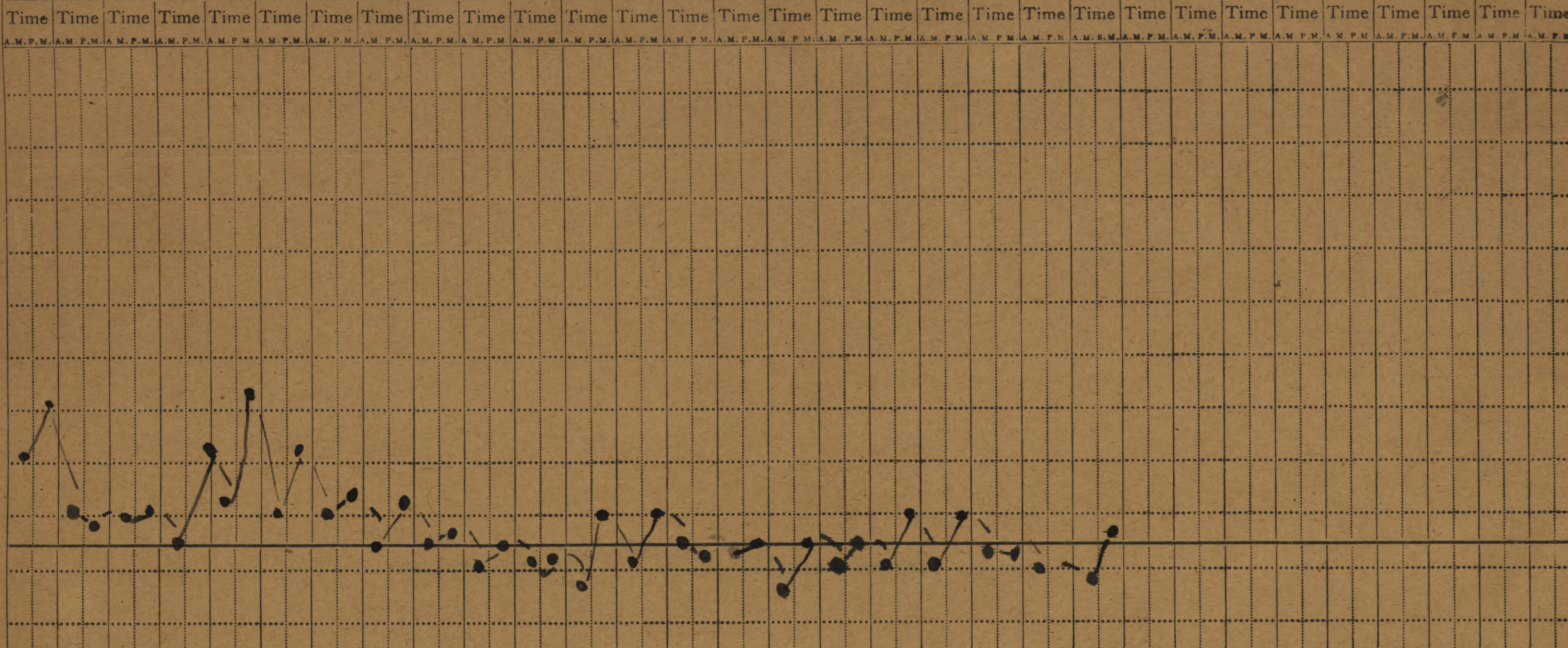
17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10

Days of Disease

April \_\_\_\_\_ May \_\_\_\_\_

Temperature Fahrenheit

107°  
106°  
105°  
104°  
103°  
102°  
101°  
100°  
99°  
98°  
97°



Pulse per Minute

86 86 92 60 81 66 80 69 80 92 84 84 84 86 96 78 82 78 82 80 82 72 80 79 64 76 82 80 84 70 82 80 82 86 70 86 96 88

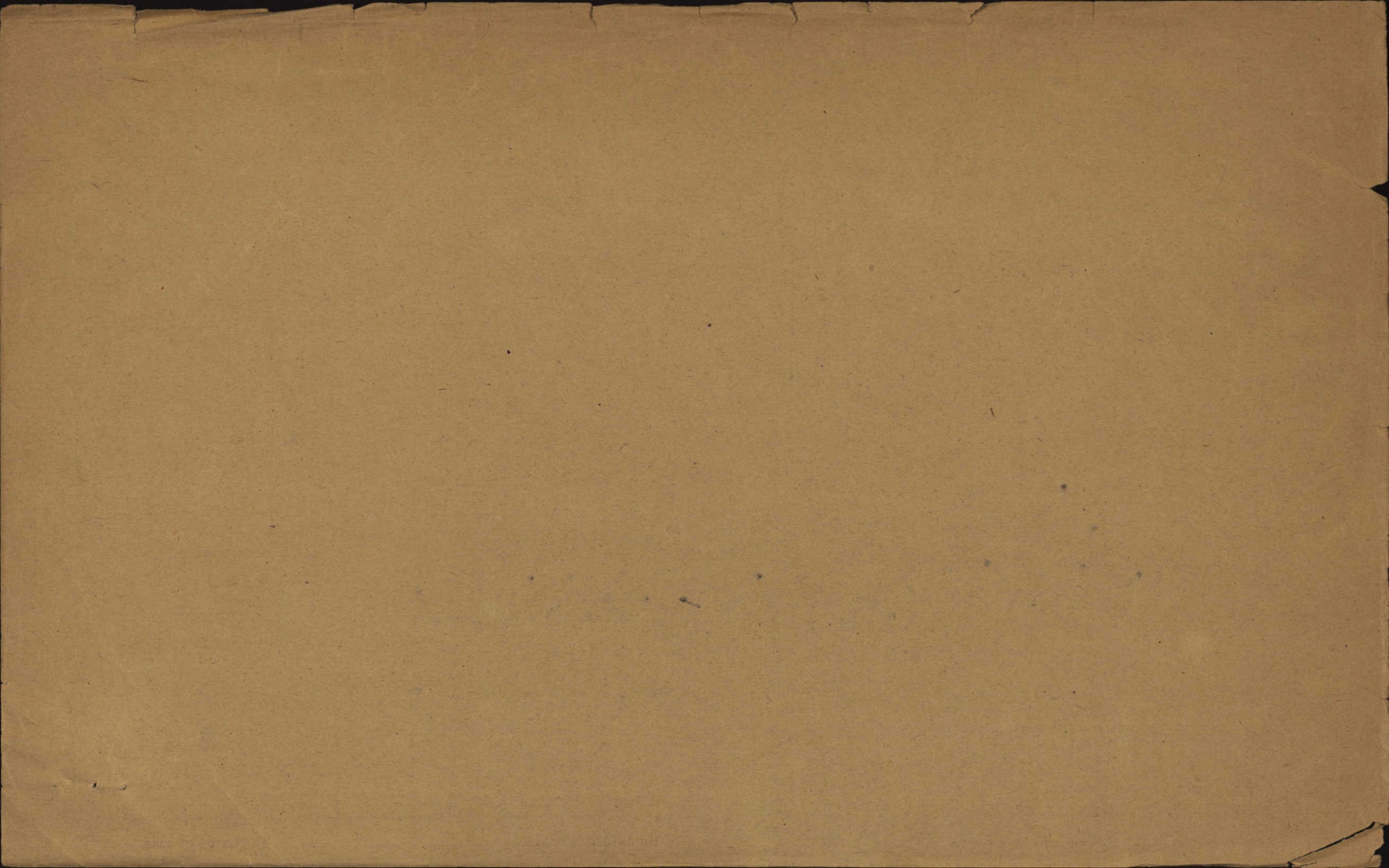
Respirations per Minute

\_\_\_\_\_

Motions per 24 hours

\_\_\_\_\_

Signature \_\_\_\_\_ In charge of case.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

War Service Badges:  
Class "A" (55316: "B" (0, 10929)

A33

This is to Certify that No. 725576 (Rank) Private

Name (in full) REYNARD, Thomas Wilbert. enlisted in  
the 109th Infantry Battalion  
CANADIAN EXPEDITIONARY FORCE at Bobcaygeon, Ontario, on the 13th  
day of December 19 15  
HE served in CANADA ENGLAND FRANCE & BELGIUM (21st Inf. Bn)  
and is now discharged from the service by reason of Medical Unfitness

---

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

Age <u>47 Years</u>	Marks or Scars
Height <u>5' 9"</u>	
Complexion <u>Medium</u>	<u>H11</u>
Eyes <u>Blue</u>	
Hair <u>Gray</u>	

Signature of Soldier \_\_\_\_\_

Issuing Officer [Signature]  
Rank Major.  
Appointment Asst. Director of Records.

Date of Discharge February 27th, 1918.

Signed at Ottawa, Ontario. this Thirtieth day of March 19 30  
in Military District No. National Defence. Hq.

File Reference No. 640-2-11582

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. **728576** (Rank) **Private** Name **REYNARD, F.W.**

Unit **109th & 21st Inf. Bn's. C.E.F.**

Address on Discharge **Bobcaygeon, Ontario.**

Character and Conduct **"GOOD"**

Former Occupation **Plumber**

Special Qualifications of Value in Civil Life

Medals and Decorations **British War & Victory Medals**

Remarks

Signed at **Ottawa, Ontario** this **Thirtieth** day of **March** 19**19**

Name of Officer

Rank

**Major,**

**Asst. Director of Records.** Appointment



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
21/12/17	DISCHARGED FROM 8 <sup>th</sup> C. G. D.	Seaford	TO	257	22/12/17 For O.C. 3rd Canadian Command Depot.
3.6.17	R. EARD. J. O. S. S. O. R. O. and on Command 3 <sup>rd</sup> C.C. Depot	Seaford		3.6.17	PX II 88.
24.12.17	R. EARD. Ceases on Command to 3 <sup>rd</sup> C.C. Depot and posted to Depot Coy.	Seaford		24.12.17	PX. D. D. 287.
H. 1. 18	R. EARD. On Command from EARD. to C. D. Depot Buxton	Seaford		10.1.18	PX. II 80, H dated 11.1.18. Lieut. & Asst. Adjutant, for Commanding, East. Can. Reg't 1 Depot.
JAN 1 1 1918	TAKEN ON STRENGTH C.D.D, BUXTON	Pt. 11	ORDER No. 9		Lieut.-Col. Commanding Canadian Discharge Depot.
3 1 JAN 1918	EMBARKED FOR CANADA FROM LIVERPOOL				Lieut.-Col. Commanding Canadian Discharge Depot.
27-2-18	Discharged and S.O.S. from 27-2-18	Lingston		27-2-18	Lieut., For Officer Commanding, No. 3 Casualty Unit.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD DEC 6 1916.

No. 725576 Rank PTE Name REYNARD THOS.

Local Unit 3<sup>rd</sup> CCD, 21<sup>st</sup> RES Overseas Unit 3<sup>rd</sup> CCD, 21<sup>st</sup> Bn Age 47

Examination held at 3<sup>rd</sup> CCD Seaford

DISABILITY.  
Overseas—Local.  
(scratch one out)

GENERAL DEBILITY

6/12

in France

### PRESENT CONDITION.

Returned ~~at~~ Apr. 16<sup>th</sup> 17

Complaint—1) Rheumatic pains in shoulder hip etc aggravated by climatic changes  
2) Shortness of Breath

Exam—1) Looks over age given  
2) General physical poor  
3) Other systems OK

BOARD RECOMMENDS:— 13<sup>th</sup> not likely to improve in 6 wks

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

[Signature] President.

Members

[Signature]  
[Signature]

APPROVED 10 DEC 1917

Dated at Seaford Sussex 1916.

APPROVED.

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

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916

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

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

Examination held at .....

DISABILITY.  
Overseas—Local.  
(Section one only)

## PRESENT CONDITION.

## BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after ..... weeks' physical training.
- 3. Fit for Temporary Base Duty ..... weeks.
- 4. Fit for Permanent Base Duty .....
- 5. Discharge .....

Signatures:—

..... President.

Members

APPROVED

Dated at ..... 1916



**DUPLICATE**

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725576.....

(3) Full Name of Soldier Thomas Wilbert Reynard.....

(4) Place of Birth Bobcaygeon Ontario Canada.....

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

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

(b) Present Postal Address Bobcaygeon Ontario Canada.....

(7) Are you a widower? No.....

(8) Have you any children? Yes.....

If so, give number of boys and girls: Four boys; Three girls.....

Also their names and ages Howard age 17; William age 14; Freeman Agell

Harry age 1 yr.; Beatrice age 4; Mabel Age 5 yrs. -H

Madeline age 3 yrs.....

(9) Is your Father alive? **No.**

If so, state name and address **Nil.**

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

If so, state name and address **Janette Randell.**

**Bobcaygeon Ontario Canada.**

(11) If your Mother is a widow **Yes.**

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.

**Nil.**

(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.

**Nil.**

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

**Yes.**

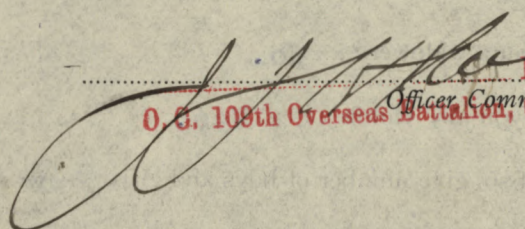
(15) Are you insured? **No.**

If so, in what Company? **Nil.**

Have you made arrangements for payment of your Insurance premium? **Nil.**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.


Date **July 4, 1916.**

 **Lt. Col.**  
**O. S. 108th Overseas Battalion, C. E. F.**  
*Officer Commanding.*

725576.

## DENTAL CERTIFICATE.

*Pte. Reynard J. W.* The following Certificates will  
 be attached to the Medical History Sheets of all  
*C. O. R. D.* Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
11-1-18	Fit			  <i>H. S. Quinn</i> <i>Capt R.C.D.</i>

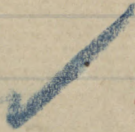
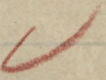


1/3/16

## MILITIA AND DEFENCE

M. F. W. II.  
20m.—11-15.  
H. Q. 1772-39-818.

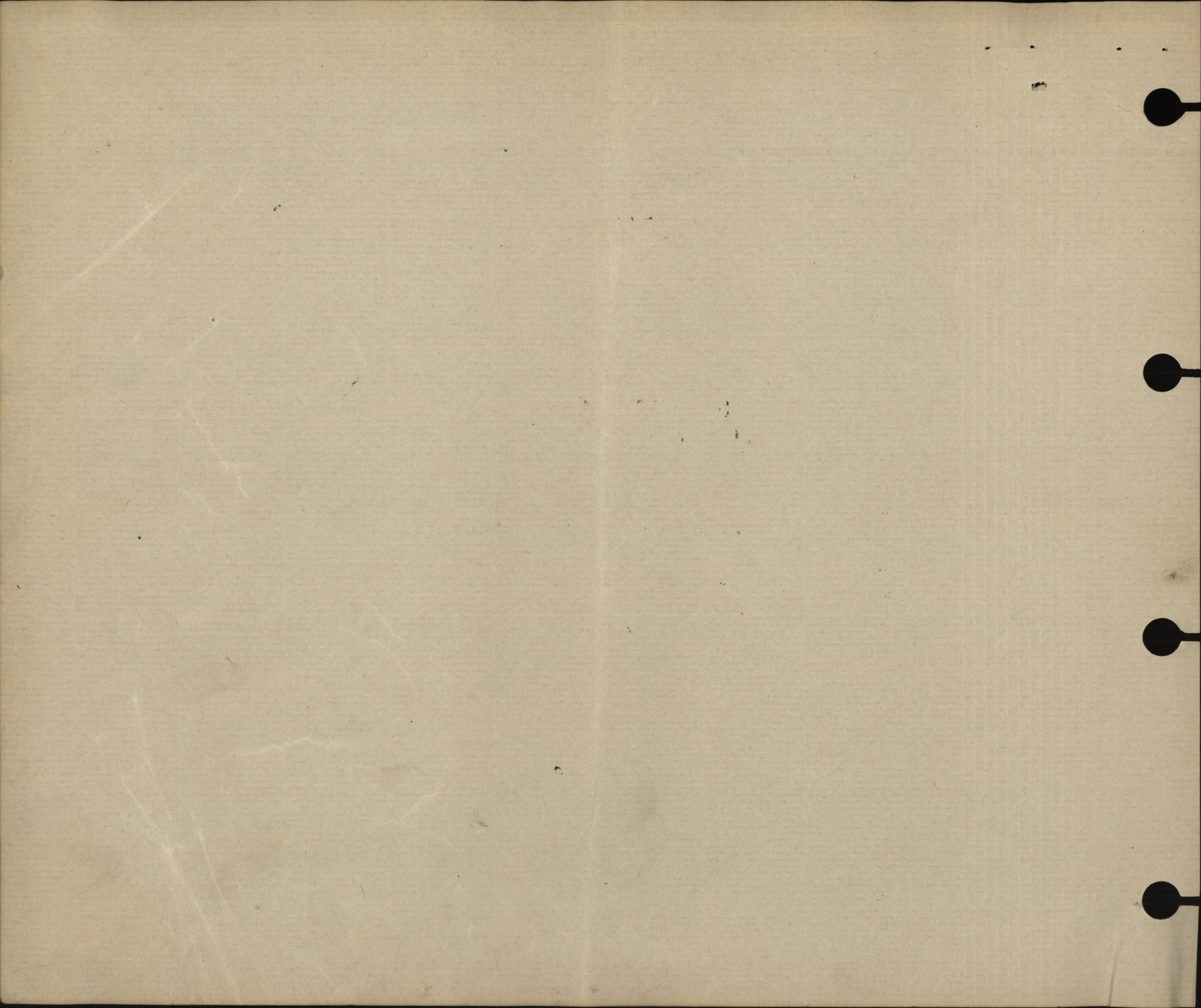
## SEPARATION ALLOWANCE

Name *Mrs. Abigail Reynard*  
Address *Bobcaygeon  
Ont*Name of Soldier *Reynard, Thomas Wilbert.*  
Regtl. No. *725576*  
Rank *Pte*  
Corps *109. O. Batten*  
To what Corps belonging }  
when called out }  Relation to Soldier }  
wife, child or mother } *Wife*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>L 28714</i>	<i>20</i>	<i>20</i>





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Abegarte Reynard  
 Address Bobcaygeon  
Ont.

By Whom Assigned Reynard Wilbur Thomas

Regtl. No. 725576

Rank Pte.

Corps 109<sup>th</sup> Bin. Coy

Rate 20  $\frac{00}{XX}$

**AUG 1 1916**

**PAYMENTS**

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



CE 22014

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-4-16.  
 1772-30-319.

Sheet No. 2.  
 L. L. Job 310.—Req. 6574.

Abegrate Reynard <sup>wife.</sup>  
**PAYMENTS.**

Name of Soldier Reynard Wilbert Thomas  
 725 576 Pte. Coy 109 B'n

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 <sup>00</sup> XX
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		X15052	20	
Sept.		H18085	20	
Oct.		H22750	20	
Nov.		J28048	20	
Dec.		P31742	20	
Jan.	1917	P40969	20	
Feb.		P46819	20	
March		652659	20	20.6
April		C4381	20	20.8
May		G10630	20	
June		B.19573	20	20 T.
July		B24239	20	B.
Aug.		R31480	20	
Sept.		V38155	20	lu.
Oct.		H45181	20	
Nov.		J52121	20	
Dec.		M.62730	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

all

all

240

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.				

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 8902.—Req. 6213

*Mrs* Aligail Reynard <sup>Wife</sup> **PAYMENTS.**

Name of Soldier Reynard, Thos. Wilbert.  
Pte. 725576

Month.	Year.	Cheque No.	Amt.	Remarks.
			70	
April	1916	N 2474	20	20
May		K 7028	20	20
June		M 5516	20	20
July		N 11853	20	20
Aug.		P 14409	20	20
Sept.		X 17154	20	20
Oct.		M 20369	20	20
Nov.		623937	20	20
Dec.		C 27430	20	20
Jan.	1917	Z 30133	20	20
Feb.		Z 33047	20	20
March		A 36888	20	20
April		B 2389	20	20
May		G 5292	20	20
June		Z 8581	20	20
July		Z 12270	20	T
Aug.		K 15832	20	B
Sept.		V 18546	20	T
Oct.		Y 21507	20	m
Nov.		H 2523	20	B
Dec.		V 27402	20	Bw
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

340

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

*copy*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

14604/291

15289-T-1.

Name Reynard, Thomas. *Walbert* (W.S.G. Seal.)  
Surname Christian Name

Regimental Number 725576 Rank Pte. Address (in full) Bobcaygeon,

Unit # 3 S.S.Co. *Ont.*

Original Unit

District where paid M.D.3.

Date of Discharge 27-2-18.

P. D. P. Filing Number 7-89-3. 3-162-3

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1759	27-3-18	33 00	1721	27-4-18	32 03				35 07.	65 03
75 00	3187	22-8-18	75 00								75 00
<del>2353 1<sup>st</sup></del>	<del>9401839</del>	<del>1.4.19</del>	<del>70 00</del>								
<del>2353 1<sup>st</sup></del>	<del>9401840</del>	<del>1.4.19</del>	<del>30 00</del>								
20390 2 <sup>nd</sup>	402678	31 <sup>st</sup> /19	70 00								

M. F. W. 127.  
50M-617.  
 1979-39-1140.

Remarks: Deb. Bal. L.P.C.

Adjustment of S.A. herewith.

Dec'n No. 14604/1291 W.S.G. File No 15279 T-2

Award ..... days at \$ 100.00 per mo \$ 500.00

S. A. .... months at \$ .... per mo. \$ ..... \$ 175.10

Less P. D. P. Credited \$

Less further debit balance \$ .....

Net due paid as below 324.90

**TO SOLDIER TO DEPENDENT**

No	Ag. No	Ch. No	A. out	No	Ch No	Amount
1	2353	401839	70.00	2353	401840	30.00
2	2029A	402078	70.00	2669A	403864	70.00
3	2219B	428480	34.90	2416	4043910	70.00
				975C	459553	70.00
				9286	509741	70.00
Total				Total		

1.4.19  
31.3.19  
19.4.19

1.4.19  
30/4/19  
30-4-19  
13/5/19  
23/8/19

Bobcaygeon  
Ont. Can.

dependent :-  
Mrs. A. Reynard  
same add.

GEN'L AUDITOR  
posting enclosed by  
*[Signature]*  
date 20/8/19

*at 9*







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. <i>725576</i>	
Rank <i>Private</i>	
Name <i>Reynard Thomas Kilbert</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 3 Casualty Co.</i>	
Date of Discharge <i>27-2-18</i>	
Place of Discharge <i>Kingston, Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>47</i> years.....months.	Descriptive Marks <i>13-9-56 Nil</i>
Height..... <i>5</i> feet..... <i>9</i> inches.	
Complexion <i>medium</i>	
Eyes <i>Blue</i>	
Hair <i>Grey</i>	
Trade <i>Plumber</i>	
Intended place of residence } <i>Bobcaygeon, Ont.</i> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>medically unfit for further service,</i> <i>Authority 37th-88-R-160 dated 21-2-18</i>	
<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>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i> <span style="float: right;"><i>Good</i></span>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Plumber.</i>	

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) *Kingston* ..... *Saljea Lieut.* .....

(Date) *18-2-18* ..... for O. Commanding *#3 Casualty Unit.*

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Kingston* ..... *W. M. Bernard* ..... (Signature of Soldier.)

(Date) *18-2-18* ..... *W. M. Bernard* ..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) *Kingston* .....

(Date) *18-2-18* .....

(Signature) *Saljea Lieut.* .....  
*for O.C. #3 Cas Unit.*

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.)

*nil*  
*J. M. Raymond*  
witness *W. J. Hummel*

## 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>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(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.*



10. History :

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.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

(1) Same as on enlistment.

(2) Same as on enlistment.

12. Did the disability arise on or off duty? Before enlistment.

13. Was a Court of Inquiry held? No

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

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

Not applicable

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Not applicable

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

Hospitals in England from trench fever.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations.

Categ. E.

*[Signature]* CAPT. A.M.C.  
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.)

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

*T. W. Reynard*  
Signature of soldier examined.

### OPINION OF THE MEDICAL BOARD

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

Yes

22. 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.**

23. 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).

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

Categ. E.

*J. J. Woodman*

CAPT A.M.C. President

*A. Macdonald* CAPT A.M.C.

CAPT A.M.C. Members.

STATION.....Kingston, Ont.,.....

DATE.....Feb. 22, 1918.....

APPROVED BY

DATE.....FEB 25 1918.....

*W. Cray* Captain A.M.C.  
Assistant Director of Medical Services.  
For A. D. M. S. (Mil. District No. 3).

APPROVED BY

DATE.....

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

number of the answer criticized.

(a) General service.

(b) Home service (Canada only).

(c) Unit for service in Categories A, B and C.

(d) Does not require treatment.

(e) Should pass under his own control.

(f) Strike out condition not applicable.

(g) When not for discharge and special arrangements.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
----	----------	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

1-12-17

P.C. 3257

PARTICULARS OF SEPARATION ALLOWANCE

No.

725576

Rank

Pte

Promoted

Reverted

Discharge

Soldier's Name

Wilbert Thomas Reynard

Battalion

109 Battrn

Beneficiary

Mrs Abigail Reynard,

Relationship

wife

Address

PARTICULARS OF ASSIGNMENT

Name

Abigail Reynard (wife)

Address

Robeydon  
Change of Address  
Ont-

1

2

3

4

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

Dec 31		440	340	780	
Jan 1918	X 6788	30	20	50	
Feb	Q 73887	25	20	45	
Mar 1918	R 91395	25	20	45	
		XX	XX	XX	
May	U 22412	25	20	45	

..... A/c Closed 28/2/18

Ret'd per Olympic

Date 14/2/18 E.X. 23/2/18

Clerk P. J. [unclear]

R91395 Canc. per. C.O. 2/3/18 23/4/18 ✓

U22412 to be cancelled, as destroyed 23/1/18 and still ✓

Cancelled 1310-1918 appears on May A.D. List

60 Lt. 1310 und 14/1/18 m/s [unclear]

m/s fund 6/18 m/s

M.R.O. [unclear] 19/2/18

M.R.O. [unclear] 23/2/18

2nd MRO 2 B rends 16/1/18 m/s [unclear]

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 22320-M. & D. 1988.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 23320-M. & D. 1393.

**ORIGINAL**  
**MEDICAL HISTORY SHEET.**

C Coy  
**FCT 225**  
**ORIGINAL**

Surname Reynard Christian Name Thomas Wilbert

Examined { on 16<sup>th</sup> day of December 1915  
 { at Sudsay  
 Birthplace { City or Town Harvey  
 { County Ontario  
 Apparent age 42 years  
 Trade or occupation Laborer  
 Height 5 Feet 9 1/2 Inches.  
 Weight 148 Lbs.

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>24 APR 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

**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.)

35 inches.  
37 1/2 inches.  
2  
2 Left. Oh  
25<sup>th</sup> 1916.  
 ties or previous  
 cause rejection  
26.5.16  
5.6.16  
29.9.16

Date	Result	VACCINATIONS
<u>25.1.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>5.2.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>20.3.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>5.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>29.9.16</u>	<u>"</u>	<u>H. Boyd</u> M.O.

Enlisted on 13<sup>th</sup> day of December 1915 at Bobcaygeon

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt</u>	<u>725576</u>		<u>13.12.15</u>
Transferred to.....	<u>21st Bn</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd B. Bd Seaford</u>	<u>11.7.17.</u>	<u>Age.</u>	<u>Bii James S. Esq. M.D.</u>
<u>3rd B. Bd Seaford</u>	<u>6.12.17</u>	<u>General debility</u>	<u>Pres. S. M. B.</u>
		<u>Bii not likely to improve in Crows</u>	<u>40th Bn Capt</u>
			<b>PRESIDENT,</b> <b>STANDING MEDICAL BOARD.</b>

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.

ERRIS

**CANADIAN**

Surname Reynard Christian Name Thomas Wilbert

Examined { on 16 day of December 1915  
 at Sudsay  
 Birthplace { City or Town Harvey  
 County Ontario

Approved by J. McCulloch  
 Rank Medical Officer M.O.  
109th Overseas Battalion, C

Apparent age 42 years  
 Trade or occupation Laborer  
 Height 5 Feet 9 1/2 Inches.  
 Weight 148 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 37 1/2 inches.  
 Physical development Good  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>24 APR 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left None  
 Number None

Date	Result	VACCINATIONS
<u>25.1.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>5.2.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>20.3.16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.

When Vaccinated last January 25<sup>th</sup> 1916.  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/6/17</u>	<u>TAB</u>	<u>J. McCulloch</u> M.O.
<u>26.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>5.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>29.9.16</u>	<u>"</u>	<u>H. Boyd</u> M.O.

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

Enlisted on 13 day of December 1915 at Bobcaygeon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u>	<u>725576</u>		<u>13.12.15</u>
Transferred to.....	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd Co. 6th Seafor</u>	<u>11.7.17.</u>	<u>Age.</u>	<u>Bii James S. Lythe M.D.</u>
<u>2nd Co. 6th Seafor</u>	<u>6.12.17</u>	<u>General debility</u>	<u>Pres. S.M.B.</u>
		<u>Biii not likely to improve in course</u>	<u>40th Huss Capt</u>
			<b>PRESIDENT,</b>
			<b>STANDING MEDICAL BOARD.</b>

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.

E R R 158

bles

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS  
 (1) All original medical history sheets are to be retained in the original file in which they were issued.  
 (2) Original medical history sheets are to be retained in the original file in which they were issued, unless otherwise directed by the Medical Director.  
 (3) Original medical history sheets are to be retained in the original file in which they were issued, unless otherwise directed by the Medical Director.

CANADIAN

