

MAR 10 1916

13

ATTESTATION PAPER.

No. 724108.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Saville
- 1a. What are your Christian names?..... Norman
- 1b. What is your present address?..... Oakwood Court
- 2. In what Town, Township or Parish, and in what Country were you born?..... Leeds Yorkshire Eng
- 3. What is the name of your next-of-kin?..... P.O. Sgt. Saville
- 4. What is the address of your next-of-kin?..... Oakwood Victoria Co Ont.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Oct 20th 1895
- 6. What is your Trade or Calling?..... Farmer
- 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?.. 1914-15 4th Dist. Regt.
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, Norman Saville, 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.

Norman Saville (Signature of Recruit)

Date MAR 10 1916 191 . W. J. Goddard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman Saville, 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.

Norman Saville (Signature of Recruit)

Date MAR 10 1916 191 . W. J. Goddard (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

before me, at Lindsay this MAR 10 1916 day of 191 .

W. J. Goddard (Signature of Justice)

Description of Norman Saville on Enlistment.

Apparent Age... 20 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 3 ins.

Chest measurement. { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 1/2 ins.

Complexion..... Dark

Eyes..... Blue

Hair..... Black

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

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

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

Scar a back of ~~upper~~ right leg.
Small scars on left side of body.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... MAR 10 1916 191 .

Place..... Sunday

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date..... MAR 10 1916 191 .

SAVILLE, NORMAN

724108

3 D.D.

05649

DEMOB

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

482389

PR



H

REGIMENTAL DOCUMENTS
STATE RECORDS DIV.

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 **724108**.....

(3) Full Name of Soldier **Norman Saville**.....

(4) Place of Birth **Leeds Yorkshire England**.....

(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 Edwin Saville

If so, state name and address Former address Oakwood Ont. now serving in
13th Royal Highlanders C.E.F.

(10) Is your Mother alive? yes

If so, state name and address Lily Saville

Oakwood Ontario Canada

(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.

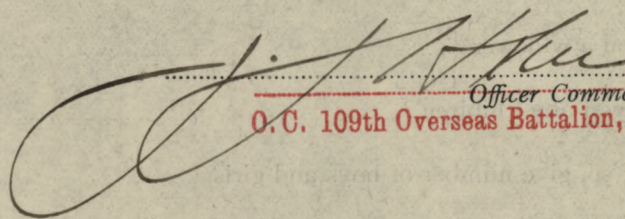
(15) Are you insured? No

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

Have you made arrangements for payment of your Insurance premium.....

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


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

A. & D. CARD

~~No. 4 Canadian Gen. Hospital,~~ HOSPITAL.

AT

Basingstoke.

A. & D. No.

M17892

PL. OF ACTION

RANK

Pte 724108

UNIT

38800

SICK OR
WOUNDED

NAME

Saville N

AGE

22

RELIGION

CofE

PLACE IN HOSPITAL

A. 10.

DIAGNOSIS

G.S.W. Hand. Lt, amp. fore fingers

ADMITTED

5-11-17

FROM

C. C. H. Monks Norton

DISCHARGED

TO

TRANSFERRED

3. 12. 17 Green Buxton

SERVICE AT HOME

14 mos

IN FIELD

4 1/2 mos.

RESULTS

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

(P.T.O.)

REMARKS.

Has method leave

No. 724108 RANK Pte

NAME Saville. N.

T. O. S. 10-3-16. UNIT

A. O. 106. 23-3-16.

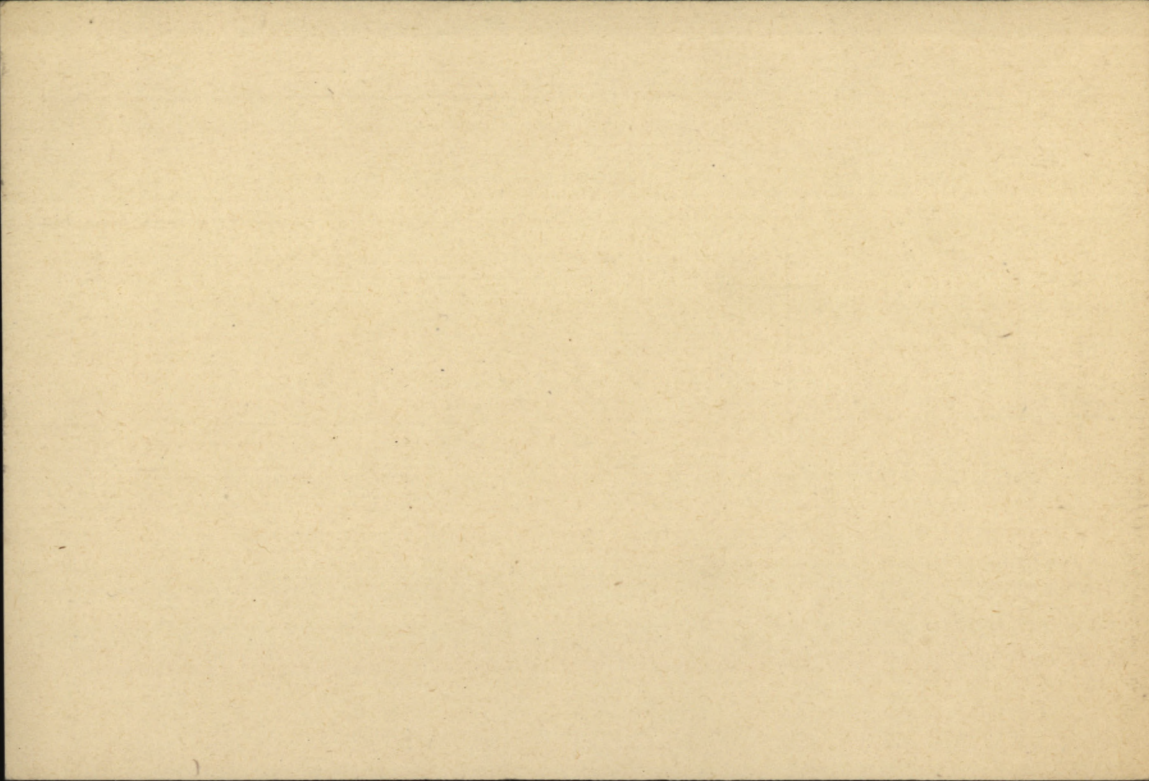
109th Battalion

M. D. 13

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

UNIT SAILED

JUL 23 1916



Name Saville Norman Rank Plt

Reg. No. 724108.

Unit 109 Bn.

Next of Kin Canada.

Date	2nd Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-8-16	Northern	Leeds.	Pneumonia	17		
22-9-16	Bushy Pk.	Hampshire	Pneumonia	16		
29-9-16	Woodcote Park		Pneumonia	18		
30-10-16	He is		28			

Name **SAVILLE** Rank Pte.

Reg. No. 724108

Unit **Norman
38th Battn.**Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
1917						18-4
11-4	14 Gen. Hos. Wimereux.	GSW. L. Hand (sev)		A174	M2176	
17-4	Mil. Hosp. Shorncliffe.	9 Gen. Hos. do		B170		
23-10-17	Camp C. H. Frank	do		B17		4230
6-11-17	4 Camp G. H. Bussington	do		B58		5216
4-12-17	Camp C. Spee	do		B03		7630

SURNAME.

Saville

CARD NO.

3

CHRISTIAN NAMES

Norman

205. 9. 1. 19. Demob.

FOLL.

100. 10. 5. 10. 1. 79 220. 10

REGL. NO.

724108

RANK

Pte

UNIT

109th

Batt.

FORMER CORPS

1 yr. 45th Victoria Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Saville, Lily Mrs.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Oakwood, Victoria Co.,
Ont.*

COUNTRY OF BIRTH

England, Yorkshire

DATE

Oct. 20th 1895

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Mar. 10th 1916

Sailed from Halifax per. S.S. "Olympic"

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

23-7-16

488



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

R/2028-11-18

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

20 YEARS

5 MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

dark

EYES

blue

HAIR

black.

DISTINGUISHING MARKS

*Scar on back of rt. leg.
Small scars on left side of body.*

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Mar. 10th, 1916

CANADIAN CONVALESCENT HOSPITAL

A. & D.
CARD.AT
THE KING'S CANADIAN RED CROSS
CONVALESCENT HOSPITAL

Regt. No. 724108 A. & D. No. 279
 Rank Pte. Corps 109th Batt
 Name Saville, N. Age 20 Religion Meth
 Service at Home 8 mos.
 „ „ Front
 Diagnosis Pneumonia
 Admitted 21-9-16 2nd N. Gen. Leeds
 Discharged
 Place in Hospital
 M. H. Rec'd (See Document Card)
 Transferred 28 SEP 1916 CANADIAN CONVALESCENT
 Results HOSPITAL, EPSOM

REMARKS: Reported sick ^Decketts Park Leeds. 14-8-16
while on leave,
Bushy Park 21-9-16

Present Condition. Still a little weak. No
cough & no pain.

Pulse. 88. After 50 yds run 150

In 2 minutes. 108.

1
Granville Can. Spl. Hospital, HOSPITAL.

**A. & D.
 CARD**

B-I
 AT _____
 A. & D. No. *T8063* PL. OF ACTION *724108*
 RANK *Pte.* UNIT *38th Can.* SICK OR WOUNDED _____
 NAME *Saville W.* AGE *22* RELIGION *CofE*
 PLACE IN HOSPITAL *101/432*
 DIAGNOSIS *G.S.W. of Hand. Amp toe-finger*
 ADMITTED *8 DEC 1917* FROM *4th Can. Gen. Basingstoke*
 DISCHARGED *14/1/18* TO *E. Ont. R.D. Seaford.*
 TRANSFERRED _____
 SERVICE AT HOME *18/12* IN FIELD *4/12*
 RESULTS _____

43 days

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

(P.T.O.)

REMARKS.

NAME

Derville Norman

RANK AND CORPS

Plt (109th Battalion ^{79mm} Can Infantry)

CABLE

NO.

DATE

38th Bn NATURE OF CASUALTY

M2176

19-4-17

Adm to no 14 Gen Hosp Wimereux
apr. 11th 1917 (W. S. W. left arm) ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
no 16	Kings Can. Conv. Bush Park Hampton Hill	22-9-16	Pneumonia
no 17	2nd North Gen. Leeds	14-8-16	"
18	Can. Conv. Wdcole Ch. Eps.	29-9-16	"
28	" " " " "	30-10-16	" Discharged.
a 174	#14 Gen. Wimercury	11-4-17	G. S. W. L. Naid (sev)
B 170	Mil. Sharpcliffe Ex. 9. Car. Gen. " Kent	17-4-17	G. S. A. left hand 20/11-17 (ear and right)
B 47-2	Con. conv. Monks. Horton	23-10-17	cysw. S. Hand. Sev.
B 58	#4 Can. Gen. Basingtoppe	6-11-17	"
B. 82	Grand. Can. spec. Ruxton Derbyshire	4-12-17	"
			East. Out. Reg " " 22-1-18

Surname *Saville* Christian Name or Names *M.* Reg. No. *724108*
 Rank *pte.* Unit *109th.* Co. *Batt'n.* Troop *38th Bn* Batty. *C.O.*
 Hospital *Kingslean. Cons H. Bushy. 41k* Date of Admission
 Transferred *Hilton Hill.* Hosp. *22-9-16*
2 h. Gen. Leeds. Hosp. *4-8-16.*
Woodcote R. Epsom Hosp. *29-9-16*
14 Gen Hosp. Wimereux Hosp. *11-4-17*

Diagnosis

(1) *Pneumonia*
Later Diagnosis (if changed)

(2)

(3)

q. s. w. l. Hand Sev. R.

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 30.9.16 2A.16.
5.10.16. 17.
10.10.16 18
3.11.16 #28
18.4.17 A174
24.4.17 B170.
27-10-17 B47-2.
9-11-17 B58(1)
7.12.17 B82(1)

Dis 30.10.16
REMARKS

A.M.D. 2 Dept.

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

RW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	S. Cliffe Hill. Can. Conv. Monks Horton	17-4-17 23-10-17
2.	4. Can. Gen. Basingstoke Grawville Can. Spec. Buxton	6-11-17 4-12-17
3.	R. R. D. [unclear] N. H. [unclear]	[unclear]
4.		
5.		
6.		
7.		

Name Saville, Norman Rank Pte Regtl. No. 724108

Original unit 919B'n Present unit M. or S. Age 22 Religion Wth Ref. H.Q.

Port, ship and date of arrival Halifax, Acquitania, 28-11-18.

Next of kin (m) Lily Saville, Oakwood D.D.

Address on leave Same as above.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Lindsay, Mar. 10-16.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<u>5-12-18</u>	<u>T.O.S. Casualty Company No. 3 District Depot. <i>from O/S</i></u>	
	<u>for Disposal, Part Two D.O. <u>231</u></u>	
	<u><i>leave & sub. 2-12 to 15-12-18</i></u>	

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

N.E.

724108

MEDICAL HISTORY SHEET. ORIGINAL

Surname Saville Christian Name Norman 2044

Examined { on 10th day of March 1916
at Lindsay
Birthplace { City or Town Leeds
County Yorkshire England

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

Apparent age 24 years
Trade or occupation Farmer
Height 5 Feet 3 Inches
Weight 129 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 36 inches.

Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>16 APR. 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left Five
Number Five

Date.	Result.	VACCINATIONS.
<u>March 20 1916</u>	<u>20316</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last March 20 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/5/16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>18/5/16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>25.5.16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>24/11/18</u>	<u>24/11/18</u>	<u>J McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 10th day of March 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724108</u>		<u>10.3.16.</u>
Transferred to	<u>38th Bn</u> <u>6th Div</u>			<u>15/2/18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>G.C.S.H.</u>	<u>7/1/18</u>	<u>S.W. L. hand</u> <u>loss index finger</u>	<u>B I</u> <u>W. J. Gayley</u> <u>Capt. Lane</u>

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

Christian Name *Norman*

Surname *Sawdle*

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				
BEVAN MILITARY HOSPITAL, SANDGATE, KENT.		13	4	17	8	8	17	q.s.w l hand	117	Xray 18.4.17 fracture 2 nd & 3 rd metacarpal left index finger - part of Metatarsal (J.G. 1917)	Joseph E. Cahaly.
Ipswich Convalescent Hospital		8	8	17	19	10	12	"	72	Fit for duty	helps ortho
Mil Hosp, Sandgate		20	10	17	21	10	17	-do	3	To Monks Horton	M J Graham
Canadian Convalescent Hospital, Monks Horton, Kent.		22	10	17	5	11	17	sw l hand amputation index finger	14	Transferred to Basingstoke for massage & passive movement	M J Graham Capt. Caine
#4 Can. Gen. Hosp Basingstoke		5	11	17	3	12	17	R. & W. Lt. Hand supinated index finger	29	Massage and passive movements of wrist and hand (left)	Quoad Capt. Caine
Granville Can Spec. Hosp Buxton Derbyshire		3	DEC	1917	14	1	18	do Right hand	43	Back flexion 2 nd metacarpal- phalangeal joint middle finger Ralf normal. amp. index finger. left hand.	R. J. Caine Capt. Caine

2nd Original Created 18.11.18.

MEDICAL HISTORY SHEET.

Surname Saville

Christian Name Norman

Examined { on 10th day of Mar 1916
 at Hindsey

Approved by

Birthplace { City or Town Leeds, Yorkshire
 County England

Rank M.O.

Apparent age 20 years 5 months

Trade or occupation Farmer

Height 5 Feet 3 Inches.

Weight Lbs.

Chest measurement { Minimum 36 inches.

Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right 0 Left 26
 Number 2

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>20-3-16</u>	<u>Effective</u>	M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9-5-16</u>		M.O.
<u>25-5-16</u>		M.O.
<u>2-11-16</u>		M.O.
<u>26-1-18</u>		M.O.
<u>17-11-18</u>		M.O.

Enlisted on 10th day of March 1916 at Hindsey

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn.</u>	<u>724108</u>		<u>10.3.18</u>
Transferred to	<u>38th Bn.</u>			<u>15.2.18</u>
	<u>6th Lan. Res.</u> <u>LORD.</u>			<u>18.11.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Moor camp</u>	<u>Nov 17-18</u>	<u>9 SW 2 hand</u>	<u>Bi</u>
<u>Water</u>	<u>18-11-18</u>	<u>LI</u>	<u>Bi</u>
<u>Bainfield</u>	<u>3-1-19</u>	<u>Supracond. of l. s w of left hand</u>	<u>Bi</u>

James Egan of the 24th Regt. Am Bn. Case.
Benjamin Thompson Esq. Capt Am B.
Burnham

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.

5

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 2966 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	724108	Pte.	Saville	S.
		Unit.	Age.	Service.
		109 th Batt. C. E. F.	20	4/12
Station and Date.	Disease			
2 nd N. Gen. Hosp.	Ac Pneumonia			
Leds.	Admitted for Aug 14 th		Dise felt ill on that day	
	Chest.			
	Apex beat normal position.			
	Very distinct tubular breathing at apex base, but breath sounds were not well heard.			
	Sputum rusty.			
	Hesper with lip			
	Misc Self		Marsalis	
	Di g. as		Marsalis	
			Red Blood for 18	
			Cura	
17/8/16	Pain less			
	Had a coughless day on the whole yesterday			
18/8/16	Sputum still rusty. Normal pain. Pulse good			
	Potass Bromid 3; Ca flucinate 3; Ca 3ii 3; 2 nd hor.			
	M.			
20/8/16	Pt did not sleep last night.			
	R. Pulv. Specie 6 for 2 status. fl. an			
21/8/16	T ^o done this morning. Pulse good			
22/8/16	Cough troublesome		Mind An a finger	
25/8/16	Slight well			
27/8/16	Cough still troublesome		In fl.	
30/8/16	Vegetables			
	Marsalis M.			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724108	Pte	Saville	N.
Year	Unit.	Age.	Service.	
	109 th Batts	20	8/12	
Station and Date.	Disease			
21. 9. 16.	Pneumonia.			
Born Leeds.	On Aug. 14 th 1916. while on pass in Leeds reported sick to Beckers Park Mill Hosp. Leeds where he was put to bed and given treatment.			
Singles.	Sent to R. C. R. C. Hosp. Dushy Park. Sept. 21 st 1916.			
Farmer.	<u>Present Condition</u>			
Quarantined.	Still feels a little weak. No cough. No pain.			
on	Pulse 88 After 50 yds run 150			
Feb. 28 th 1916.	In 2 minutes 108			
Vac.	JSA			
1	Sept. 28. Transf. to Epson			
Enoc.	JSA			
3				
Mother.				
Mrs. L. Saville.				
Oak wood				
Out.				
Con.				

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

MEDICAL CASE SHEET.*

Basingstoke.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	424108.	Pvt	Saville	H.
Year	Unit.	Age.	Service.	
1917	38 Cam	22	18 4 12 12	
Station and Date.	Disease <i>G.S.W. L hand. Imp. 4th finger</i>			
5-11-17	OCCUPATION <i>Farmer.</i>			
	ENLISTED <i>Lindsay, Ont. Mar. 16th 1916.</i>			
	ENGLAND <i>July 1916.</i>			
	FRANCE <i>Dec. 1st 1916.</i>			
	WOUNDED <i>Apr. 9th 1917. Vimy Ridge.</i>			
	HOSPITALS. ① C.C.P. not known - few hours. ② #4 Gen. Hosp. Bologne - 3 days			
	③ Bevan Hosp. Folkestone - 17 weeks ④ Ipsenhurst Hosp. Sussex - 2 months			
	OPERATIONS ⑤ Shorecliffe Mil. Hosp. - 2 days ⑥ R.C. Monk's Horton - 1 week			
	⑦ Walmer Beach, Deal - 1 week ⑧ C.C. Monk's Horton - 3 days			
	⑨ #4 Can. Gen. Hosp. Basingstoke.			
	<i>Index finger of left hand amputated at Bevan Hospital Folkestone.</i>			
	REMARKS			
	<i>Wound healed about end of July 1917. X-rayed at Bevan Hosp. No gassing. No shell shock.</i>			
	SUMMARY OF F.M.C.&.M.H.S.			
	PRESENT CONDITION.			
	<i>Cause: S.W. index finger left hand</i>			

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

Station
and Date.

Left Hand:

Healed scar of entrance of bullet $\frac{1}{2}$ " long at
back of hand $\frac{1}{2}$ " above middle finger. Healed
scar of exit of bullet $1\frac{1}{2}$ " long on palm of hand
 $1\frac{1}{2}$ " below middle and ring fingers.

Healed scar of amputation $1\frac{3}{4}$ " long.
Scar of entrance of bullet adherent to bone.
Scar of exit quite tender.

Wrist joint: all movements normal.

Thumb: all movements normal.

Fingers: Flexion in little finger normal.

$\frac{1}{3}$ normal in last interphalangeal joint.

of ring finger. $\frac{1}{6}$ normal in metacarpal

phalangeal joint of middle finger. $\frac{3}{4}$ normal

in first interphalangeal joint of middle

finger. $\frac{1}{2}$ normal in last interphalangeal joint

of middle finger. Extension normal in

all three fingers. Abduction and

adduction normal in little & ring fingers.

only very slightly present in middle finger.

Sensation: loss of sensation to pin prick and

light touch over radial side of middle

finger.

Heart: No lesion found. Previous Treatment:

Chung. No lesion found. Massage of fingers &

Nervous System: No lesion found. band at Walmar.

Gen. Condition: good.

Nov 7/17

Massage and passive movements of middle
and index fingers.

Lewis Smith
Capt. U.S.A.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6 205	724108	Pte	Saville.	Norman.
Year	Unit.	Age.	Service.	
1917	38 th Bn Farmers.	22	1892 France 4 1/2/12	
Station and Date.	Disease			
CAN. CONV. HOSPITAL, MONKS HORTON, KENT 22/10/17	S. S W Hand left - amputation for finger Wounded at Vimy 9-4-17. Went to Boulogne 14 th Gen Hosp. To Beauvais Mil Hosp 13 th -4-17 To Lanchester 8-8-17. Top finger of left hand, junction of lower middle third of metacarpal. Wound healed. Great limitation of flexion of middle finger. - cannot close upon palm. Grip much lessened. General condition good - full fit. For 10 days convalescence. Methuen Maj.			
26/10/17	March light drill massaging left hand & fingers			
1/11/17	Dis to Monks Horton.			
2-11-17	Use of hand not much improved Transfer to Basing stote for massage Dob M Ewen Capt	J. M. Wood - 100		

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724 108.	Rte.	Saville	N.
Year	Unit.	Age.	Service.	
1917.	38 th Bn. Can.	22 yrs.	18/12; 4/12.	
Station and Date.	Disease			
Nov. 29/17.	G. S. W. Left Hand. Amp. forefinger.			
Can. Military Hospital, Basingstoke.	Left Hand:			
	Wrist joint: G. A. F. 650 G. A. 1/2 normal.			
	adduction 450 abduction normal.			
	Thumb: adduction 2/3 normal, flexion extension and abduction normal.			
	Fingers: Flexion & extension little finger normal. Flexion metacarpophalangeal joint ring finger normal, 1 st interphalangeal normal. 2 nd interphalangeal joint absent.			
	Flexion metacarpophalangeal joint of middle finger 1/2 normal, 1 st interphalangeal joint 1/2 normal. 2 nd interphalangeal joint 1/3 normal. Extension normal in little & ring fingers, 2/3 normal in middle finger.			
	Abduction & adduction normal between little & ring fingers, 2/3 normal between ring and middle fingers.			
L. W. A. T. K. E. N. Capt. Can. M. S.				

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>T. 8063</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>724108</i>	<i>Pvt.</i>	<i>Swille</i>	<i>A.</i>
	Unit.	Age.	Service.	
	<i>38 Bn.</i>	<i>22</i>	<i>18/12 4/12</i>	



Station and Date. Disease *G.S. 10. St. hand. (ampt. fore. finger)*

Occupation. *Farmer*

Enlisted. *10th March 1916. Lindsay Ont.*

To England. July 1916.

To France. Nov. 1916.

wounded. 9th ap. 1917 - at Vimy Ridge.

No 14 General. - Boulogne - 11th ap 1917.

The Beauvoispt. Sandgate. 13 ap 1917.

The Ischurst. Sussex - 8th Aug. 1917.

Shorncliffe Military. Oct 3rd 1917.

Monks Horton. Oct 6th 1917.

Walton Beach. Oct 13th 1917.

Monks Horton. Oct 28th 1917.

Basingstoke. Oct 23rd 1917.

Peuxton. Dec. 4th 1917.

Complaints *Cross under finger L hand.*

History *Limitation movement Lt middle finger*

Wounded by shrapnel, penetrated.

entered between mid pt of 2nd & 3rd

metacarpal bones dorsum. exit. palm

of hand. over 3rd meta carpal mid pt.

Compound fracture 3rd meta carpal

at about mid pt. Shattered to fragments

distal end of 2nd meta carpal:

operation 12 May. amputated under

finger and distal fragments of

2nd meta carpal bone;

Station
and Date.

Healed quickly - Healed 3 months
ago. Had massage for 2 months

present condition

Entrance scar on dorsum hand over
mid pt of 3rd meta carpal bone, scar
somewhat fixed not tender.

Exit scar on palm of hand. over mid pt
3rd metacarpal. Fixed, extremely tender
shooting pain upward.

operation scar over stump of amputation
slightly fixed, not tender.

Stump of meta carpal bone prominent
no tenderness over it.

Sensation: over outer, radial, portion of middle finger
nil to cotton wool & pin prick: positive to
dull point:

Movements: flexion and extension
index finger. Voluntary nil at
metacarpal phalangeal jt. no abduction or adduction
passively extends incomplete flexion L.F. 150°.
General conditions good.

no U.W. no skin W - m.c.a.

6- DEC. 1917.

E.C. Baths - massage & manip. left hand. W.S.T

13-12-17

Condition improving: tenderness in palm
of hand disappearing. some movement
at metacarpal phalangeal joint index finger

no U.W. no skin W - m.c.a.

15 DEC. 1917

Push treatment for 1 week - Mankin W.S.T

Gym. Hand wrist.

22 DEC. 1917

So return in a week for decision. P.M.

Gym Report. with a little special attention touched palm with finger tips.

12-12-17.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724108	Plt	Saville	N.
Year	Unit.	Age.	Service.	
	38 th	22	18/12 4/12	
Station and Date.	Disease			
29 DEC. 1917	G.W. l. hand (amp. fore fingers)			
	to continue treatment for one week. If not improved, to return to depot. P.M.			
5 JAN. 1918	Flexion of Metacarp. Phalangeal joint of middle finger half normal to return Jan 7/18 for Catagorization C.H. Robson (M.D. Camp)			
	<div data-bbox="180 1031 561 1268" style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>EXAM. MED. BOARD 7 JAN. 1918 G. C. S. H.</p> </div> <div data-bbox="674 1070 901 1210" style="font-size: 2em; margin-left: 20px;">BT</div>			
	Discharged to lines			
	<div data-bbox="689 1363 1160 1528"> <p>J. Paulley Capt Lewis</p> </div>			

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

Station
and Date.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724108 (Rank) Private

Name (in full) SAVILLE, Norman enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 10th

day of March 1916

HE served in Canada, England and France

and is now discharged from the service by reason of In accordance with R.O. 1343

Demobilization; Authority 3DD-3-S-553 D/ 6-1-19

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

Age 23 yrs. 3 months Marks or Scars

Height 5 ft. 3 ins. Scar on back of right leg. Small

Complexion Dark scars on left side body.

Eyes Blue

Hair Black

N Saville

Signature of Soldier

R. C. Apple
Issuing Officer
O. C. Discharge Section
No. 3 Dist. Bank Depot

Lieut

Date of Discharge 9-1-19

Appointment

Signed at Kingston, Ont. this 9th day of January

in Military District No. 3

File Reference No. 3DD-3-S-553

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

.....
Name of Officer

.....
Rank

.....
Appointment

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 724108 * NAME SAVILLE, N. RANK Pte UNIT 38 Bn

Date of Examination

19-11-18

Present Dental Condition

deficit

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?

Yes

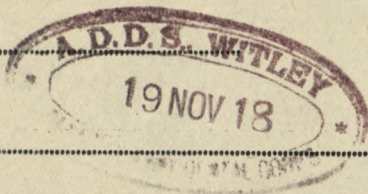
Has he ever declined Dental Treatment?

No

Recommendation

2 Low falls

Date



Station

Signature of Examining Officer

H. R. Clancy Capt.

C.A.D.C.

* Name should be entered in block letters.

ARMY DENTAL CORPS

DENTAL CERTIFICATE

This certificate shall be returned to the District Director of the Army Dental Corps, Washington, D.C.

NAME: [Faint handwritten name] ADDRESS: [Faint handwritten address]

<p>[Faint handwritten notes]</p>	<p>[Faint printed text]</p>
<p>[Faint handwritten notes]</p>	<p>[Faint printed text]</p>
<p>[Faint handwritten notes]</p>	<p>[Faint printed text]</p>
<p>[Faint handwritten notes]</p>	<p>[Faint printed text]</p>

Page 1 of 1
D.A.D.C.

*Name should be entered in block letters

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 424108 Rank Private Name Saville Norman

Enlisted (a) 10.3.16 Terms of Service (a) D of W. Service reckons from (a) 10.3.16

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

Extended _____ Re-engaged _____ Qualification (b) Farmer

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

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

Embarked Canada Halifax 24.7.16.
 Disembarked England Liverpool 31.7.16.

4-12-16 O.C. 109th. Proceeded overseas for service with 38th.Btn. Witley 4-12-16 D.O.Pt11. 339
Arthur Selton

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

6.12.16 C.B.D. TAKEN on STRENGHT 38th Havre 6.12.16 N.R. *110. 112-13.12.16*
 7.1.17 » Left for Unit FIELD 7.1.17 N.R.
 14.1.17 *Witley* Joined *4th Bn* FIELD 9.1.17 B. 213. DCS.
 1 6 MAR 1917 » Left for Unit FIELD 1 6 MAR 1917 N.R. 35
 1 7 MAR 1917 Unit Joined Unit FIELD 1 6 MAR 1917 B. 213. DCS. 103

(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. [P.T.O.]

724108

SKVILLE, N.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
12.4.17.	14 Genl H.S. ST. DENIS E. Ont. Reg. Dep. Seaford	G.S.W. HAND. L. TO H.S. ST. DENIS J. Anderson	ENGLAND	12.4.17.	W 3083/3133 Pt. 2.0.47, d-25 AVR 1917 Lieut. for Major, DAAG. Jan, Sec, 3rd, Ech., GHQ.
27-4-17 JWS.	EOR Dep. Posted from 38 th Bn France	Seaford	Seaford	17-4-17	PT II 20/46 Lieut. for Lieut. i/c Records. COM 7
18-1-18	OC. EOR. Sick furlough 15 days	Seaford	Seaford	14-1-18	Pt. II 20.18
25-1-18	OC. EOR. Detailed to depot Coy	Seaford	Seaford	25-1-18	Pt. II 20.25
8-2-18	OC. EOR. In command to 7 th Res. Bn.	Seaford	Seaford	8-2-18	Pt. II 20.77 K. Lambertain Adjutant, for Officer Commanding, East Ont. Regt'l Depot.
9.2.18	D.O. 7TH RESERVE BATTALION	Attached from EORS	Seaford	8.2.18	PT II 20.34.
16/2/18	OC. 6th Res.	attached from EORS on ceasing to be attached to 7th Res.	Seaford	15/2/18	PART II No 40
18/11/18	OC. 6th Res.	leaves to be attached, Res. 6th Res. from E.O.R.D.	Witley	18/11/18	Pt. II 20.271. Roll of Septimus on Capt Officer i/c Records 6th Can Res. Battalion.
19/10/18	EORS	held to depot Coy.	Witley	19/10/18	Pt. II 20.257.
23/11/18	EORS	leaves to be attached to depot Coy on proceeding to Port of Embarkation	Witley	23/11/18	Pt. II 20.291 J. Paulson
22.11.18	Embarked Eng.	29.11.18. Disembarked	Seaford	29.11.18.	LIEUT. OFFICER i/c RECORDS.

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

M. F. W. 5.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

S. D. S. S. S.
Unit, Regiment or Corps 109 Ds Bn CEF.
Regimental No. 724108 Rank Pte Name Darville Norman
Enlisted (a) 10.3.16 Terms of Service (a) DoW Service reckons from (a) 10.3.16
Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }
Extended _____ Re-engaged _____ Qualification (b) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>23/11/18</i>	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <u>231</u>		<u>Kingston</u>	<u>2/12/18</u>	<u>[Signature]</u> LIEUT. for O.C. Casualty Co., No. 3 District Depot
<u>9/11/19</u>	<u>DDA Discharged</u>		<u>Kingston</u>	<u>9/11/19</u>	<u>H. Q. 10</u> <u>[Signature]</u> Lieut. for O. C. Discharge Section No. 3 District Depot

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE **QUADRUPPLICATE**

/HVV

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

Regimental No. 724108 Rank Pte. Name Saville, M.

Co. 6th Res. who was* Discharged

On January 9th 1919, to Date org "01"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1919, to January 9th 1919 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	<u>14</u>	<u>73</u>
Advances by Cheques { No.			Regt'l Pay..... <u>9</u> days at \$ <u>1</u> c.	<u>9</u>	<u>00</u>
{ No. <u>13030</u>	<u>14</u>	<u>73</u>	Field Allow. <u>9</u> days at \$ <u>10</u> c.		<u>90</u>
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly)		
Other charges			Other Allowances* <u>Clothing</u>	<u>35</u>	<u>00</u>
Payment on transfer or discharge No. <u>13035</u>	<u>44</u>	<u>90</u>	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>59</u>	<u>63</u>	Total.....	<u>59</u>	<u>63</u>

* Give particulars.

A monthly stoppage of \$ 25.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of December 1919 }
 { and Sep'n Allice. for month of 191... } (to) Assignee Milly Saville,
 (Address) Oakwood,
Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment.....
 (2) if married and if a Separation Allowance Card has been submitted..... No.....
 (3) cause of discharge..... authority..... R.O.C. 1343.
 (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..... January 8th, 1919.

Place..... Kingston, Ont.

W. S. S. Captain,
 OFFICER I/C DEMOBILIZATION PAY DIV.
 MILITARY DISTRICT No. 3
 Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

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

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

1914-1915



11.

LTR

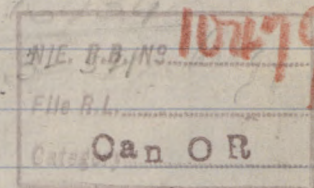
Rank Name SAVILLE, Norman Reg'l No. 724108 ✓
 Unit 109th, Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Lindsay, 10th, March, 1916, Place of Birth Leeds, Yorkshire.
 England.
 Name and Address, Next-of-Kin Lily Saville.
 P.O. Oakwood, Victoria, Co, Ontario, Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

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.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
28.8.16	D.C. 109 th	Admitted to Hoop	* 2 h. g. Hoop	14.8.16	Pneumonia Pt. II S.O. 241 + C
10.10.16	Do	Trans to Can. Con. Hoop Epsom	Bramhall	29.9.16	C.L. 18
3.11.16	Do	Disch from Can. Con. Hospital	Epsom	30.10.16	Pneumonia C.L. 28 Pt. II S.O. 206
4.12.16	Do.	SOS on tfr. to 38 th Bn	Stitley	4.12.16	Pt. II S.O. 339
13.12.16.	38th Bn	T-O-S on tfr from 109th Bn	Field	6.12.16	Pt. I S.O. 242
18.4.14	"	N ^o 14 Gen Hoop.	Wimereaux	11.4.14	CZ A 144 95W LT hand Ser
25.4.14	"	SOS to EOR Dept. (w)	Field	12.4.14	Pt. II S.O. 47
24.4.14	"	Mil Hoop.	Scliffe	17.4.14	CZ B 140 95W. LT hand
24.4.14	EOR Dept	T.O.S.	Serfor	17.4.14	Pt. II S.O. 46



H.W. & V. 103 CHECKED
 11 DEC. 1916

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.					
26-10-17	EOR	Trans. C. G. Hosp. Winton Horton to		Wint.	23-10-17	of B. 47. G. S. W. J. Hann
8-11-17.	EOR	Trans. No 4. Can. Gen. Hosp. to		Basingstoke	6-11-17	of B. 58. "
6-12-17	EOR	Trans. Bramble C. S. Hosp		Buxton.	4-12-17.	of B. 82
8-2-18	EOR def.	on Comd 7 th Res Bn.	Plt	Seaford	8-2-18	PT II 0039. 87 th Res Bn PTE 34 d/9-2-18
16-2-18	6 th Res Bn.	Att ^d from EORD - on ceasing to be Att ^d 7 th Res Bn.	Plt	"	15-2-18	" 40. 50 d/19-2-18 (7 th Res absorbed)
18-11-18	6 th Res Bn	ceases att ^d from EORD.	Plt	Witley	18-11-18	PT II 271. 7 th EORD. PTE 287 d/19-11-18
4-3-19	EORD.	SOS to CEF. in Canada	"	Seaford	22-11-18	" 52

yes.



DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

1519271

NAME — NOM

Saville Norman

SERVICE NO — MATRICULE

724108 army WW1

DATE OF DEATH — DATE DU DÉCÈS

28/11/79

CPC NO — CCP N°

0598870

WVA — AAC. N°

233477

PLACE OF DEATH — ENDROIT DU DÉCÈS

N/S

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

Letter from T. Saville 28/12/79

Yvon Lapointe
FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE POSSIERS

21/4/80
DATE

DEPARTMENT OF AGRICULTURE

1917

<p>NAME OF PERSON OR FIRM</p>	<p>ADDRESS</p>	<p>CITY</p>
<p>STATE</p>	<p>COUNTY</p>	<p>POST OFFICE</p>
<p>DATE</p>	<p>TIME</p>	<p>PLACE</p>
<p>REMARKS</p>	<p>REMARKS</p>	
<p>REMARKS</p>	<p>REMARKS</p>	
<p>REMARKS</p>	<p>REMARKS</p>	
<p>REMARKS</p>	<p>REMARKS</p>	

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Lillie Saville,*
 Address *Oakwood,*
Ont.

By Whom Assigned

Saville, H.

Regtl. No.

724108.

Rank

Pte.

Corps

E. O. R. 19.

Rate *\$100.⁰⁰*

*Sched[#] 469**4-12-17* PAYMENTS

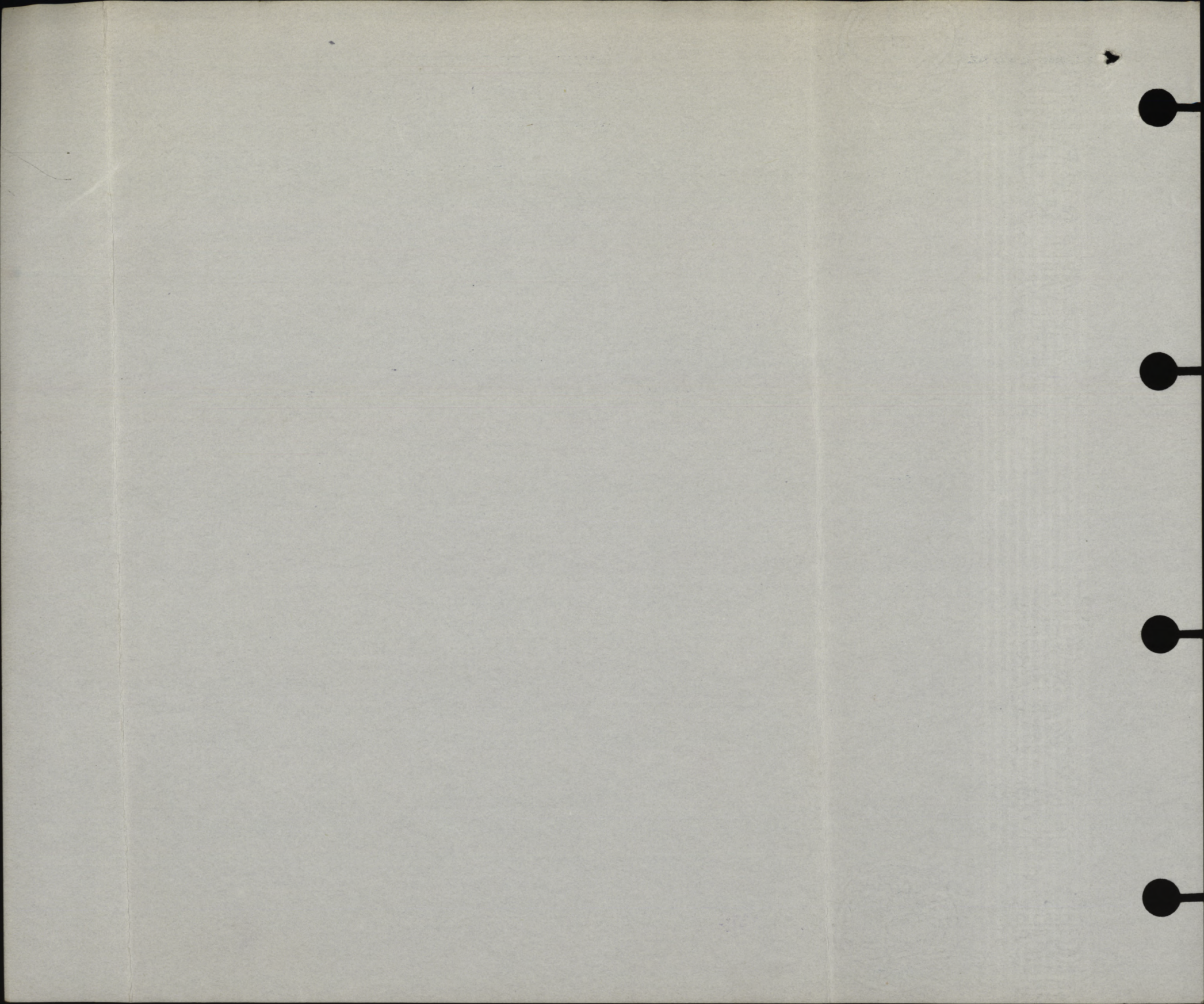
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	- 1917 1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>U 48399</i>	<i>100 -</i>	
Jan.	- 1916 1918			
Feb.				
March				

SPECIAL REMITTANCE

109/m

*60
m/m*

N



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Lily Saville
 Address Oakwood
Out-

By Whom Assigned Norman Saville

Regtl. No. 724108

Rank pte

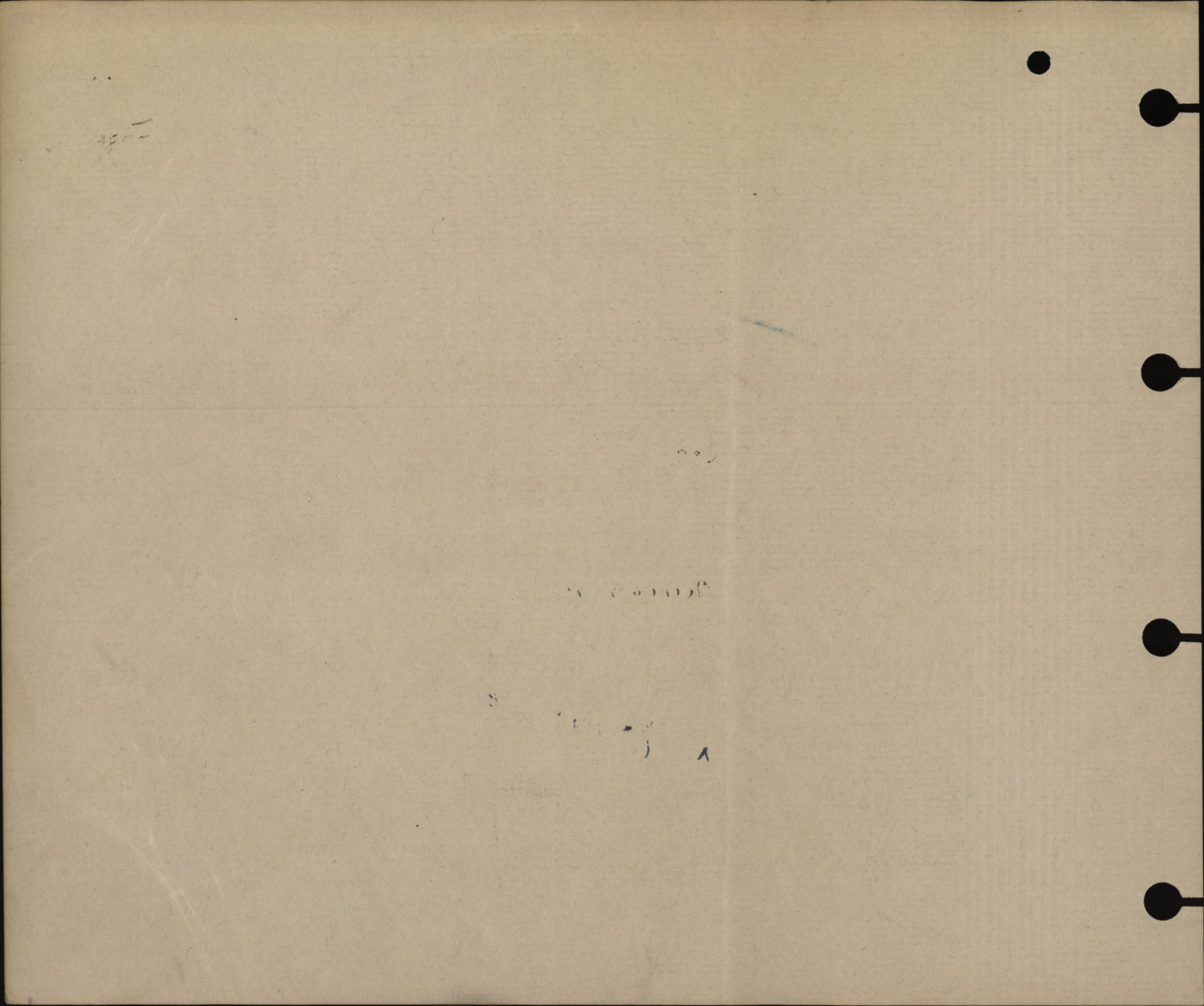
Corps 109 Blm B Coy

Rate \$ 15.00 **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				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

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

Lily Saville

PAYMENTS.

Name of Soldier *Norman Saville*

Reg 724198 (Pte) 109 Bln

15-00

Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		<i>X 15282</i>	<i>15</i>
Sept.		<i>V 19559</i>	<i>15</i>
Oct.		<i>V 24631</i>	<i>15</i>
Nov.		<i>M 27813</i>	<i>15</i>
Dec.		<i>U 32075</i>	<i>15</i>
Jan.	1917	<i>S 41974</i>	<i>15</i>
Feb.		<i>Q 47325</i>	<i>15</i>
March		<i>V 51304</i>	<i>15</i>
April		<i>U 4418</i>	<i>15</i>
May		<i>W 11163</i>	<i>15</i>
June		<i>T 17626</i>	<i>15</i>
July		<i>U 24458</i>	<i>15</i>
Aug.		<i>L 32207</i>	<i>15</i>
Sept.		<i>R 39213</i>	<i>15</i>
Oct.		<i>O 45421</i>	<i>15</i>
Nov.		<i>N 50621</i>	<i>15</i>
Dec.		<i>S 62516</i>	<i>15</i>
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

Wm.

15-81
15-00

15-00

00

CANADIAN
 ASSIGNED PAY AUDITED
W. Edsell
 AUDIT CLERK
 DATE *9/5/19*

205

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.				

ASSIGNED PAY ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: SAVILLE *Herman*

EFFECTIVE DATE: 1.8.16 EFFECTIVE DATE:

NUMBER: 724108

AMOUNT: 15⁰⁰ AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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.

*Mrs Lillie Danville
Oakwoods, Ontario.
Mother*

UNIT AND TRANSFERS

ORIGINAL UNIT: 109th Bn.
DATE ACCOUNT FIRST OPENED: 1.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			ECRA Canada Sect.

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
12/11/18		5700 Wilby	973				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *transferred to Canada ECRA NR 15 19/11/18 Disposal L.P.B. 6.11.18*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fxia								7596		
Apr	Pte Pay	33		C.A.P.				15			
				AR 55 15/4/18 6th Res.	730						
				AR 341 26/4/18 ✓ ✓	973				7693		
May	P.P.	33		C.A.P.	1703			15			
				AR 650 14/5/18 ✓ ✓	730						
				✓ 1012 28/5/18 ✓ ✓	973				79		
June	Pte Pay	33		C.A.P.	1703			15			
				AR 1353 13/6/18 ✓	4867						
				✓ 1532 18/6/18 ✓	1947				2886		
July	Pte Pay	33		C.A.P.	6814			15			
				✓ 2183 16/7/18 ✓	973						
				✓ 2563 27/7/18 ✓	973				2850		
Aug	Pte Pay	33		C.A.P.	1946			15			
				✓ 3078 15/8/18 ✓	973						
				✓ 3708 28/8/18 ✓	973				2814		
Sept	✓	33		C.A.P.	1946			15			
				✓ 4244 14/9/18 ✓	730						
				✓ 4740 28/9/18 ✓	973	1703		15	2911		
Oct	✓	33		C.A.P.	1703			15			
				✓ 5062 10/10/18 ✓	730				4091		
					730			15			
Nov	✓	33		C.A.P.	4091			15	5891		
				✓ 5942 15/11	973				4918		
					973				4918		

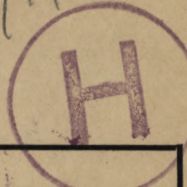
*S.O.S Canada 23/11/18
(D.D. 291- & O.R.D. 23/11/18)*

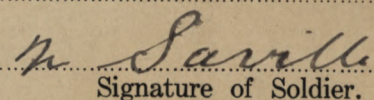
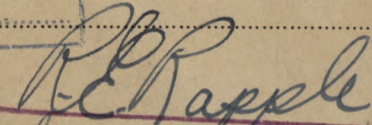
CANADIAN ASSIGNED PAY AUDITED
DATE 9/5/19
AUDIT CLERK

Checked *J. Brown* 22/11/18

* Strike out whichever inapplicable.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

288. 22/1/19.


1.	No. 724108	
2.	Rank. Private	
3.	Name. SAVILLE, Norman	
4.	Unit. No. 3 District Depot.	
5.	Date of Discharge 9-1-19	Place Kingston, Ont.
6.	Reason for Discharge In accordance with R.O. 1343 "Demobilization"	
7.	Authority. 3DD-3-S-553 D/ 6-1-19	
8.	Proposed Residence after Discharge Oakwood, Ont.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39	
	 Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed.	
	Place Kingston, Ont.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Medical Documents Forwarded to S. C. R. or B. P. C. on Date 15-1-19 </div>
	Date 9-1-19	
	Signature 	
	(O. C. Discharging Unit) No. 3 District Depot	

DEPT
 MILITARY REFERENCE
 JAN 18 1919
 H.Q.
 CANADA

*recd
 19-7-20
 m*

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical History Sheet
or Particulars of Account	Proceedings of Medical Board
Field Conduct Sheet	Dental History Sheet
Quarterly Report	Medical Report
Last Pay Certificate	Regimental Conduct Sheet
Certificate that missing documents are made up	Company Conduct Sheet
Medical History Sheet	
Proceedings of Medical Board	
Dental History Sheet	
Medical Report	
Regimental Conduct Sheet	
Company Conduct Sheet	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

Post Discharge Pay
Military District No. 3

Name

Saville

Enl. 10-3-16.

Date of Embarkation for England

24-7-16.

Proceeded to France.

4-12-16

Returned to England.

12-4-17 Wd.

Date returned to Canada.

22-11-18.

P.R. 2855.

(over K. d.
" K. d.
10/1/25)

Gas-sheet.

12-4-17.

G. S. W. L. hand To Eng. $12 \frac{4}{17}$

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

AP.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed 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 7, 8, 9 and 10 be communicated to the invalid, 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.....**Kingston, Ont.**..... DATE.....**Dec. 20-18.**.....

1. 1 (a) Unit.....**#3 CCDD.** (b) Regimental No.....**724108.** (c) Rank.....**Pte.**
 (d) Surname.....**Garville.** (e) Christian name.....**Norman.**
 (f) Home address.....**Oakwood, Ont.**
 (g) Next of Kin.....**Mother Lily Garville.** (h) Relationship.....**Mother.**
 (i) Address of Next of Kin.....**Oakwood, Ont.**

2. Age last birthday.....**23 years.** Date of birth.....**Oct. 28th, 1895.**

3. Enlistment, or Appointment (if an Officer) (a) Place.....**Lindsay, Ont.** (b) Date.....**Mar. 10-16.**

4. Personal description:
 (a) Height.....**5' 4".** (b) Weight.....**135.** (c) Complexion.....**Dark.**
(stripped)
 (d) Colour of hair.....**Black.** (e) Colour of eyes.....**grey.** (f) Identification marks, Scars, etc.....**None.**

5. Former trade or occupation.....**Farmer.**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 years.	Date.

	PERIODS	
	From	To
Canada.....	Canada. 3 mos.	
England.....	England. 10 mos.	
France.....	France. 7 mos.	
Canada.....	Mar. 10-16.	June 12-16.
England.....	June 20.	Oct. 1916 <small>from Apr. till Nov. 23/18</small>
France or other theatres of War.....	7 months.	Oct. 1916. Apr. 13/17.

7. Original disease, or injury.....**G.S.W. of left hand.**

(a) Date of origin.....**Apr. 9th, 1917.** (b) Place of origin.....**Vimy Ridge, France.**
 (c) Cause.....**Shrapnel.**

7

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Sequelae C.C.V. of left hand.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

SUBJECTIVE SYMPTOMS - Man states that his left hand feels very weak and he says he has not a very good grip with it. He says the scar is sensitive which increases during wet and cold weather.

OBJECTIVE SYMPTOMS - On examination it is found that there is absence of left index finger and that the head of the first metacarpal bone of left hand. The scar is well healed and is slightly sensitive to pressure. There is a slight disuse atrophy of left forearm. There is no limitation of movement of the remaining finger and thumb of left hand.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System.....no. Cardio-Vascular System.....no. Genito-Urinary System.....no.
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses.....no. Respiratory System.....no. Integumentary System.....no.
- Disturbances of Mentality.....no. Digestive System.....no. Muscular System.....no.
- Osseous and Joint Systems.....no except above. Any other general condition.....no.

10. (a) History (of the condition referred to in Section 9 (a).)

Man states that he was in an attack of Vimy Ridge France on Apr. 9-17 when he was hit by shrapnel which macerated the index finger of left hand. Man states he was treated at A.D.S. then at a C.C.S. and then removed to No 14 General Hospital then to Bevans Hospital England when left index finger was amputated.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

as above.

(c) (Here give a description of wounds, scar. and deformities.

as above.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N/A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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.)

In Hospitals in France and England.

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.

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

17. Recommendations.

That man be placed in Category C1. Disability due to service.

W. J. A. Chapman, Capt. A.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

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

I complain in addition of

Pte. R. Saville Rank. Signature of invalid 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 criticised.

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

- (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.)

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

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement.

PLACE Barriefeld. DATE 3-1-19. R. S. Munro Capt President. J. H. ... Capt ... Members

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

PLACE DATE President. Members

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services. DATE 3/1/19

PROCEEDINGS OF A MEDICAL BOARD.

Dated at BUXTON. 7th January 1917.

108 Rank PRIVATE Name SAVILLE NORMAN

Unit 7TH RES. Overseas Unit 38TH Age 22

Examination held at GRANVILLE CANADIAN SPECIAL HOSPITAL, BUXTON.

DISABILITY.

Overseas ~~Local~~
(SCRATCH ONE OUT).

LOSS OF LEFT INDEX FINGER.

PRESENT CONDITION.

Index finger amputated together with head of corresponding Metacarpal bone. Complains of some tenderness of Palmar scar. He can handle a rifle. Not likely to be raised within 6 months.

BOARD RECOMMENDS :-

1. Fit for Duty DI (one) Not likely to be raised within six months.
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Revised 9.1.17

Signatures :-

Exam. Med. Board,
7th January 1918
G.C.S.H.

Members

C.H. Robson, Major, C.A.M.C. President.

M.B. Taylor, Captain, C.A.M.C.

APPROVED

8-JAN 1918

Dated 1917.

[Signature] For A.D.M.S.
FOR A.D.M.S. (CANADIAN) LONDON AREA.

1904
1-17

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1907.

Name _____ Rank _____

Overseas Unit _____

Examination held at _____

DISABILITY
(Overseas-Over)
(Separation one cut)

PRESENT CONDITION

Handwritten signature

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 _____ 1907 For A.D.M.?

Kingston, Ont. 17/12/18

URINE ANALYSIS

FOR DR. *S. M. B.*

Patient's Name *Saville 424108*

Reaction *acid*

Amount voided 24 hours

Specific Gravity *1026*

Amount examined

Clearness

Color

Character of sediment (if any)

Odor

CHEMICAL EXAMINATION

Albumin

Bile

Sugar *nil*

Indican *nil*

Acetone

Urea

Diacetic Acid

MICROSCOPICAL EXAMINATION

Epithelium

Pus

Blood

Casts *nil*

Chemical sediments

Bacteria

Remarks

E. D. P. H.

Examiner.

DR. W. H. CANNELL, M.D.

W. H. CANNELL, M.D.

URINE ANALYSIS

DATE

PATIENT'S NAME

ROOM AND CLINICAL SERVICE

PHYSICIAN'S NAME

DATE OF EXAMINATION

GENERAL EXAMINATION

Color

Specific Gravity

Reaction

Microscopic

QUANTITATIVE EXAMINATION

Albumin

Sugar

Bilirubin

Urobilinogen

Urea Nitrogen

Creatinine

Phosphorus

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

M. OR S. _____ REGT. No. *424108* RANK *Plt* NAME (IN FULL) *Saville M.*
 NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT C. E. F. *6th Res* IF IN P. F. WHAT UNIT? _____ (BLOCK LETTERS, SURNAME FIRST)
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *Mar 10/16* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *no* DATE EFFECTIVE _____ ASSIGNED PAY, \$ *15 4/100* DATE EFFECTIVE _____
 TO WHOM PAID _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS _____ ADDRESS *Lily Saville* _____
Oakwood Out. _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED *Kingston 9th Jan 19 bat. 61. R.O 1343* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY *yes*

452

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.	
			\$	C.	\$	C.																				\$
Balance from previous account																										
<i>2/12/18</i>					<i>14</i>	<i>4/3</i>	<i>14</i>	<i>4/3</i>															<i>14</i>	<i>4/3</i>		
<i>4/1/19</i>	<i>9</i>	<i>10</i>	<i>9</i>	<i>90</i>	<i>35</i>	<i>14</i>	<i>4/3</i>	<i>59</i>	<i>63</i>	<i>13030</i>	<i>13035</i>		<i>14</i>	<i>4/3</i>	<i>44</i>	<i>90</i>					<i>59</i>	<i>63</i>				
<i>Jan 9/18</i>			<i>153</i>	<i>days</i>	<i>WS. 9.</i>	<i>350</i>		<i>R4695</i>		<i>70</i>										<i>70</i>	<i>00</i>	<i>280</i>	<i>00</i>	<i>70</i>	<i>00</i>	<i>M 7 W 2595 Recd</i>
<i>Feb 22/19</i>								<i>B4562</i>		<i>70</i>										<i>140</i>	<i>00</i>	<i>210</i>	<i>00</i>			<i>Folio 240.</i>
<i>March 23/19</i>								<i>C234475</i>		<i>70</i>										<i>210</i>	<i>00</i>	<i>140</i>	<i>00</i>			
<i>April 4/19</i>								<i>C239332</i>		<i>70</i>										<i>280</i>		<i>70</i>				
<i>MAY 8 1919</i>								<i>C329230</i>		<i>70</i>										<i>350</i>		<i>0</i>				

123

WR

Date of Enlistment

MILITIA AND DEFENCE

01182

Date of Assignment

Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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S

RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *724108*

Rank *etc* Promoted Reverted Discharge

Soldier's Name *Norman Saville*

Battalion *109 H Pattern "B"*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Lily Saville*

Address *Oakwood Ont.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>		✓	<i>255</i>	<i>255</i>	
<i>Jan</i>	<i>K 68922</i>	✓	<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>I 70330</i>	✓	<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>S 91979</i>	✓	<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>S 10671</i>	✓	<i>15</i>	<i>15</i>	
<i>May</i>	<i>V 15628</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>U 24556</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>E 23967</i>		<i>15</i>	<i>15</i>	
<i>August</i>	<i>W 36525</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>X 46396</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>Z 50881</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>X 58686</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>J 68005</i>		<i>15</i>	<i>15</i>	

A/c Closed 31-12-18

778W137 Ret'd per. Aguetania

Rec. 77D#3 Date 28-11-18

5-12-18 Clerk M.J. Quinn

77R0LP19462 Rec. to Destroy

435

CANADIAN
ASSIGNED PAY AUDITED

W Edsell
AUDIT CLERK

DATE *9/5/19*

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7983.

5. MEDICAL HISTORY.

W.A. States being wounded on 9-4-17 at Vimy. Wound
extending over 1st metacarpal bone & passing proximally
to 2nd metacarpal. passing through hand a level of
centre of palm. Sent to #14 G.H. Boulogne 10-4-17
sent to Sandgate 13-4-17. Remained there 12 weeks during
which time the index finger was amputated. Sent to
Isenhurst M.H. remaining for 1 mos. Then sent to
Shorncliffe M.H. the wound being healed. Sent to Woburn Lodge
for 2 days, after to Hosp in Bath.

6. PRESENT CONDITION.

Tenderness & inability to use hand
Edema
Small articular claw between 1st & 2nd metacarpal bone
of right hand
Small operable scar at metacarpal phalangeal
joint
1/2" Fused adherent scar on palm at level
of 2nd metacarpal. Very tender
All other systems normal

7. OPERATION. (i) Was one performed? Yes

(ii) If so, state what. Amput of R. Index finger

(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.

8. (i) Is there loss or decay of teeth attributable to Active Service? No

(ii) If so, describe.

9. DO YOU RECOMMEND:

(a) Fit for duty? No
(state category) B-11

(b) Invalid to Canada?

(c) Discharge from the Service }
as permanently unfit?

Date of Report.....1911

Signed.....
Officer in medical charge of case.

Station.....

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

(Officer in Charge Hospital) Strike out one
(S.M.O. Brigade) of these

NOT IN HOSPITAL

Dated at Station, on 1911

*Delete if inapplicable.

Reserved for M.H.C. MEDICAL HISTORY

Regt. No. 24108 Rank PTE Surname SAVILLE Christian Name NORMAN
 Unit or Corps—(a) Overseas from United Kingdom 38th BN. (b) in United Kingdom FORD
 Born at—Town LEEDS County or Province — Country ENG
 Date of Birth—Day 28 Month OCT. Year 1895 Age 23 yrs. 1 months.
 Joined at LINDSAY ONT. Date 10-3-1916
 Former trade or occupation FARMER
 Permanent Marks or any peculiarity that will serve for future identification: —

PRESENT CONDITION

Height—feet 5 inches 3 Colour of eyes GREY
 Signature of Soldier (for identification purposes) N. Saville

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a) AMPUTATION FINGER (1st ~~RIGHT~~) LETT
 Disabilities Group (b) —
 Disabilities Group (c) —

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Army</u>	<u>1916</u>
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

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? —
 (ii.) As to Group (b) above? — If yes, has Active Service aggravated it? —
 (iii.) As to Group (c) above? — If yes, has Active Service aggravated it? —

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

(i.) As to Group (a) above? Yes
 (ii.) As to Group (b) above? —
 (iii.) As to Group (c) above? —

H

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

10. Is the disability fully described in Part I. (1)?
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by:

(a) Negligence of the Soldier { Caused? Aggravated? }

Yes

(b) Misconduct of the Soldier { Caused? Aggravated? }

Yes

13. 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, 5%, 10%, 15%, 20%, etc.)

Five per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

All

15. Permanency of the Disability due to Service estimated next above in (14):
(i.) Is it permanent?

Yes

(ii.) If not permanent, what is its probable minimum duration (in months)?

Y.A.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Y.A.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

AC. 1. 9083 11 11 1918

Fully described

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

B 4

(b) Invalid to Canada?
(c) Discharge from Service as permanently unfit?

Yes

Date of Board

10-11-18

Station

Witley

Approved

[Signature]

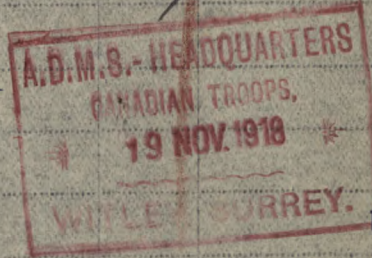
A.D.M.S.

Dated at

A.D.M.S. CANADIAN TROOPS, WITLEY

Station

Robert MacLennan President
[Signature]



Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned... 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:—

Signature of Soldier examined. (Contains handwritten notes and signatures)

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

WAR SERVICE GRATUITY.

File No.

Register No.

Reg. No. Dependent

Name Award days at \$ per day \$ Address

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

Less P, D. P. Credited \$

\$

Less further debit balance \$

Net due paid as below \$

TO SOLDIER TO DEPENDENT

Pay Soldier \$ Pay Dependent \$

O	Ag No.	Ch No.	Amount	Ch No.	Amount
1					
2					
3					
4					
5					
6					
Total				Total	

Clerk Less further Dr. Bal.

or overpayment. Net

Days Rate Due

Less P.D.P. credited

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date.....