

# ATTESTATION PAPER.

"D" Coy.  
No. 72 60 27

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

**ORIGINAL**

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Shier*
- 1a. What are your Christian names?..... *James Edwin*
- 1b. What is your present address?..... *Minden*
2. In what Town, Township or Parish, and in what Country were you born?..... *Reade Tp. Ont. Can. Can.*
3. What is the name of your next-of-kin?..... *Martin Shier*
4. What is the address of your next-of-kin?..... *P. O. Newmarket - Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *Jan. 1<sup>st</sup> 1874*
6. What is your Trade or Calling?..... *Teamster*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Edwin Shier*, 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 *11<sup>th</sup> Dec* 1915 *James Edwin Shier* (Signature of Recruit)  
*George Jilly* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Edwin Shier*, 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.

Date *11<sup>th</sup> Dec* 1915 *James Edwin Shier* (Signature of Recruit)  
*George Jilly* (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 *Minden* this *17* day of *December* 1915.

*R. H. Baker* (Signature of Justice)



# Description of James Edmund Shier on Enlistment.

Apparent Age 41 years 11 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. 5½ ins.  
 Chest measurement { Girth when fully expanded 36½ ins.  
 Range of expansion 3½ ins.  
 Complexion Fair  
 Eyes Blue  
 Hair Dark Brown

*Scar on left calf*

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. 20th 1915

Place Grinden

*J. McCulloch* Capt.  
*H. O. Boyd* 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.

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

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

Date JAN 12 1916 1916



SHIER, JAMES E.

726027

109 BN D.D.

17241

MED. UN.

*Deceased 30.4.59*

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



PR





ALL SERVICES RECORDS DIV  
NATIONAL ARCHIVES



No. 726027. RANK

Pte

NAME

Shier J.

E.

T. O. S. 11-12-15. UNIT

D. O. 29. 23-12-15. 109th. Battalion.

M. D. J.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 11.	1915 Dec 31	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.			
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916







223  
S.P.

Number 726027

Rank Pte -

~~B~~  
~~X~~

Surname SHIER.

Christian Name James Edwin

Units C.F.C. Theatre of War France

Date of Service 3-3-17

Remarks

Latest Address ~~New Market~~, Windsor, Ont.

Roll No

Page 8916



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

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

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

Transportation issued  Yes  No Date \_\_\_\_\_

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

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

Diagnosis \_\_\_\_\_

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

Date \_\_\_\_\_

Remarks \_\_\_\_\_

DESP NOV 1923  
REG. NO. 486824

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



649-S-12734 CARD NO.

SURNAME.

Skier.

CHRISTIAN NAMES

James Edwin

FOLL. MU.

S.O.S. 15-11-18 D.O. 2098/12/18

REGL. NO.

726027

RANK

Pte.

UNIT

109<sup>th</sup>

Batt.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Skier, Martin

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Box 823 Newmarket, Ont.

(649-S-12734) H.Q.C. 6-5-17.

COUNTRY OF BIRTH

Canada. Beach 2wp, Ont.

DATE

Jan. 1<sup>st</sup> 1874

PLACE OF ATTESTATION

Minden, Ont.

DATE

Dec. 17<sup>th</sup> 1915

Sailed from Halifax Per S.S. "Olympic"

23-7-16. 488/32

H.C. 7.10.18-21



MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Seamster

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

41 YEARS

11 MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark brown

DISTINGUISHING MARKS

Scar on left calf.

MEDICAL EXAMINATION.

PLACE

Minden, Ont.

DATE

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



Name SHIER

Rank

James Edwin  
Pte

Reg. No.

226027

Unit

C/FA 25.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-2-18	no 59 Ccs.		Wobility	A 131		13191
16-2	26/26 N. Staples		- at	A 142		14500/13
14-3	lin pp. Edmonton		de	B 157		14600
27-3	CC/PP. Bearwood		de	B 168		14833
	NOTE age diag as Arterio Sclerosis		Wobility	B 171		6303
3-6	Discharged.		- 86.	B 201		4917.
				4		





NAME

*Shier J. E.*

RANK AND CORPS

*pte Can Forestry Co*

REGT'L No 726027

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE





726027. *Ly*

Name **SHIER James Edwin** Rank **Pte.**

Reg. No.

Unit **Canadian Forestry Companies.**

*25 Coy France*

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. Li
1917.						
Mar. 25.	No. 6. Stat. Hosp.	Prevent.	Conjunctivitis	slt. A59.	A42.	
"	30. Rejoined Unit.		do.	A59.	E	
Apr. 17.	No. 47. Fld. Amb.		do.	A59.	E	
30-						
<i>Atms. Enty Cancelled.</i>				A. 17.		
				<i>Letter from Base</i>		







CANADIAN CONVALESCENT HOSPITAL

Document  
Card.

21 MAR 1918

AT  
Bear Wood.

Regt. No. 726027

A. & D. No. 08/12566

Rank Pte

Corps Can For Coy 25th Co

Name Shier J. E.

Original } M.H.S. Received from Edmonton  
Duplicate }

Date 21-3-18

M.H.S. Acknowledged to

Date "

M.H.S. Requested from M H Edmonton

Date

M.H.S. Despatched to Hoop Rep

Date 3-5-18

M.H.S. Acknowledged by

Date



REMARKS:

27

OTHER DOCUMENTS (Med. Board, Charge Sheets, etc.)



<b>A. &amp; D. CARD</b>
-----------------------------

Can: Conval: Hospital, HOSPITAL.

Bear Wood

AT \_\_\_\_\_

A. & D. No. 07.12566 PL. OF ACTION 726827

RANK Pvt UNIT Can for Cor SICK OR WOUNDED 20 days

NAME Shier James E AGE 45 RELIGION m

PLACE IN HOSPITAL hut 11

DIAGNOSIS Arterio Sclerosis

ADMITTED 21 MAR 1918 FROM M.H. Edmonton

DISCHARGED 3 MAY 1918 TO 3rd. C.P.D. Seaford

TRANSFERRED \_\_\_\_\_

SERVICE AT HOME 15/12 IN FIELD 12/12

RESULTS Feels fit D.I

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

(P.T.O.)



REMARKS.

LEDGER NO. 3087.

SERIAL NO. B11173.

REG. NUMBER 726027 NAME Shier J E

RANK Pte CORPS 9 50

AGE 45 SERVICE 36/12

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 27-10-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Burnwash 5-11-18

OPERATION

DISCHARGED TO Unit 2 11-18 IN CATEGORY Pte





Name **Shier, James Edwin.** Rank **Pte.** Regtl. No. **726027**

Fyle Depot.....

Original unit **109th Bn.** Present unit **CFC** M. or S. Age **44** Religion **Meth** Ref. H.Q.

Port, ship and date of arrival **Montreal, Llanstephan Castle, 8-10-18.**

Next of kin **Mother, Mrs. Martin Shier, Newmarket, Ont.**

Address on leave..... **same**

Address on discharge..... **same**

Transportation issued  Yes  No Date **Newmarket** Character on discharge **very good**

Previous occupation **Teamster.** Date and place of enlistment **Minden, Dec. 11/15.**

Diagnosis **Myalgia.** Date of Medical Boards **24-10-18**

Date.	Remarks.	Pt. 2 Order No.
<b>TOS 22-9-18</b>	<b>posted to cas co 8-10-18</b>	
	<b>leave from 8-10-18 to 22-10-18</b>	
	<b>sub " " " "</b>	<b>176</b>
<b>27-10-18</b>	<b>Trans. to Hosp. Sect. (Base) from Cas. Co.</b>	<b>194</b>

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



Date.

Remarks

Pt. 2 Order No.

9-11-18. Posted to Gas. Co.

208.

15-11-18 S.O.S. DISCHARGED "HAVING BEEN FOUND MED.UNFIT FOR SERVICE"

(91 days PDP. & clo' all'ce)

209.

Surname **Shier** Christian Name or Names **J E** Reg. No. **726027**  
 Rank \_\_\_\_\_ Unit **Can Forr Coëps** Co. \_\_\_\_\_ Troop **25.** Batty. \_\_\_\_\_  
 Pte Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

Transferred **6 Stat Frevent** Hosp. **25-3-17**  
~~47 Feld Amb~~ Hosp. ~~17-4-17~~  
**59. Gas Clg. Stu.** Hosp. **6. 2. 18.**  
**26 Gen. Etaples** Hosp. **16-2-18**

Diagnosis **Conjunctivitis Sev**

(1) Later Diagnosis (if changed) ~~Conjunctivitis Sev~~

- (2)
- (3) *Debility not cert*

Additional Diagnosis: if more than one state present *Albuminuria*  
*Anterio Sclerosis* *Debility* *no cert*

DISPOSITION

*Ant Unit 30-3-17* Date

CL 3-3-17 A42

REMARKS

*- 3-5-17 Disg cancelled.*  
*25. 9. 17 A17 Entry on Cl. 59. has been cancelled.*  
*9. 2. 18 A131. Dis. 3-5-18*  
*22-2-18 N142*  
*20-3-18 B159-1.*  
*25. 3. 18 B163*  
*5. 4. 18 B171 On re Cl. B163. Note Diagn*  
*10. 5. 18 B201-1*

A.M.D. 2 Dept.

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

R



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	Gen. "Mil." Edmonton. A.	17-3-18
2.	Beaumont San Con	22. 3-18
3.		
4.		
5.		
6.		
7.		



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2  
No. 53

## LAST PAY CERTIFICATE

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

Regimental No. **726027** Rank ..... Pte. Name **SHIER, J.E.**  
 Corps **No. 2 B.** who was\* **Discharged**  
 On **Nov. 15, 1918** 191..... to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **Nov. 1, 1918** 191.....  
 to **Nov. 15, 1918** 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month .....			Balance Cr. from prev. month .....		
Advances } No. ....			Reg'tl. Pay <b>15</b> days at \$ <b>1</b> c. ....	<b>15</b>	
by } No. <b>81232</b>	<b>35</b>		Field Allow. <b>15</b> days at \$ <b>10</b> c. ....	<b>1</b>	<b>50</b>
Cheques } No. ....	<b>15</b>		Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allee. No. ....			Other Allowances* <b>Clothing</b> .....	<b>35</b>	
Other charges <b>81233</b> .....			Other Credits* .....		
Payment on transfer or discharge No. ....	<b>1</b>	<b>50</b>	Bal. Dr. (to be deducted by new unit) .....		
Balance Cr. (to be paid by the new unit) .....					
<b>Total</b> .....	<b>51</b>	<b>50</b>	<b>Total</b> .....	<b>51</b>	<b>50</b>

\*Give particulars.

A monthly stoppage of \$ **15.00** (†) has ..... (‡) been paid on account of Assigned  
 Pay for the month of **Nov. 918** 191... } (to) Assignee **Mrs. E.M. Shier,**  
 and Sep'n Allee. for month of ..... 191... }  
 (Address) **Box 823, Newmarket, Ont.**  
**A.P. pd by Ottawa.**

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

### On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted **No** .....
- (3) cause of discharge ..... authority **D.O. 209** .....
- (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 **13.11.18**  
 Place **Toronto.**  
*M. F. W.* Capt.  
Paymaster, No. 2 District Depot...  
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.







**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 726027

(3) Full Name of Soldier James Edwin Shier

(4) Place of Birth Greenbank  
ONT.

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children? No

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

Also their names and ages.....



(9) Is your Father alive? Yes  
If so, state name and address Martin Shier, Newmarket

(10) Is your Mother alive? yes  
If so, state name and address Mary Elizabeth Shier  
Newmarket

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
.....  
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
.....  
.....  
.....

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

(15) Are you insured? Yes  
If so, in what Company? North American Life  
Have you made arrangements for payment of your Insurance premium? No  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date JUL 11 1916

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



25

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. 426024 Rank Private Name Shier James Edwin

Enlisted (a) 11-12-15 Terms of Service (a) O. of W. Service reckons from (a) 11-12-15

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) Teamster

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

		Embarked Canada	Halifax	24.4.16.	
		Disembarked England	Liverpool	31.4.16.	
8-12-16	O.C. 109th Bn	Transferred to 124th Bn	Whitley	8-12-16	D.O. Pt. II # 43. <u>A. W. Eastmeyer</u> Capt. ADJUTANT 100th Overseas Battalion, C. E. F.
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 <u>A. W. Eastmeyer</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
<del>18.1.17</del>	<del>124th Bn.</del>	<del>Transferred to C.C.A.C.</del>	<del>Witley</del>	<del>10.1.17</del>	<del>Part II Orders 18</del> <del>no record.</del> <u>A. W. Eastmeyer</u> ADJUTANT, 124th B.T.F.
<del>23.1.17</del>	<del>124th Bn.</del>	<del>Attached to Garrison Duty Battalion</del>	<del>Witley Camp</del>	<del>18.1.17</del>	<del>Part II Orders # 23</del> <u>A. W. Eastmeyer</u> ADJUTANT, 124th BATTALION C.E.F.

(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.



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				

2-17.124th. Bn. Transferred to Canadian Forestry Corps. Nitley Camp. 1-2-17 Part. 11. Orders No. 32.

*[Signature]*  
Capt Adjt.  
124th. Can. Par. Bn.

CERTIFIED CORRECT.  
28 MAR 1917  
CAN. REG. OFF. LONDON.

13.3.17 D. 27.0 10.5. Can. Forestry Corps London 1-2-17 Pk. II. O.O. no 62  
*W. J. Wilson* Lt. & Asst. Adj. C.F.C.

13.3.17 D. of T.O. Proceeded overseas to C.F.C. France London 3.3.17 D.O. Pt. II No. 62  
*W. J. Wilson* Lt. & Asst Adj. C.F.C.

3-4-1917 Can Sec. Taken on strength 25th Coy C.F.C. On Arrival France 4-3-1917 Pt. 2. Order No 9, d-20-4-1917.

24-3-1917 36 F.A. Conjunctivitis adm 36 F.A. 24-3-1917 A 36 (E 3180) D.S.S. 14 d 27-4-1917 ✓

17-4-1917 47 F.A. Coy. N.S. adm 47 F.A. 12-3-1917 A 36 (3080) D.C.S. 14 d 27-4-1917 ✓

do do do discharged To unit 16-3-1917 do do do ✓

25-3-1917 6 Stat Hosp Conjunctivitis adm 6 Stat Hosp 25-3-1917 W 3034 (417)

29-3-1917 6 Stat Hosp do Discharged To Duty 29-3-1917 W 3034 (420)

31-3-1917 25 Coy C.F.C. Returned from hospital Field 30-3-1917 O 213 D.S. 14 d-27-4-1917 ✓

9/2/18 59 CCS Debility adm. 59 CCS 6/2/18 A 36/1648 D

5/2/18 6 Stat do do 6 Stat 5/2/18 W 3034/D/653

6/2/18 6 Stat do transfd to 59 CCS 6/2/18 W 3034/D/1980

9/2/18 25 Coy To hospital Field 5/2/18 B 213

16/2/18 59 CCS Albuminuria transfd to 26 Genl Hosp. 16/2/18 A 36/02902

16/2/18 26 Genl. do adm 26 Genl. 16/2/18 W 3034/D/3370

17/3/18 26 Genl. Ataxia sclerosia To Eng. adm 26 Genl. Eng. 16/3/18 W 3034/8495

17/3/18 26 Genl. (Sick) To England England 17/3/18 W 3083/4917

17/3/18 26 Genl. (Sick) To England England 17/3/18 Pk II 14 d 31-3-18

*W. J. Wilson* Capt for Lt.-Col., A. A. G.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F. F.



**Casualty Form - Active Service.**

Regiment or Corps **109th O/Sear Bn. C.E.F.**

Rank **Pte** Surname **Shier** Christian Name **James Edwin**

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) **11-12-15** Terms of Service (a) **S. of W.** Service reckons from (a) **11-12-15**

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate **Transfer;**

Occupation ..... Signature of Officer

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked .....			
		Disembarked .....			
<b>25-3-18</b>	<b>BdCFC</b>	<b>TO S on adm to 740sp in Eng</b>	<b>Wade</b>	<b>17-3-18</b>	<b>10072. 4.</b>
			<b>D. D. Currie</b> for LT. COL. i/c Records, C.E.F.		Lieut.
<b>13/6/18</b>	<b>DISCHARGED FROM 3RD C. C. D.</b>	<b>TO BN. PART II D. O. No. 131</b>		<b>13/6/18</b>	<b>For O.C. 8rd Canadian Command Depot.</b>
<b>14.6.18</b>	<b>Ob. 656.</b>	<b>Returned from command</b>	<b>Wade</b>	<b>13.6.18</b>	<b>W. H. D. 112</b>

(a) In the case of a man who has been engaged for the war, the date of his discharge from the Army should be given, and the date of his return to the Army, if applicable, should be given.  
(b) Signature, Discharge Certificate, etc.



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
6 JUL 1918		TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No: 159.			
22.9.18-Sailed from	England for	Canada		St. Lock Lieut. Jr. Commanding	Lieut.-Col. Canadian Discharge Depôt,
22-9-18	T.O.S. No.2	District Depot, Part II, D.O. No. .... 176		Major Adjt. T. Conducting Staff.	rob
	Dis #2 D.D. Nov 18th 1918 Pt11 #209.	W. W. Baker Lieut		For O.C. No. 2 District Depot	



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726027 (Rank) Pte.

Name (in full) SHIER JAMES EDWIN. enlisted in  
the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Windsor Ont. on the 11th  
day of Dec. 19 15

HE served in England and France.

and is now discharged from the service by reason of  
Having been found Medically unfit for service.

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

Age 45

Height 5' 5 1/2"

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars

Vacc scars on left arm.

*J. E. Shier*  
Signature of Soldier

*J. H. Beemer*

Issuing Officer

Captain,

For Lieut.-Colonel,

Rank

O.C. No. 2 District Depot.

Appointment

Date of Discharge Nov 15th 1918

Signed at Toronto Ont. this 15th day of Nov. 19 18

in Military District No. 2

File Reference No. \_\_\_\_\_

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



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. 726027 (Rank) Pte. Name SHIER JAMES EDWIN

Unit 109th Bn.

Address on Discharge Windsor, Ont.

Character and Conduct Very good

Former Occupation Contractor

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Nil

Signed at Toronto Ont this 15th day of Nov. 1918

J. H. Beemer

Name of Officer

Captain,

For Lieut. Colonel,

O.O. N. Rank District Depot.

Appointment

H.B.



# DENTAL HISTORY SHEET

M.F.B. 465.  
200X-6-18.  
1772-39-950.

2

DISTRICT

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER *Sheer James Edwin*

No. *726827*

RANK *P.F.E.*

RANK

REGIMENT



## INSTRUCTIONS

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

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

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

3

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					

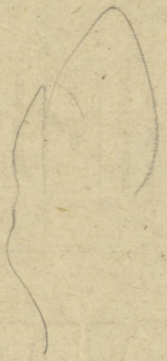
DISCHARGE EXAM.  
CASUALTY CO. No. 2 D. D. } CERTIFICATE ISSUED FOR  
DATE OCT 24 1918

*partial lower denture  
prop by lapis* *W. Temple*





1870



THE NATIONAL

THE NATIONAL  
OFFICE OF THE  
SECRETARY OF THE  
NAVY  
WASHINGTON, D. C.

NOV 1870



726027.

Pte. Shier, J.E.

b.c.

## DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

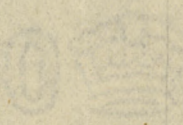
Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
July 6/18	Fit			5  W. J. Sullivan Capt. C.A.D.C.



C.A.D.C. 5000-10M  
19-8-17

# DENTAL CERTIFICATE

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

Remarks	Date of Examination	Present Dental Condition	In case of loss of teeth, is the loss due to wounds, injury or disease directly attributed to active service?	Date of Examination
7			<p>W</p> 	

*L. J. L. L. L.*



To be filed in

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	726027	P/S	Shier	James E.
Year	Unit.		Age.	Service.
	25 Cav Forest Corps.		45	2 <sup>3</sup> / <sub>12</sub> <del>7</del> <sup>S</sup> / <sub>12</sub>
Station and Date.	Disease Intermittent albuminuria Spas of arteriae thickening. General condition poor & debilitated. Seems quite unfit for any further active service			



But 11



Station  
and Date.



LTR

Rank \_\_\_\_\_ Name SHIER, James Edwin Reg'l No. 726021  
 Unit 109th, Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Minden, 11th, December, 1915. Place of Birth Beach Tp, Ontario.  
 Name and Address, Next-of-Kin P.O. Newmarket, Ontario, Canada.  
Martin Shier, Relationship Father.

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

N/E. R.B. No. 2,842  
 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.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>C</i> Arrived in England per H. M. T. 2810		31-7-16	
8-12-16	Ob 109th Bn	SOS on trans. to 124th Bn	Witley	8-12-16	PT II DD 343
11-12-16	Ob 124th Bn	SOS on trans. to 109th Bn			267
18-1-17	CCAC	T.O.S. + on com. to 124th Bn	Hastings	10-1-17	18
6-2-17	CCAC	leaves to be att'd to 124th Bn	Witley	10-1-17	62
1-2-17	CCAC	his att'd to becom. for corps		1-2-17	26
9-2-17	CFC	att to CFC for D.P. etc	London	1-2-17	35
5-3-17	CCAC	leaves to be att to 124th Bn	Hastings	1-2-17	108
13-3-17	C.F.C.	T.O.S. from 124th Bn (C.C.A.C.)	London	1-2-17	62
13-3-17	C.F.C.	S.O.S. 10th Co 4th France	London	3-3-17	62 & PT II 94/20/4/17
3-4-17	"	Ad. No. 6. Stat. Hosp. & revert		25/3/17	C.L. A42 Conjunctions etc.

A.F.B. 103 CHECKED  
 24 MAR 1917



726027 Shier, E.

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.				
<i>cancelled by C.A. 17 24-9-17</i>					
<del>3.5.17</del>	<del>C.F. Coy's Rep. from Base, Rejoined Unit.</del>	<del>Field</del>	<del>30.3.17</del>	<del>C.L. A59</del>	<del>Conjunctive</del>
<del>"</del>	<del>Ad. No 47</del>	<del>Field. Amb.</del>	<del>17.4.17</del>	<del>"</del>	<del>A59 do.</del>
31-3-18	25 Coy CFC	S.O.S. to BDCFC (check)	PTE field	17-3-18	NO 14.
25.3-18	BDCFC	T.O.S. <sup>on adm. to Hqs in Eng</sup> from 25 Coy CFC	field	17-3-18	NO 72
7-5-18	3rd CCD	att for P.T. etc	Seaford	3-5-18	11-106.
14.6.18	CFC B.D.	Returned from Comd of 3 CCD.	Pte Seaford.	12.6.18	- 142.
13.6.18	3rd CCD.	leaves att'd on proc. CFC	Pte Seaford.	13.6.18	- 137
4.7.18	CFC B.D.	on loan of C.C.D. Buxton	Pte Seaford.	5.7.18	- 159
5.10.18	✓	leaves to be in Com 7 S.O.S. to Canada. Auth No Suitable Employment in England.	Pte Seaford	22.9.18	✓ 238











*Mrs Eliz. M. Shier*  
*Box 823, Newmarket, Ont.*

*① Mother*  
 MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

*379*


*Bank Account.*

To Whom *Manager.*  
 Address *Bank of Commerce*  
*Lindsay.*  
*Ont.*

By Whom Assigned *J. E. Shier*  
 Regtl. No. *726027.*  
 Rank *plc*  
 Corps *109 Bln Bery*

Rate *\$ 15.00*  
*AUG 1 1916*

*Jan 1/17. ① PAYMENTS*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① 2 M 14/12/17 @ 15/12/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10



*Mother*  
*Mrs. Eliz. M. Shier*

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*Manager*  
*Bank of Commerce*

PAYMENTS.

Name of Soldier

*J. E. Shier*  
*726027 (Pte) 109 Bu*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		<i>X 15325</i>	<i>15-</i>
Sept.		<i>C. 18605</i>	<i>15</i>
Oct.		<i>C 23340</i>	<i>15-</i>
Nov.		<i>J 28980</i>	<i>15</i>
Dec.		<i>R 32549</i>	<i>15</i>
Jan.	1917	<i>J 41284</i>	<i>15</i>
Feb.		<i>R 44946</i>	<i>15-</i>
March		<i>E 52849</i>	<i>15</i>
April		<i>W 4638</i>	<i>15</i>
May		<i>D 11338</i>	<i>15</i>
June		<i>C 18358</i>	<i>15-</i>
July		<i>D 25378</i>	<i>15-</i>
Aug.		<i>T 32762</i>	<i>15</i>
Sept.		<i>C 31253</i>	<i>15</i>
Oct.		<i>L 45027</i>	<i>15</i>
Nov.		<i>M 52581</i>	<i>15</i>
Dec.		<i>M 63237</i>	<i>15</i>
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

*15.00*  
*Jan 1/17*  
 Remarks. *AUG 1 1916*

*Haw*

*15.8.*

*15.00*  
*lu*

*NA6*

*255*

CANADIAN  
 ASSIGNED PAY AUDITED  
*OTBS*  
*unlasc*  
 AUDIT CLERK  
 DATE *20.3.19*

*15.00 Jan & future to new assignee*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

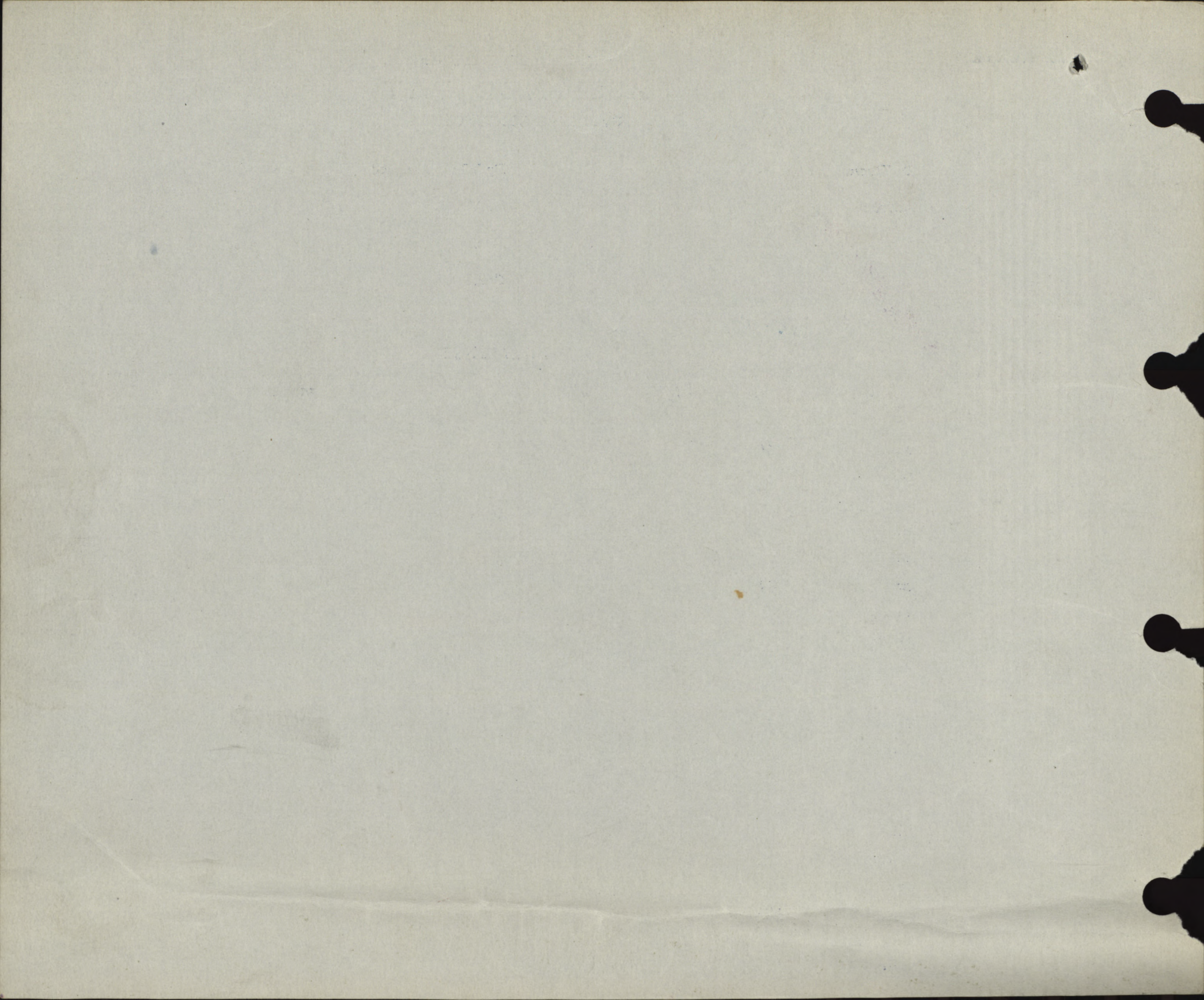
To Whom *Mrs Martin Shier* By Whom Assigned *Shier J E*  
 Address *Newmarket* Regtl. No. *726027*  
*Ont.* Rank *pte*  
 Corps *Bnil Hosp.*  
 Rate *\$ 75<sup>00</sup>*

**SPECIAL CONTINGENT**

*Sched 465 26.11.17*  
**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>47558</i>	<i>75-</i>	<i>Mailed 19-12.17</i>
Feb.				
March				







Name Mr J E Shier

M. F. W. 41  
100M-1-1B  
1772-39-388

Regimental No. 726027

Name and address of next-of-kin

Unit 109<sup>th</sup> Bn

PAYMASTER M. D. NO. 2  
NOTIFIED 13-11-18  
TO STOP PAYMENTS OF  
S.A. AND A. PAY  
[Signature] CAPT.

Date of enlistment

Place of

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable Mrs E M Shier

Character on discharge

Box 823 Newmarket Ont.

SEPARATION ALLOWANCE AND  
ASSIGNED PAY OF \$ 15.00  
CHARGED TO Oct.  
BEING CONTINUED BY  
DIRECTOR OF S.A.A.P. OTTAWA

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
Aug 1	Oct 31	92	1	92.00	92	10	9.20	12					99.55	J.O.S. 22/9/18. \$10 #176	
									113	20	801100	13	65	113.20	Posted to Cas Co. 8/10/18. " "
Nov 15	15	1	15	15.00	15	10	1.50	35.00	812	32	35.00	15.00	15.00	Leave for 8-10-18 - 22-10-18 " "	
									51	50	81233	1	50	51.50	Leave to Nov Dec 27/10/50/194 Do 15/11 Do 20/9.







\* Strike out whichever inapplicable.

ASSIGNED PAY.	* CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA/
EFFECTIVE DATE:-	1/8/16.	EFFECTIVE DATE:-	
AMOUNT:-	15 <sup>00</sup>	AMOUNT:-	
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.	
M <sup>rs</sup> Elizabeth M. Shier. Box 823. Newmarket, Ont. (mother) Canada.			
PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		Pte.	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- 109 <sup>th</sup> Batt.			
DATE ACCOUNT FIRST OPENED:- 1/8/16.			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
			b. J. C. France
72.	1/4/18.	25/4/18.	C. J. C. England.
L.P.C.	1.8.18	21.8.18	N. G. H.

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
1/4/18	B1533	Base Depot C.T.C.	£1.0.0				
		Credit note requested	1.00				
			3.87				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1		10	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada For Disposal Authy. C86 L. 94. 4-7-18.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March				Balance Forward.					86 77	-	-
Apr.	P.P.	33		C.A.P.				15			
				R. 213. V.C. 3083. 18.4.18. 25 Co.	50 00						
				DNAR. 48. Bearwood 8.4.18	2 43				52 34		
		33			52 43			15			
May	S.Y. 3.5-13.5.18. AD. 108. 6.5.18 AD.	7	30	C.A.P.				15			
	P.P.	34	10	AR. 1197 Bearwood 3.5.	38 93						
				" 1019 3 C.C.D. 15.5.	4 87						
				" 1630 " 29.5.	9 73						
				DNAR 930 Bearwood 1.5.	4 87				20 34		
		41	40		58 40			15			
June	P.P.	33		C.A.P.				15			
				AR 1867 3 C.C.D. 13.6.	9 73						
				" B1426 B.D. 26.6	4 87				23 74		
		33			14 60			15			
July	" "	34	10	AR. 5613 - 30/7/18 - Buxton	9 73			15			
				" B1533 B.D. 4.7	4 87				18 51		
				" 4645 15.7.18 C.C.D. Base	9 73						
		34	10		24 33			15			
				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center;">CANADIAN ASSIGNED PAY AUDITED</p> <p style="text-align: center;">Checked <i>[Signature]</i></p> <p style="text-align: center;">DATE <i>20/5/19</i></p> </div>							
				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>A 3 M. FORM WHEN DISCHARGED TO CANADA PAY BOOK VERIFIED BY AUTH. L.P.C. REN'D</p> <p style="text-align: center;">Checked <i>[Signature]</i></p> <p style="text-align: center;">Amended L.P.C. 24 (AR. 4645 Endorsed on L.P.C.)</p> <p style="text-align: center;">" Bal. 19.51 (" 5613 " " " " )</p> </div>							
Aug.	Qn 14947 Adjustmt of Bal <sup>a</sup> Sept 17	1		AR 7020. 12/8/18. C.A.D. Base Endorsed	9 73						
				AR 8771. 26/8/18 do do	9 73						
		1			19 46						



NUMBER

726 027 RANK

Pte

NAME

SHIER

J. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Sept				Bal <sup>ce</sup> forward,					05		
				Mr 10368 - G. G. B. Ruxton. Endorsed	9.73				968		
					9.73						







726027 Pte Shier, J.C.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE												
June 30				334 40										18 70	353 10											5353	3893	1983	150	262 29	90 81				
July 31				33											33											15			15	108 81					
Aug 31				34 10											34 10											15			15	127 91					
Sept 30				33											33											15			15	147 01					
				468 60											18 70	487 30										25 Co. C. 52/1/17	5-35	15	20 35	158 66 X					
																													210	327 64					
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SER. ALL. CE. PAY ENG.	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SER. ALL. CE. PAY ENG.													
Oct	P.P.	34 10		Wage Pay					158 66 Nil																										
Nov				AR. 22291. 11/17/17. 25 Co. C. 56	5 35				15 177 76																										
Nov	P. Pay.	33		ban. a.p.					15																										
				AR. 12294. 11/6/17. 636. France	5 36																														
				AR. 191. 5/31/17	5 35																														
				AR. 237. 11/9/17	5 35																														
				AR. 279. 11/10/17	5 35																														
Decr.	P. Pay.	34 10		ban. a.p.																															
				AR. 217. 7/11	5 35																														
1918.				Rem. 8573. 24/11 Lond.	75 00				30 107 75																										
Jan'y	P. Pay.	34 10		ban. a.p.					15																										
				AR. 365. 11/21/17. 636. France	14 28				15 112 57																										
Feb'y	P. Pay.	30 80		ban. a.p.					15 128 37 Nil																										
mch	P. Pay.	34 10		ban. a.p.					15																										
				AR. 399. 30/12/17. 25 Co. C. 5 35	5 35																														
				AR. 444. 9/2/18	5 35																														
				B. 212. 20/2/18. 761 Lond.	50 00				86 77 Nil																										
					60 70				15																										

CANADIAN  
ASSIGNED PAY AUDITED  
AUDIT CLERK  
DATE 20.5.19

\$ 1000000  
Bill note Reg. 15/16



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

**CONFIDENTIAL INFORMATION.**

*No Card*

Report No. *19738* CATEGORY *E 3.*

Unit *Shier* Surname *James, Edwin.* Christian Name

Permanent Address *Newmarket Ont.*

M.D. No. *2*

No. of M.H.C. File \_\_\_\_\_ No. of Local File \_\_\_\_\_ No. of H.Q. File \_\_\_\_\_

No. *746827* Rank *Pvt.* Original Unit *109* Service Unit *25 C.F.C.*

Age *45* Height *5* ft. *5* ins. Complexion *ok* Eyes *Bl* Hair *ok* Conduct \_\_\_\_\_

Date of enlistment *Dec 4/15* Where enlisted *Mendon Ont* Where seen service\* *France*

Ship returned by *Samuelson* Date of arrival *2/10/18* Port of arrival *Montreal*

Birthplace\* *Canada* Religion *Meth*

Cause of disability (1) Loss of general body tone. (2) Impaired function of back muscles. (1&2) Overwork & Exposure.

Subj:-(1) States that he is weak and easily tires if he walks over 1 mile. Some shortness of breath on exertion. Some headaches, worse in mornings. Obj:-(1) Only fair developed man. Looks older than age given. Some hardening of arteries. Blood pressure Sys. 120. Dias. 80. Double arcus seniles. Subj:-(2) Pain in back, worse in cold damp weather. Any movement of lifting causes severe pain. Pains occasionally runs down legs. Obj:-(2) Some tenderness over lumbar muscles. No swelling. Movement of spine normal, but held rigid when stooping over. All other joint movements normal. Incapacity is due to partial loss of function of ;

(1) General body tone.  
(2) Musculation of back.

Condition in detail which prevents the soldier from earning extra money \_\_\_\_\_

Degree of incapacity—Eng. Board *Not est.* Canadian Board *Deg. not stated.*

Is disability due to or aggravated by Service? (1&2) *Yes (Agg.)*

Probable duration of incapacity *6 Mos.*

Does it render him permanently unfit for Military Service? *-p---*

Is further treatment or use of appliances recommended, if so which? *No. (Discharge).*

Destination to which transportation issued *Toronto.*

Members of Board *W. T. McLean, Maj. Pres., W. J. Clark, Capt. Park School Bks., Toronto, Ont.*

INFORMATION TO BE FURNISHED BY SOLDIER 24-10-18.

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

Name and address next of kin *(Mother) Mrs E. M. Shier Same Add*

Notification of return to be sent to *Leamington*

Occupation prior to enlistment *Leamington* And for how long followed *Life*

Regular trade or occupation *do*

Average earnings previous to enlistment *15.00 wk* Any other income? \_\_\_\_\_

Name and address of last employer *J. J. McIntire - Mendon Ont*

Rent per month \_\_\_\_\_ If owner of or purchasing property amount due and annual payment, \$ \_\_\_\_\_

Taxes \_\_\_\_\_ If Homestead, or Farm, where located \_\_\_\_\_

If carrying life or accident insurance, annual premium \$ \_\_\_\_\_ Name of Society \_\_\_\_\_

If unable to follow previous occupation, name preference \_\_\_\_\_

References *Just Enpl*

Witness *W. Rainie* I declare that the above statement is correct.

Date *Oct 24/18* Place *Leamington* Signature *E. J. Shier*

Remarks by Interviewer: \_\_\_\_\_

Last Pay Cert. Cr., \$ \_\_\_\_\_ Dr., \$ \_\_\_\_\_ Amount paid at Depot H.Q., \$ \_\_\_\_\_ L.P.C. leaving Depot, \$ \_\_\_\_\_

Amount forwarded to H.Q. Unit, \$ \_\_\_\_\_ Credit Clothing allowances, \$ \_\_\_\_\_

PENSION—Class \_\_\_\_\_ Amount per year, \$ \_\_\_\_\_ Period granted for \_\_\_\_\_ Dating from \_\_\_\_\_

First payment date \_\_\_\_\_

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.

E. 1. Discharge, no pensionable disability. (Yellow copies).

E. 2. Waiting Reclassification. (Pink copies).

E. 3. Discharge with claim for pension. (Blue copies).

Reports of men returned for duty to be typed on White (Red printed) Forms.

A. General Service.

B. Service abroad, not general.

C. Service in Canada.

D. Treatment. (Pink copies).



CONFIDENTIAL INFORMATION

No. of H.O. File	No. of Local File	No. of M.H.C. File	Category	Report No.
Christian Name			Surname	Unit
M.H.C. File			Permanent Address	

Rank	Original Unit	Service Unit
Age	Height	Build
Date of enlistment	Where enlisted	Where seen since
Ship returned by	Date of arrival	Port of arrival
Religion		

Cause of disability: (1) Loss of general body tone. (2) Impaired function of back muscles. (3) Overwork & exposure. (4) Stiff joints. (5) Stiff neck and early tired if he walks over 1 mile. Some shortness of breath on exertion. Some headaches, worse in morning. (6) Only fair developed man. Looks older than age given. Some parietal arteries. Blood pressure 120/80. (7) Double sternal tenderness. (8) Pain in back, worse in cold damp weather. Any movement of lifting causes severe pain. (9) Some tenderness over lower muscles. No swelling. Movement of spine normal, but held rigid when stooping over. All other joint movements normal. (10) Inactivity is due to partial loss of function of: (1) General body tone. (2) Muscularity of back.

Condition in detail, with reference to soldier's own account, is given in the following: (1) Degree of incapacity - Inc. Board Not set. (2) Is disability due to or aggravated by service? (Yes) Yes (No) No. (3) Possible duration of incapacity - 6 Mos. (4) Does it render him permanently unfit for Military Service? (5) Is further treatment or use of appliances recommended, if so which? (6) Destination to which transportation is desired. (7) Members of Board: W. T. McLean, Maj. Pyers, W. A. O'Leary, Capt. Park School, B.A., Toronto, Ont. (8) INFORMATION TO BE FURNISHED BY SOLDIER (9) 24-10-18

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
White					
Children:					
1					
2					
3					
4					
5					

Name and address next of kin: \_\_\_\_\_  
 Notification of return to be sent to: \_\_\_\_\_  
 Occupation prior to enlistment: \_\_\_\_\_  
 Regular trade or occupation: \_\_\_\_\_  
 Average earnings previous to enlistment: \_\_\_\_\_  
 Name and address of last employer: \_\_\_\_\_  
 Rent per month: \_\_\_\_\_  
 If owner of or purchasing property amount due and annual payment: \$ \_\_\_\_\_  
 Taxes: If Homestead, or Farm, where located: \_\_\_\_\_  
 If carrying life or accident insurance, annual premium: \$ \_\_\_\_\_  
 Name of Society: \_\_\_\_\_  
 If unable to follow previous occupation, name preference: \_\_\_\_\_  
 References: \_\_\_\_\_  
 Witness: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 I declare that the above statement is correct.

Remarks by Interviewer: \_\_\_\_\_

Amount forwarded to L.C. Unit: \$ \_\_\_\_\_  
 Credit Clothing Allowance: \$ \_\_\_\_\_  
 Last Pay Cert. Cl. \$ \_\_\_\_\_  
 Amount paid at Depot H.Q. \$ \_\_\_\_\_  
 L.P.C. leaving Depot: \$ \_\_\_\_\_

First payment date: \_\_\_\_\_  
 Class: \_\_\_\_\_  
 Amount per year: \$ \_\_\_\_\_  
 Period named for: \_\_\_\_\_  
 Paying from: \_\_\_\_\_

Report on men returned for Discharge under 25 and on White (Black) Drives (Home)  
 Discharge with credit for benefits (Blue color)  
 Discharge with credit for benefits (Black color)  
 Discharge with credit for benefits (Yellow color)  
 Discharge with credit for benefits (Green color)  
 Discharge with credit for benefits (Red color)



726027.

# ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Shier Christian Name James Edwin

Examined { on 20 day of Dec 1915  
at Minden  
Birthplace { City or Town Reach Township  
County Ontario

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

Apparent age 40  
Trade or occupation Lumber  
Height 5 Feet 5 1/2 Inches.  
Weight 133 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 36 1/2 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>20 MAR 1918</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 none  
Number one

Date	Result	VACCINATIONS
<u>1-3-16</u>	<u>good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last March 1<sup>st</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/16</u>	<u>good</u>	<u>J. McCulloch</u>
<u>12/5/16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>20/5/16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>1-5-18</u>	<u>"</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 11 day of December 1915 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bat</u> <u>C.E.F.</u>	<u>726027</u>		<u>11.12.15</u>
Transferred to.....	<u>24th OVERSEAS BATTALION C.E.F.</u> <u>C.C.A.C. - 15.1.17</u> <u>Canadian Forestry Co</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Park School, Bke. Oct 25/18. Myalgia. Debility "E" w. p. r. Major A.M.C.

STATION.	DATE.	DISEASE.	Pres. Stand.	Medical Board.
<u>Bramshott Camp, Hants.</u>	<u>10 JAN. 1917</u>	<u>Flat feet</u>	<u>Class C</u>	<u>W. J. P. B. PRESIDENT</u>
<u>3rd C.E.F. Seafood.</u>	<u>7-6-18.</u>	<u>General Debility (Albuminuria)</u>	<u>Class B.II.</u>	<u>Medical Board, Bramshott.</u>
<u>Sunningdale</u>		<u>Debility Myalgia</u>		<u>W. J. P. B. PRESIDENT</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.

CANADIAN

3. a.

10



Christian Name *James Edwin*

Surname *Shues*

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				
No.6 Sty Hpl, Brevent		25	3	17	30	3	17	Conjunctivitis slt.	Rejoined Unit.	A42-A59 HH.	
		17	3	18	21	3	18	Albuminuria 4.	Arterio - Sclerosis - Similit.	<i>[Signature]</i> MAJOR R.A.M.C. FOR M.O I/C CASE.	
Bearwoods.		21	3	18	3	5	18	arterio Sclerosis. 14	Transferred Canadian Hpl Wokingham J. C. Goods, fuls fib Capt. D.T.	<i>[Signature]</i> Capt.	





# CLINICAL CHART.

Corps Cos Cleev. 2/1000 Pte Sol.

Hospital Station \_\_\_\_\_

No. 726027 Rank and Name Pte. Shier J.E. Age 45 Service 36/12

Disease flu Date of Admission Oct 27/18 Date of Discharge Nov 5 Result Cured Serial No. A. & D. Book \_\_\_\_\_

Dates of Observation	27	28	29	30	31	Nov 1	2	3	4																															
	Days of Disease		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19	
	Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
106°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
105°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
104°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
103°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
102°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
101°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
100°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
99°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
98°	.8 .6 .4 .2	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·
97°	.8 .6 .4 .2 .0	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	
Pulse per Minute																																								
Respiration per Minute																																								

Signature W. Robertson Capt In charge of case.



95

96

99

100

101

105

103

104

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106

101

CLINICAL SHEET



~~ORIGINAL~~

**EXAMINATION**  
BY  
**STANDING MEDICAL BOARD, BRAMSHOTT.**

No. 726027 Rank plu Name Shier J. E. <sup>10-1-</sup> 191 7  
Local Unit 124 Pbn Overseas Unit \_\_\_\_\_ Age 44

Examination held in Bramshott area.

DISABILITY. Flat feet. - entreme -

~~Overseas~~ - Local.  
(scratch one out)

PRESENT CONDITION.

This man has had some trouble in marching - Cant route march.  
Bunion on Rt Great toe joint gives trouble

Board recommends:

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

Class C4

4

Signatures:

Members { C. E. Cooper <sup>hon</sup> Pres.  
E. A. Dudson <sup>hon</sup> Mem.

Approved.

Bramshott 10-1- 191 7

P. A. Stewart Maj  
for A.D.M.S. and G.O.C.,  
Canadian Troops, Bramshott.



# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

101

10-1-1

No. 75002 Rank *Plt* Name *Shier J. B.*

Local Unit *1st Air Overseas Unit*

Age *41*

Examination held in Bramshott area.

DISABILITY: *Not for service*

Overseas—Local  
(scratch one out)

### PRESENT CONDITION.

*From notes  
Dermatitis with great tenderness  
route march.  
Treatable in Bramshott - Camp  
This man has had some*

board recommend

1. Fit for Duty

2. Fit for duty after

*weeks physical training*

3. Fit for Base duty

*weeks*

*Class C 1/2*

4. Fit for Permanent Base Duty

5. Discharge

Signature

*J. B. Shier  
Pres*

Members

Approved

Bramshott

101



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD JUNE 23 1916

No. 72607 Rank PTF Name SHIER J E

Local Unit 3rd OGD Overseas Unit C.T.C Age 45

Examination held at 3rd OGD MEDICAL DEPARTMENT

**DISABILITY.**  
Overseas—Local.  
(scratch one out)

GENERAL DEBILITY  
(ALBUMINURIA)

### PRESENT CONDITION.

1. In F. since 12 months.
2. Involved in H.A. 11 3-18 Albuminuria.
3. No improvement at 3rd O.G.D.
4. Slight lymph. - Pain in back.
5. (O.G.D. Syphil. G.C. pos. - radial arteries somewhat enlarged - History of albuminuria both in age past)

### BOARD RECOMMENDS:—

B. That likely to be cured.

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:—

MEDICAL DEPARTMENT.  
3rd Canadian Command Depot,  
8 - JUN. 1918  
SEAFORD CAMP,  
SUSSEX.

Members

[Signature] President.

[Signature] Capt. [Name]

[Signature] [Name]

APPROVED

Dated at Seaford 8-6 1916

For A.D.M.S.

Further Remedial Treatment not recommended



# PROCEEDINGS OF A MEDICAL BOARD

Dated at ..... 1918

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

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

Examination held at .....

DISABILITY  
Overseas—Local  
(attach one out)

## PRESENT CONDITION

### BOARD RECOMMENDS—

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

### Signatures—

..... President

Members

.....  
.....  
.....

APPROVED

Dated at ..... 1918



Urinalysis.

Name *Sherman E.* No. *726027* Rank. *Private* Date *June 15-1918*  
Albumin. *nil* Blood. *nil*  
Sugar. *nil* Bile. *nil*  
Reaction. *4 faintly Acid* Color. *light orange*  
Sp. Gravity. *10-21* Deposits. *nil*

*2*



1871-72 annual

1871

1871

1871

list

list

list

list

annual list

list

list

18-01



MEDICAL CASE SHEET.\*

*Mets*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>T/2566</i> Year	<i>720027</i>	<i>Lie</i>	<i>Shaver</i>	<i>J.E.</i>
	Unit.	Age.	Service.	
	<i>25 Coy 676</i>	<i>45</i>	<i>27/12</i>	
Station and Date.	Disease <i>Arterio Sclerosis</i>			
<i>2/3/18</i>	<i>Pains in back, tired. Headaches.</i>			
<i>Bear Wood</i>				
<i>Ltut 11</i>				
<i>7/3/18</i>	<i>Debilitated</i>			
<i>30.3.18.</i>	<i>Feels slightly better.</i>			
<i>8/4/18.</i>	<i>Improving.</i>			
<i>15/4/18</i>	<i>feeling stronger</i>			
<i>22/4/18.</i>	<i>do. do</i>			
<i>29/4/18.</i>	<i>Returned to original Category.</i>			
<i>3 - MAY 1918</i>	<i>Discharged to 3rd C.C.D., Seaford.</i>			
	<p style="text-align: right;"><i>C. H. Hemmels</i> Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.</p>			
	<p style="text-align: center;"><i>19 MAY 1918</i> Registrar, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.</p>			



Station  
and Date.



DIVISIONAL LABORATORY, M.D. No. 2,

URINE REPORT.

Rank **Pte.** Name **Shier** No. No 2 Casualty Unit.

Ward **Park school Bks. Toronto** Date

Rec'd from N.S. ....

Volume.....

Sp. Gr. **1023**

Reaction **Acid**

Albumin **V.S.T.**

Blood *neg*

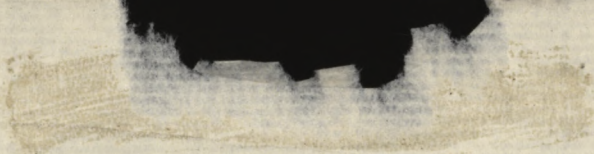
Glucose *neg*

Bile *neg*

Deposit *neg*

Examined by **A. Hunter, Capt.**





UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, [illegible]  
SUBJECT: [illegible]

Reference is made to the report of [illegible] dated [illegible] at [illegible].

The above information was obtained from [illegible] and is being furnished to you for your information.

Very truly yours,  
[illegible signature]

[illegible text]

[illegible text]

*Handwritten notes:*  
[illegible]  
[illegible]  
[illegible]  
[illegible]

11





# CASE HISTORY SHEET.

Hospital.

Station.

No. 726027 Rank. Pvt Name. Shier, J.E. Age. 45  
Unit. Co. C 1st Inf. Ak Sel. Completed years of service 36 }  
Where and how long 12  
Date of admission Oct 27/18 Date of discharge Nov 5  
Diagnosis Tbc Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Temp. 99.

Illness developed Oct 27.  
Severe cough. Bloody expectoration.  
Has had cough for one month.  
Heart & Lungs: normal

Oct 30 Temp normal. Improving  
cough. dry and spasmodic

Nov 4 Temp normal. Condition  
normal. Slight cough

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

Colonel 1500 Thapsif 3 ss.  
Aspirin gr v  
Quinidip gr ii } q. v. h.

## CONDITION ON DISCHARGE

(and disposal made of case.)

Cured

Date Nov 4/18

W. J. ...  
Medical Officer i/c case.



CASE HISTORY SHEET



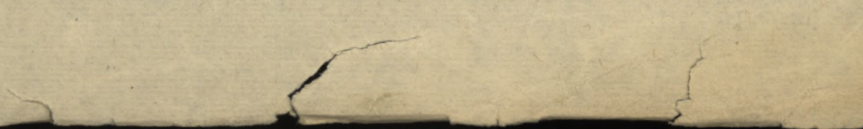
1

DATE

TIME

LOCATION

DESCRIPTION





# CASE HISTORY SHEET.

14

No. 7 26024 Rank Pte Name SHIER J. E. Age 45

Unit Gas. Plw # 2 G. W. Pk School Completed years of service 36 } 12 }  
Where and how long

Date of admission 5-11-18 Date of discharge 9-11-18

Diagnosis Influenza bowel Place of origin Somerset

CONDITION ON ADMISSION AND PROGRESS OF CASE

6/11/18 slight cough & weakness

9-11-18. Recovered discharge

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Hydrochloric acid 30 gr  
Bismuth subnitrate

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

*[Signature]*

Medical Officer i/c case.

B11173



CASE HISTORY SHEET







9. Present condition.—(Continued.)

Objective:- Only fair developed man. Looks older than age given. Some hardening of arteries. Blood pressure Systolic 120. Diastolic 80. Double arcus seniles.

(2) Subjective:- Pain in back, worse in cold damp weather. Any movement or lifting causes severe pain. Pains occasionally runs down legs.

Objective: Some tenderness over lumbar muscles. No swelling.

Movement of spine normal but held rigid when stopping over. All other joint movements normal. (See page 4)

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

Nervous... yes Digestive... yes Respiratory... yes Cardiac... See Sect 9.

Genito-Urinary... See below Skin, Middle Ear, Eye or any other part... yes except as stated

Urine:- Specific Gravity 1024. Reaction acid. Albumen None sugar none

v. S. T. W. J. M.

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

in Hospital in England and France 18-2-18 - 17-3-18.

with general weakness and pain in back.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Mole on left shoulder. Feet both flat. No disability.

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

(1) (2) Yes

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

No

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

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

6 months.

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

In hospital 30 days.



OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?  
(If the answer is "yes" state nature of treatment required and probable duration.)

No

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

Yes

17. Recommendations

For discharge

*G. S. Calmes Capt*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, *J. E. Shier* have heard the description of my disability and present condition read, and am ~~satisfied~~ *satisfied* with it. (If dissatisfied, statement should follow.) I complain in addition of

*J. E. Shier*  
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the soldier fit for

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

no  
no  
no  
no  
yes.

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

~~XXXXXXXXXXXXXXXXXXXX~~

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
- ~~X (Strike out condition not applicable).~~



4  
OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be placed in Category "F" and be discharged as medically unfit for further Military Service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Park School Bks. Toronto.

DATE... Oct. 24th. 1918.

*W. J. McLean* Major President  
*W. J. Clarke* Capt. Members.

APPROVED BY

*J. R. Christian* Capt.  
Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE... 26/10/18.

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.  
PLACE.....  
DATE..... Members.

Incapacity due to partail loss of function of

- (1) General body tone.
- (2) Musculation of back.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

04616

*Aug 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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*Bank Account*

RATE OF ASSIGNMENT

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

No. *726027*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *J. E. Shier*  
 Battalion *109 Batten. Coy.*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Manager Bank of Commerce*  
 Address *Riverside Ont.*  
 Change of Address  
 1 *Mrs Eliza M. Shier,*  
 2 *Box # 823, Newmarket, Ont*  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>31-12-17</i>			<i>255</i>	<i>255</i>	
<i>Jan 1918</i>	<i>R 70139</i>		<i>15</i>	<i>15</i>	<i>31/10/18 A/c Open</i>
<i>Feb 11</i>	<i>V 72465</i>		<i>15</i>	<i>15</i>	<i>Ret'd per Llandstephen Castle</i>
<i>Mar 11</i>	<i>S 95047</i>		<i>15</i>	<i>15</i>	<i>Date 10/10/18 M.F.W. 187</i>
<i>April 11</i>	<i>T 8657</i>		<i>15</i>	<i>15</i>	<i>and 24/10/18 Clerk A. Bell. M.W. 2</i>
<i>May 11</i>	<i>V 71916</i>		<i>15</i>	<i>15</i>	<i>also 15-11-18 P.M. M.D.#2 - 25 Sh - 215-15-11/18</i>
<i>June</i>	<i>H 23045</i>		<i>15</i>	<i>15</i>	<i>M.F.W 187 - M.R.O 17190 - Leahroy. M.H. 19-11/18</i>
<i>July</i>	<i>E 77180</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>H 39814</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>X 49820</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>Z 54318</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>Y 53328</i>		<i>15</i>	<i>15</i>	
			<i>420</i>	<i>420</i>	

CANADIAN  
 ASSIGNED PAY AUDITED  
*W.P. Blair*  
 AUDIT CLERK  
 DATE *20-3-18*

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT

M. F. V. 128  
 400M-6-17-1772-38-1141  
 L. L. 22320-N. & D. 7593.







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*Tom*

*J.E.*

Name **SHIER**

**J.E.**

Surname

Christian Name

Regimental Number **726027**

Rank **Pte.**

Address (in full) **Newmarket, Ont.**

Unit

Original Unit **#2.D.D.**

District where paid **M.D.2**

Date of Discharge **11-26-2**

P. D. P. Filing Number **11-868-2**

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10	13942.	14/11/8	33.00	12996.	14/12/8	33.00				34.10	66.00

M. F. W. 127.  
25M-8-18.  
1772-89-1140.

Remarks:



File No. 16666-J-11.

6/8/19

**WAR SERVICE GRATUITY.**

Register No. ....

Reg. No. 726027 Pte

Dependent Mrs M. E. Shier

Name Shier J. E. O. days at \$ per day \$

Address Newmarket. Ont.

Address Newmarket. Ont. Less P. D. P. Credited

\$ \$ \$

Less further debit balance  
Net due paid as below

Taken on strength of S. G. R on 25/7/19 with full P. D. 16666-J-11. 6/15/19. S. O. S. of D. C. R. 20/11/19.

TO SOLDIER		TO DEPENDENT	
Ag. No.	Ch No	Amount	Ch No
1			
2			
3			
4			
5			
6			
Total			Total

Pay Soldier \$ Pay Dependent \$  
Days Rate Due  
Less P.D.P. credited  
Less further Dr. Bal. or overpayment.  
Net

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			

*Husband's account 6/19/19*

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



1702 Ex. Card destroyed 29/11/18.



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).  
M.B.

No. <b>726027</b>	
Rank <b>Pte.</b>	
Surname <b>SHIER</b>	
Christian Name <b>JAMES EDWIN.</b>	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>109th Bn. (#2 D.D.)</b>	
Date of Discharge <b>NOV 15 1918</b>	
Place of Discharge <b>TORONTO, ONT.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>45</b> years..... months.	Descriptive Marks <b>Vacc scars on left arm.</b>
Height <b>5</b> feet..... <b>5</b> inches.	
Complexion <b>Dark</b>	
Eyes <b>Blue</b>	
Hair <b>Brown</b>	
Trade <b>Teamster.</b>	
Intended place of residence } <b>NewMarket Ont.</b> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <b>HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <b>Very good</b>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <b>Teamster.</b>	

*Deceased 30.4.59*

*N.C.D.  
21-1-20.*



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.)

I have not received pay & allowances up  
to the end of October 1918.  
J. E. Shier



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

Nil

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

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) TORONTO, ONT.

*Robert Leitch*

Captain,

(Date) NOV 15 1918

For Lieut. Colonel,  
Commanding G.C. No. 2 District Depot.

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) TORONTO, ONT.

*James Edwin Shier* (Signature of Soldier.)

(Date) NOV 15 1918

*E. C. Cunniff* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 319 days.  
Total 2 319 years days.

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

*Robert Leitch* Captain,  
For Lieut. Colonel,  
District Depot.

(Date) NOV 15 1918

(Signature) G.C. No. 2 District Depot.



## 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> <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>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*











Reserved for M.H.C.

Regt. No. 426027 Rank Private Surname Shier Christian Name James Edwin

Unit or Corps—(a) Overseas from United Kingdom C.F.C. (b) In United Kingdom C.F.C.

Born at—Town Port Perry County or Province Ontario Country CANADA

Date of Birth—Day 1<sup>st</sup> Month JANUARY Year 1893 Age 45 yrs 6 months.

Joined at Minden Ont. CANADA Date 20<sup>th</sup> December 1915

Former Trade or Occupation Teamster

Permanent marks or peculiarities that will serve for future identification:

Height—feet 5 inches 5 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) James E. Shier

**Medical Report.**

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

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

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

- Disabilities Group (a) Pain in Back. Stiffness Lumbar muscles
- Disabilities Group (b) Arterio - Sclerosis
- Disabilities Group (c) Debility

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Myalgia -</u>	<u>Canada.</u>	<u>1900</u>
(ii.) As to Group (b) above.	<u>Natural Causes.</u>	<u>Canada.</u>	<u>1908</u>
(iii.) As to Group (c) above.	<u>Age and Exposure.</u>	<u>Canada.</u>	<u>1912.</u>

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

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

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

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

- (i.) As to Group (a) above? no
- (ii.) As to Group (b) above? no
- (iii.) As to Group (c) above? no



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

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) When?

(v.) Opinion of the Court?

*Not applicable*

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

*Has attacks of myalgia 18 or 20 years ago. Has Pneumonia when 18 yrs ago - Entered 1915 - England 31.7.16 - France 3.13.17 - (C.F.C.) - Carried on hel 5-2-18 - was sent to 6<sup>th</sup> Stationary Hosp at Trecet (diag. Gen debility) 8-2-17 - To 59 C.C.S. (10 days) - 18-2-17 - was sent as theatre case to 26 Gen Staples - was there hel 17.3.18 - then evacuated to England (diag. changed to Albuminuria) in Edmonton M.H. 4 day - from 21.3.18 to 3.5.18 at Bearwood discharged to 3<sup>rd</sup> C.C.B. Seaford - To base 13-6-18 -*

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

*General condition - fair only - age 45 - looks much older  
Complains of pain in back weakness & stiffness of hips  
Waive neg - moderate atherosclerosis - aortic sclerosis  
Leart neg - General condition - security - work un-  
doubled history of albuminuria*

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

*no*

(ii.) If so, state what.

(iii.) Was one advised and declined?

*no*

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

*no*

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a.) Fit for duty?

(b.) Fit for base duty?

(c.) Invalid to Canada?

(d.) Discharge from the Service as permanently unfit?

*BM will not improve in Category in 12 months*

Date of Report..... 20-6-1918

Signed.....

Officer in medical charge of case.

Station..... C.F.C. Base Dep -

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

*L.H. Roberts Capt.*

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

Dated at.....

*London*

Station, on.....

*June 22*

1918

\* Delete if inapplicable.



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

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

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

YES

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

YES

13. Was the disability caused or aggravated by—  
(a) Negligence of the Soldier  
(b) Misconduct of the Soldier

NO

NO

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?  
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

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

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

18. Remarks.  
Soldier age 45 - looks ill. does not look well. Complains of pains in back and hips. history of ill-health. Heart and lungs clear. some hardening of arteries. fit for sedentary work only. fatigue very readily.

19. Recommendation :—(a) Fit for duty?  
(b) Fit for base duty?  
(c) Invalid to Canada?  
(d) Discharge from service as permanently unfit?

B (Three) out likely to be raised in Category within six months

Classification for the Military Hospitals Commission.

Date of Board June 24/15

Station Hemmingdale

Approved [Signature]

Dated at [Signature]

Signatures of the Board. [Signatures of Board members]  
D.M.S. CANADIANS LONDON AREA  
LONDON  
29 JUN 1915



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

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

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_

Members of the Board:—

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

- 1. THE SERVICE DISABILITY.—(a) About what to the soldier's disability, as shown by the evidence, is the capacity, as shown at present for earning a full livelihood in the general market for unskilled labour.
- 2. THE PERMANENT DISABILITY.—(a) What part of the entire disability estimated in (1) is due to causes arising during active service?
- 3. If not permanent, what is its probable maximum duration (in weeks)?
- 4. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

*Handwritten notes:*  
 The soldier is a private in the 1st Canadian Trench Battalion, and was wounded on 22nd Nov 1914 at Ypres. He has been in hospital since then, and is now at the Military Hospital, London, Ontario. He is a native of London, Ontario, and has been in the army since 1908. He is a single man, and has no dependents. He is a good worker, and is a member of the Salvation Army. He is a native of London, Ontario, and has been in the army since 1908. He is a single man, and has no dependents. He is a good worker, and is a member of the Salvation Army.

*Handwritten notes:*  
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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_

*Handwritten notes:*  
 The soldier is a private in the 1st Canadian Trench Battalion, and was wounded on 22nd Nov 1914 at Ypres. He has been in hospital since then, and is now at the Military Hospital, London, Ontario. He is a native of London, Ontario, and has been in the army since 1908. He is a single man, and has no dependents. He is a good worker, and is a member of the Salvation Army.

Signatures of the Board

President.