

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 726103

Folio.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Staples
- 1a. What are your Christian names? Clean
- 1b. What is your present address? Bealey, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born? Twp. Lasitwa Co. Victoria
- 3. What is the name of your next-of-kin? Robert Staples
- 4. What is the address of your next-of-kin? Bealey, Ont.
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? Jan 20, 1897
- 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? 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, Clean Staples, 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... Jan 31st 1916 Clean Staples (Signature of Recruit)
..... A. W. Gray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clean Staples, 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... Jan 31st 1916 Clean Staples (Signature of Recruit)
..... A. W. Gray (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 Colobocook this 31st day of January 1916
..... C. Charles P. P. (Signature of Justice)

Description of Clare Staples on Enlistment.

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

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

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

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 5 ins.

Complexion fair

Eyes light blue

Hair light brown

Religious denominations

- Church of England.....
- Presbyterian.....
- Methodist..... Methodist
- Baptist or Congregationalist.....
- Roman Catholic.....
- Jewish.....
- Other Denominations.....
 (Denomination to be stated)

*Scars below left clavical
 Birth mark on front
 of thigh 4" above knee cap.*

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 declares that he is not subject to fits of any description.

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

Date JAN 31 1916 191

Place Calabocank

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

* 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.

Clare Staples 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.

Date FEB 7 1916 191

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

REGIMENTAL DOCUMENTS

NAME STAPLES Cleve REGT. NO. 726103 UNIT E.O.R.D. H. Q. FILE NO. _____

(S)
2

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

(M)

DISCHARGE

Category

Almst.

DESERTION

PUBLIC ARCHIVES
RECORDS

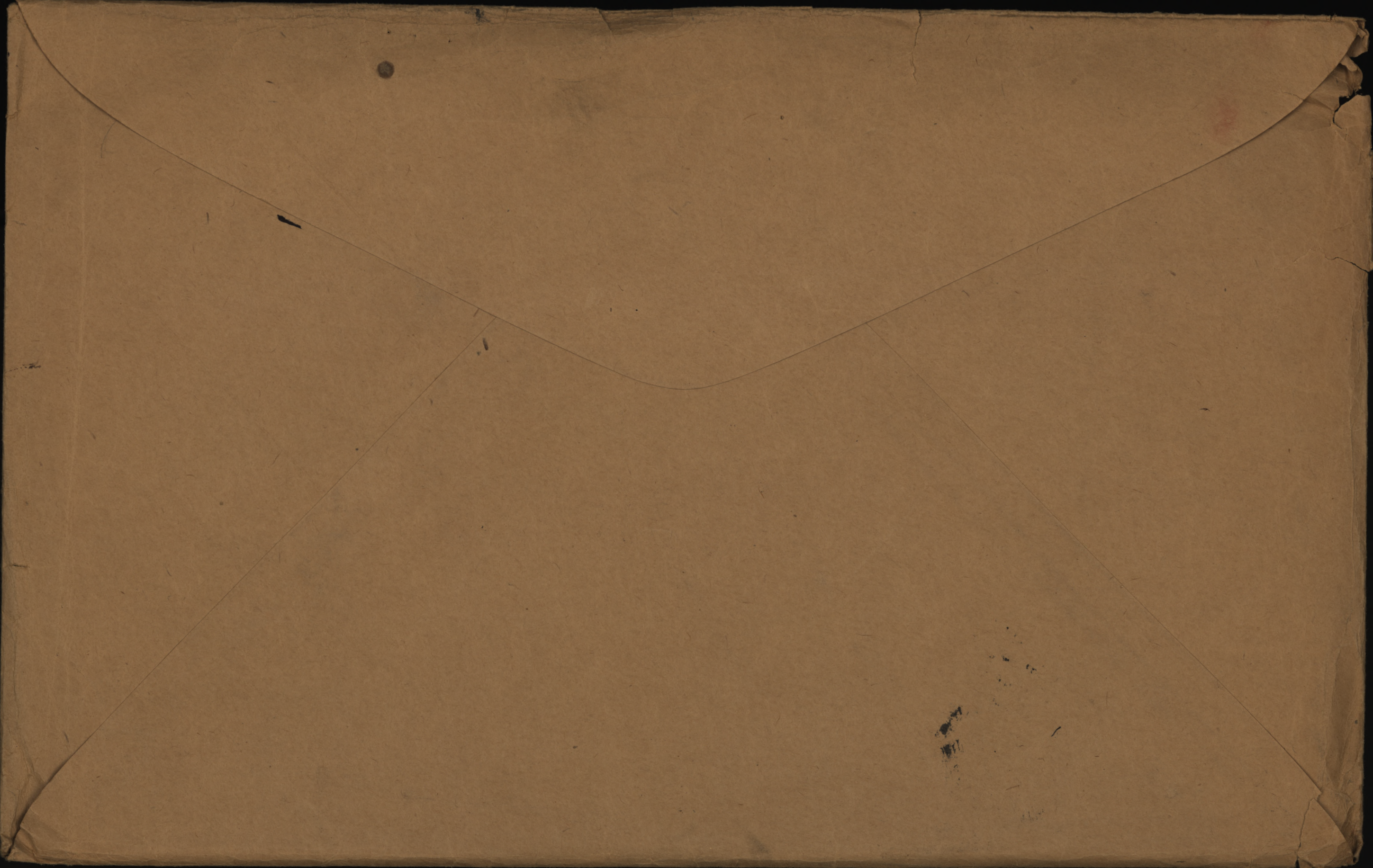
38457

492964

39-18
47-18
6-19
2

(H)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
1 M.F.W. 67
2 Misc.



A.O.
B

Number 726103 Rank Plt

Surname STAPLES

Christian Name Cleve

Units 21st Bu Can Inf Theatre of War France

Date of Service 6-10-16

Remarks

Latest Address G.P.O. Bexley
Ont

Roll No.

"B"
Page 13091
200m.-2-21.M.

DESP. MAY 19 1922

REGN. NO.

9616487

NAME

Staples C.

REGT. No.

726 103

RANK AND UNIT

Ste

C. O. R.

6 R.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C457

No 11 Can. Gen. Horn. 9-3-19 (20) Gleet as per

C567

Dusich

29-7-19

Gleet

at C 353

No. 726103

RANK

Pte

NAME

Staples. G.

T. O. S. 17-1-16.

UNIT

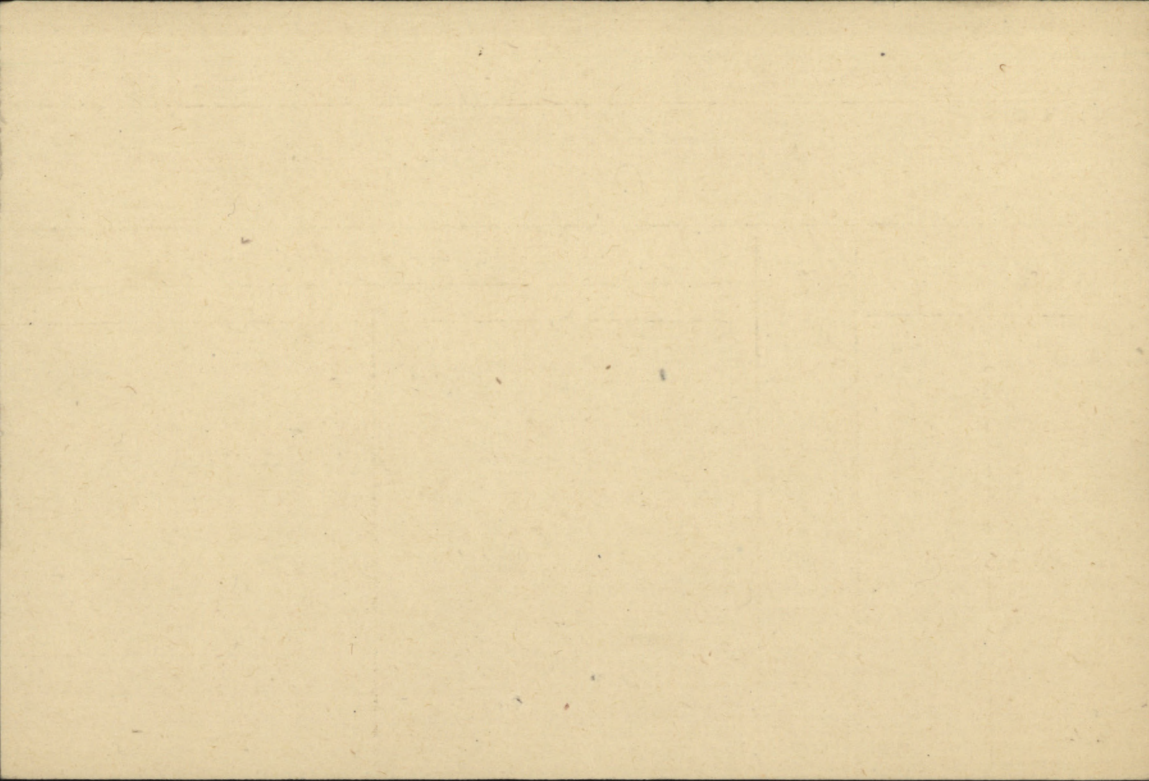
109th. Battalion.

D.O. 67. 7-2-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 17	1916 Feb. 27	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



REG'T'L. No. 726103

NAME Staples Cleve

H. Q. FILE NO 649

RANK AND CORPS Pfc

21st Ba (form 109 Bn)

FOLLOWS
No. _____
FOLLOWS

CABLE

NATURE OF CASUALTY

NO. DATE

no. 1.

Robert Staples (Father)
Bexley, Ont., Can.

6-1
Q283
(A234

7-6-18
7-6-18)

Adm. H Gen Hosp Danvers
Camiers, June 2nd 1918
GSW L. Reg. ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B235	Gen Mil Calchester	4-6-18	Gsw L Leg.
B285-	Genl Conv and Cole - J. H. Eppson	8-8-18	Gsw L Tibia Fract-
B359	Lisich.	25-10-18	" " " "

SURNAME.

Staples,

CARD NO.

J 2

CHRISTIAN NAMES

bleve.

Sos 25/8/19 sent

FOLL.

D 241-29-8-19

REGL. NO.

726103

RANK

Pte.

200

UNIT

109th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Staples, Robert

RELATIONSHIP TO SOLDIER

Father,

ADDRESS

Bexley, Ont., Canada.

COUNTRY OF BIRTH

Canada, Laxton, Victoria, Co.

DATE

Jan. 30th, 1897

PLACE OF ATTESTATION

Coboconk, Ont.

DATE

Jan. 31st, 1916

o/s. 23-7-16 $\frac{488}{33}$

RIC 23-8-19 $\frac{395}{97}$ (7/2)

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

19

YEARS

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

5

INCHES

COMPLEXION

Fair.

EYES

St. Blue.

HAIR

St. Brown.

DISTINGUISHING MARKS

Nevis below left clavicul.

Birth mark on front of thigh 4" above
knee cap.

MEDICAL EXAMINATION.

PLACE

Coboconk, Ont.

DATE

Jan. 31st, 1916.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

STAPLES.

C.

726103.

RANK

UNIT

CO.

TROOP

BATTY

Pte. HOSPITAL

E.O. 21 (C.R.)

DATE OF ADMISSION

4. Gen. Camiers.

2-6-18.

G. Mil. Colchester.
1. Woodcote Pk. Epsom.
11. 6 4 A. Shorncliffe

Hos. 4. 6. 18.
8. 8. 18.
9. 3. 19

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS G.S.W. Lt. Leg.

- 1. G.S.W. Lt. Tibia ^{an} _{ad} free.
- 2. V.D. ~~11~~ Gleet R
- 3.

DISPOSITION

C.L. 7-6-18. A234

Dis. 25.10.18 DATE

" 29-7-19 REMARKS

11. 6. 18 A 235

9. 8. 18 B 285

3-11-19 B 359 1/2

12-3-19 6454

15-7-19 6555

31-7-19 6564

Ref. 6457 change of Diag.

A.M.D. 2 Dept.

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

PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address North Bay

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: STAPLES (Surname) Cleve (Christian Names) Service No. 726103

Veteran is stated to have served during W.W.I. (State War or Wars)

in the following Units 109 Bn. 21 Bn.

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War

Date and port of embarkation for S.A. _____

Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).

Date(s) embarked for U.K. Canada Britain France

If Canada and U.K. only Date(s) disembarked in Canada _____

Period(s) of desertion in U.K. _____

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation _____

2. Date and place of all enlistments. 31 Jan 1916 Cobocok, Ont.

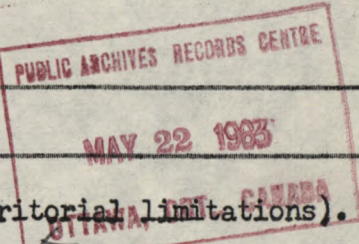
3. Date of all discharges and reason 25 Aug 1919 Demob.

4. Date and place of birth as per attestation paper. 30 Jan 1897 Layton, Ont.

5. Marital status; if married, name in full of wife. single

6. Any other military service. nil

7. Decorations, if any. nil



Head, Reference Section

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MEMORANDUM

TO : SAC, [illegible]

FROM : [illegible]

Reference is made to [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

It is noted that [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

1. [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

2. [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]

Very truly yours,
[illegible]

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

LTR

Rank Name STAPLES, Cleve Reg'l No. 726103
 Unit 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Coboconk, 31st, January, 1916. Place of Birth Twp Lanton Co Victoria
 Name and Address, Next-of-Kin Robert Staples.
P.O. Bexley, Ontario, Canada. Relationship Father.

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

N/E. R.B. No.
 File R.L.
 Category Canada

Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received					
		Arrived in England per H. M. T. 2810			31-7-16	
5-10-16	109 th Bn	S.O.S. to 2 nd Bn	Pvt	Bramshill	5-10-16	Pt II. 50.279
9-10-16	21 st Bn	T.O.S. from 109 th Bn	Pvt	Field	6-10-16	" 58.
19-2-18	"	Awarded Good Conduct Badge	Pvt	"	31-1-18	" 13
7-6-18	EOR.	Wounded	"	"	2-6-18	CIA. 234 S.S. W. L. Leg
10-6-18	21 st Bn.	Inv. Woun ^d Posted to EORD.	Pvt	"	4-6-18	Pt II 43.153d/14-6-18 off. 4 th 1 st CCD. Pt II
29-10-18	EORD.	on Com ^d to 1 st CCD Witley	Pvt	Seaford	25-10-18	" 270. 304d/3-11-18
15-11-18	1 st CCD	ceases att ^d on proc. to 6 th Res Bn	Pvt	Witley	14-11-18	" 316
20-11-18	6 th Res	Posted from EORD ex 1 st CCD	Pvt	"	"	" 273 EORD. 50294 5/24-11-18
14-1-19	"	Posted to, & att ^d from EORD	"	"	10-1-19	" 11 many exp Seaford 16 th

A.F.B. 103 CHECKED
 11 OCT 1916
 WSR

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.				
3-2-19	6 th Reg.	ceases act ⁿ from EORD & is posted from EORD. On Board 15 Moore Bkothook	16 Seaford	30-1-19	Drag March 16 th APR 25
2-6-19	" "	and S.O.S. to 3 R.D.G. Witley	" "	1-6-19	-124
11.8.19	R wing	TOS pending r.t. C. 102-1-98 Saily	" Witley	8.8.19	-105 16.8.19
13.8.19	E O R.L.	Bease detailed to Cas Coy + S.O.S. on trans to 666 R Wing.	" "	10.8.19	" 195
18.8.19	R wing	SOS to Canada	" "	16.8.19	" 110

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of
(18) Demobilizer (f)	(Date)	Posting Officer)
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co (3490)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
---------------	--	---	--	-----------------------------	---	---

7-8-19 *Alwing*

TOS WITLEY
SOS, OMFC, TO CEF CANADA

16-8-19

W. Ward Cap
OFFICER TO RECORD
& WING CO. (WITLEY)

Embark S.S. BELGIC *
Liverpool 16.8.19
Lieut. & Adj.

Stewart

AUG 16 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 241

AUG 25 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 241

W. C. Roberts
Lieut.

For O. C. No. 2 District Depot

Nothing to be written in this margin.

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. 426103 Rank Private Name Staples, Elmer

Enlisted (a) 31-1-16 Terms of Service (a) D of W. Service reckons from (a) 31-1-16

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) Armer.

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

Report Date	From whom received	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.
			Halifax	24.7.16	
			Liverpool	31.7.16	
		Transferred for Overseas Service with C.B.D. No. 190.	21st Batt'n en route.	OCT 5 1916	D.O. Pt. 11. No. 279 Pt. II O. 58. 9/10/16. N.F. 20-10-16. CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
21st BATTALION 9/16		Arrived & Taken on Strength. Left for unit.	21st BATTALION	22/10.	B. 213. 27/10.
		Presented Good Conduct Badge. G.Svt. Leg L. Adm & trans Adm Trans to Adm	Seaford	31-1-18	Part II Ord. 13 2/19-2-18
		Invalidated & posted to Eastern Ontario Regt. Depot		31-5-18	W. 3391
				31-5-18	
				1-6-18	F 4768.
				2-6-18	
				4-6-18	W. 3083-5497. PT II O. 43 d/10-6-18.

Whogau Major for Lt.-Col., A. A. G.

(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. Canadian Section, G. H. Q. 3rd Echelon, P.T.O. I.

726103-

Staples Clear

Fill in Only - Leave Blank and Name

Casualty Form - Active Service

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				
14-6-18 J.W.S.	E.O.R.D.	Posted from 21 st Bn Opeas	Seaford	4-6-18	PT II CO 153 for Lt Col i/c Records.
14-11-18	Copies to be attached on proceeding to 6th Res Bn				D.O. No. 315. 8/14-11-18 Adjutant Canadian Command Depot,
20/11/18	O.C. 6th Res.	J.O.S. 6th Res. on posting from E.O.R.D.	Witley	14/11/18	PT II B.O. 273.
14-1-19	O.C. 6th Res.	So on posting to E.O.R.D.	Witley	11-1-19	PT II B.O. 11
14-1-19	O.C. 6th Res.	Attached from E.O.R.D.	Witley	10-1-19	PT II B.O. 11
3-2-19	O.C. 6th Res.	Copies to be attached	Seaford	30-1-19	PT II B.O. #25.
3-2-19	O.C. 6th Res.	So on posting from E.O.R.D.	Seaford	30-1-19	PT II B.O. #25.
2-6-19	O.C. 6th Res.	Patient in hospital, S.O.S. on posting to #3 Regt'l Depot Group, Witley	Seaford	2-6-19	PT II B.O. 124. Lieut. Officer i/c Records, 6th Can. Res. Bn.

WHIPPS CROSS WAR HOSPITAL,
LETONSTONE.

Christian Name

M. H. Epsom

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				
		5	6	18	7	8	18	Isoly. L Incomplete	63	Border of tibia fract. Transferred Epsom by thro & thro Bullet.	<i>[Signature]</i>
		8	8	19	25	OCT	191	Comp. fract. Fibra of L leg. (com)	48	On admission - wd not healed an. piece bone worked out yesterday leg stiff 14/10/18 wd leg healed Fract. good union leg strong & movements normal. Fib DI	<i>[Signature]</i> CAPT: G.A. "11" DIVISION.
No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, SHORNOLIFFE		8	3	19	29	7	19	New Specific Arthritis.	143	History of slight arthritis looking & days following preventative treatment Dec 20/18 Slight grey whitish secretion appeared about 12/19 On admission swabs neg & remained neg for gonococci during treatment. Slight morning existing persists No complications at present No further treatment advised Discharge to Fleet Slip Boarded B511	<i>[Signature]</i>

Surname

Staples

W. H. Roberts Esq

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

STAPLES CLEVE

REGIMENT

FORD

RANK

Pvt

No.

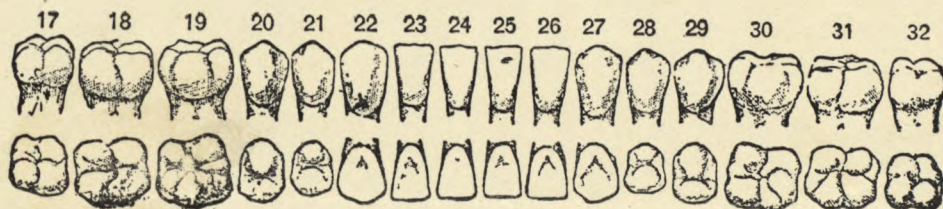
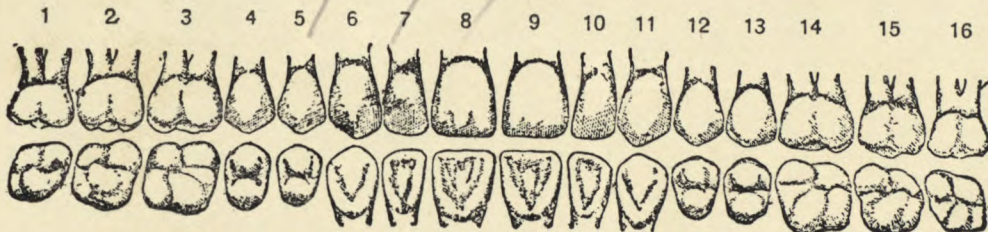
726103

Date of Examination in England

17/8/49

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

14. 31

2. EXTRACTIONS

3. CROWNS

28

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

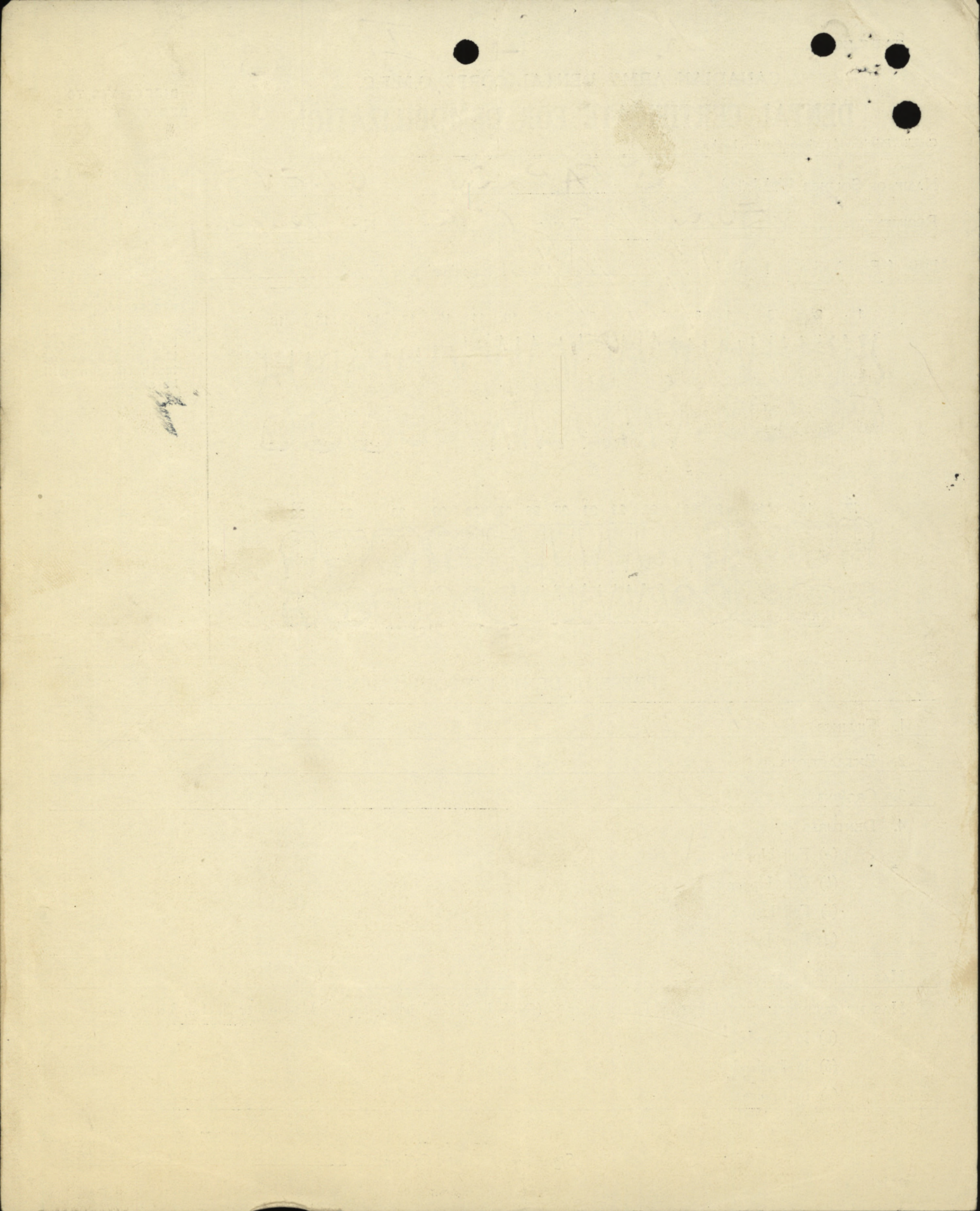
(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

J. G. Harrison Capt



(9) Is your Father alive? yes
If so, state name and address Robert Staples Bexley P.O. Ont-

(10) Is your Mother alive? yes
If so, state name and address Annie Staples Bexley P.O.
Ontario Canada

(11) If your Mother is a widow no
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

J. J. Allen
Officer Commanding.
C. C. 109th Overseas Battalion, C. E. F.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: STAPLES			
EFFECTIVE DATE: 1-8-16		EFFECTIVE DATE: -		NUMBER: 726103			
AMOUNT: 20.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY			
Mrs Robt Staples (Mother) Bexley Ont Canada				DATE EFFECTIVE			
Stopped off 1/9/19.				RANK OR APPOINTMENT			
				Pte			
				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			
				153 4/6/18 1/7/18 27/3/19 21st Bn EORNS			
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
28/7	3853		24 38			L.P.C. Debt	28 62
2/8			24 33			Leager C	59 10
6/8			9 73				
11/8			24 33				
			82 92			L.P.C. Balance.	
				DAILY RATES OF PAY AND ALLOWANCES			
AUTHORITY		PAY	F.A.	P.F.A.	SUBSCE ALL'CE		
		1	10				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 1/9/19 Disposal. N.R.B. 12557. Willey 13/8/19. Willey.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
19/18	Bal Ford								5706		
Apr	J.P.	33		Can a.P.				20	6860		
		33		AR 36. 9-1-18 21st Bn	446			20			
May	J.P.	3410		Can a.P.				20			
				AR 105 3-5-18 21 Bn	803						
				171 19-5-18 v	357				6810		
		3411			1160			20			
June	"	33		Can a.P.				20			
		33		R. 14751. 19/6/18	973			20	7137		
July	Pte Pay	3410		C.A.P.				20			
				AR (C) 17174 17/7/18	973				7574		
Aug	Pte Pay	3410		C.A.P.				20			
				v 2586 5/8/18 CCN Epsom	973						
				v 3215 2/8/18	973						
Sept	✓	3410		C.A.P.				20			
		33		v 1161 9/9/18	487			20	7851		
Oct	✓	33			487			20			
		3410		v 2098 Epsom 8/10	1187						
				v 9949 v 25/10	4867				8907		
Nov.	S. Swel. 75/10/18 to 4/11/18 (10 days)	3410		C.A.P.	5354			20			
	B.O. 30 + d. 3/11/18 (1st C.C.D)	730		AR 5980, 6 Res, 18/11/18	973				8157		
	P.S.	33		v 6458 v 5/12/18	2000						
				v 6760 v 28/11/18	973						
Dec		3410		v 6896 v 16/12	973						
Jan		3410		(Dec & Jan) C.A.P.				40	2918		
		10850			5839			60	Bal. 2918		

COMPILED BY *M. Savage*
CHECKED BY *Woodhouse*

War Service Badge
Class "A" No. 401426

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 726103 (Rank) Pli

Name (in full) STAPLES - Cleve enlisted in
the 109th Bu

CANADIAN EXPEDITIONARY FORCE at Calcutta on the 31st
day of January 1916

HE served in France with 21st Bu

and is now discharged from the service by reason of
Demobilization.
Medical Unfitness.

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

Age 22 yrs
Height 5' 5" inc
Complexion Fair
Eyes Light Blue
Hair Light Brown

Marks or Scars
Diagonal scar across upper
part left Elbow

Cleve Staples
Signature of Soldier.

R. W. Ward Capt
Issuing Officer.

Date of Discharge
DISTRICT DEPOT
AUG 25 1919
TORONTO

For _____ Rank _____
O.C. No. 2 District Depot.
Date AUG 25 1919 19____

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.

4/2

722103

STARBUCKS

100 A/B

3/2

Starbucks

Starbucks
Brewery with 21 A/B

100 A/B

22 A/B

2/2 A/B

Star

Star

Star

Starbucks

6382

7916
6382

S. G. 25



SHORT FORM
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



D.A. I
O.G. I
15-12-32
BPP 17976

1. No. 726103

2. Rank. Pfc

3. Name. Staples, Cleve

4. Unit. E.O.R.D

5. Date of Discharge AUG 25 1919 Place Toronto

6. Reason for Discharge.....
DEMOBOLIZATION

7. Authority. No. 2 District Depot, Part II, D.O. No. 2H

8. Proposed Residence after Discharge.....

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. ?.....

Cleve J. Staples
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

No. 2 DISTRICT DEPOT
AUG 25 1919
Signature P. W. Hurd Capt
(O. C. Discharging Unit.)

40
11463



PROCEEDINGS ON DISCHARGE

1. No.	12103
2. Rank	Pvt.
3. Name	Stalder, John
4. Unit	1st Lt.
5. Date of Discharge	Aug 25 1918
6. Reason for Discharge	Discharged
7. Address	
8. Proposed Residence after Discharge	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. 1

John Stalder
Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

P. C. Discharge Unit
Signature
(O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical History Sheet
Regimental Conduct Sheet	Regimental Conduct Sheet
Company Conduct Sheet	Company Conduct Sheet
Medical Report	Medical Report
Final History Sheet	Final History Sheet
Proceedings of Medical Board	Proceedings of Medical Board
Medical History Sheet	Medical History Sheet
Certificate that missing documents are unobtainable	Certificate that missing documents are unobtainable
Cast Fax Certificate	Cast Fax Certificate
Assembly Form	Assembly Form
High Conduct Sheet	High Conduct Sheet
or Particulars of Record	or Particulars of Record
Attention Paper, Trinitate	Attention Paper, Trinitate

Militia Form W. 22
 Militia Form W. 23
 Militia Form W. 24
 Militia Form W. 25
 Militia Form W. 26
 Militia Form W. 27
 Militia Form W. 28
 Militia Form W. 29
 Militia Form W. 30
 Militia Form W. 31
 Militia Form W. 32
 Militia Form W. 33
 Militia Form W. 34
 Militia Form W. 35
 Militia Form W. 36
 Militia Form W. 37
 Militia Form W. 38
 Militia Form W. 39
 Militia Form W. 40

1. Attention Paper (M.Y. 101)
 2. Certificate of Discharge (M.Y. 102)
 3. Medical History Sheet (M.Y. 103)
 4. Regimental Conduct Sheet (M.Y. 104)
 5. Company Conduct Sheet (M.Y. 105)
 6. Medical Report (M.Y. 106)
 7. Final History Sheet (M.Y. 107)
 8. Proceedings of Medical Board (M.Y. 108)
 9. Medical History Sheet (M.Y. 109)
 10. Certificate that missing documents are unobtainable (M.Y. 110)
 11. Cast Fax Certificate (M.Y. 111)
 12. Assembly Form (M.Y. 112)
 13. High Conduct Sheet (M.Y. 113)
 14. or Particulars of Record (M.Y. 114)
 15. Attention Paper, Trinitate (M.Y. 115)

Date _____
 Checked by No. _____
 Group _____

[Handwritten Signature]
 10

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

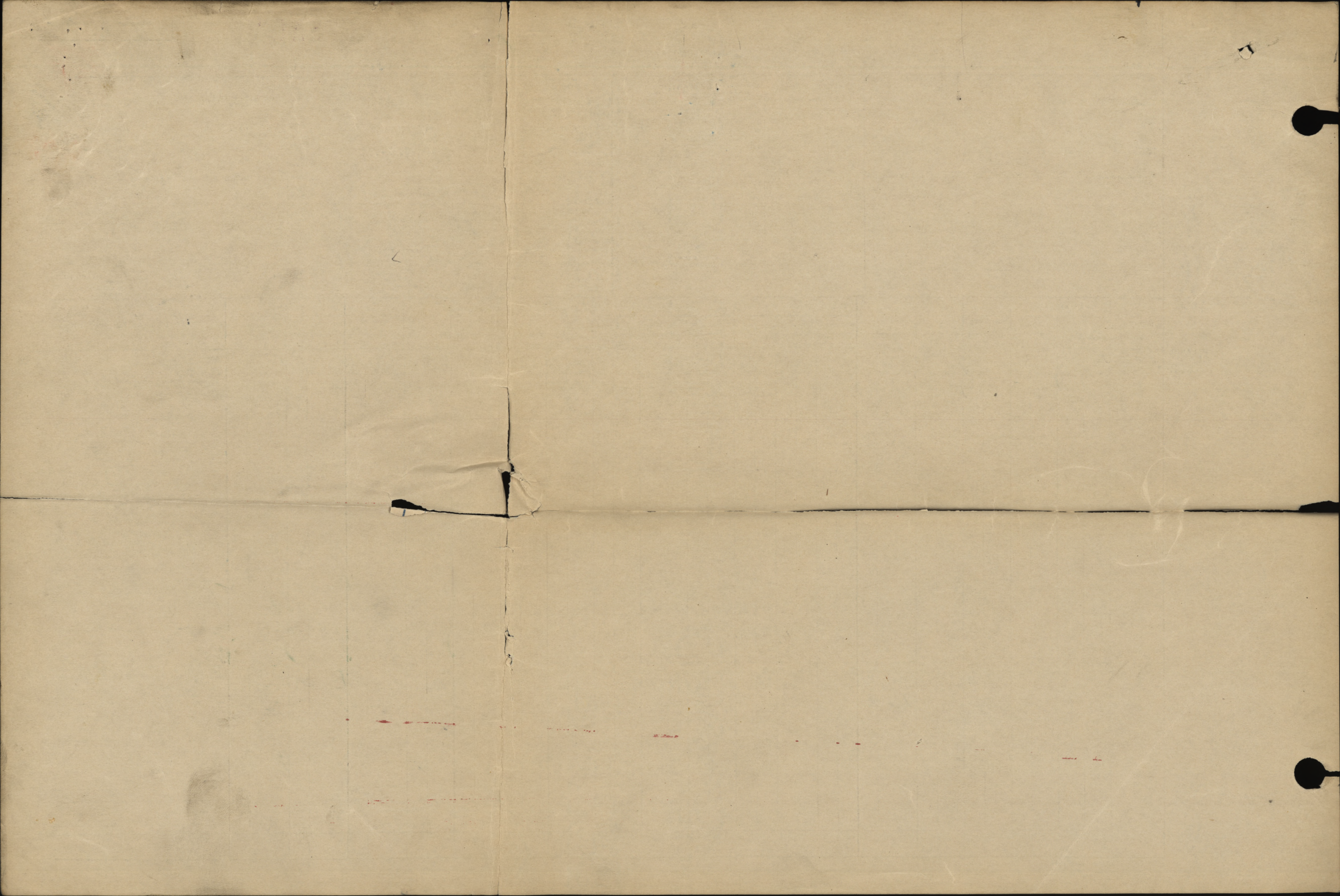
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5609a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M))
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2696).
15. Sundry Documents.

B.

Group.....

Checked by No. *18*

Date *13/10/19*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16.

OVERSEAS CONTINGENTS

S

10201

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

--	--	--	--

20			
----	--	--	--

*1128516
M.R.H.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *726103.*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *C. Staples.*
 Battalion *109 Battrn. W. Co.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

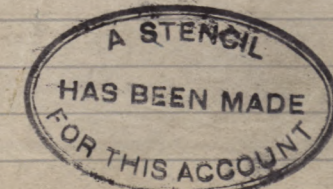
Name *Mrs Robt. Staples.*
 Address *Bexley, Ont.*
 Change of Address
 1
 2
 3
 4

19	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
	<i>Dec 31</i>	<i>—</i>		<i>330</i>	<i>330</i>	
	<i>Jan 18</i>	<i>M 21931</i>		<i>20</i>	<i>20</i>	<i>17262-C-3</i>
	<i>Feb</i>	<i>A 65535</i>		<i>20</i>	<i>20</i>	<i>REMARKS m. d. 2</i>
	<i>Mar</i>	<i>J 94954</i>		<i>20</i>	<i>20</i>	<i>1502 from 1-8-16 to 30-9-16</i>
	<i>Apr</i>	<i>N 9325</i>		<i>20</i>	<i>20</i>	
	<i>May</i>	<i>Y 17139</i>		<i>20</i>	<i>20</i>	
	<i>June</i>	<i>X 27158</i>		<i>20</i>	<i>20</i>	
	<i>July</i>	<i>C 26708</i>		<i>20</i>	<i>20</i>	
	<i>Aug</i>	<i>W 38504</i>		<i>20</i>	<i>20</i>	
	<i>Sept</i>	<i>F 36680</i>		<i>20</i>	<i>20</i>	
	<i>Oct</i>	<i>D 43669</i>		<i>20</i>	<i>20</i>	
	<i>Nov</i>	<i>F 51821</i>		<i>20</i>	<i>20</i>	
	<i>Dec</i>	<i>Q 67514</i>		<i>20</i>	<i>20</i>	
	<i>Jan 19</i>	<i>J 73346</i>		<i>20</i>	<i>20</i>	
	<i>FEB</i>	<i>O 77117</i>		<i>20</i>	<i>20</i>	
	<i>MAR</i>	<i>B 82995</i>		<i>20</i>	<i>20</i>	
	<i>Apr</i>	<i>W 413</i>		<i>20</i>	<i>20</i>	
	<i>May</i>	<i>O 6625</i>		<i>20</i>	<i>20</i>	
	<i>June</i>	<i>A 9306</i>		<i>20</i>	<i>20</i>	
	<i>July</i>	<i>T 12986</i>		<i>20</i>	<i>20</i>	
	<i>Aug</i>	<i>U 13569</i>		<i>20</i>	<i>20</i>	
				<i>730</i>	<i>730</i>	

M. F. W. 123.
400M. 17-1772 93-1141
L. L. 22320-M. & D. 7993.

A/c Closed 31.8.19.
Ret'd p. Belgium
Date 23.8.19. M.F.W. 18711. 9/19
Clerk ex Mitchell

M.R.O. Des. Exp. 113387 RW



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-6.
 1772-39-49.

Sheet No. 2

L. L. Job #10.-Reg.

Mrs. Robt. Staples

PAYMENTS.

Name of Soldier C. Staples
 726 103. (106) 109 Bu

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		15492	15
Sept.		2026	15
Oct.		225076	15
Nov.		29643	25
Dec.		32765	20
Jan.	1917	42364	20
Feb.		47884	20
March		52824	20
April		5031	20
May		11702	20
June		18935	20
July		24553	20
Aug.		32392	20
Sept.		38659	20
Oct.		45066	20
Nov.		53201	20
Dec.		62764	20
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

Remarks. ~~15.00~~ **AUG 1 1916**
 20.00 oct. 1st 16.

25.00 to adj. acct
 20.00 future a.p.d.

20 L
 20 B.

Lu
 Bu

330.00

Mc

nd6

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 Root Staples
 Address Berley. Ont.

By Whom Assigned C. Staples
 Regtl. No. 726103
 Rank Pte
 Corps 109 Blm Coy

Rate ~~\$ 15.00~~ 20.00 ~~AUG 1 1914~~ Oct 1/16
2 M 4/10/16 add 10/1/16

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				



1944

1944

1944

1944

1944

157m

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 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.

E.O.R.D. *W.H.R.* STATION *W. C. H. Home* DATE *19-7-19*

1. 1 (a) Unit: *6th Canadian Trench Co.* (b) Regimental No. *726103* (c) Rank *PTE.*
 (d) Surname *STAPLES* (e) Christian name *CLEVE*
 (f) Home address *Bexley Ont. Canada.*
 (g) Next of Kin *Mrs. Robt Staples* (h) Relationship *mother*
 (i) Address of Next of Kin *Bexley Ont. Canada*

2. Age last birthday *22* Date of birth *Jan. 30th 1897*

3. Enlistment, or Appointment (if an Officer) (a) Place *Tobacco* (b) Date *Jan. 31st 1916*

4. Personal description:
 (a) Height *5-5 1/2ⁱⁿ* (b) Weight *145^{lb}* (c) Complexion *medium*
(stripped)

(d) Colour of hair *brn* (e) Colour of eyes *blue* (f) Identification marks, Scars, etc. *Diagonal scar across upper part left tibia*

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
	<i>3</i>	<i>159</i>

	PERIODS	
	From	To
<i>Older Statement</i> Canada	<i>Jan. 31st 1916</i>	<i>Jul 20th 1916</i>
England	<i>Jan 5th 1918</i>	<i>Present date</i>
France or other theatres of War	<i>Aug. 1st 1916</i>	<i>Oct. 5th 1916</i>
	<i>Oct. 5th 1916</i>	<i>June 4th 1918</i>

7. Original disease, or injury *INCOMPLETE COMPOUND FRACTURE*
LEFT TIBIA

(a) Date of origin *30-5-18* (b) Place of origin *ARRAS*
 (c) Cause *G.S.W.*

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.)

(OLD COMPOUND FRACTURE LEFT TIBIA) WITH
TENDER, ADHERENT SCAR.

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.)

Obj: 6" scar diagonally across front and upper part left leg. Slight deformity upper part anterior surface tibia, result of incomplete fracture and loss of bone tissue. Scar slightly adherent. Leg movements normal.

Subj: Scar is tender, weakness and soreness upper part left leg after walking two miles.

(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..... Any other general condition.....no.....

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

G.S.W. left leg 30-5-18 Area front
42 C.C.S. Aubigny, 1-6-19 Wound dressed
No. 2. Conin, 12-6-19 splint
War Hosp. Leytonstone 5-6-18. Dressings
and splint. Pieces of bone removed.
Ypsom 8-8-18 Wound healed.

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).)

non-specific arthritis Maxilla 8-3-19
Recovered 9-7-19 except alveolus which
which he is discharged to duty

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

6" scar diagonally across upper part left leg (front)

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.)

no

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.)

Antiseptic dressing, operation for removal
bone bone, splints.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations *B.T.T. car.*

W.F. Robbins *Cpt C.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 *C. Staples* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *W.F.R.*

Dym

C. Staples *1st* 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 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.)

B11

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.)

*Boarded for return to Canada
auth. a.s. 9083 11-11-19*

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. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

No. XI CANADIAN
GENERAL HOSPITAL,
MOORE BARRACKS,
BHOENCLIFFE.

PLACE.....

DATE *23 JUL 1919*

J. J. ... President.

J. R. Beately } 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

APPROVED BY

Wallace A. Swift

COLONEL.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

24 JUL 1919

Reserved for M.H.C.

726103
 Regt. No. Rank *PTE* Surname *STAPLES* Christian Name *CLEVELAND*
 Unit or Corps—(a) Overseas from United Kingdom *21st Can Au* (b) in United Kingdom *6th Res. Bn.*
 Born at—Town *Ship Laxton* County or Province *Victoria. Ontario* Country *Canada*
 Date of Birth—Day *30* Month *January* Year *1897* Age *21* yrs. *11* months.
 Joined at *Colebrook Victoria Co. Canada* Date *31 Jan 1916*
 Former trade or occupation *Farmer*

Permanent Marks or any peculiarity that will serve for future identification:—

Deep scar front of left leg.

Height—feet *5* inches *6* Colour of eyes *Blue*

Signature of Soldier (for identification purposes) *C. S. Staples*

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)

PAINFUL SCAR LEG LEFT

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<i>G. S. W. LEG</i>	<i>France</i>	<i>30/5/18</i>
(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 ? *n.a*
- (ii.) As to Group (b) above ? *n.a* If yes, has Active Service aggravated it ? *n.a*
- (iii.) As to Group (c) above ? *n.a* If yes, has Active Service aggravated it ? *n.a*

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

- (i.) As to Group (a) above ? *Yes*
- (ii.) As to Group (b) above ? *n.a*
- (iii.) As to Group (c) above ? *n.a*

5. MEDICAL HISTORY.

Was wounded May 30th 1918 by shrapnel in left leg with incomplete fracture of tibia. Man states that he was operated on in C. C. S. the next day and four sutures inserted. M. H. S. shows. "Whiff's Cross was Prof. Leyton states 8/8/18 - 27/8/18 G. S. W. Leg with incomplete Comp's fracture Tibia. M. C. H. Epome 8/8/18 - 28/10/18 G. S. W. Leg L. Fract. Tibia. On admission, wd. not healed, small piece of bone worked out yesterday. leg stiff. 14/10/18 wd. of leg healed Fract good union. leg strong & movements normal.

6. PRESENT CONDITION.

This man complains of pain and swelling in left leg at scar: after walking more than a mile the leg becomes weak and makes walking difficult. Examination shows a deeply adherent well healed scar running transversely across front of upper $\frac{1}{3}$ left leg from inner surface upper end of Tibia to middle third outer surface of leg: it is deeply depressed & adherent into a depression in Tibia, immediately distal to Tubercle. Other systems are normal.

7. OPERATION. (i.) Was one performed? *yes* (ii.) If so, state what. *Suture wd.*
 (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. *n. a.*

9. DO YOU RECOMMEND:—

(a) Fit for duty? *yes B II* (state category)
 (b) Invalid to Canada? *No.*
 (c) Discharge from the Service as permanently unfit? *No.*

Date of Report *Dec 31st* 191*8*
 Station *Witley - Surrey*

Signed *J. W. Staley, Capt. R.A.M.C.*
 Officer in medical charge of case.

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

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

Dated at Station, on 191.....

* Delete if inapplicable.

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? no
Aggravated? no

(b) Misconduct of the Soldier { Caused? no
Aggravated? no

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.)

N.A.

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.)

N.A.

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

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

N.A.

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

N.A.

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

19. RECOMMENDATION:—

(a) Fit for duty? ^{B¹¹}
(state category)

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? no

Date of Board 10/1/19

Station Witley

Approved

Dated at

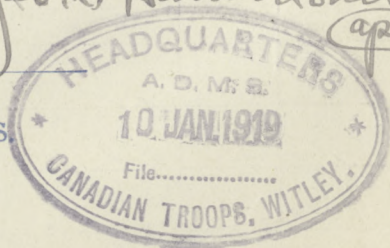
Signatures of the Board

President. *Robert L. Howard*

Gas. L. Hammond
apicame

A.D.M.S.

Station



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

