

FEB 24 1916

ATTESTATION PAPER.

No. 724039

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Stevens*
- 1a. What are your Christian names?..... *William Arthur*
- 1b. What is your present address?..... *Halburton, Ont.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Sheffield, Yorks. England*
3. What is the name of your next-of-kin?..... *Louise Ann McElders*
4. What is the address of your next-of-kin?..... *57 Rappendine Ave. Toronto,*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *Aug 26<sup>th</sup> 1871*
6. What is your Trade or Calling?..... *Moulder*
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?.. *13 1/2 yrs Royal Field Artillery*  
If so, state particulars of former Service. *1 1/2 " " Army Medical Corps*
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.

*William Arthur Stevens*....., 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.

*WA Stevens*..... (Signature of Recruit)

Date: *FEB 24 1916* 191..... *Andrew Lindsay* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

*William Arthur Stevens*, 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.

*WA Stevens*..... (Signature of Recruit)

Date: *FEB 24 1916* 191..... *Andrew Lindsay* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

before me, at *Lindsay* this *FEB 24 1916* day of..... 191.

*[Signature]*..... (Signature of Justice)

# Description of *William Arthur Stevenson* Enlistment.

Apparent Age.....*44* years.....*6* months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....*5* ft. *5 1/2* ins.

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

Complexion.....*Fair*

Eyes.....*Blue*

Hair.....*Lt Brown*

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

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

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

*Scar of Hernia operation on left side*  
*Tatoos on outside of left forearm*

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....**FEB 24 1916**.....191 .

Place.....*Lindsay*.....

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

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....*William Arthur Stevenson*.....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. Hill*..... Lt. Col. (Signature of Officer)  
 ..... C. C. 109th Overseas Battalion, C. E. F.  
 Date.....**FEB 24 1916**.....191 .

AS 1/5/18

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name STEVENS, William A.

Regt. No. 724039 Rank Pte

Corps 3<sup>rd</sup> Labour Bn  
Med. Dept

*8/11/18*

41542

43 - 17  
15 - 18  
6 - 18



- 2 -



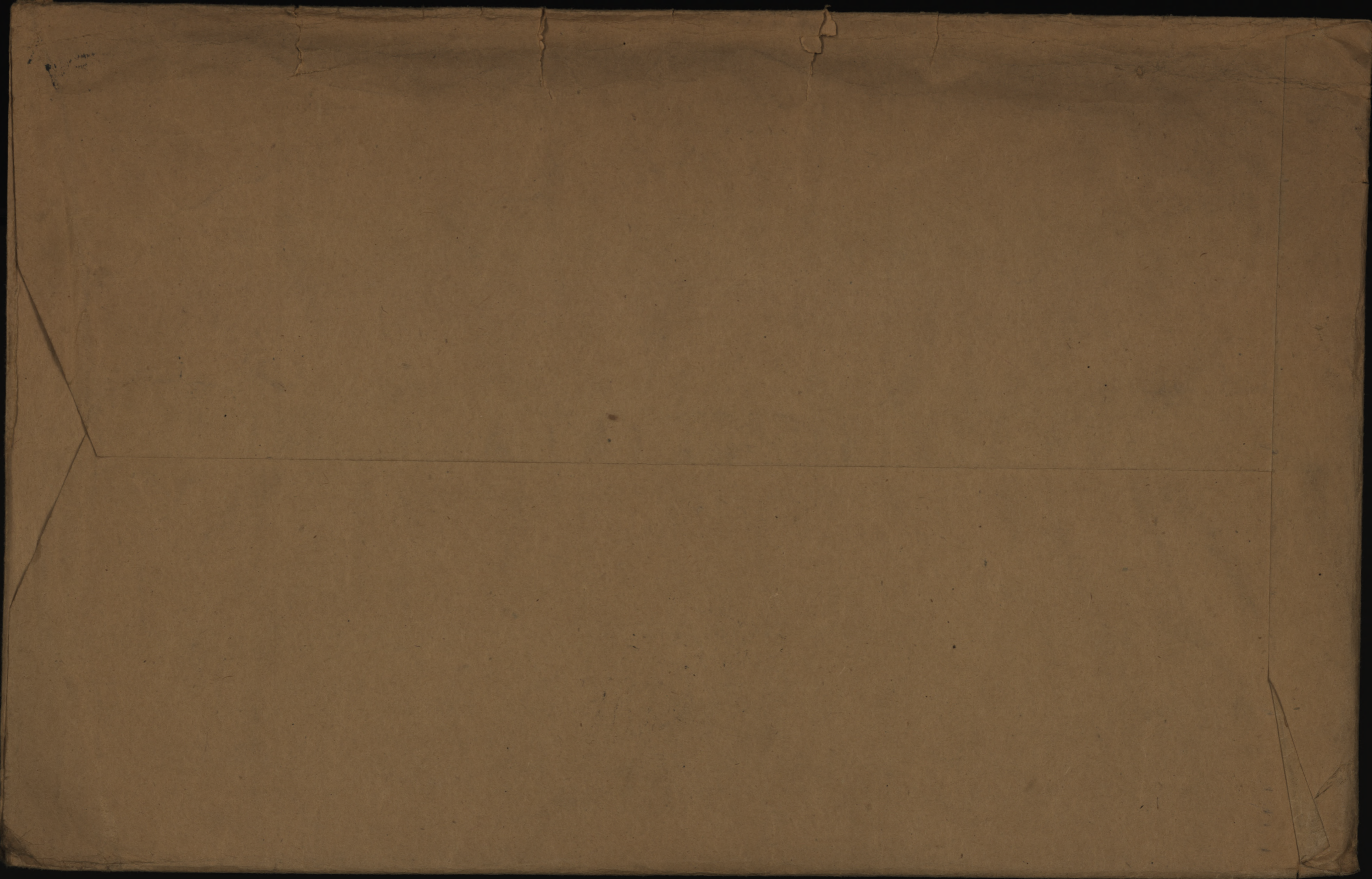
*A.F.B. 122.1*

*misc. 4*

*casualty*

*1 pay card*

*1249*



William Arthur

Name STEVENS.

Rank Private.

Reg. No. 424039

Unit 3rd Lab Battr.

Next of Kin

Canada.

2nd

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
8-8-17.	Rept from Base Sick to Hos.			A 91.		
8-8-17.	63. Cas Uq. Str.	Conjunctivitis		A 80		
15-8-17.	4 Gen Hos	Gonorrhea	do	A 84		
15-8-17.	Dis to Base Dth.	Field	do	A 87		
31-8-17.	Rept from Base Sick to Hos.			A 91		
27-9-17	11. B Can. Homecliffe	Che Bronchitis		B. 27.		7001-2817
17-11	5650 L. Pool	do		B 69.		6389
19-11.	Inv. to Canada	do.		B 77.		1806



Arthur.

Name STEVENS. William Rank Pte

Reg. No. 724039

Unit 3rd CANADIAN LABOUR BATTALION.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
May 3	No. 35. Gen. Hsp.	Calais.	Ulcer Cornea.	A. 38.	29	
" 15	discharged	Unit	Conjunctivitis		34	
" 16	Reptd Base Rejnd	Unit	Do	A38		
8-8-17	No. 63. C.C.S.		do	A60		
12-8-17	Tr. No. 4. GH. Camiers.		do.	A88.	84	
15-8-17	Dis b Base Deth		do	A 84	R111-9-17	
					13.9.17	
					17-9-17	
					19-9-17	





NAME

Stevens, William Arthur

S.O.S. Dec. 18-4-18  
pt. II 79 24-4-58  
322

RANK & No.

Pvt

724039

CORPS

109th

Batt

ENLISTMENT, PLACE

Lindsay

DATE

Feb. 24th 1916.

FORMER CORPS

13 1/2 yrs R. Field art. 1 1/2 yrs R. A. M. C.

COUNTRY OF BIRTH

England, Sheffield Yorkshire

NEXT OF KIN

Mc. Gibbons Lucy Ann (Sister)

ADDRESS OF NEXT OF KIN

57 Kippendavie Ave. Toronto.

DISCHARGE, PLACE

DATE

Sailed from Halifax  
Olympic

Per. S.S.  
23/7/16  
488  
33 R/C.

M. F. W. 22. 100 m. -9.15.

L. L. 85779-M. & D.-6011.

H. Q. 1772-39-839.

28-11-19. a. W.

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Moulder*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*44* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*5 1/4* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Lt. Brown*

DISTINGUISHING MARKS

*Scar of Hernia operation on left side. Tatoo on outside of left forearm*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Feb. 24th. 1916.*

REMARKS:

No. 724039. RANK 8<sup>th</sup> Lt

NAME Stevens W.

A.

T. O. S. 24-2-16.

UNIT

D. O. 95. 10. 3-16.

109th Battalion

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Feb. 24	1916. Mar 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916





HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

REGT'L. No. 724039  
H. Q. FILE No. 649

NAME Stevens, W. A.

RANK AND CORPS Pvt 1 3rd. Can Labour Bn.

FOLLOWS  
No.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

Disembarked per H.S. Araguaya  
28-11-17 Ch. Bronchitis.

MD 2

M. H. B.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 29	# 35 Gen. Calais	3-5-17	Ulcer Cornea
a 34	Disch to unit	15-5-17	Conjunctivitis R.
a 38	Rep. from Base Rej. Unit	16-5-17	Conjunctivitis
a 80	No 63 Cas. Clg. Stat.	8-8-17	" " " "
A 84	Unit Gen. Camiers	12-8-17	" " " "
A 87	Disch. to Base Details	15-8-17	Conjunctivitis
a 91	Rept from Base	8-8-17	N.Y. D. Q
B 27	Mr. P. K. Can, Shorne	27-9-17	Chr. Bronchitis (man Reg)
B 69	Ev " " Gen. Kirkdale	17-11-17	" " "
B 77	Ev " " " Liverpool		
343	Imp. L. G. to Canada M. H. C. C. Kingston	19-11-17	Chr. Bronchitis: Adm. Queens.
345	M. H. C. C. Kingston	8-12-17	20 Outp. with Subsistence Queens.



86  
Number

724039

Rank

Otc

Surname

STEVENS

Christian Name

William Arthur

Units

3rd Cav Lab Bn Theatre of War France

Date of Service

9/2/17

Remarks

main st.

Latest Address

Box 67 Haliburton  
Ont

Roll No.

200m.-2-21.M.

Page 12978

DESP MAY 12 1922

REGN. NO.

4/32690

Surname *Stevens.* Christian Name or Names *W.A.* Reg. No. *124039.*  
Rank *plc.* Unit *Man* Co. *3<sup>rd</sup> Labour. Batt.* Troop  Batty.

Hospital  Date of Admission   
Transferred *#35. Gen. Calais.* Hosp. *3.5.17*  
*#63 Gas Lab Station* Hosp. *8-8-17*  
*General Services* Hosp. *12-8-17.*  
*Woodcote Park Epsom* Hosp. *30.9.17.*

Diagnosis  
(1) *Ulcer Cornea. of*  
Later Diagnosis (if changed)  
(2) *Conjunctivitis*  
(3) *Conjunctivitis of*  
Additional Diagnosis: if more than one state present  
~~*Syph. of Throat*~~  
*Chronic Bronchitis*  
*RW*

DISPOSITION

*Ch. 11.5.17 a29*  
*- 23-5-17 234*  
*" 2.6.17 A38.*  
*15-8-17 A80*  
*21-8-17 A84.*  
*25.8.17. A87.*  
*- 31.8.17. 290. R.F.B*  
*4.10.17 B27*  
*22.11.17 B69-4*  
*1-12-17 B77-5*

*Disc to Unit 15-5-17* Date  
*Rej. Unit 16.5.17*

REMARKS  
*Dis to Base. 2.17.*  
*A.M.D. 2 Dept. 2.17.*  
*Bch. of D.G.M.S.O.M.F.C. London*

*Sick to Hosp. 8.8.17*  
*Invalided to Canada. 19-11-17*  
*Dis. to Canada per HS. Araguaya*  
*from Liverpool 19-11-17.*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *5 Can Gen Kirkdale*

*17-11-17*

2.

3.

4.

5.

6.

7.

ps

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

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 ..... **724039.**

(3) Full Name of Soldier..... **William Arthur Stevens.**

(4) Place of Birth..... **Sheffield. England.**

(5) Are you married, or not? ..... **No.**

(6) If married, state,  
 (a) Full name of your wife..... **No.**

(b) Present Postal Address.....

(7) Are you a widower? ..... **Yes.**

(8) Have you any children?..... **No.**

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

Also their names and ages.....

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

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

(10) Is your Mother alive?..... No......

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

(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.

..... No......

(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.

..... Sister Mrs. T. A. McGibbon......

..... 57. Kippindivue Ave. Kew Beach......

..... Toronto. Ont. Canada......

(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.

..... No......

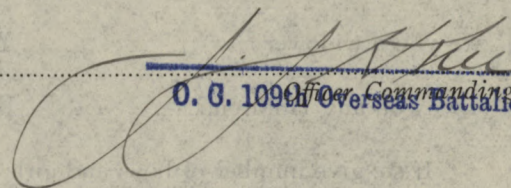
(15) Are you insured?..... No......

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..... June 30th. 1916......

.....  ..... Lt. Col.  
O. G. 1099 Officer Commanding  
Overseas Battalion, C. E. F.

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

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 24039 Rank Private Name Stevens William Arthur

Enlisted (a) 24-2-16 Terms of Service (a) D of W. Service reckons from (a) 24-2-16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Moulder

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.
		Embarked Canada.	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
8-12-16	O.C. 109th	Transferred to 124th Batta	Whitley	8-12-16	D.O. Part II # <del>643</del> <sup>343</sup> <u>Adjutant</u> ADJUTANT 109th Overseas Battalion, C.E.F.
19.12.16	124 Bn	Transferred to CCAE	Witley	5.12.16	Part II Order 276 <u>Beekunshaw</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
13-1-17	124th Bn.	Transferred to 3rd Batta Ceases attached + attached to 3rd Batta	Witley	11-1-17	Part II Order 13 <u>Beekunshaw</u> ADJUTANT, 124th BATTALION C.E.F.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

BRITISH REPRESENTATIVE FOR ASSISTANT GENERAL MANAGERS, No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS.

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

Casualty Form Army 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				
29 28-1-17	214 Lab <del>CCB</del>	Taken on strength	Chamshott	28-1-17	Pat 1100. <i>cease</i> #140047
9-2-17	"	Proceeded overseas with 3 Can Lth Bn		9-2-17	Pat 2 D.O. #11
9/12/16	9/12/16 Gen. 109 <sup>th</sup> Bn	LOS from 109 <sup>th</sup> Bn.	Witley	8/12/16	LT. COL O.C. 3rd CAN, LABOUR BATTN #265 for Col. i/c Records, CD. net
11/2/17	CBP	Disembarked	Navre	11/2/17	nr
6/5/16	O.C. Zafab	To Hosp. Growth on R. eye		2/5/17	B213-65/16 Obs 11
20-5-17	"	Rejoined Unit from Hosp	Hosp	16-5-17	" Obs 12
15-5-17.	35 Gen.	Conjunctirit. Et.	To Unit.	15-5-17.	W3034/W1513.
3-5-17.	"	Sick Slight Ulcer cornea.		3-5-17.	W3034/W149.
9 <sup>8</sup> / <sub>17</sub>	63 CCS	Conjunctivitis	63 CCS	8 <sup>8</sup> / <sub>17</sub>	2146
17 <sup>8</sup> / <sub>17</sub>	4 Gen Hosp	"	4 Gen Hosp	17 <sup>8</sup> / <sub>17</sub>	2449
10 <sup>8</sup> / <sub>17</sub>	Zafab	To Hosp nyd		8 <sup>8</sup> / <sub>17</sub>	B213 Obs 29
15 <sup>8</sup> / <sub>17</sub>	4 Gen	Conjunctivitis	To Base details	15 <sup>8</sup> / <sub>17</sub>	2801
13 <sup>8</sup> / <sub>17</sub>	63 CCS	"	To 17 a	13 <sup>8</sup> / <sub>17</sub>	2449
11 <sup>8</sup> / <sub>17</sub>	877a	"	To 63 CCS	8 <sup>8</sup> / <sub>17</sub>	"
21 <sup>8</sup> / <sub>17</sub>	63 CCS	Unfit for further Ser. in France		21 <sup>8</sup> / <sub>17</sub>	W3337

CERTIFIED CORRECT.  
 23 MAR 1917  
 CAN. RECORDS, LONDON.



/CM

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## 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. 724039 Rank Pte. Name Stevens, F.A.  
 Corps 3rd Labor Battalion who was\* Discharged  
 On April 18th 1918, to Category "B"  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 1918 to April 18th 1918 the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month.....			
Advances } by } Cheques }	No.....			Regt'l Pay.....	<u>18</u> days at \$	<u>1</u> c.	<u>18 00</u>
	No.....			Field Allow.....	<u>18</u> days at \$	<u>10</u> c.	<u>1 80</u>
Assigned Pay and Sep'n Allce. No.....				Separation Allowances* (Monthly).....			
Other charges <u>o/pd Subs. March</u>		<u>7</u>	<u>20</u>	Other Allowances* <u>Clothing</u>			<u>8 00</u>
Other charges <u>D.O. 99 Forfeiture</u>		<u>2</u>	<u>00</u>	Other Credits*.....			
Payment on transfer or discharge No. <u>1615</u>		<u>18</u>	<u>60</u>	Bal. Dr. (to be deducted by new unit).....			
Balance Cr. (to be paid by the new unit).....				Total.....		<u>27</u>	<u>80</u>
Total.....		<u>27</u>	<u>80</u>	Total.....		<u>27</u>	<u>80</u>

\* Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of..... 191... }  
 { and Sep'n Allce. for month of..... 191... } (to) Assignee.....  
 (Address).....

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

### On Transfer of an Officer

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

### REMARKS:—

State (1) date of enlistment Feby. 24th, 1916  
 (2) if married and if a Separation Allowance Card has been submitted No  
 (3) cause of discharge..... authority 3rd 92-6-263  
 (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 April 17th, 1918  
 Place Kingston, Ont.  
W. H. J. Capt.  
 Paymaster, "G" Unit M. H. C. C.  
 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.

cheque #1615 attached

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The undersigned, for the purpose of the

Name

Rank

Regiment

I have the honor to acknowledge the receipt of

the sum of \_\_\_\_\_

being the amount of my last pay

(Amount)

and I hereby certify that the same has been

paid to me in full.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_

at \_\_\_\_\_

(Signature)

\_\_\_\_\_

Official Seal of the \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LTR

R-122

Rank Name STEVENS, William Arthur Reg'l No. 724 039  
 Unit 109th, Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Lindsay, 24th, February, 1916. Place of Birth Sheffield, Yorks, England.  
 Name and Address, Next-of-Kin Lucy Ann Gibbon.  
 57 Kippendive Ave, Toronto, Ontario, Canada. Relationship , Sister.

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

N/E. R.B. No. 9305  
 File No.  
 Category MUC

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	Ob 109 <sup>th</sup> Bn	So on trans to 124 <sup>th</sup> Bn	Whitley	8-12-16	Pt II D.O. 343
9-12-16	Ob. 124 <sup>th</sup> Bn	T.O.S. of 109 <sup>th</sup>	"	"	" 265.
19-12-16	"	So st. b. a. c. trans to 124 <sup>th</sup> Bn	"	5-12-16	" 276
13-1-17	"	ceases to be att'd to 124 <sup>th</sup> Bn his att'd to 3rd Lab. Bn	"	11-1-17	" 13
27-1-17	109 <sup>th</sup> Bn	Pt II O. 343 amended to read ceases to be att'd to 124	"	8-12-17	" 5.
28-1-17	ccac	ceases att 109 <sup>th</sup> + so st b 3 <sup>rd</sup> Lab Bn	Whitley	28-1-17	Pt II 047
29-1-17	3 <sup>rd</sup> Lab Bn	T.O.S. from c. b. a. b.	Bramshott.	28-1-17	Pt II D.O. 1. c. b. a. b. 47
9-2-17	3 Lab Bn,	Proceeded O/Seas-	Esrott	9-2-17	Part II D.O. 11
11 <sup>5</sup> 17	"	Adm 35 Gene Staff	Calais	3 <sup>5</sup> 17	CL A 29 when crossed
23 <sup>5</sup> 17	"	Discharges to Unit	"	15 <sup>5</sup> 17	CL A 34 commitments

A.F.B. 103 CHECKED  
13 MAR 1917

724039 Stevens W. A.

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.				
2.6.17	3 Lab. Bn	Rejoined Unit	Field	16.5.17	CLA 38
15-8-17	"	No. 63 Cas. Clearing Sta.	Pte	8-8-17	A 80 Conjunctivitis
21-8-17	"	Hd No 4 Gen Hos.	"	Carriers 12-8-17	A 84 " "
25-8-17	"	Dis to Base Details	Field	15-8-17	A 87 " "
31-8-17	"	Reported from base sick to Hos. <sup>(duplicate entry)</sup>	"	8-8-17	A 91 PYDQ + Pt # 57
25-9-17	M. R. D.	S. O. S. ex 3 <sup>rd</sup> Lab. <sup>Warrant for duty in France</sup>	"	Staff 23-9-17	Pt # 200.3 <sup>rd</sup> Lab. d/y 10/17
3-10-17	Ins. Regt.	M. B. Cam. Hos.	"	27-9-17	CLB 27 Che. Bronchitis
6-10-17	M. R. D.	S. O. S. ex. 3 <sup>rd</sup> Lab. Bn.	"	27-9-17	Pt # 211 <sup>Duplication</sup>
2-11-17	M. R. D.	Ex to. 5 Gen Hosp. Kirkdale	Liverpool	17-11-17	CLB 69. " "
30-11-17	"	Invalided to Canada	"	19-11-17	B 77. " "
3-12-17	M. R. D.	S. O. Invalided to Canada	Via Selkirk	19-11-17	Pt # 269.
		continuing CLB 77 of 30/11/17.			
	Dis. Det.	Convalescent Home	M. O. 2 Toronto	28/11/17	NA 404

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

30598/610  
*me* 6.5  
 012399-W-6

*Handwritten signature*

Name **Stevens, William A.**  
Surname Christian Name

Regimental Number **724039** Rank **Pte.**

Address (in full) **Box 64,  
 Haliburton, Ont.**

Unit **109th Bn.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **18-4-18.**

P. D. P. Filing Number **12-125-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **1** per month.

L. L. 22573—M. & D. 8000.

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	2468	31-5-18	33 00	2373	29-6-18	33 00	2109	30-7-18	30 80	3 30	96 80
	<i>over</i>										

M. F. W. 127.  
 60M-617.  
 1772 39-1140.

Remarks: **Debit Balance Supp. L.P.C.**

734039 - Pte - Stevens Wm Arthur. 75 1/2 1945

Box 67  
Haliburton P. O.,  
Ont.

Dec'n No. 30598/610 W.S.G. File No 017339-W-45  
Award 153 days at \$70.00 per day \$350.00  
S. A. months at \$ per mo. \$  
Less P. R. P. Credited 100.10 \$ 249.90  
Less further debit balance \$  
Net due paid as below 249.90

(1-2-3)

13-6-19

TO SOLDIER TO DEPENDENT					
O	Ag. No.	Ch. No.	Amount	No	Amount
1	5076	467820	210.00		
2	✓	✓	-		
3	✓	✓	-		
4	18490	4178775	39.90		
5					
6					
Total				Total	

GEN'L AUDITOR  
Posting checked by  
*W. Slad*  
Date 16.10.19



724039 *Re Stevens Williams Arthur*

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
			334	40					28 05	362 45					53 91	14 60	57 40		10 30	136 21	226 24	151					
June 30	10		33	00					33 00	1324 165					5 35						5 35	253 89	166				
July 31	1		24	10					34 10	248 24				2 68							8 02	249 94	181	98 94			
Aug 31			34	10					34 10	184 6 6				2 67								311 07	195	119 04			
Sept 30			33						33	327 147	376 218				2 68	2 67						535	341 72	210			

MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERIALIZED ENG.
Bal Bk Down	<del>341 42</del>							341 72	210	
Oct Pte Psa 1/31/14	34 10		ab 136. 64 P.D. Expires 12/1/14	4 46						
			ab 204. 86 P.D. Expires 3/1/14	4 46				366 90	225	
✓ Def pay int. 3/8.17	5 50		unduldb to line 29. 1.17	8 92	1 00			371 40		
	39 60		PTA ab 2593 L.G. P.D. 4/1/17	4 46				366 94		
			PTA ab 1842 P.D. 2/1/17	4 87						
			overstay leave while in hosp. Junes 5/11 to Nov 7/11/17							
			Forfeit 3 days pay P.D.							
			P.D. 247 1/1/17	4 87	6 60			311 67		
Balance transferred to N. E. Branch										

A 3M. FORM REN. EFFEC.  
 DISCHARGED TO *Law* DATE 31.10.17  
 PAYBOOK VERIFIED 5.11.17  
 BY BAL 318.2 L.P.C. REN. 5.7  
 AUTHY *Moore Bus* 22/105

*Invalidated.*  
*Supp. P.D. 3/1/18 br. 311.67*



FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

**MEDICAL HISTORY OF AN INVALID**

**ORIGINAL**

STATION Kingston DATE April 3/18

1. (a) Unit 3rd Labor Battn (b) Regimental No. 724039 (c) Rank Pte.  
 (d) Surname Stevens (e) Christian name William A.

2. Age last birthday 49 Date of birth Aug. 26/68

3. Enlisted at Lindsay on Feb. 24/16

4. Personal description :-

(a) Height 5'6 1/2" (b) Weight 150 (c) Complexion Fresh  
 (d) Colour of hair Sandy (e) Colour of eyes blue (f) Identification marks

Tattoo mark - Flower - on back left forearm

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Box 64 - Haliburton Ont.

6. Former trade or occupation farmer

	PERIODS	
	From	To
109th Battn	Feb. 24/16	Jan. 1917
3rd Labor Battn	Jan. 1917	Date

(b) Has he been Overseas? Yes - 8 months in France

8. Present disease or disability (use authorized nomenclature if possible).  
 1. Tertiary Syphilis  
 2. Chronic Bronchitis  
 3. Overage  
 (a) Date of origin ment Feb. 1917 (b) Place of origin 1. Likely South Africa  
2. Belgium 3. Not app.  
 (c) Cause\* 1. Infection 2. Man says exposure to damp & cold 3. Not applicable  
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man went to France Feb. 1917 - In september 1917 returned to England, with ulcer of leg, chronic cough and debility. On admission to this hospital in December 1917 had a tertiary syphilis ulcer 1 1/2" in diameter over outer aspect right leg, just above malleolus & a second smaller one over the outer side head of fibula. These are now entirely healed & sound under Salvarsan and Mercury. Man's blood still gives a Wassermann reaction but man refuses to take further treatment.

2. Man still complains of cough and shortness of breath on attempting to hurry & on lying flat. Cough is worse at night. States that he tires

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

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

See No.9

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1.2. & 3. B.P.C.

12. Did the disability arise on or off duty? 1. Arose on duty as result previous infection. 2. On duty 3. Not applicable

13. Was a Court of Inquiry held? 1.2.3. No

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

Yes... 1. No... 2.3.

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1.2.3. No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Will recur unless further treated. 2. Permanent 3. Not applicable

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

Treatment in Hospitals in France & England

Queen's Military Hospital since Dec.8/17

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

1. yes but man refuses 2 & 3 No

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

20. Recommendations

That man be discharged as unfit for further service

R. J. Tucker Lieut Col MC  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

W A Stevens

Signature of soldier examined.

### OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

- (a) ~~General service,~~ (Category A) (Yes or No).
- (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). **Yes**

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

*Disability due to service MC*

*W. M. Gibson* Captain. President.  
*E. C. Macbally* Captain Members.  
*J. M. Asselstine* Capt. A. M. C.

STATION Kingston

DATE Apr. 4/18

APPROVED BY

DATE APR 9 1918

*W. Craig* Captain A. M. C.  
 For A. D. M. S. Mil. District No. 9, Assistant Director of Medical Services.

APPROVED BY

DATE \_\_\_\_\_

Director-General of Medical Services.

readily. Man is up to usual weight & looks well. Chest expansion fair and equal on both sides. Coarse rales heard over chest and harsh breathing below clavicle. Heart normal - Pulse 72. Radial arteries palpable. B.P. Sys. 140                      Dias. 90

3. Man gives age as 49 and looks age stated.

Urinalysis: 1.015 acid Alb. definite trace No sugar

Micro - A few hyaline & granular casts.

#### 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 *P. J. Tucker* *Lieut. Camb* Signed *W. A. Stevens*

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

#### INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

**Casualty Form—Active Service.**

Regiment or Corps 3rd Ban Labour Coy  
 Rank Pte Surname Stevens Christian Name W. A.  
 Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.  
 Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer. \_\_\_\_\_

Report		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
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>16/17</u>	<u>CLSD</u>	<u>Y.O.S. CLSD from 4 Gen</u>		<u>15/17</u>	<u>nr. 49</u>
<u>24/17</u>	<u>"</u>	<u>class. Unfit for further service</u>		<u>9</u>	<u>nr. 89 1/2 3339</u>
		<u>in France &amp; posted to man Regt</u>		<u>23/17</u>	<u>dt. 21/17 Ph. 505</u>
		<u>Debot Shorncliffe</u>			<u>dt. 4/17</u>
<u>25-9-17</u>	<u>Mr. R. D.</u>	<u>Y.O.S. ex 2nd Lab B. Unfit for</u>		<u>23-9-17</u>	<u>dt. 2200 24/17</u>
		<u>duty in France</u>			

(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) Signaller, Sholing-Smith, &c.

FOR LISTING IN RECORDS. C. O. M. F.

[P.T.O.]



QUEEN'S MILITARY HOSPITAL—REPORT ON COMMISSION.

Date Dec 7<sup>th</sup> 1907

No. 724039 Rank Pte Name Stevens Wa.

Corps 3<sup>rd</sup> Labour Batt  
 Address Haliburton North Simcoe  
 Next of Kin Sister Toronto 57 Rippondene Avenue.  
 Occupation Farmer.  
 Age 50  
 Enlisted 24<sup>th</sup> Feb 1916  
 Examined by  
 Height 5 ft 6 1/2 in.  
 Chest  
 Complexion Fair  
 Hair Auburn  
 Eyes Blue  
 Religion Church of Eng.

History:—

Enlisted 24<sup>th</sup> Feb 1916 went to Eng 1<sup>st</sup> Aug 1916  
 admitted to hospital Canadian Base Etaples. Patient  
 was eight months in France. Left France 28<sup>th</sup> Sept 1917  
 admitted to Moore Barracks Hospital 26<sup>th</sup> Sept 1917.  
 Arrived in Canada Dec 1<sup>st</sup> 1907. Diagnosis chronic  
 Bronchitis. admitted to this hospital. Dec 7<sup>th</sup> 1917.

Observation:—

Patient complains of cough. but otherwise says  
 he feels quite fit. Course breath very heard all over chest.  
 Heart normal

Fit for Service

Pay On Boat  
 At Quebec  
 Cheque

*Handwritten initials*  
 A 38752.

Received.....

As - 1. Tertiary Syphilis - 8 DS - result previous infection.

Quedns

Vt Gaepea

2 - Chronic Bronchitis - 5 DS - permanent.

3: Stomach - NA - NA.

leat. E. Discharged April 24

*L. S. Stevenson* Capt.

Adjutant & Registrar  
Queen's Military Hospital.



724039

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Stevens Christian Name William Arthur

Examined { on 24<sup>th</sup> day of February 1916.  
at Lindsay  
Birthplace { City or Town Huffield  
County England

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

Apparent age 44 years  
Trade or occupation Moulder  
Height 5 Feet 5 1/4 Inches.  
Weight 140 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>2-OCT 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Five  
Number Five

Date	Result	VACCINATIONS.
<u>7-2-16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 7<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/8/16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.
<u>18-4-16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.
<u>8-5-16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.
<u>27/9/16</u>	<u>Good</u>	<u>Jm McCulloch</u> M.O.

Enlisted on 24<sup>th</sup> day of February 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724039.</u>		<u>24.2.16.</u>
Transferred to.....	<u>124<sup>th</sup> Bn., C.E.F.</u>			
	<u>3rd Pioneer Bn.</u>	<u>11-1-17</u>		
	<u>2nd Can. Lab. Bn.</u>	<u>Can</u>		<u>28/1/17</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>5 Dec. 1916</u>	<u>Over age</u>	<u>Class B</u>
<b>APPROVED.</b>	<u>5/12/16</u>	<u>Over age</u>	<u>Class B</u>
			<u>Medical Board, Bramshott.</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





TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Moore Barracks Hpt. Shorncliffe 3089	SEP	26	1917				Chronic Bronchitis Debility Vascular disease		Cough, loss of strength & weight. No active signs of infection except enlarged h. in apex. Enlarged at apex & at hilum. Friction crep. left base. Temp 99 - pulse 90 till 10 days. 11 <sup>6574</sup> Insp. moves well apical clear. Intercostal exp. moderate pleura concave space clear below dense above. Heart large. Cardiac pleura angle obtuse on rt side. Superior v. swelling below rt clav. Friction clear. does not clutch diagnosis T.B. Vascular disease of pleura from rt leg - not healing well. Forward to Canada	P. W. Baker Cap
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	16	NOV	1917				Ido.		Broncho-vesicular breathes & scattered rales both lungs moderate arterio-sclerosis & pleura clear	W. G. Gray Capt

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

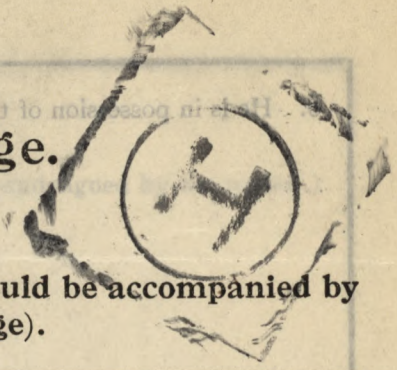
W. G. Gray

14-10-33

This space to be for numbers

S-204

# Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 724039

Rank Pte.

Surname Stevens, W.A.

Christian Name  
NONE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 3rd Labour Battalion.

Date of Discharge April 18th 1917.

Place of Discharge Kingston, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Age	Height	Complexion	Eyes	Hair	Trade	Intended place of residence	Descriptive Marks
	<u>51</u> years..... months.	<u>5</u> feet..... <u>6 1/2</u> inches.	<u>Fair</u>	<u>Blue</u>	<u>Fair</u>	<u>Farmer.</u>	<u>Haliburton, Ont. Box 67.</u>	<u>Tattoo left forearm (Flower)</u>

(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of Medically unfit for further service.

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.

3. Conduct and character while in the service have been, according to the records, etc.  
Good

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

*Proceeded 14-10-33*

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parcelment 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) Amington Bn.

(Date) April 18th 1918.

Commanding [Signature] Capt. & Adj. District Depot No. 3

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) Amington Bn - no street (Signature of Soldier.)

(Date) April 18 [Signature] (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 53 days.

Total 2 years 53 days.

11. Confirmation of Discharge.

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

(Place) Amington Bn.

(Date) April 18th 1918.

(Signature) [Signature] Capt. & Adj. District Depot No. 3

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

<p>Attestation Paper, Militia Form B. 133</p> <p>Proceedings on Discharge B. 212</p>	<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Medical Report for Invalid* B. 257</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</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. 257</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit"</p>
<p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>in MS.</p> <p>Militia Form B. 313</p> <p>B. 257</p> <p>D. 877</p> <p>*Only if discharged "Medically unfit"</p>

Paid up to date March 31st/1918.

*W A Stevens*

Squadron  
Battery  
Company

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. N

Regt. No. 724039 Rank. Pte. Surname. Stevens Christian Name. William Arthur  
 Unit or Corps—(a) Overseas from United Kingdom. 3rd Labor Batt (b) In United Kingdom. Man. Regt. Depot  
 Born at—Town. Sheffield County or Province. Yorkshire Country. England  
 Date of Birth—Day. 26 Month. Aug Year. 1867 Age. 50 yrs. 2 months.  
 Joined at. London, Ont. Date. 24th Feb. 1916  
 Former Trade or Occupation. Farmer

Permanent marks or peculiarities that will serve for future identification :—  
Scar 3" long outside right thigh  
353  
 Height—feet. 5 inches. 6 1/2 Colour of eyes. blue  
 Signature of Soldier (for identification purposes). W A Stevens

**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)	<u>Chronic Bronchitis</u>
	Disabilities Group (b)	<u>Debility</u>
	Disabilities Group (c)	<u>Varicose ulcer</u>

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>Unknown.</u>	<u>uncertain</u>	<u>uncertain but before enlistment</u>
(ii.) As to Group (b) above.	<u>Age and chronic bronchitis</u>	<u>uncertain</u>	<u>uncertain before enlistment</u>
(iii.) As to Group (c) above.	<u>Varicose ulcer</u>	<u>France</u>	<u>July 1917</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 ? no If yes, has Active Service aggravated it ? no

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 ? yes

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

- (i.) While on duty? *not applicable*
- (ii.) While off duty? *not applicable*
- (iii.) Was a Court of Inquiry held? *no*
- (iv.) Where? *not applicable*
- (v.) When? *not applicable*
- (vi.) 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).

*74 years in R.F.A. Malaria 1899 South Africa. Pneumonia 1896 - good recovery. Always subject to winter colds. Went to France 1910. Served in R.F.A. Served in France from Feb 17. Sent home from France for age & disability. Sent to Mean. Regt. Depot. Then sent to 26/9/17 - 3 days after leaving France. Has had cough for since latter end of July 17. Shortness of breath since Aug/17 when he got some tea gas and chlorine. Also got wet in shell hole about same time. Weakness and loss of weight since same time. Right eye burned with hot ashes in May/17 - now improving. Developed varicose ulcer on rt leg after being scratched by barbed wire 3 mos. ago*

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

*Weight 95 lbs. Patient has occasional temp. of 99 in evening and pulse usually 95 to 100. Some impairment of vision rt. eye and rt. hearing. Some impairment of hearing both sides. No rales at present. Trachea clear. Left base. X-ray 6572 - Discharge - lungs well. Apices clear. Subcutaneous emphysema moderate. Radio-calcium spots at base of heart. Ulcer on right leg about size of half crown. Little discharge. Does not look healthy.*

- 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? *no*
- (b) Fit for base duty? *no*
- (c) Invalid to Canada? *yes*
- (d) Discharge from the Service as permanently unfit? *no*

Date of Report *Oct 17* 1917 Signed *P.W. Sacher Capt*  
 Station *No. 11 Can Gen Hosp* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except  
*Waruna Scott*  
 OFFICER i/c Hospital S.M.O. Strike out one of these. Brigade

Dated at *Moore Barracks, Shorncliffe* Station, on *17 Oct 1917*  
 \* 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)? *yes*  
If not, indicate it.

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)  
*not applicable*

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.)  
*not applicable*

16. Permanency of the Pensionable Disability estimated next above in (15).  
(i.) Is it permanent? *not applicable*  
(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? *not applicable*

18. Remarks.

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

Classification for the Military Hospitals Commission.

*G*

Date of Board *19/10/17*

Station *11 C. G. H.*

Signatures of the Board. *G. B. Paine capt. President.*  
*Ch. S. ...*

Approved *[Signature]* CAPT. FOR A.D.M.S. CANADIANS. SHORNOLIFFE

A.D.M.S.

Dated at *SHORNOLIFFE*

Station

*21 OCT 1917*

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:—

11. Is the disability mentioned in Part I (1) ...

12. Was the disability caused ...

13. THE ENTIRE DISABILITY—Without regard to the regular occupation to which extent is the capacity lessened ...

14. THE PENSIONABLE DISABILITY—(a) Part I (2) ...

15. Permanency of the Pensionable Disability estimated next above in 14 ...

16. If an operation was advised and declined, do you ...

17. Remarks.

18. Recommendation—(a) For pay ... (b) For base pay ... (c) Favored to Canada ... (d) Discharge from service as permanent ...

Dated at this day of 191

Signatures of the Board. President. 191