

B. Coy.

# ATTESTATION PAPER.

No. 725-120

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Stone*
- 1a. What are your Christian names?..... *Herbert*
- 1b. What is your present address?..... *96 Simcoe St. Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Uxbridge, Ont.*
- 3. What is the name of your next-of-kin?..... *Thomas Stone*
- 4. What is the address of your next-of-kin?..... *Shamrock Hotel Toronto Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *20<sup>th</sup> March 1883*
- 6. What is your Trade or Calling?..... *Tailor*
- 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, *Herbert Stone*, 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 6.* 1916 *Herbert Stone* (Signature of Recruit)  
*Prof. Downey M* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Herbert Stone*, 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 6* 1916 *Herbert Stone* (Signature of Recruit)  
*Prof. Downey M* (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 *Lanark* this *7<sup>th</sup>* day of *January* 1916.  
*[Signature]* (Signature of Justice)



# Description of Herbert Stone on Enlistment.

Apparent Age.....32 years ..... 9 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Chest measurement (Girth when fully expanded..... 32 1/4 ins.  
 Range of expansion..... 2 1/2 ins.)

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Turning grey

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.)

*Tattoo marks on right 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..... Jan 6 1916

Place..... Lindsay

*J. McCulloch*  
 Medical Officer  
*Hoboy* 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.

Herbert Stone.....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. A. Hill* ..... Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

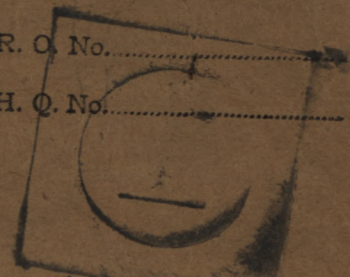
Date..... JAN 15 1916 1916



a/b 15-1-19

# DISCHARGE DOCUMENTS

R. O. No.  
H. O. 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..... 3

Proceedings on discharge..... 1

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.....

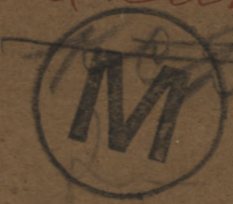
- a LW 3994-1
- m LW 125-1
- a LB 122-3
- m HC 132-1
- m LW 2571-1
- m LW 192-1

Name STONE, HERBERT.

Regt. No. 725120 Rank Spr

Corps 109<sup>th</sup> Bn.

*med unfit 2/1/20*



45180

43 - 1  
15 - 1  
6 - 1  
3

*Procs on Disc. forwarded to BPC on  
M. F. W. 2505 Ref B. P. C. - 402  
15-1-19  
Doc. Nat. 24-1-19*

M. F. W. 62.  
50M-9-16.  
H. Q. 1772-39-935.

*med case sheet*







Name STONERank PltReg. No. 725120Unit ~~124 Bn~~~~1st C.O.R.D.~~ C.E.R.D.

Next of Kin

Canada

C.E.R.D.

MH

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13.11.17	11 C.A.A.		Shell Gas	169	M630W	8253
19.11.17	Central M.A. Hospital		- do	B79		6447
8.12	Mil Com. Ho. Dismount		do.	B86		7583
8.2.18	Discharged		do.	B134		3077
6.4.18	11 B. G. H. Stomach Ho.		Influenza	C184		15882
15.4	Discharged		do	C194		4451



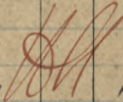




Name *Stone* Rank *Herbert*

Reg. No. 725120

Unit ~~109 Bu~~ *124<sup>th</sup> Pte.*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-10-16	Connaught	Aldershot	N.Y.D.	20		
14-10-16	N.S.		R.D.S.	21		
1917						
6.2.	Connaught	Hosp. A'shot.	N.Y.D.	43		
10 2	Discharged		N.S. "G"	CH4		



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	Dis. 10-2-17	Ulcerated arm.				



Reg. No.

Rank.

Surname

Category.

Dentally  
Unfit.

Christian Names (1)

(2)

Date

Place of Enlistment:

Date of

Taken on from

Religion

Inoculations

Company

Province:

Age on

Date

Vaccination

On Command

Hospital

Permanent

Cadre

Employed as

Date

taken on

Date Proceeding

Date Admitted

Record of Overseas Service:

Profession or Trade (Civil)

Reason for Return:

Transferred or Posted to

Date

Married or Single

No. of Pass  
Issued.

FROM.

To.

Free Transportation.

Address of Next of Kin

Country

SPR

Stone

B77

Herbert

L. E. 124<sup>th</sup> Pioneers (5)

1/1

Lindsay

5/1/16

1st Lt L. E. S.

C of E

Ont

40

Rep 17/4/18

Bdgetted (scabies)

2/4/17 - 17/11/17

Tailer

Gassed

Class 4 6/2/16

Single

Left Canada - 7/16

LEAVE.

Daughter

Mrs H. G. Male  
96 Westbury Ave  
Wood Green North 22 London Eng







Reg. No.

725120  
124th.

Rank.

Pte.

Surname

Stone

Category.

Dentally  
Unfit.

Christian Names (1)

Herber

(2)

(3)

Date

Place of Enlistment:

Lindsay

Date of

6.1.18

Taken on from

Epsom

Religion

Inoculations

Company

Province:

Dor.

Age on

22

Date

8.2.18.

Vaccination

Command

Hospital

Permanent  
Cadre

Employed as

Date  
taken on

Date Proceeding

Date Admitted

Record of Overseas Service:

Profession or Trade (Civil)

Tailor

Transferred or Posted to

Reason for Return:

Date

LEAVE.

Married or Single

No. of Pass  
Issued

FROM

To

Free Transportation

Address of Next of Kin

8.2.18.

18.2.18.

S.F.

Country



## Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
44	15-2-18	A7			
44	15-2-18	J			
62	5-3-18	HA			
70	13-3-18	H8			
85	28-3-18	HA			
86	29-3-18	H2			
89	1-4-18	26			
94	6-4-18	82			



REGT'L No 725-120

H. Q. FILE No. 649-

NAME Stone, Herbert

RANK AND CORPS Pte. (form 109 th. Bn.) 124<sup>th</sup> Bn

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

M6394  
22-1

23-11-17

Adm to 117th Amb. Nov 13, 1917  
Shell gas. ✓



(1st. Cent. Ant. Regt.)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
20	Connaught-Aldershot	3-10-16	N. Y. D.
21	discharged	14-10-16	N. Y. D.
43	Connaught, Aldershot	5-12-17	N. Y. D.
B44(2)	"discharged"	10-2-17	N. Y. D.
A-69(3)	No. 11 Can. Fld. Amb.	13-11-17	Shell Gas.
B-79(2)	Centrab. Mil. Winchester	19-11-17	" " 2-29-12-17
B 76	Inf Conr. Epsom	8-12-17	" " 3-1-18
B1392	discharged	8-2-18	Shell gas 8-3-18
C. 184	11 Can Gen Store.	6-4-18	Influenza
C194	disch.	15-4-18	" " "



No. 725120 RANK Pte

NAME Stone H.

T.O.S. 5-1-16.  
D.O. 40. 6-1-16

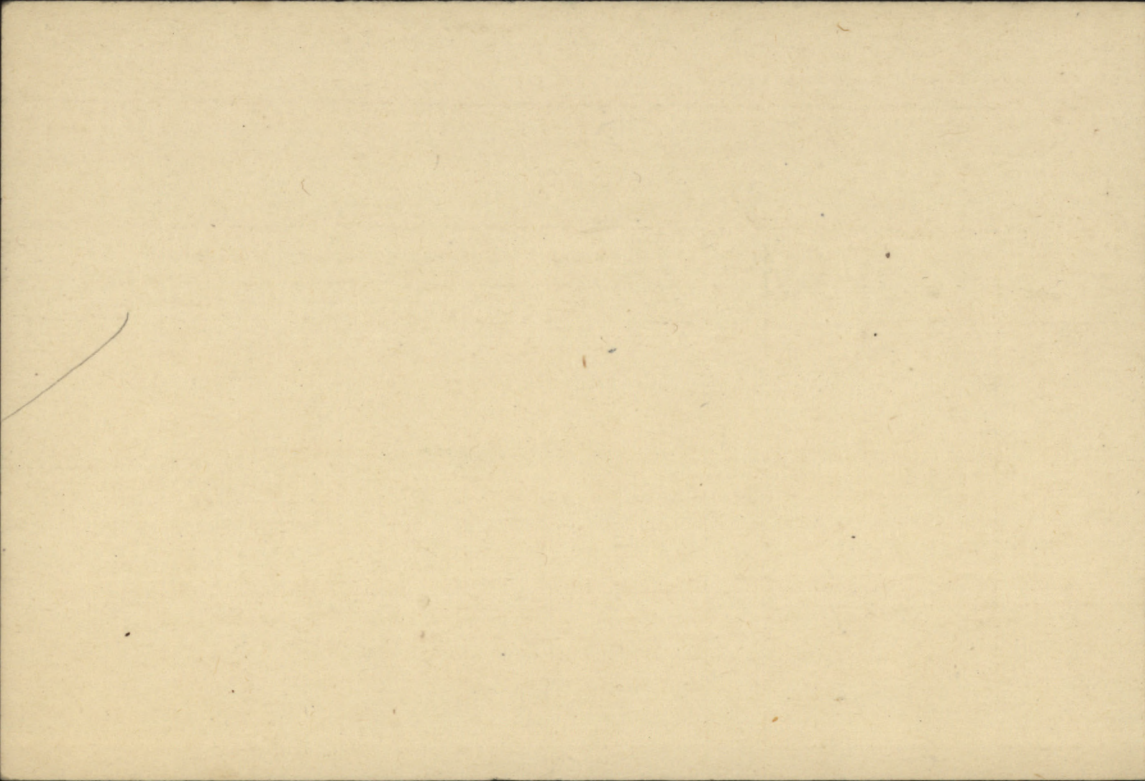
UNIT 109th Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 5	1916 Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓	awarded 28 days detention	S.O. 125 of 14-4-16
May.		✓		
June.		✓	awarded 10 days detention 23-6-16	S.O. 185 of 22-6-16
July.		✓		

UNIT SAILED  
JUL 23 1916







649-S-18966.

CARD NO. L

SURNAME. Stone

CHRISTIAN NAMES Herbert

REGL. NO. 725120

RANK Pte.

UNIT 109<sup>th</sup>

Batt.

FORMER CCPPS nil

S.O.S. Dis. 4-1-19. 2  
S.O. 258 FOLL. 731-12-18  
(M.H.) 0 232

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Stone, Thomas

RELATIONSHIP TO SOLDIER Father (auth. G. N. W. Telegrams)

ADDRESS Shamrock Hotel, Toronto, Ont.

COUNTRY OF BIRTH Canada, Unbridge, Ont.

DATE Mar. 20<sup>th</sup> 1883

PLACE OF ATTESTATION Lindsay, Ont.

DATE Jan. 7<sup>th</sup> 1916

Sailed from Italy by Per. S.S. Olympic.

L. L. 90'89.-M. & D. 6312. 23/7/16. 488/33.

R/C 28/11/18 231/2  
M. F. W. 22/100m.-1.16. H. Q. 1772-39 839.



MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Sailor

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

32 YEARS

9 MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

32 1/2 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

turning grey

DISTINGUISHING MARKS

Tattoo marks on right fore arm.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 6<sup>th</sup> 1916

Soldiers' present address 191 Waverley Rd., Toronto.  
Auth Letter 7-3-20.



HCB

~~B~~  
~~X~~  
✓

Number 725120 Rank Pte

Surname STONE

Christian Name Herbert

Units 124 Can. Pm. Bty Theatre of War France

Date of Service 4-4-17

Remarks

Latest Address ~~19 Waverley Rd.~~  
~~Front St. East~~

Roll No. B 421 King St. West  
Toronto, Ont.

200m. - 2-21.M. Page 10515



DESP. FEB 24 1922

REGN. No. *HC 71570*

R No.

Rank.

Surname

Stone

Category.

Dentally  
Unfit.

Christian Names (1)

H

(2)

(3)

Date

BT

27.9.18

Place of Enlistment:

Date of

Taken on from

Religion

Inoculations

Company

Province:

Age on

Date

Vaccination

Command

Hospital

Permanent  
Cadre  
Date  
taken on

Employed as

Date Proceeding

Date Admitted

Record of Overseas Service:

Profession or Trade (Civil)

Reason for Return:

Transferred or Posted to

Date

Married or Single

LEAVE.

Address of Next of Kin

No. of Pass  
Issued.

FROM.

To.

Free Transportation.

Country

M75120

London  
CMA0/1/16  
2163RD  
2.7.1814  
6020/2/18  
✓  
✓

Waterman

12th Feb — 8 months —

Tailor

Gassed

A bay Date 4/7/18

Widow  
Daughter  
Mrs H. Mole  
96 Wetherby Ave  
Woodgreen N 22 London

No. of Pass Issued.	FROM.	To.	Free Transportation.
H57	17.9.18	22.9.18	16-9-18





Surname *Stone* Christian Name or Names *H.* Reg. No. *725120*  
 Rank *Pte.* Unit *124 P. Co.* Troop *1st* Batty *B.O. Reg.*  
 Hospital *Bonnaught Aldershot.* Date of Admission *5-10-16*  
 Transferred *"* Hosp. *6-2-17*  
*"* Hosp. *13-11-17.*  
*Winchester. Central Mil.* Hosp. *19-11-17.*  
*Mil. Conv. Woodcote. Epsom.* Hosp. *8-12-17.*

Diagnosis *V.I.S. I*  
 (1) Later Diagnosis (if changed) *X.V.D.S. II* *had*  
 (2)  
 (3) *Shell Gas. Res.*  
 Additional Diagnosis: if more than one state present *Influenza Res.*

DISPOSITION

Date

<i>62</i>	<i>17.10.16</i>	<i>#20</i>	<i>Dis 14-10-16.</i>
<i>-</i>	<i>18.10.16</i>	<i>21</i>	<i>" 10.2.17.</i>
<i>13-2-17</i>		<i>43</i>	<i>Dis-8.2.18.</i>
			<i>" 15.4.18</i>
	<i>24.10.17</i>	<i>C44 (2) ✓</i>	
	<i>Confirmation of diag } correct diag X</i>		
	<i>2.11.17 } correct diag X</i>		
	<i>22-11-17</i>	<i>A. 69 (3)</i>	
	<i>4-12-17</i>	<i>B. 79 (2)</i>	
	<i>12-12-17</i>	<i>B. 86 (3)</i>	
	<i>14-2-18</i>	<i>B. 139 (2)</i>	
	<i>10.4.18</i>	<i>G 184</i>	
	<i>22.4.18</i>	<i>C 194-1</i>	

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1. *U. Cav. Gen. Shoncliffe* 6. 4. 18.

2.

3.

4.

5.

6.

7.

L  
 \* Name: STONE, Herbert, Rank: Spr Regtl. No. 725120  
 Original unit: 109th Bn Present unit: 109th Bn M. or S. Age: 34 Religion: C.E. Fyle Depot: Ref. H.Q.  
 Port, ship, and date of arrival: Aquitania Quebec, 28/11/18.  
 Next of kin: Father, Thomas Stone, Shamrock Hotel Toronto.  
 Address on leave: same  
 Address on discharge: 1211 Waverley Rd. Toronto.  
 Transportation issued: Yes No Date: Character on discharge:  
 Previous occupation: Tailor Date and place of enlistment: Lindsay Jan 7/16  
 Diagnosis: Debility Date of Medical Boards: 28-12-18

Date.	Remarks	Pt. 2 Order No.
T.O.S. 22/11/18	Posted to Cas. Co Ex. Camp 28/11/18.	
	Leave from 2/12/18 to 16/12/18.	
	Subs " " "	230
4-1-19	S.O.S. DISCHARGED "MED.UNFIT"(91 days PDP.& clo' all')	258

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



Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.











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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109th Can Overseas Battalion

Regimental No. 725120 Rank Private Name ~~XXXXX~~ Stone Herbert

Enlisted (a) 1-1-16 Terms of Service (a) 6 Months Service reckons from (a) 6.1.17

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) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24-7-16	
		Disembarked England	Liverpool	31-7-16	
8-12-16	109th	Transferred to the 124th Can Pnr Bn	Witley	8-12-16	Part 2 D.O # 343
9-12-16	6 124th	Taken on the strength of the 124th Can Pnr Bn	Witley	9-12-16	Part 2 D.O.# 265
3-4-17	Base Co 124th	<u>30. Son 40 from 12 Res.</u> <u>Proceeded Overseas</u>	Witley	3-4-17	Major Adjutant 124th Can Pnr Bn Part 2 D.O.# 85 3-4-17 <i>H. J. Airth</i> Capt O.C. 124th Can Pnr Bn Details

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



CERTIFIED CORRECT

MAY 31 1917

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				
3.4.17	OC 124 Bn	20.1.17 base 2 O.S. on proceeding of case	Field	3.4.17	Pt. 85
8.4.17	124 Bn	20.1.17 of 124 Bn from Base Coy	Field	4.4.17	Pt. 78
8-4-17.	OC CBD	Arr. CBD & T.O.S. 124 Bn.	Field	4-4-17.	NR DO Pt. 2, 78 d/8-4-17.
28-4-17.	do	Left for Unit	do	28-4-17.	N.R.
5-5-17.	OC 124th Bn.	Arrived Unit	do	1-5-17.	B.213 DCS 15, d/14-5-17.
28.10.17	do.	Sentenced to Forfeit 7 days pay, for "Conduct to the prejudice of good order, etc. in that he returned from a working party without permission."	Field	28.10.17	Auth. A.F.B. 2069 d. 1.11.17. D.O.146 d. 15.11.17.
17.11.17	do.	Wounded (Gas) evac.	do.	14.11.17	B.713
17.11.17	O.B. F.T. "Esseciibo"	Gasped shell wd to England Posted to 1st. Gen. Out. Regt. Depot, Shorncliffe	England	17.11.17	W.3083/H370 DO. 149 d. 30.11.17
6-12-17	ICORD	Taken on Strength	Edinburgh	17-11-17	Pt. 149
6.4.18.	1st Lt. 66d. on admittance to Moore Barracks	Admitted from Epsom 8.2.18 d.d. # 44 Lt. Martin's Plains.	St. Martin's Plains.	6.4.18	for Colonel i/c Records, d. 11.18. # 94
11.4.18 (8/10/18)	1st Lt. 66d. on admittance to Moore Barracks	Admitted from Epsom 8.2.18 d.d. # 44 Lt. Martin's Plains.	St. Martin's Plains.	6.4.18	for Colonel i/c Records, d. 11.18. # 94

*to Matruum*  
*Don officer Jb. Records*  
 FORM: COL: 10 RECORDS OFFICER

*Johnston*  
 Capt.  
 1st Lt. Col. G.A.C.  
 Gen. Sec. F.H.G. 3rd Ech.

*R. Hooper*  
 for Colonel i/c Records, d. 11.18. # 94

*W. J. [Signature]*  
 Officer i/c Records,  
 1st Canadian Command Depot.

101 06 15 9 0 15



**Casualty Form—Active Service.**

Regiment or Corps 26

Rank Ser. Surname Stone Christian Name H.

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 { Temporary sheet } 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>2/7/18</u>		<u>Discharged from 3rd C. D. D. Part II, D. O. No. 230</u>		<u>15.4</u>	<u>3/7/18</u> <u>For O.C.</u> <u>3rd Canadian Command Depot</u>
<u>NOV 22 1918</u>	<u>O/S</u>	<u>Embarked England 27-11-18</u> <u>Disembarked Messin 29-11-18</u> <u>T.O.S. No. 2 District Depot, Part II, D.O. No. 230</u>			
		<u>D.S. No. 2. D.D. Jan. 4th. 1919 Pt. 11 258</u>			<u>Lieut. Capt</u> <u>For O.C. No. 2 District Depot</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, Shoeing-Smith, &c.

[P.T.O.]







**Casualty Form—Active Service.**

Rank Pte. Regiment or Corps Stone Surname Stone Christian Name H.  
 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 ...			
<u>23-4-18.</u>	<u>C. S. R. S.</u>	<u>T.O.S. C.S. R.S. adm. to Hosp. Seaford.</u>	<u>Seaford</u>	<u>30-3-18</u>	<u>Pt. II D.O. 112.</u>
		<u>Disembarked. Seaford.</u>			
		<u>for O.C. GERD</u>			
<u>29-4-18</u>	<u>C. E. R. D</u>	<u>Dis from Hospital Seaford.</u>	<u>Seaford.</u>	<u>26-4-18</u>	<u>Pt. II D.O. 118</u>
		<u>in Com 3rd P.P.D</u>			
<u>3-7-18</u>	<u>C. E. R. D</u>	<u>Leaves in Com 3rd</u>	<u>Seaford</u>	<u>2-7-18</u>	<u>Pt. II D.O. 181.</u>
		<u>C.C.D. On Com 1st</u>			
		<u>P. E. R. B.</u>			
					<u>Lieut</u>
					<u>of O.C. GERD</u>
<u>8.11.18</u>	<u>1st GERB</u>	<u>Restricted pay 2 months</u>	<u>Seaford</u>	<u>30.7.18</u>	<u>Pt. II D.O. 146.</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) Signaler, Shoing-Smith, &c.

[P.T.O.]







**DUPLICATE**

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

**INSTRUCTIONS.**

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

**109th OVERSEAS BATTALION, C. E. F.**

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

Mrs Hazel Mole

(2) Regimental Number.....

0/0 Mrs Childs 45 Fenwick Road West London W2 725120

(3) Full Name of Soldier.....

Herbert Stone

(4) Place of Birth.....

Uxbridge

Ontario Canada

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

No

Yes

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

Metropolitan

Yes

(b) Present Postal Address.....

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

Yes

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

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

7 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.....  
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.  
.....  
.....

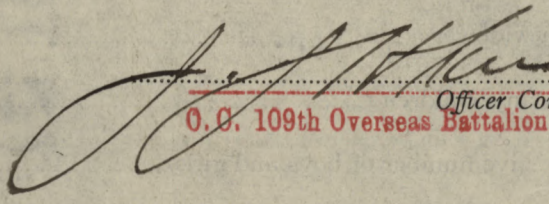
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
**Mrs Hazel Mole**  
**c/o Mrs Childs 45 Fenwick Road East London England**

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

15) Are you insured?..... **Yes**  
If so, in what Company?..... **Metropolitan**  
Have you made arrangements for payment of your Insurance premium..... **Yes**  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

9161 11 700

Date..... **July 1916.**

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



**MEDICAL HISTORY SHEET.**

ORIGINAL  
S-39

Surname Stone Christian Name Nabat

Examined on 6<sup>th</sup> day of January 1916  
 at Lindsay  
 Birthplace { City or Town Lebridge  
 County Ontario

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

Apparent age 32 years  
 Trade or occupation Sailor  
 Height 5 Feet 3 Inches  
 Weight 107 Lbs.  
 Chest measurement { Minimum 30 inches  
 Maximum expansion 32 1/2 inches  
 Physical development Fair  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>4/2/18</u>	<u>Di</u>	<u>Go Delaunoy</u> <b>24 NOV 1918</b>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One  
 Number One  
 When Vaccinated last January 26<sup>th</sup> 1916

Date	Result	VACCINATIONS
<u>26-1-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Slightly small in chest

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>8/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>18/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

Enlisted on 5<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>725120.</u>		<u>6</u> <u>5-1-16.</u>
Transferred to..	<u>C. E. F.</u>			

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

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford 3<sup>rd</sup> Bn.</u>	<u>20-6-18.</u>	<u>General Debility</u> <u>(Anaemic Bronchitis)</u>	<u>Wm. H. Payne</u> Capt. PRESIDENT STANDING MEDICAL BOARD
<u>Seaford</u>	<u>19-7-18</u>	<u>do - do</u>	<u>Bill Andrews</u> Capt. PRESIDENT STANDING MEDICAL BOARD
<u>Seaford</u>	<u>27-9-18</u>	<u>do - do</u>	<u>Bill Andrews</u> Capt. PRESIDENT STANDING MEDICAL BOARD
<u>2nd Inf/ Tor.</u>	<u>27/12/18</u>	<u>Anaemic Debility</u>	<u>Wm. H. Payne</u> Capt. PRESIDENT STANDING MEDICAL BOARD

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**



Christian Name: Albert

Surname: Stone

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				
Cornwall	Ashot	3								<i>Entered on Syphilis Register, Aldershot 5.10.16</i>	
— " —	—	4	10	16	14	10	16	Syphilis	11	<i>Kharava &amp; Hy</i>	<i>W. J. T. M. M.</i>
— " —	—	5	2	17	10	2	17	Syphilis	6	<i>RH &amp; Hg. given: improved</i>	<i>W. Kenji</i>
Central Military Hospital, Winchester.		19	"	17	7	12	17	shell gas poisoning	19	<i>7.12.17 8 p.m.</i>	<i>H. Gordon</i>
The C.H. Epworth		7	12	17				<i>Do</i>	64	<i>Has improved considerably is unfit. Condition for D.I.</i>	
No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, BURNCLIFFE.		5	4	18				Influenza	12	<i>moderate attack. Temp. 102.0 R88. no complications D.I.</i>	<i>C. A. M. C.</i> No. 1 Division <i>Dr. W. J. T. M. M.</i>

8 FEB 1918

APR 15 1918



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725180 (Rank) Spr.

Name (in full) STONE Herbert enlisted in  
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 6th.  
day of January 1916

HE served in England and France  
and is now discharged from the service by reason of Medically unfit

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

Age 46

Height 5'3"

Complexion Fair

Eyes Blue

Hair Grey

Herbert Stone

Signature of Soldier

Marks or Scars

Vacc. scars on left arm.

Wounded (Gassed) 14-11-17

Issuing Officer

W. H. Gougeon  
Capt

7th. O. C. Discharge Sections.

Rank 2 District Depot

Date of Discharge Jan. 4th. 1919

Appointment

Signed at Toronto, Ont. this 4th. day of January 1919

in Military District No. 42. No. 2

JB.

File Reference No. JAN - 4 1919  
DISTRICT DEPOT

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



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

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

30 *Uniform not to be worn after  
days of discharge unless written  
authority has been granted by  
the G. O. C. of district.*

Name of Officer

G. O. C. Discharge Sections

Rank

Appointment



LTR

Rank Name STONE, Herbert Reg'l No. 725120

Unit 109th, Bn. If in perm. Corps, }  
What Unit? } Married or Single Single.

Place and Date of Enlistment Lindsay, 6th, January, 1916. Place of Birth Uxbridge, Ontario,  
Canada.

Name and Address, Next-of-Kin Thomas Stone.  
Shamrock Hotel, Toronto, Ontario, Canada. Relationship Mother. Father,

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



No. 4179  
File R.L.  
Category CAN. OR  
Sp o/c

27

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			General
3-10-16	109 <sup>th</sup> Bn	Adm'd to Comnaught Stos	Bramhall	3-10-16	Pt II. D.O. 277. C.L. 20
18-10-16	Do	Dis from Comnaught Stos	Aldershot	18-10-16	C.L. 21. D.O. 289 & D.O. 296.
8-12-16	Do	S.O.S. to 124 <sup>th</sup> Bn	Witley	8-12-16	Pt II D.O. 343 ✓
9-12-16	Do	S.O.S. to 109 <sup>th</sup> Bn	"	"	" 265 ✓
19-1-17	Do	S.O.S. to 124 <sup>th</sup> Bn	"	18-1-17	" 19 Pt II. D.O. 26
12-2-17	124 Bn	adm. to Stos.	Witley	1-2-17	Pt II. D.O. 43. D.C.L. 43
		Disch. from Stos.	"	10-2-17	" 43 C.L. 40 2/23/17
29.3.17	12 <sup>th</sup> Res.	Att. from 124 <sup>th</sup> Bn.	E. Sandring.	29.3.17	" 81
29.3.17	12 <sup>th</sup> Res.	S.O.S. to 12 <sup>th</sup> Res.	Witley.	29.3.17	" 83

1600  
010  
bar



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.				
3.4.17	Basely 124 <sup>th</sup> P.B.	Taken on strength on trans.	Witley	1.4.17	Pt II 085 ✓
3.4.17	"	from 12 <sup>th</sup> Training P.S. P.S.		3.4.17	85 ✓
8.4.17	124 <sup>th</sup> P.B.	to S of 124 <sup>th</sup> P.B. from Base Co.	Field	4.4.17	78 ✓ <sup>103</sup> <sub>101</sub> 51 <sup>17</sup> mb
21.11.17	124				
28.10.17	124	11600 & Amb.	Field	13.11.17	A 693 Sheel's
30.11.17	124	Inv. port to 1 COR D	Pk. Field	17.11.17	149 (272-6.12.17 1 COR D)
3.12.17	- ✓	Central Mt. Hopt	Winchester	19.11.17	B 79 <sup>(2)</sup> - 1
11.12.17	1 COR	Inv. Com Hopt	Epsom	8.12.17	P 3863 / 8900
13.2.18	1 COR D	on Com to 1 COR D	Pk. Epsom	8.2.18	44 (44 <sup>2</sup> / 15.2.18 1 COR D)
11.4.18	"	<del>124<sup>th</sup> P.B. D</del>	Witley	30.3.18	Pt II 112 A 23 <sup>1/2</sup> 1390 21-5.18
20.4.18	3. C.C.D.	on for P.S. in	Seaford	18.4.18	- 92
29.4.18	C.E.R.D.	on Com to 3. C.C.D.	"	26.1.18	- 118
3.7.18	"	reassign on Com to 3. C.C.D.	"	2.7.18	18/9/18 C.E.R.D. 3974 <sup>2</sup> 13
25.11.18	"	reassign on Com & SOS to Canada	Seaford	22.11.18	Pt II 307 ✓ <sup>158</sup> <sub>158</sub> 4/20 <sup>3</sup> 1 C.E.R.D. B.







File No.....

# WAR SERVICE GRATUITY.

Register No.....

Dec'n No.....	W. S. G. File No.....				
Reg. No. Award..... days at \$..... per day \$.....	Dependent.....				
S. A..... months at \$..... per mo. \$.....	Address.....				
Name..... Less P. D. P. Credited	\$.....				
Address.....	\$.....				
Less further debit balance	\$.....				
Net due paid as below					
<b>TO SOLDIER TO DEPENDENT</b>					
0	Ag. No	Ch. No	Amount	No	Amount
1					
2					
3					
4					
5					
6					
Total			Total		

Reg. No. Award..... days at \$..... per day \$..... Dependent.....

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

Address..... \$.....

Less further debit balance \$.....  
Net due paid as below

Pay Soldier \$..... Pay Dependent \$.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Clerk..... Less further Dr. Bal.....  
or overpayment.

Net.....

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

GEN'L AUDITOR

Posting checked by

.....

Date.....











*Younger*

*A.P. - 17485-H-24*

M. F. W. 41a.  
120m. 1-18  
1772-39-1213

English L.P.C. No. *S. 734*

Name *Stone Herbert*

Regt'l No. *725120* Rank *Spr* File Numbers { *Pm 25-85*  
*Pm 25-St*

Former Units *Engineers* Original Unit *109th*

Date of arrival in Canada *28.11.18* Boat *"Agoutania"* Port of Disembarkation *Halifax*

Rates of Pay:—Regt'l *67.00* Field *10* Date of arrival in M.D. *2*

Separation Allowance. Date paid to *Nil* Rate *Nil* If continued by Chief Paymaster, England *No*

Assigned Pay. Date paid to *Nil* Rate *Nil* If continued by Chief Paymaster, England *No*

Name and address of Beneficiary { *Nil*

Pay claimed on English L.P.C. to *30.11.18* to be paid by new Unit from *1.12.18*

Name of new Unit *#2 District Depot* Date L.P.C. forwarded to new Unit

*A/P charged on Eng L.P.C. to Nil*

L.L. 34582—M. & D. 864b

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS
\$	c.	\$	c.	\$	c.	On Boat		At Cl. Depot &c.		\$	c.	\$	c.	Credit	Debit	
395	10			395	10	20	00									<i>21.12.18 CCW. 21-12-18 CASH.</i>
						30	00									
												50	00			
												<i>Credit Balance</i>	345	10		
				395	10							395	10	345	10	<i>Boat. 24.11.18. Quebec. 1.12.18.</i>







Name *Spr Stone H.*

Regimental No. *745 120*

Name and address of next-of-kin

Unit *Co. 109<sup>th</sup>*

*Aguntania 28/11*

Date of enlistment

Place of " "

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ *Nil*

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>	<i>1200</i>		<i>83639</i>	<i>50 00</i>		<i>27 90</i>		<i>TOS 22-11-18</i>
								<i>345 10</i>	<i>391 20</i>	<i>840 54</i>	<i>341 20</i>			<i>391 20</i>	<i>Sub 2.12-16.12 D.O. 230</i>

TRANSFER















\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	NAME:- <i>STONE, Herbert</i>		
AMOUNT:-	NUMBER:- <i>725120.</i>		

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	DATE EFFECTIVE
PARTICULARS OF RANK OR APPOINTMENT		
UNIT AND TRANSFERS		

ORIGINAL UNIT:- *109<sup>th</sup> Bn*

DATE ACCOUNT FIRST OPENED:- *August 1<sup>st</sup> 1916*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
	<i>1-4-18</i>		<i>1<sup>st</sup> CORP.</i>
<i>NR. 112</i>	<i>2-5-18.</i>	<i>21-5-18</i>	<i>6<sup>th</sup> B.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>July 18</i>	<i>1 days pay R.W.</i>						
<i>July 18</i>	<i>forfeits 10 days pay</i>		<i>12.10</i>				
<i>4/1/18</i>	<i>2383</i>	<i>ICERB L1</i>	<i>4.87</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 -</i>	<i>10</i>		

*Restricted Pay 30<sup>th</sup> 2 months D.O. 146 6.11.18 ICERB*

PARTICULARS OF RENDERING NON-EFFECTIVE:- *transfer to Canada L.P.C. Balance \$395.10*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
<i>1918</i>												
<i>Mar. 31</i>	<i>Bal. Forth</i>								<i>3382.24</i>			
<i>April</i>	<i>R.P.</i>	<i>33</i>		<i>awarded 5 d. F.R. 2. forfeits 1 d. P.F.A. by 10 A.M. 2. 9pm-30<sup>th</sup> 5.6.45am. 21<sup>st</sup> 8. 3. awk. 9pm. 21.3.18. to 11pm. same date. A.O. 89-14-18. ICERB. Total 6d.</i>		<i>6.60</i>				<i>259.-</i>		
		<i>33</i>				<i>6.60</i>			<i>364.63</i>			
<i>May</i>	<i>Spr's Pay</i>	<i>34</i>	<i>10</i>	<i>AR. 871 3 CCD 9.5.18</i>	<i>24.33</i>							
		<i>34</i>	<i>10</i>	<i>" 1607 " 29.5.18</i>	<i>4.87</i>				<i>369.50</i>			
<i>June</i>	<i>Spr's Pay</i>	<i>33</i>		<i>AR. 2125 3 CCD. 16<sup>th</sup> 6/18</i>	<i>4.87</i>							
				<i>" 7395 " 28<sup>th</sup> 6/18</i>	<i>4.87</i>							
				<i>Awk. Per. 15<sup>th</sup> 6/18 to 23<sup>rd</sup> 7<sup>th</sup> 15<sup>th</sup> 6/18. In arrears.</i>								
		<i>33</i>		<i>16<sup>th</sup> 6/18 18<sup>th</sup> 6/18 - Awarded 10 days F.P.R. 2</i>								
				<i>19<sup>th</sup> 6/18 D.O. 144 3 CCD. 21<sup>st</sup> 6/18</i>		<i>15.40</i>			<i>333.69</i>	<i>279</i>		
<i>July</i>	<i>Spr's Pay</i>	<i>34</i>	<i>10</i>	<i>AR 879. 1/ICERB. 27.7.18</i>	<i>4.87</i>				<i>362.56</i>	<i>294</i>		
<i>Aug</i>	<i>P Pay</i>	<i>34</i>	<i>10</i>	<i>1085 18<sup>th</sup> 2/18 1/8.</i>	<i>4.87</i>							
				<i>1328 ✓ 27/8.</i>	<i>9.73</i>				<i>382.29</i>			
<i>Sept</i>		<i>34</i>	<i>10</i>	<i>1542 ✓ 12/9.</i>	<i>4.87</i>							
				<i>1682 ✓ 25/9.</i>	<i>6.27</i>				<i>352.05</i>			
<i>Oct</i>		<i>33</i>	<i>10</i>									
				<i>1899 ✓ 15/10</i>	<i>14.60</i>							
<i>Nov</i>		<i>33</i>		<i>2119 ✓ 19/10</i>	<i>9.73</i>							
	<i>Int on Def Pay to 30/9/18</i>		<i>1725</i>						<i>412.07</i>			
			<i>84.35</i>									
				<i>Overstay up his pass from MW 29<sup>th</sup> 24 - 23.35 30<sup>th</sup> 10 forfeits 10 days pay D.O. 144 1/18 ICERB 1<sup>st</sup> R.W. 2383 ICERB 13/11</i>		<i>12.10</i>				<i>395.10</i>		
					<i>4.87</i>							
					<i>4.87</i>							







SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



28. 14/1/19.

JB.

1. No. 725120	
2. Rank. Spr.	
3. Name. STONE Herbert	
4. Unit. 109th. Bm. (2.DD.)	
5. Date of Discharge	Place
Jan. 4th. 1919	TORONTO, ONT.
6. Reason for Discharge. <u>HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.</u>	
7. Authority. D.O. D.D. #2. Pt. 11 258	
8. Proposed Residence after Discharge. <u>191 WAVERLEY ROAD</u> <u>252 Richmond St. Toronto. Ont. auth. letter dated 1-3-20</u>	
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.?  <u>H. Stone</u> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>Toronto. Ont.</u> Date <u>Jan. 4th. 1919</u>  <u>W. H. Joerke</u> Signature (O. C. Discharging Unit.)	







LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	2. Discharge Certificate
3. Discharge Certificate	4. Discharge Certificate
5. Discharge Certificate	6. Discharge Certificate
7. Discharge Certificate	8. Discharge Certificate
9. Discharge Certificate	10. Discharge Certificate
11. Discharge Certificate	12. Discharge Certificate
13. Discharge Certificate	14. Discharge Certificate
15. Discharge Certificate	16. Discharge Certificate
17. Discharge Certificate	18. Discharge Certificate
19. Discharge Certificate	20. Discharge Certificate
21. Discharge Certificate	22. Discharge Certificate
23. Discharge Certificate	24. Discharge Certificate
25. Discharge Certificate	26. Discharge Certificate
27. Discharge Certificate	28. Discharge Certificate
29. Discharge Certificate	30. Discharge Certificate
31. Discharge Certificate	32. Discharge Certificate
33. Discharge Certificate	34. Discharge Certificate
35. Discharge Certificate	36. Discharge Certificate
37. Discharge Certificate	38. Discharge Certificate
39. Discharge Certificate	40. Discharge Certificate
41. Discharge Certificate	42. Discharge Certificate
43. Discharge Certificate	44. Discharge Certificate
45. Discharge Certificate	46. Discharge Certificate
47. Discharge Certificate	48. Discharge Certificate
49. Discharge Certificate	50. Discharge Certificate
51. Discharge Certificate	52. Discharge Certificate
53. Discharge Certificate	54. Discharge Certificate
55. Discharge Certificate	56. Discharge Certificate
57. Discharge Certificate	58. Discharge Certificate
59. Discharge Certificate	60. Discharge Certificate
61. Discharge Certificate	62. Discharge Certificate
63. Discharge Certificate	64. Discharge Certificate
65. Discharge Certificate	66. Discharge Certificate
67. Discharge Certificate	68. Discharge Certificate
69. Discharge Certificate	70. Discharge Certificate
71. Discharge Certificate	72. Discharge Certificate
73. Discharge Certificate	74. Discharge Certificate
75. Discharge Certificate	76. Discharge Certificate
77. Discharge Certificate	78. Discharge Certificate
79. Discharge Certificate	80. Discharge Certificate
81. Discharge Certificate	82. Discharge Certificate
83. Discharge Certificate	84. Discharge Certificate
85. Discharge Certificate	86. Discharge Certificate
87. Discharge Certificate	88. Discharge Certificate
89. Discharge Certificate	90. Discharge Certificate
91. Discharge Certificate	92. Discharge Certificate
93. Discharge Certificate	94. Discharge Certificate
95. Discharge Certificate	96. Discharge Certificate
97. Discharge Certificate	98. Discharge Certificate
99. Discharge Certificate	100. Discharge Certificate



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



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.

Toronto  
 STATION Exhibition Camp DATE Dec. 28, 1918

1. 1 (a) Unit No. 2 D. Depot (b) Regimental No. 725120 (c) Rank Sapper  
 (d) Surname STONE (e) Christian name Herbert  
 (f) Home address 121 Waverly Road, Toronto.  
 (g) Next of Kin Mrs. Hazel Gladys Mole (h) Relationship Daughter  
 (i) Address of Next of Kin 121 Waverly Rd., Toronto, Ont.

2. Age last birthday 46 Date of birth March 20th, 1872

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Jan. 5, 1916

4. Personal description:  
 (a) Height 5' 3" (b) Weight 107 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vacination 1 Left arm.

5. Former trade or occupation Tailor

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	353

	PERIODS	
	From	To
Canada	Jan. 5th, 1916	July 31, 1916
England	July 31, 1916	April 4, 1917
France or other theatres of War	April 4, 1917	Nov. 17, 1917
<u>England and Canada</u>	<u>Nov. 17, 1917</u>	<u>To date</u>

7. Original disease, or injury 1. Bronchitis 2. Debility

(a) Date of origin 1. Before enlistment. 2. Since enlistment. (b) Place of origin 1. Canada 2. France  
 (c) Cause 1. Unknown. 2. Result of over strain and exposure.



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

1. Partial loss of function of Respiratory Organs.

2. General weakness (moderate)

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.)

1. OBJECTIVE:- See Special Report of lungs as regards examination, X-Ray and sputum tests.

SUBJECTIVE:- Quite a severe cough every morning after getting up and brings up a quantity of sputum. Cough is quite as bad in the summer as in the winter - does not take fresh cold any more easily than he formerly did.

2. OBJECTIVE:- He shows no muscular or heart condition to account for his weakness or dyspnoea. See Special Chest Report on heart condition, which states pulse and respirations.

SUBJECTIVE:- Complains of being tired easily and dyspnoea on walking fast for a short distance, as 1/2 mile.

(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

No sugar or albumen in urine.

No Piles, Varicose Veins, Varicocele or Hernia present.

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

1 & 2. Previous to going to France suffered from an occasional cold but not serious. After a time of exposure in France developed this condition of debility and Bronchitis as described above and the condition persisted as reported today.



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).)

Previous to enlistment no serious illness.

Since then suffered from an attack of gas in France.

Also had Influenza, in hospital six weeks, April 1918.

Also had Syphilis in 1916 in England. See M.H.S.

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

11.—(a) Did the disabling condition have its origin before enlistment? 1. Yes. 2. 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.)

1. Yes. Statement that condition pre-existed enlistment is based on X-Ray report. Present symptoms worse during service.

2. Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 & 2. A & B. 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? 1. Permanent. 2. Indefinite (say six months)

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

Was not treated for either of the conditions complained of so far as he is aware.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (1 & 2) (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

C3.

*R.H. Dillman Capt.*

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, *H. Stone* 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

*H. Stone*

Rank. Signature of invalid examined.

*C.M.H.*



OPINION OF THE MEDICAL BOARD

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

We concur except #13 (2) Read "three months"

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) Does require treatment (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) Should pass under his own control
(d) Should not pass under his own control. (Strike out condition not applicable.)

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

That he be placed in Category C3.

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.

Chas. Shurtleff President.

PLACE Exhibition Camp

DATE Dec. 27th, 1918.

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.

President.

PLACE

DATE

Members

APPROVED BY Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services.

DATE 30/1/18

DATE



Reserved for M.H.C.

Regt. No. 25720 Rank SPR Surname STONE Christian Name HERBERT  
 Unit or Corps—(a) Overseas from United Kingdom 124 BATT (b) in United Kingdom C ERD  
 Born at—Town UXBRIDGE County or Province ONTARIO Country CANADA  
 Date of Birth—Day 20 Month MARCH Year 1875 Age 43 yrs. 7 months.  
 Joined at LINDSAY ONT. Date 5-1-16  
 Former trade or occupation TAILOR  
 Permanent Marks or any peculiarity that will serve for future identification:—  
None

PRESENT CONDITION

Height—feet 5 inches 3 Colour of eyes BLUE  
 Signature of Soldier (for identification purposes) H. Stone

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)
- Disabilities Group (b)
- Disabilities Group (c)

DEBILITY

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>GAS POISONING (SHELL GAS)</u>	<u>Pasadena</u>	<u>Nov/17</u>
(ii.) As to Group (b) above.	<u>-</u>		
(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? No
- (ii.) As to Group (b) above? - If yes, has Active Service aggravated it? -
- (iii.) As to Group (c) above? - If yes, has Active Service aggravated it? -

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

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



5. MEDICAL HISTORY. Reserved for M.H.C.

was gassed Nov/17 - sent to W. W. W. (19 days) -  
 Christian  
 Rank 2 PR (days) 29 days  
 Unit or Corps (b) Overseas from United Kingdom  
 Country ONTARIO  
 Province UXB RIDGE  
 Town  
 Date of Birth - Day Month Year 20 MARCH 1911  
 Age 7 yrs 11 months  
 Date 2-1-18  
 Joined at LINDSAY ONT.  
 Former trade or occupation TAILOR  
 Permanent Marks or any peculiarity that will serve for future identification: -

6. PRESENT CONDITION.

Gen Condition very fair.  
 Complaints of dyspnoea on exertion & easily fatigued.  
 Digestive system - poor appetite - bowels regular.  
 Sleeps fairly well - 5 hours in night.  
 Heart sounds normal, but action is slow. Pulse slight irregular.  
 Nothing abnormal to be found in lungs.  
 Deftly wounded.  
 Nervous system apparently normal.

7. OPERATION. (i) Was one performed? *no* (ii) If so, state what. *no*  
 (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? *yes*  
 (ii) If so, describe. *upper - three extracted.*

9. DO YOU RECOMMEND:—  
 (a) Fit for duty? (state category) *B II*  
 (b) Invalid to Canada? *no*  
 (c) Discharge from the Service as permanently unfit? *no*

Date of Report *15/11/18*  
 Station *Peapod*  
 Signed *W. Douglas Newell*  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except  
 Dated at *Peapod Hospital* Station, on *16/11/18*  
 \*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) *Yes*  
If not, describe it.

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

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

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.) *5%*

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

15. Permanency of the Disability due to Service, estimated next above in (14).  
(i.) Is it permanent? *No*

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

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not app.*

17. Can the former trade or occupation be resumed? *Yes*

18. REMARKS:—  
*Answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed his enlistment. It is advised that he be discharged as he is unable to perform his duties as a Soldier showing history of previous illness or injury.*

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answer- ing show clearly the condition of the Soldier at the time of examination. It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding. Specialist reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true portrait of the Soldier's condition.

9. RECOMMENDATION:—  
(a) Fit for duty? *Off*  
(state category)  
(b) Invalid to Canada? *No*  
(c) Discharge from Service as permanently unfit? *No*

Table with columns for Date of Board, Station, Signatures of M.O., Category, Station, Signatures of the Board, and President. Includes handwritten signatures and dates.



Statement of the Soldier

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

I, the undersigned, Herbert Stone, have heard the description of my disability read, and am satisfied (or not satisfied) with it.

From the medical information now advanced, was the disability caused or aggravated by the Soldier's Negligence or Misconduct?

Instructions to Medical Officers

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

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

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

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

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

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

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding. Specialists' reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

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

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

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

ENTRIES OF RECATEGORIZATION

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







PROCEEDINGS OF A MEDICAL BOARD

R. 2. 047 (1918)

Dated at SEAFORD, KENT 1918

No. 101 Rank STONE Name STONE

Local Unit 101 Overseas Unit 101 Age 35

Examination held at 101

DISABILITY.  
Overseas—local.  
(scrutin one out)

PRESENT CONDITION.

*[Faint handwritten text, likely describing the present condition of the member.]*

BOARD RECOMMENDS—

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

Signatures—

.....President.

Members

APPROVED

Dated at 1918



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. <u>2092</u> Year <u>1918.</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>725120</u>	<u>Pte.</u>	<u>Stone</u>	<u>Herbert</u>
	Unit.	Age.		Service.
	<u>1<sup>st</sup> C.C.D.</u>	<u>42</u>		<u>26/12</u>

Station and Date. April 5<sup>th</sup>

Disease Influenza.

Admitted T.P.R. 103-88-24

Complaints: Headache, pain in chest

H.P.S. Nov 1917 was gassed. was carried to hospital, was in hosp & C.C.H. until Feb. 18/18. Reported sick two wks ago because of weakness. Headaches ~~have~~ for past 8 mos.

P.H. & J.H. Neg. Temp. 102° P. 88 R 24

P.C. Slight loss of subcutaneous tissue

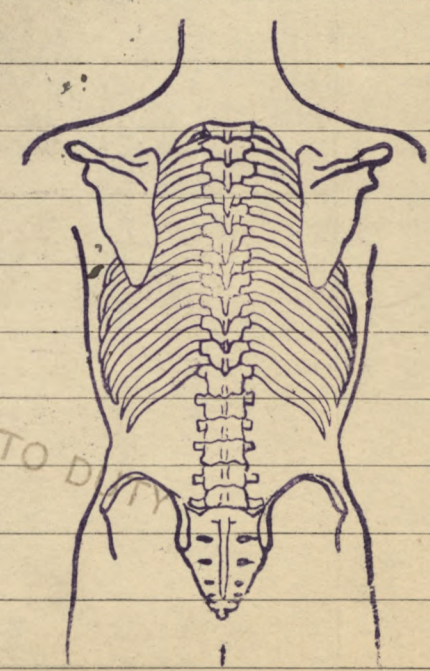
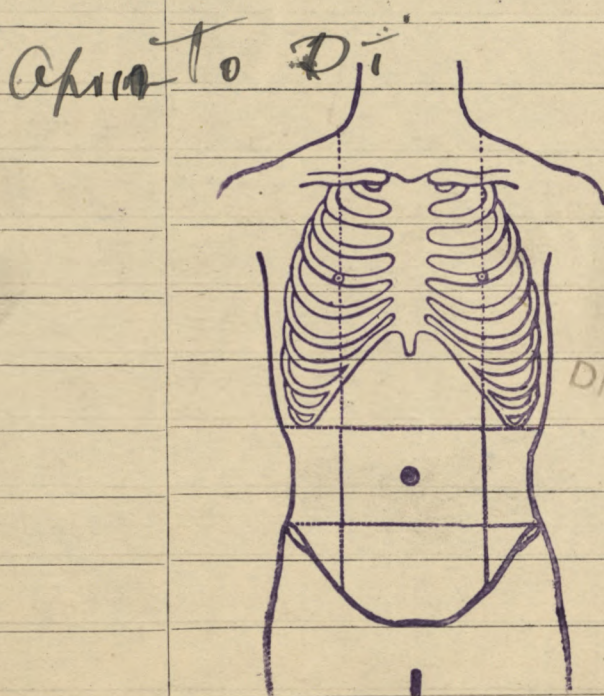
No redness of throat

Heart & lungs Neg.

6<sup>th</sup> T. 99 P. 80 R 20 in am, T. 102° in p m.

7 T. 98 in am, 100 in p m.

Condition - Neg to Exam.



APR 15 1918  
DISCHARGED TO DUTY

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







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2  
No. 56

## 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. 725120 Rank Sgt Name Stone, F.  
 Corps Eng 109<sup>th</sup> who was\* Discharged  
 On Jan 4 1919, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1919 to Jan 4 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month .....			Balance Cr. from prev. month .....		
Advances } No. ....			Reg'l. Pay <u>4</u> days at \$. <u>1</u> c. ....	<u>4</u>	<u>00</u>
by } No. ....			Field Allow. <u>4</u> days at \$. <u>10</u> c. ....		<u>40</u>
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* <u>Cl. All</u> .....	<u>35</u>	<u>00</u>
Payment on transfer or discharge No. <u>84546</u> .....	<u>39</u>	<u>40</u>	Other Credits* .....		
Balance Cr. (to be paid by the new unit) .....			Bal. Dr. (to be deducted by new unit) .....		
<b>Total</b> .....	<u>39</u>	<u>40</u>	<b>Total</b> .....	<u>39</u>	<u>40</u>

\*Give particulars.

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

(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.

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

**REMARKS:—**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted No .....
- (3) cause of discharge ..... authority .....
- (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 Jan 4/19  
 Place Toronto

*[Signature]*  
 PAYMASTER, N. & P. DIST DEPOT CAPT.

**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.











**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

No. \_\_\_\_\_ Rank and Name \_\_\_\_\_ Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

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



920/16

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
124 C.E.F.	"B."	725120	Pte. Stone, H.  <u>"Fit for Active Service."</u>	<p>5. 10. 16.</p> <p>To attend for monthly observation only commencing on</p> <p>21. 3. 17.</p> <p>at 10.0 am</p> <p>by Mr. Enghol Capt R.A.M.C.</p>

CONNAUGHT  
HOSPITAL,  
15 MAR 1917  
ALDERSHOT.

To MO i/c 124 C.E.F.,  
Station and date Witley.

Specialist in Dermatology  
Aldershot Command

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.  
\* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.







MEMORANDUM

A.F.C. 348

FROM

Specialist in Dermatology,  
Aldershot Command.

To M.O. etc.,

124 C.E.F.,  
Witley.

FROM

To

ANSWER

Herewith A.F.I. 1238/9  
re.

725720 Pte. Stone, H.

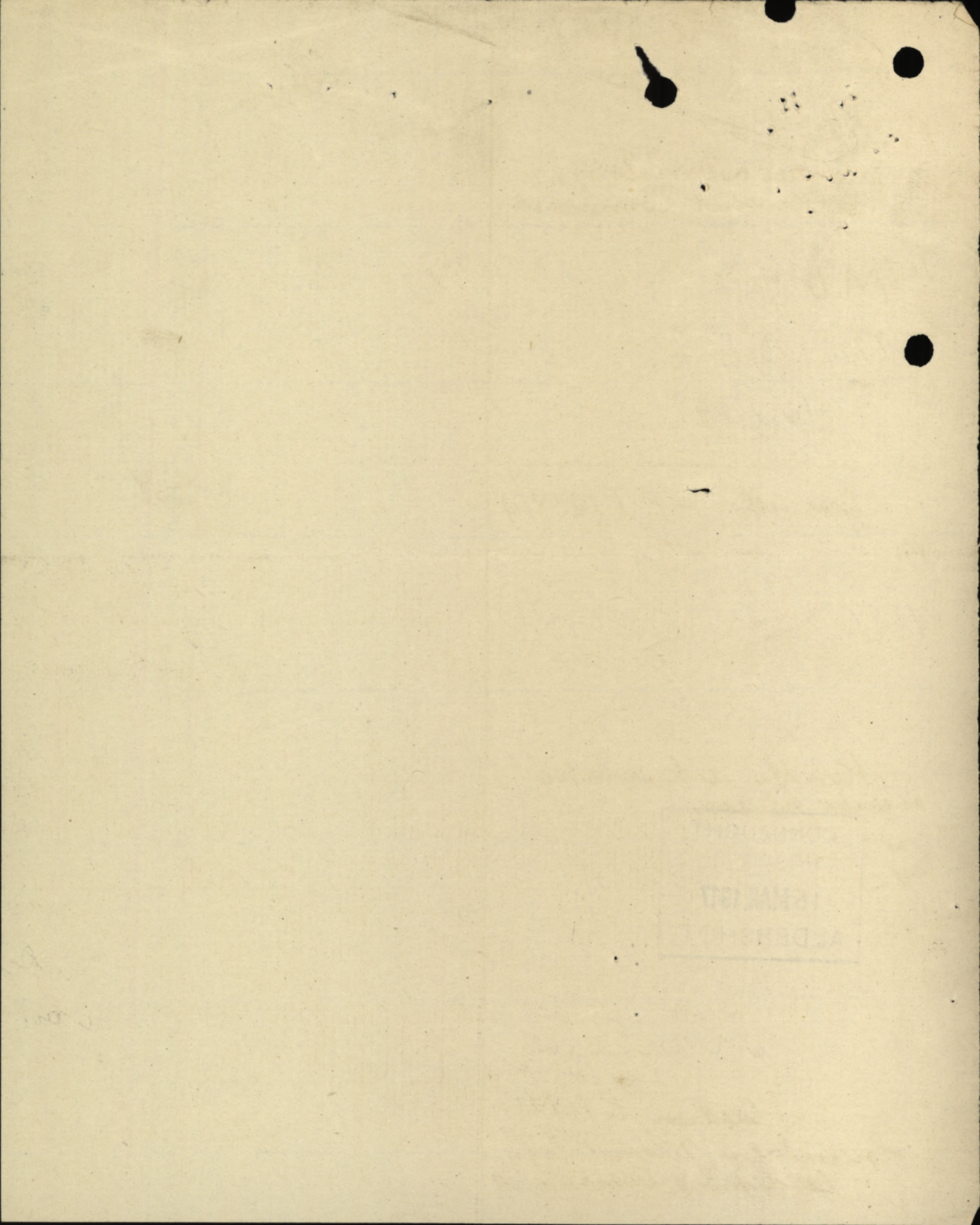
Kindly acknowledge  
receipt hereon.

CONNAUGHT  
HOSPITAL,  
15 MAR 1917 1143  
ALDERSHOT.

Stymling.

Captain, R.A.M.C.,  
Specialist in Dermatology,  
Aldershot Command.









CONNAUGHT HOSPITAL  
10 FEB. 1917  
ALDERSHOT.

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Now. 124 CEF. B. Coy Witley

Regtl. No. 725120 Rank and Name Pte Stone H. Corps 109 C.E.F. 7 B. Coy

Placed on Syphilis Register at Aldershot on 5-10-16 No. in Register 920/16

Disease contracted at London Primary sore appeared on (date) Sept. 1916

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Hard sore on penis

Lymphatic glands Swollen slightly from neck to elbow

Skin (nature and distribution of rash) No Rash

Mucous membranes No sore throat: Tonsils normal

No Stomatitis or erythema

Other symptoms No Headache

No loss of hair

No pains in joints

Enlarged tonsils

No lymphatic pain gang description.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

} Not examined

Station Aldershot Date 5-10-16 Signature of M.O.

McCormack R. A. M. C.  
for Captain, R.A.M.C.  
Specialist in Dermatology.  
Aldershot Command.

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_







10.2.17 Discharged hospital No Active signs.

21.2.17 Wassermann Test Result - Negative  
Finished 1st Course of Treatment

o -

my  
my











