

17/1/16

W. S. M. S.

1623

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.

No. 795186

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Sullivan
- 1a. What are your Christian names? Walter
- 1b. What is your present address? 32 Regent Street Lindsay Ont
- 2. In what Town, Township or Parish, and in what Country were you born? Northring Sussex England
- 3. What is the name of your next-of-kin? Gertrude M. Sullivan
- 4. What is the address of your next-of-kin? 32 Regent Street Lindsay Ont
- 4a. What is the relationship of your next-of-kin? Sister
- 5. What is the date of your birth? 8 January 1887
- 6. What is your Trade or Calling? Carpenter
- 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? 45th Regt 2 years
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, Walter Sullivan, 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 22nd Jan 1916 Walter Sullivan (Signature of Recruit)
W. Carr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Sullivan, 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 22nd Jan 1916 Walter Sullivan (Signature of Recruit)
W. Carr (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 22nd day of January 1916

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

b
H

1623

Description of Walter Sullivan on Enlistment.

Apparent Age... 29 years... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height... 5 ft... 9 ins.

Chest measurement. { Girth when fully expanded... 37 1/2 ins.
Range of expansion... 3 1/2 ins.

Complexion... dark

Eyes... Blue

Hair... Black

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

Scar on left side of neck.
Scar behind left ear.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date... Jan 22nd 1916

Place... Lindsay

J. McCulloch Capt.
Horsford 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.

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

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

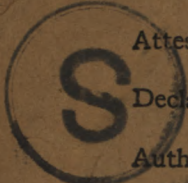
Date... JAN 22 1916

07m
24-1-19.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



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

Attestation Papers..... 2x1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids..... 2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.W. 3997 1

A.F.B. 122 1

M.F.W. 192 1

A.F.W. 3438 - 1

P.F. 06045

M.F.W. 62.
100m. - 6-17.
H. Q. 1773-30-935.

Name **SULLIVAN WALTER**

Regt. No. 725-186 Rank Plt.

Corps No 3. D. D.

Med. unfit

mfw67 card

P122



48863

483144

*42-11
11-11
6-11
2*

*mit sheet
A.V.D. 1/Cas*

*Proc. on Dis. Susp. to B.P.C.
m. f. # 2505
Ref. B.P.C. 809 of 25-1-1928
Returned*

1623

A. & D. CARD

(CANADIAN DIVISION), HOSPITAL.

AT CONVALESCENT HOSPITAL

A. & D. No. 125139 WOODGATE PARK, EPSOM
PL. OF ACTION

RANK Plc 725186 UNIT 124 SICK OR WOUNDED

NAME Sullivan W. AGE 30 RELIGION Bapt

PLACE IN HOSPITAL

DIAGNOSIS P.U.O.

ADMITTED 20 NOV 17 FROM Q.M. Whalley

DISCHARGED TO
TRANSFERRED Can Red X Hosp Buxton 18.12.17

SERVICE AT HOME 1 11/12 IN FIELD 6/12

RESULTS

1623

REMARKS.

21. 11. 14. Stiffness of back & thigh^s Left side
of head face dead. Stomach does not
move much now L. W. Draf in left ear.

30 12 14 H. J. C. O. Special treatment for ear
being received.

5. 12. 14 Suffering from Myalgia 18 months
standing Kaspar Buxton

J. E. Barrow
eff

#Walter 1623 Alf

Name SULLIVAN - Rank Pte. ✓

Reg. No. 725186

Unit 124th Bn. -

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21 9	No. 6. Gen. & Amb.		N.V.D.	u 21		
8 10	No. 2. Aust. Gen. Hosp.	Wimereux	de mil	B38		14730
2 11	G.M. Mil. Hosp.	Thalley	P.U.O.	B56		4980
21, 11, 17	Mil. Con. Epsom		de -	B71		6611
9 15	C.R.C. Sp. Busin	8734	M. yalya	B96		
6-2-19	Wedcliff C. & S.	Fillestone Ch.	L. Otlin media	B135		12061
28 2	Discharged		do	B135		3446
				11-3-18 RND		

No. *725186* RANK *Pte*

NAME *Sullivan D.*

T. O. S. *17-1-16.*
20.54.24-1-16

UNIT *109th Battalion*

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES. ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan. 17</i>	<i>1916.</i> <i>Jan 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



SURNAME.

Sullivan.

3 / CARD NO. L

CHRISTIAN NAMES

Walter

*So. S. Dis. 11-1-19 3 P.U.
D.O. 13 of 13-1-19 #357
8*

REGL. No.

725 186

RANK

Pte

UNIT

109th

Batt.

FORMER CORPS

45th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sullivan. Gertrude M.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

~~*32 Regent St., Lindsay, Ont*~~

284 Ossington Ave, Toronto,

54-21-38-1 7/11/18.

COUNTRY OF BIRTH

England. Worthing, Sussex

DATE

Jan. 5th 1887

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 22nd 1916

O/S-23-7-16 45th 34

*Dec 14-12-18 237
190-3*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

29 YEARS

MONTHS

HEIGHT

5 FEET

9 INCHES

CHEST MEASUREMENT

37 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Scar on left side of neck.
Scar behind left ear.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 22nd 1916

1623

REGT'L NO 725186.

NAME Sullivan

RANK AND CORPS Pte.

Walter
(109th Bn) 124th

H. Q. FILE NO. 649-

FOLLOWS
No. 13i
FOLLOWS

CABLE	
No.	DATE
M 6333 w. s. m.	12-11-17
M 6325 w. l. m.	11-12-17

NATURE OF CASUALTY

Suffering from trench fever
improving

Duerr malis mit. Kaap. W. halley
suffering from fever of unknown origin

em
mf
Number 725186 Rank Pte

Surname SULLIVAN

Christian Name Walter

Units 124 Bn Can Inf Theatre of War France

Date of Service 4/5/17

Remarks

Latest Address 32 Regent St

Lindsay Out

Roll No.

200m-2-21.M.

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Page 10823

B

V

DESP FEB 28 1922
REGN. No. 4114913

Name Sullivan Walter Rank Pfc Regtl. No. 725186

Original unit 109th Bu Present unit..... M. or S. Age 31 Religion Bapt. Fyle Depot 3.8.597 Ref. H.Q.....

Port, ship, and date of arrival Halifax Olympic Ontario

Next of kin Sister 32 Regent St Lindsay Ontario

Address on leave Same

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Carpenter Date and place of enlistment 27-1-16 Lindsay Ontario

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<u>20-12-18</u>	<u>T.O.S. Casualty Company No. 3 District Depot from ops. for Disposal, Part Two D.O. 246 Eff 17-12-18 Leave & Sub. E 17-12-18 to 3-1-19</u>	

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

1623

Surname *Sullivan* Christian Name or Names *H.* Reg. No. *425186*

Rank *H.Q.* Unit *109th Batt* Co. *1.6.0.* Troop *124P* Batty.

Hospital *2. East. G. H. Brighton* Date of Admission *18. 11. 16.*

Transferred *6 Gen Hld Amb.* Hosp. *21. 9. 17.*

39. Stat. Hosp ? Hosp. *22. 9. 17.*

2. Aus. Gen Wimerusa Hosp. *8. 10. 17.*

Queen Mary Mil Whalley. Hosp. *2. 11. 17.*

Diagnosis *D. A. H.*

(1) *N.P.H.*

Later Diagnosis (if changed) *ny. P.N. P.M.O. Myalgia. A.*

(2) *Chr. L. Otitis Media*

(3) *id*

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL. 28. 11. 16. 38

15. 3. 17. 62. Di. 8. 12. 16.

27. 9. 17. 22. (2+3)

17. 10. 17. A 38(3)

7. 11. 17. B. 56(1)

24. 11. 17. B 71. (4)

24. 12. 17. B 96

9. 2. 18 B 135 - 1

5. 3. 18 B 155 (2)

REMARKS

hls. 28. 2. 18.

A.M.D. 2 DEPT.

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

0/1

1623

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Nil bonv. Epsom.*

21.11.14

2. *Can. Red X Spc. Buxton*

20.12.17

3. *Westcliffe Can E. & E, Folkestone*

6.2.18

4.

5.

6.

7.

1623

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

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

REGTL. No. 725186* NAME SULLIVAN, W. RANK Pte UNIT 124th

Date of Examination

21-11-18

Present Dental Condition

Fit

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

Has he ever declined Dental Treatment?

Recommendation

Date 21-11-18

Station W. 124th

Signature of Examining Officer

A. R. Conway
Capt.

C.A.D.C.

* Name should be entered in block letters.

CANADIAN ARMY DENTAL CORPS
DENTAL CERTIFICATE

NOTE - This form will be attached to the Medical History sheet
of each Dental Record in Canada and Overseas.

Serial No: [blank] Name: [blank] Rank: [blank] Service No: [blank]

Date of Examination	Dental Health Certificate
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]
[blank]	[blank]

Recommendation

Date: [blank]

Station: [blank]

Signature of Issuing Officer: [blank]

Notes should be entered in block letters

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. file.**

P.A.

OTTAWA 4, ONTARIO.
Date ~~AUGUST 30, 1966.~~

Attention of

NAME **SULLIVAN Walter.**

SERVICE **725186 (CEF.)** C.P.C. No. **61023**
NUMBER **W.W. 1** W.V.A. No. **201696**

NAVY
ARMY **X**
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O., SUNNYBROOK HOSPITAL, TORONTO 12, ONTARIO, AUGUST 2, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death **AUGUST 1, 1966.**

Cause of Death

Place of Death **SUNNYBROOK HOSPITAL, TORONTO 12, ONTARIO.**

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~RAM~~
~~BOX~~
H.O.

} Destroy form if advice of death already received.

E.O. Richards
for
Chief, Central Registry

ONTARIO, AUGUST 30, 1966

Copy for H.O. File.



PLACES
SOLICIT

(CIT.)
W.M. I

SULLIVAN Walter.

S.T.M.O. SUNNYBROOK HOSPITAL, TORONTO 12, ONTARIO, AUGUST 2, 1966.

AUGUST 1, 1966.

SUNNYBROOK HOSPITAL, TORONTO 12, ONTARIO.

XXXX
XXXX

RECEIVED
1966

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

Staff

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725186.**.....

(3) Full Name of Soldier..... **Walter Sullivan.**.....

(4) Place of Birth..... **Worthing. Sussex. 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? **No.**.....

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

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

Also their names and ages.....

(9) Is your Father alive?..... 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..... Gartrude Madeline Sullivan.....

..... 32. Regent Street. Lindsey. Ont. Box 208.

(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.

..... Yes. For Sister am sole support......

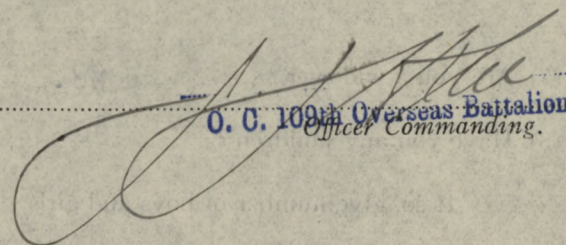
(15) Are you insured?..... Yes......

If so, in what Company?..... Independent Order of Foresters......

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.

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


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

1623

W.C.S.

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

M. F. W. 54. (A. F. B. 203.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. *25786* Rank *Private* Name *Sullivan Walter*

Enlisted (a) *32-1-16* Terms of Service (a) *D of W.* Service reckons from (a) *32-1-16*

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

Extended Re-engaged Qualification (b) *Carpenter*

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.
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		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Laborer	31.7.16.	

8-12-16

		OC. 109th	Transferred to 124th Bn	Whitley	8-12-16
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D.O. Part II # 43
W. W. Eastman Capt.
 ABJUTANT
 109th Overseas Battalion, C. E. F.

9-12-16

	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Whitley Camp	8-12-16	Part III Orders 265 ✓
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W. W. Eastman Major
 ADJUTANT,
 124th BATTALION C.E.F.

~~1-3-17~~

	124th Bn.	Proceeded for Overseas Service	Whitley Camp	9-3-17	Part II Orders No. 69
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~~Lieut. Asst. Adj. 124th CCBC (Para)~~

16/4/17

	124th	Transfd to 12th Reserve Bn	Whitley	16/4/17	Part II Orders No 91 ✓
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J. J. Arch

(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.] *Capt.*

1623

CERTIFIED CORRECT.
 JUN 1917
 RECORDS, LONDON.

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.
16 JUN 1917	O.G. 12th Res. Bn. C.E.F.	Transferred to 12th Res Bn.	EAST SANDLING	16.4.17	Part II 96
3 JUL 1917	O.G. 12th Res. Bn. C.E.F.	Transferred to 124th O's Bn.	EAST SANDLING	3.5.17	Part II 117
8.5.17	C.B.D.	T.O.S. 124th Bn.	Field	4.5.17	DO Pt. 2, 102, d/8.5.17
8.5.17	do.	Left for Unit	do.	8.5.17	N.R. 251
12.5.17	OC 124	Joined Unit	do.	11.5.17	B213 DCS 16, 21.5.17.
21.9.17	12 C.F.A.	N.Y.D. N. adm.	12 C.F.A.	21.9.17	W. 36/A 384
21.9.17	6 C.F.A.	do. adm.	6 C.F.A.	21.9.17	W. 36/A 327
22.9.17	O.G. 124 Bn.	Gassed was.	Field	19.9.17	B 213
22.9.17	39 Sta. Hp.	N.Y.D. (N) adm.	39 Sta. Hp.	22.9.17	W. 3034/A 7023
22.9.17	6 C.E.D.	do. To diag.	do.	22.9.17	W. 36/A 1563
8.10.17	39 Sta. Hp.	No signs N.Y.D. (N) (P.U.O)	do.	8.10.17	W. 3436 N.I. 16/25625
8.10.17	2 Qust. Gen.	N.Y.D. N. M adm.	2 Qust. Gen.	8.10.17	W. 3034/4985
1.11.17	O.G. A.T.	P.U.O. Chronic to England		1.11.17	W. 3083/H302
	"St. Andrew"	Posted to 1st. Cen. Dist. Regt. Depot, Throuliffe			D.O. 147 d. 19.11.17
9. 11. 17.	1-60 RLD	J.O.S. from 124th Bn.	S'liffe	2.11.17.	DD. 245 RND

J. J. J. J.
 Lieut i/c Records
 12th Res. Bn. C.E.F.

J. J. J. J.
 Capt. G. A. G.
 Gen. Sec. G. H. Q. 3rd Ech.

R. R. R. R.
 for Colonel i/c Records

1623

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725186 (Rank) Private

Name (in full) SULLIVAN, Walter enlisted in
the 109th Overseas Battalion
CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 22nd
day of January 1916.

HE served in Canada, England and France
and is now discharged from the service by reason of being medically unfit for further
War Service. Authority Med. Board D/ 6-1-19 R.O. 1080

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

Age <u>32 years</u>	Marks or Scars
Height <u>5 ft. 9 ins.</u>	<u>Scar on left side of neck. Scar</u>
Complexion <u>Dark</u>	<u>behind left ear,</u>
Eyes <u>Blue</u>	
Hair <u>Black</u>	

W. Sullivan
Signature of Soldier

W. P. Clarke
Issuing Officer Lieut.
O. C. Discharge Section
No. 8 District Depot
Rank

Date of Discharge 11-1-19

Signed at Kingston, Ont. this 11th day of January 1919
in Military District No. 3

File Reference No. 3DB-3-S-597

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

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

1623

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 124th O. S. Battalion

Regimental No. 725/186 Rank Pte Name Sullivan, Walter

Enlisted (a) 22/1/16 Terms of Service (a) D of War Service reckons from (a) 22/1/16

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

Extended _____ Re-engaged _____ Qualification (b) Carpenter

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

14/3/18	P Bond	Attached to 12 th Res	Witley	14/3/18	D O 71 Lieut. & Assiat. Adjt.
14.3.18	12 th Res	Attached from 1 st C.O.R.D.	Witley	14.3.18	for C. C. 1st C. O. R. D.
19.11.18	do	Order to be attached	Witley	18.11.18	Pte II 63. Pte II 275 H.A. Lanchbury Lieut i/c Records 12th Res. En C. S. F.
20-11-18	1st CORO	Attd Depot C	DO	19-11-18	D.O. 322
4-12-18 9-12-18	1 st CORO	S O S to CEF Canada	Witley	3-12-18 7-12-18	DO 341 Lieut. i/c Records
7-12-18		Failed for Canada			Lieut. i/c Records 1st C.O.R. LIEUT. for C.O. Casualty Co., No. 3 District Depot
20/12/18		T.O.S. Casualty Company No. 3 District Depot. for Disposal Part Two D.O. 246	Kingston	17/12/18	

(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.

1623

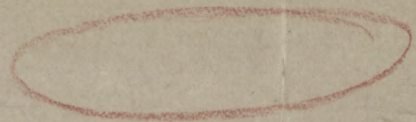
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
11/1/19	S.O.S. Discharged		Washington	11/1/19	H.D. 13 <u>J. J. Morney</u> Capt O. C. Discharge Section No. 8 District Depot

1623

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.				
16-10-17	124P.	2 Australian Gen Hosp	Womoreu	8-10-17	A 383) NYD.
6-11-17	✓	Queen Mary Mil Hosp	Whalley	2-11-17	B. 256 (1)
9-11-17	1CORD	Lakenon strength	Mc Wanda.	2-11-17	245 (147-19-11-17 126P3)
23-11-17	124	Mt Con Hosp	Epsom	21-11-17	B 714. 700
22-12-17	1COR	Can Red + Spc Hosp	Buxton	20-12-17	B 96
11-3-18	166D	Attached for R. 2nd.	S'iffe	10-3-18	Pt 10 68.
✓	✓	cease to be att.	✓	12-3-18	Pt 10 69
14-3-18	12 Res	Attached from 160 R.D	Witley	14-3-18.	Pt 10 63. 771d 14-3-18. 160RD
13-6-18	✓	Awarded G. C. Badge.	Pte. Witley.	13-6-18	— 140
19-11-18	✓	Ceases att. from 1CORD	" "	18-11-18	— 275 (11CORD 00322 20-11-18)
19-12-18	1CORD	SQS TO CANADA	Pte WITLEY	7-12-18	DO841

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



66

Name Sullivan, Walter,
Surname Christian Name

Regimental Number 725186 Rank Fte.

Address (in full) 284 Ossington, Ave

Unit 1st C.O.R.D.

Toronto, Ont.

Original Unit

District where paid M.D.3.

Date of Discharge 11-1-19

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
 25M.—8-18.
 1772-39-1140.

Remarks: Account opened Jan 11th 1919.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.

Name
Dependent File No.

Address
Address
S. A. months at \$ per mo. \$ \$
Less P. D. P. Credited \$

Less further debit balance \$

Pay Soldier \$
Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Clerk
Less further Dr. Bal. or overpayment.

Net

Dec'n No. W. S. G. File No.
Award days at \$... per day \$...
S. A. months at \$ per mo. \$ \$
Less P. D. P. Credited \$

TO SOLDIER TO DEPENDENT

Ag. No.	Ch. No.	Amount	Match No.	Lesses

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.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Miss G. M. Sullivan By Whom Assigned Halber Sullivan
 Address Lindsay Ont. Regtl. No. 725-186
 Rank pte
 Corps 109 Bn. B Coy
 Rate \$20.00 **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



05 06 07 08 09 10 11
01 02 03 04 05 06 07 08 09 10 11

0 101 2P

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.-Req. 657

Miss G. M. Sullivan
PAYMENTS.

Name of Soldier

Halber Sullivan

725186

109 Bu

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20.00</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>X 15589</i>	<i>20.</i>	
Sept.		<i>W 19637</i>	<i>20</i>	
Oct.		<i>W 24989</i>	<i>20</i>	
Nov.		<i>C 29087</i>	<i>20</i>	
Dec.		<i>S 33002</i>	<i>20</i>	
Jan.	1917	<i>U 41125</i>	<i>20</i>	
Feb.		<i>V 43034</i>	<i>20</i>	
March		<i>J 52104</i>	<i>20</i>	<i>20 R</i>
April		<i>D 5166</i>	<i>20</i>	
May		<i>W 11564</i>	<i>20</i>	
June		<i>C 18587</i>	<i>20</i>	<i>B</i>
July		<i>J 26014</i>	<i>20</i>	<i>6</i>
Aug.		<i>Y 32440</i>	<i>20</i>	
Sept.		<i>X 39833</i>	<i>20</i>	
Oct.		<i>K 45572</i>	<i>20</i>	
Nov.		<i>T 53656</i>	<i>20</i>	
Dec.		<i>W 60178</i>	<i>20</i>	<i>340A</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE *24/6/19*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

SEPARATION ALLOWANCE

Name *Miss Sullivan Gertrude M.*Name of Soldier *Sullivan Walter*Address *32 Regent St
Lindsay
Ont.*Regtl. No. *725186.*Rank *Pte*Corps *109th Bn.*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

Guardian

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>E344B</i>	<i>20</i>	<i>20</i>



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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier

L. L. Job 89002.-Req. 6214

Guardian
PAYMENTS.

Plt. 725186

Miss

Suboran Gertrude M.

Suboran Walter

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	3694	20	20
May		6634	20	20
June		9560	20	20
July		8742	20	20.
Aug.		14210	20	20
Sept.		17866	20	12 cancelled 61786
Oct.		21222	12	12
Nov.		24119	12	36 24119 cancelled by P. Holiday 13/16
Dec.		26606	20	20
Jan.	1917	I 30219	20	20 Two Children's Certificate 13.11.16 P. Holiday
Feb.		J 33345	20	20
March		J 36687	20	20
April		F 3294. 73294	20	20 1
May		J 5855	20	20
June		J 9047	20	20
July		J 12334	20	20
Aug.		J 13421	20	20
Sept.		J 18941	20	20
Oct.		L 22064	20	20
Nov.		A 16780	20	20
Dec.		J 28289	20	20
Jan.	1918			440 K
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>SULLIVAN, Walter.</i>
EFFECTIVE DATE:- <i>1-8-16</i>		EFFECTIVE DATE:-		NUMBER:- <i>725186</i>
AMOUNT:- <i>20.00</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
<i>Mrs Gertrude M. Sullivan (Wife) Lindsay, Ont. Can. Mrs Gertrude M. Gilmore 284 Ossington Ave Toronto Ontario Sister Eff 1.15.19 R A.M. 21/10/18.</i>				DATE EFFECTIVE
				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- <i>109th Bn.</i>
				DATE ACCOUNT FIRST OPENED:- <i>1-8-16.</i>
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S F'D
				UNIT TRANSFERRED TO
				<i>1-11-18</i>
				<i>1st Corp</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>15/11/18</i>	<i>3149</i>	<i>12 Res</i>	<i>2.00</i>				

M. FORM REN'S STOPPED EFFEC. *11/1/18*
 DISCHARGED TO *Canada* DATE *1/1/18*
 BY BOOK VERIFIED *Yes*
 BY *25/11/18* L.P.C. REN'S *24/1/18*
 AUTHY *N.R. 110* *19/1/18*

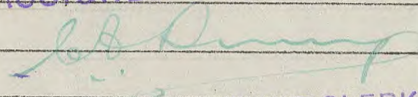
DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSICE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Trans to Canada 1/1/18 Auth N.R. 110 19/1/18*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Mar-31</i>	<i>Bal. Fwd</i>								<i>60.91</i>		
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>Can. Ad.</i>				<i>20</i>			
				<i>AR. 161 12-4-18 12 Res.</i>	<i>24.33</i>						
				<i>" 290 26-4-18 "</i>	<i>24.33</i>						
					<i>48.66</i>			<i>20</i>	<i>25.25</i>		
<i>May</i>	<i>P. Pay</i>	<i>34</i>	<i>10</i>	<i>Can Ad</i>				<i>20</i>			
				<i>AR. 525 14/5/18</i>	<i>9.73</i>						
					<i>9.73</i>			<i>20</i>	<i>29.62</i>		
<i>June</i>	<i>P. Pay</i>	<i>33</i>	<i>10</i>	<i>Can Ad</i>				<i>20</i>			
				<i>AR 928 14/6/18</i>	<i>12.17</i>						
				<i>AR 1079 26/6/18</i>	<i>9.73</i>						
					<i>21.90</i>			<i>20</i>	<i>20.72</i>		
<i>July</i>	<i>P. Pay</i>	<i>34</i>	<i>10</i>	<i>Can Ad</i>				<i>20</i>			
				<i>AR 1295 11/7/18 12 Res.</i>	<i>7.30</i>						
				<i>AR 1497 26/7/18</i>	<i>7.30</i>						
					<i>14.60</i>			<i>20</i>	<i>20.22</i>		
<i>Aug</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>Can Ad</i>				<i>20</i>			
				<i>AR 1798 14/8</i>	<i>7.30</i>						
				<i>AR 2081 27/8</i>	<i>7.30</i>						
					<i>14.60</i>			<i>20</i>	<i>19.72</i>		
<i>Sept</i>	<i>"</i>	<i>33</i>	<i>10</i>	<i>C A P.</i>				<i>20</i>			
				<i>AR 2235 12/9</i>	<i>4.87</i>						
				<i>" 2332 20/9</i>	<i>7.30</i>						
				<i>AR</i>	<i>21.7</i>			<i>20</i>	<i>20.55</i>		
<i>Oct</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>AR 2730 15/10/18 12 Res</i>	<i>7.30</i>						
				<i>AR 2843 29/10/18</i>	<i>7.30</i>						
					<i>14.60</i>			<i>20</i>	<i>20.15</i>		

20.55 of arrears 19/11/18

NUMBER	RANK	NAME		PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION			
Nov	P. Pay	33		can a P				20	00					
				31st 15th 12th	7 30									
		33			7 30			20	25	75				

CANADIAN
 ASSIGNED PAY AUDITED

 AUDIT CLERK
 DATE 24/6/19

725186 R. Sullivan W.

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						NO.	DATE				
1917			334	40					1	10	335	50					36	49	26	76	26	76	200		290	01	45	49					
June-30	30	1 ⁰⁰ / ₁₀₀	33																				20		24	86	53	63					
July-20	20		22																				20		20		55	63			20.112 5/5/17		
"			12	10																					2	68	65	05					
Aug-31	31		34	10																			20		26	8	26	8					
Sept-30	30		33																				20		26	7	26	8					
			468	60																			280		49	88	34	79	34	30			
									1	10	469	70														398	97						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.
Sept 30 1917									70														
Oct	R. Pay.	34	10	ban of					20														
Nov		33		"					20														
Dec 1918		34	10						20														
Jan	P. P.	34	10	ban. a.p.					40														
				Jan/Jan 5468. 22/11. 1 st bill	9	73			20														
				AR 3165 20/12. Ruxton	4	87			20														
					14	60			20														
Feb.	RR	30	80	ban a.p.					20														
				ad. 3568 14/1. Ruxton	2	43			20														
					2	43			20														
March				ban a.p.					20														
	S. F. from Nov 28-218			AR 2786 18/2/18. Wilffe Her.	2	43			20														
	15 th Jan. 10-3-18.			" 3125 28/3 "	5	10			20														
	20. 62. -5-3-18. 11000.			" 3865 29/1 Ruxton	2	43			20														
	R.P.	34	10	" 2047 22/3 12kes	24	33			20														
									20														
					80	29			20														
									20														
									60														
									91														

20.112 5/5/17

P. 878.

~~Extract D.O.~~ No. *23*
SAILING LIST

Unit. *Gen Depot*

Date:-

Reg. No.

Rank

Name

Struck off Strength of Q.M.F. of C.
on transfer to C.E.F. Canada.

965186

Pte

72 5-18-68?
SULLIVAN. D. W.

Canada.

Acted on

22. 2. 19

Ledger Ck.

M. D. 10

X-413b.

C.R. No.

P./R.L.

Date

CONFIRMATION OF CABLE.

103-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

13554

Aug 1/16

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P/C 3257

RATE OF ASSIGNMENT

20			
----	--	--	--

S

PARTICULARS OF SEPARATION ALLOWANCE

No. 725-186
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Walter Sullivan
 Battalion 109 Battr. "B"
 Beneficiary Miss Gertrude M. Sullivan
 Relationship Guardian
 Address 32 Regent St. Lindsay Ont

PARTICULARS OF ASSIGNMENT

Sister -
 Name Miss G. M. Sullivan
 Address Lindsay Ont.
 Mrs. Gertrude Madeline Gilmore
 1 2840 ssington Ave - Toronto Ont.
 2
 3
 4

MFW 2557 issued 26-7-18

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		440	340	780
Jan 18	C 75002	50	50	50
Feb	H 70435	25	20	45
Mar	V 91922	25	20	45
April	V 7129	25	20	45
May	X 23371	25	20	45
June	Y 24010	25	20	45
July	A 23182	25	20	45
August	Z 34307	25	20	45
Sept	X 740058	25	20	45
Oct	D 47061		20	20
Nov	N 2498		20	20
Dec	U 62811		20	20
	O 1187	5		5
		675	580	1255

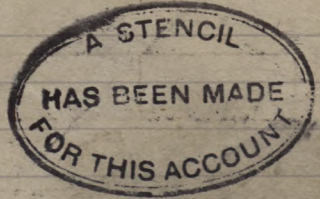
017639-70-2

REMARKS

S.F. to be paid to 30-9-18 only, when second child will be of age "Boy"
 Cuthy P.P.B. 10-7-18
 M.R.O. alteration read 18-9-18
 M.R.O L.P. 15385 (suspend) Rendered 29th/18
 P.M. 20th/18 changing name of assignee & add-
 M.R.O 15467 - Remit salt. 200/0226-B 20. Set up Nov 18. With 25th/18
 N2498 mailed 30th/18
 A/c Closed 31st/18
 Ret'd per... Olympie
 Date... 14-12-18... M.F.W. 187... 19th/18
 Clerk Robouneville
 Closed...
 M.R.O L.P. 45521 (Dectoy) Rendered 19th/18
 O 1187 mailed 20th/18
 a.e.o L.P. 8833 - Rendered 19th/18

M. F. W. 128. 40M. 6-7-1772-38-1141 L. L. 22520-M. & D. 7993.

CANADIAN
 ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE 24/6/19



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

M. OR S.

REGT. No. *425186* RANK *Pfc* NAME (IN FULL) *Sullivan, W.*

NEXT OF KIN *Mr. G. M. Gilmore*
 ADDRESS *284 Ossington Ave Toronto Ont*
 IS SEPARATION ALLOWANCE PAID? *Yes*
 TO WHOM PAID *as above*

RELATIONSHIP
 PARTICULARS *Pte Sullivan, Walter*
 EFFECTIVE DATE *284 Ossington Ave Toronto, Ont.*
 AUTHORITY

ORIGINAL UNIT C.E.F. *1st BATT. D*
 PLACE OF ATTESTATION
 DATE OF ATTESTATION *Jan 22/16*
 ASSIGNED PAY, \$ *20 1/100*
 PAYABLE TO *as sp.*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
 DISCHARGED *Kewington 11 Camp/19 Capt E. P.D. 3.38.594*

S-556

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				\$	C.	\$	C.		\$	C.	\$	C.
			\$	C.																				
Balance from previous account																								
<i>30/1/18</i>																					<i>60216</i>			
<i>1/12/18</i>																					<i>60216</i>			
<i>1/1/19</i>																								
<i>1/2/19</i>																								
<i>1/3/19</i>																								
<i>Jan 11/19</i>																					<i>153 days w.s. 9.</i>			
<i>Feb 12/19</i>																					<i>500 - A4780 A4782</i>			
<i>March 13/19</i>																					<i>B4564 B4565</i>			
																					<i>G234482 G234483</i>			
																					<i>70 30</i>			
																					<i>70 00 30 00</i>			
																					<i>67 80 30 2 20</i>			
																					<i>70 30</i>			
																					<i>70 30</i>			
																					<i>100 - 280 120</i>			
																					<i>200 - 210 90</i>			
																					<i>300 - 140 60</i>			
																					<i>400 - 70 30</i>			
																					<i>500 - 0 0</i>			

Mr. W. 2595 Recd
Feb 24/19
**Dr Bal. R.P.C.*
Dr Bal Deduction from W.S.
G218129/318150 April 12/19
G329341/G329342 MAY 9 1919

OK/A

1623

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 22nd February, 1918. 1916.

No. 725186 Rank Pte. Name SULLIVAN, WALTER.

Local Unit 1st C.O.R.D. Overseas Unit 124th. Age 31

Examination held at West Cliff Eye & Ear Hospital, Folkestone.

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

OTITIS MEDIA LEFT, CHRONIC SUPPURATIVE.

PRESENT CONDITION.

His Statement Was six months in France. On 4-9-17 was gassed at La Collette. Did not report sick for two weeks afterwards. Was in Hospital in France onward to 2-11-17. Returned to England. To West Cliff, Folkestone 5-2-18 with above disability. Has had constant running in left ear since childhood. Right ear was hurt by concussion of shell explosion in France about August, 1917., causing deafness and noises in the ear and head. This ear never troubled him before.

Specialist's Report 16-2-18. Radical mastoid operation (left) 5 years ago. He still has slight discharge periodically. He still complains of some dizziness but I cannot see any reason why he cannot carry on as B 1. as far as ears are concerned. Hearing for Voice. R.- 21 Ft. L. Nil. (sd.) F.A. MacNeil Capt. C.A.M.C.

On Examination. Chest negative. Heart systolic sounds roughened, and he complains of precordial pain. Is well nourished and fit as recommended. His hearing appears to be rather slow and complains of head pains.

BOARD RECOMMENDS:

1. Fit for Duty B 11.
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members { W. Fred Jackson Capt. C.A.M.C. President.
B. White Capt. C.A.M.C.

APPROVED

Dated at 26 FEB 1918 1916.

W. Fred Jackson
..... CAPT.
FOR A.D.M.S. CANADIANS SHORGLIFFE

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at _____ 1916

No. _____ Name _____ Rank _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas Local
(Section)

PRESIDENT'S CONDITION.

BOARD RECOMMENDATIONS:

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 _____ 1916

For A.D.M.S.

1623




This space to be for numbers

Proceedings on Discharge.

DEPT. MILITIA & DEFENCE
JAN 21 1919
H.Q. CANADA

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

No. 725186	
Rank	Private
Surname	Sullivan
Christian Name	Walter
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No. 3 District Depot.
Date of Discharge	11-1-19
Place of Discharge	Kingston, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 32 years..... months.	Descriptive Marks Scar on left side of neck. Scar behind left ear. 
Height 5 feet..... 9 inches.	
Complexion Dark	
Eyes Blue	
Hair Black	
Trade Carpenter	
Intended place of residence } 32 Regent St., (To be given as fully as practicable.) } Lindsay, Ont.	
2. The above-named man is discharged in consequence of being medically unfit for further War Service. Authority Med. Board D/ 6-1-19 R.O.1080 3DD-3-8-597	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

K.O.A
ZP
17-1-20

Medical Documents
 Forwarded to
 S.C.R. or B.P.C.
 on
 Date 17-1-19

(OVER)

Handwritten signature and number 2379

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

No reference to G. C. 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 parchment Discharge Certificate.

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

(Place).....

(Date)..... Commanding

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) Kingston, Ont...... W Sullivan..... (Signature of Soldier.)

(Date) 11-1-19..... A Knowlton..... (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.

..... W Sullivan..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Kingston, Ont......

(Signature) W. B. Clarke Lieut.

(Date) 11-1-19.....

O. C. Discharge Section
No. 8 District Depot

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.

None

N. Sullivan

<p>Attestation Paper Militia Form B 232</p>	<p>Reg. Conduct Sheet Militia Form B 203</p>
<p>Proceedings on Discharge Militia Form B 218</p>	<p>Conduct Sheet Militia Form B 203a</p>
<p>(a) Proceedings on Discharge</p>	<p>Copies of Convictions by C. P. in MS</p>
<p>(b) Attestation</p>	<p>Med. Hist. Sheet Militia Form B 313</p>
<p>(c) Medical History Sheet (in the event such having been prepared)</p>	<p>Medical Report for Invalid* B 227</p>
<p>(d) Medical History Sheet (in the event such having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Cert. Militia Form B 275</p>

*Only if discharged "Medically unfit"

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.

J 603.21119

569-21-1-19

APR 21 1919

Reservations referred to at Part 2.
(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.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

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

Statement of service.

Confirmation of Discharge.

The discharge of the above-named man hereby confirmed.

Place: _____, _____

Date: 11-1-19

(Signature) _____

CANADIAN CONTINGENT EXPEDITIONARY FORCE

/HW

LAST PAY CERTIFICATE

QUADRUPPLICATE

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

725186 Pts. Sullivan, Walter.
 Regimental No. 1st C.O.R.D. Rank Name Discharged
 Corps who was*
 On January 11th 1919, to 9 Category "B"
 *Insert "discharged" or "transferred."
 December 1st 1918

The following is a statement of the account of the above named from January 11, 1919 to January 11, 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month	34	25	Balance Cr. from prev. month	44	00
Advances by Cheques No. 535	11	00	Regt'l. Pay 44 days at \$ 10	4	40
Assigned Pay and Sep'n Allee. No. 536	63	80	Field Allow. days at \$ 30	11	00
Other charges			Separation Allowances* (Monthly)	35	00
Payment on transfer or discharge No. 536			Other Allowances* clothing subs.	14	65
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	109	05	Bal. Dr. (to be deducted by new unit)	109	05
			Total		

*Give particulars.

A monthly stoppage of \$ 20.00 December (†) has (†) been paid on account of Assigned
 { Pay for the month of 191... }
 { and Sep'n Allee. for month of 191... } (to) Assignee Mrs. G.M. Gilmore,
 284 Ossington Ave.,
 Toronto, Ont.

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment Pd to date of discharge
- (2) if married and if a Separation Allowance Card has been submitted DU3. 3-3-597.
- (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 January 10th, 1919.
 Place Kingston, Ont.

W. Peters J. Captain,
 OFFICER I.C. DEMOBILIZATION PAY DIV.
 MILITARY DISTRICT No. 3 Paymaster.

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

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

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

Cheque 536 attached.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

This certificate is issued to the undersigned in accordance with the provisions of the Regulations governing the pay of members of the Canadian Contingent Expeditionary Force.

Name of member: [Faint text]
Rank: [Faint text]
Regiment: [Faint text]

Period of service: [Faint text]

Amount of pay: [Faint text]

Date of issue: [Faint text]

Place of issue: [Faint text]

Signature of commanding officer: [Faint text]

Signature of member: [Faint text]

Signature of paymaster: [Faint text]

Signature of cashier: [Faint text]

Signature of adjutant: [Faint text]

Signature of quartermaster: [Faint text]

Signature of medical officer: [Faint text]

Signature of chaplain: [Faint text]

Signature of commissary: [Faint text]

Signature of provost: [Faint text]

Signature of adjutant-general: [Faint text]

Signature of quartermaster-general: [Faint text]

Signature of medical director: [Faint text]

Signature of chaplain-general: [Faint text]

Signature of commissary-general: [Faint text]

Signature of provost-general: [Faint text]

Signature of adjutant-general: [Faint text]

Signature of quartermaster-general: [Faint text]

Signature of medical director: [Faint text]

Signature of chaplain-general: [Faint text]

Signature of commissary-general: [Faint text]

Signature of provost-general: [Faint text]

Signature of adjutant-general: [Faint text]

Signature of quartermaster-general: [Faint text]

Signature of medical director: [Faint text]

Signature of chaplain-general: [Faint text]

Signature of commissary-general: [Faint text]

Signature of provost-general: [Faint text]

1623

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	425786	Pte.	SULLIVAN.	W.
Year	Unit.	Age.	Service.	
	124. Canad.	30.	11/0/12.	
Station and Date.	Disease			
2.11.17.	P.O.O. - Chronic Sup ^{ur} Otitis Media.			
	Complains noise in head - discharge from L. ear - pain in back, legs & feet. Chest nil.			
12.11.17.	Washed up.			
14.11.17.	No discharge from ear - syringed 4 times daily.			
	Emergency Cert: D.M.M.			

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

Station
and Date.

1623

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1b-T1644.	Regimental No.	Rank.	Surname.	Christian Name.
	725186	Pte.	SULLIVAN	Walter.
Year 1917.	Unit.	Age.	Service.	
	124th Battn.	30.	23/12.	



Station and Date
Disease Myalgia, Back & R. Leg.

ENLISTED. 20th January 1916
ARRIVED IN ENGLAND. July the 1st 1916.
FRANCE. 6 months
COMPLAINT. Myalgia, - Pains in back and legs

DURATION OF PRESENT ILLNESS. Since Sept. 1917

PAST ILLNESSES. Rheumatism in Feb'y 1916. Says he has had ear trouble periodically since he was 2½ years old.

FAMILY HISTORY. Father died of Bright's disease. Mother of paralysis of throat and spine.

HISTORY: PRESENT ILLNESS. Reported sick on the 20th of Sept. was sent to Angres Dressing Station. From thence to the 6th. Field Amb. on the 21st of the same month, where he remained over night on the 22nd he was transferred to the 39th Stationary Hospital at Aire where he remained 2½ weeks. From Aire he was sent to the 2nd Australian Hospital Wimereux; and on Nov the 1st he was transferred to G. M. M. H. Whawley; then to Epsom where he remained 4 weeks. He entered this Hospital on Dec the 18.

CONDITION ON ADMISSION. Complains of pain in lumbar region and legs. No limitation of movements of joints on passive exercises.

Heart and Organs - normal. Icth in good condition. Chronic Otitis Media left ear no discharge today.

Treatment. Radiant Heat followed by massage to back and legs - all day.

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

Station and Date.

TREATMENT.

29.12.17.

No improvement

5.1.18.

No improvement.

12.1.18.

No improvement.

19.1.18.

No improvement.

21.1.18

CONDITION ON DISCHARGE.

Comp. pain of pain in lumbar region and legs but no limitation of movements of these parts in passive exercises.

Patient has a mucopurulent discharge from left ear an old chronic otitis media.

Heart & Lungs normal.

L.H. F. Sauer Capt. Army

22.1.18.

Hearing very much impaired left ear.

Transfer to Westcliffe. L.H.F.

Woods for treatment.

Shaw

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
1916	72586	Pfc	Lullinan	W
	687 Band		29	10/12
Station and Date.	Disease			
Nov 19	Influenza			
	Ill 3 days Headache ^{right} cough			
	Pain in left ear			
	T 100.4 P 90			
	apex in ear Redness 1st			
	Lumps. Cupitatus both bones right ear & left 3 inches			
	Tender right hypochondrium			
	Ears full of Wax			
	Gutta Acid Carb. & Gly			
	In Influenza T.D.			
	Left ear retracted drum Old mastoid operation			
Nov 23	Very few craps now T normal			
27	Pain in lumbar region R Cyl high 10x4			
28	Very weak still			
	W. Marshall			

8/12/16

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

Station
and Date.

1623

13-1-0.

WESTCLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. FEBRUARY 16th 1918.

INF.
TO: President Medical Board.

OTITIS MEDIA, LEFT.
CHRONIC SUPPURATIVE.

The marginally named man was admitted to this Hospital 5-2-18. He has had ear trouble all his life.

Radical mastoid operation was done 5 years ago, he still has slight discharge periodically. He still complains of some dizziness but I can see no reason why he cannot carry as a B 1 man as far as ears are concerned.

Hearing for voice Right ear at 21 feet and left ear Nil.

Pte. Sullivan.
No. 725186.W.
124th Battn.
109th Battn.

MN/V 18218.
7.

J. A. Macaulif Captain, C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

1911
MAY 11 1911

THE UNIVERSITY OF CHICAGO

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CHICAGO, ILL. 60637

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1623

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

Capt. MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 7104 Year. 1918.	Regimental No. 725186.	Rank. Plt	Surname. Sullivan	Christian Name. Walter
	Unit. (Inf. Mid Ear Ch) 124 th Bn. 109 th	Age. 31.	Service. 29/12. 12 O.	
Station and Date. 5/2/18.	Disease Inf Mid Ear. Ch. Sup. Left.			
52510	<p>Has had ear trouble all his life - sup. Otitis left. Radical mastoid about five years ago - slight discharge periodically - Dry clean twice daily.</p>			
8-7-18	<p>Capt. Jackson for exam & report please Initial Septic mummur with precordial pain and dyspnoea. This would appear to be result of being saved 4-9-17. Entail Heart. Has a magworm inside left Eustach. Topaint magworm w/ Sol Formalin 40% aacc. Rx - Potas Bromid ʒ; Tinct Hyocyanin ʒiii Tinct Digitalis ʒ; Opud ʒiv Sig / Tincti dunt-pouful with a draught of water 4x daily before each meal & at bedtime. N.H.</p>			
	<p>Ear dry but complains of tightness, Can see no reason why he should not be able to carry on as a Plt man. ^{exam.} To see Capt Jackson re general condition & disposal.</p>			
	<p>Board 22.4.18 Insp. Rep. 28/2/18 Bitt</p>			
	<p>D. Massey Capt.</p>			

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

PROCEEDINGS OF A MEDICAL BOARD.

Dated at FEB 22ND 1918. 1916.

No. 725186 Rank. PTE Name. SULLIVAN. WALTER.

Local Unit. 1ST C. O.V. REG DEP. Overseas Unit. 124TH BATTN Age 31

Examination held at.....

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL, FOLKESTONE.

DISABILITY.
Overseas Local.
(scratch one out)

OTITIS MEDIA LEFT, CHRONIC SUPPURATIVE.

PRESENT CONDITION.

His Statement. Was 6 months in France. On 4-9-17 was forced at
La Collette. Did not report sick for 2 weeks afterwards. Was in hospital in France
onward to 7-11-17 returned to England. To West Cliff Folkestone 5-2-18 with
some disability. Has had constant running in left ear since childhood.
Right ear was hurt by concussion of shell explosion in France about Aug/17
causing deafness. Swims in the ear and head. This ear soon troubled him
before. Specialist's Report 16-2-18. Radical Mastoid operation (left) 5 years
ago. The ear has slight discharge periodically. He still complains of some
deafness but does not know why he cannot carry on as B1 as far as
ear on concerned. Hearing from R = 21 ft. L = nil. (Cephal) F. H. Radical Left Ear
On Examination. Chest negative. Heart systolic sounds murmured, and
he complains of precordial pain. Is well nourished and fit as recommended
his hearing appears to be rather slow and complains of head pain.

BOARD RECOMMENDS:

B1

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:—

Members

H. J. Jackson Capt. C.M.C. President.

D. L. ... Capt. ...

APPROVED

Dated at 26 FEB 1918 1916.

J. Burson

FOR A.D.M.S. CANADIANS. BORNGLIFFE

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Date of ... 1916

Name ... Rank ...

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

Examination held at ...

DISABILITY
Overseas ...
Local ...

PRESENT CONDITION

[Faint, illegible text describing the present condition]

BOARD RECOMMENDS

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

Signatures

President

Members

APPROVED

3

DIVISION
A. & Q.
SEP 24 1917
FILE No. A 19-74
RECEIVED

A. B. OFFICIAL THE BASE
No. 8311
-9 OCT. 1917
Army Form W3436.

Urgent and Confidential.

Report to be rendered in the case of Officers and other ranks who, without any visible wound, become non-effective from physical conditions claimed or presumed to have originated from effects of British or enemy weapons in action.

NAME Sullivan W No. 725186 RANK Pte
UNIT 124 Coan Bn (Att H.Q. 4 Coan Div)

I. To O.C. 124 Coan Bn

The above-named was admitted to this unit on 22/9/17

He reported sick on 20/9/17 and was transferred through (1) 12th Canadian FA 21/9/17

(1) Medical Units

(2) State in general terms the condition observed.

On admission his condition (2) Pupils normal. Reflexes normal. Speech good mental condition good. Slight tremor. Deceased (Slight) Heart normal. Temp normal.

(3) Time, date, place and assigned cause to be entered. Facts reported by a responsible officer on transfer will be noted and clearly distinguished from unsupported testimony of the officer or soldier concerned.

He states that (3) at midnight about 2 weeks ago from this date is 20/9/17 between La Collette + the Amas Ben road whilst making dig-outs a number of gas shells were sent over. He felt no bad effect whilst wearing his respirator, which he had immediately put on, but ^{on} ~~later~~ about 17 hrs afterwards he felt "gassed" + reported to the 12 Canadian FA
Date T. D. Murray Lt. Col. R.A.M.C.

O.C. No. 39 Stationary Hospital (Special Hospital.)

II. To (4) H.Q., 4th. Can. Div.

(4) To Army Headquarters through the usual channels if O.C. Unit considers there was no exceptional exposure, or that the patient's conduct demands further enquiry or report, otherwise it will be returned direct to O.C. Special Hospital.

I certify that the above-named (5) was not subjected in the course of his duty to exceptional exposure (6) of the following nature below:

(5) "Was" or "Was not."

(6) Exposure should not be regarded as exceptional if it was not of a specific nature, more intense or prolonged than that which others in the same area of operations endured without being similarly affected thereby. When this is so a brief account of nature of exposure, e.g., shell or mine explosion, or shell fire, etc., will invariably be given.

See statement of Officer i/c Party, attached
"On the 20th. inst. he reported sick. I told him to to see Redditt, who is medical orderly at our Advanced Headquarters. Redditt reported to me that he thought Sullivan had a touch of gas and was sending him through to Field Ambulance.
About a week previous to the 20th., Sullivan was up the line with a party when it got a slight gas shelling. Cpl. Jeeves who was also with the party was evacuated the next day suffering from effects of gas. As far as I know Sullivan was not subjected to exceptional exposure."

(Signed) R.E. Woodcock, Lieut. 124th. Bn.

Date 27-9-17

Thasling Lieut-Colonel
Commanding 124th. G.G.B.G. (Pioneers) Cans.

A. B. OFFICE AT THE BASE
No. 125678
12 OCT 1917
K1
CANADIAN SECTION

III. To D.A.G., 3RD ECHELON, G.H.Q. (8).

The above case has been classified No signs of N9 D(N) Treated for P.W.O

Disposal (9) Transferred to Base by No 11 Ambulance Train on 8.10.17

(8) The O.C. Special Hospital will be responsible that any points which appear to require investigation are brought to the notice of the Army Headquarters before this form is finally disposed of.

(9) "Discharged to duty on (date) or Transferred to Base by No. Ambulance Train on (date)."

T. D. Murray Lt. Col. R.A.M.C.

Date 8.10.17 O.C. No. 39 Staky Hospital (Special Hospital.)

1. Name of the person or organization to whom this report is being made: [Faint text]

2. Name of the person or organization making this report: [Faint text]

3. Title of the report: [Faint text]

4. Date of the report: [Faint text]

5. Summary of the report: [Faint text]

6. Details of the report: [Faint text]

7. Remarks: [Faint text]

8. Signature of the reporter: [Faint text]

9. Signature of the recipient: [Faint text]

10. Date of the report: [Faint text]

11. Remarks: [Faint text]

12. Signature of the reporter: [Faint text]

13. Signature of the recipient: [Faint text]

(Official Use)
This report is to be used for the purpose of [Faint text]

This report is to be used for the purpose of [Faint text]

This report is to be used for the purpose of [Faint text]

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.

STATION Barriefield, Ont. DATE 6-1-191. (a) Unit #3 C.C.D.D. (b) Regimental No. 725186 (c) Rank Pte.(d) Surname SULLIVAN (e) Christian name WALTER(f) Home address Lindsay, Ont.(g) Next of Kin Mrs. Gilmore (h) Relationship Sister.(i) Address of Next of Kin 284 Ossington Ave., Toronto, Ont.2. Age last birthday 31 Date of birth Jan. 8th, 18873. Enlistment, or Appointment (if an Officer) (a) Place Lindsay. (b) Date Jan. 17, 1916

4. Personal description:

(a) Height 5' 10 1/2" (b) Weight 147 (c) Complexion medium
(stripped)(d) Colour of hair black (e) Colour of eyes blue (f) Identification marks, Scars, etc.small scar left of neck.5. Former trade or occupation Carpenter.

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

PERIODS

From

To

Canada 109th Bn. Jan. 17/16 July 24/16England 124th Bn. July Aug./16 May 3, 1917France or other theatres of War 124th Bn. May 3rd Nov. 1, 1917.7. Original disease, or injury Shell Gas poisoning.(a) Date of origin 1. Sept. 4-5/1917. 1. France
2. In 1889 as child (b) Place of origin 2. Worthing, England.(c) Cause 1. Shell Gas. (2) Scarlet Fever. Service conditions.

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

(1) Myalgia. (2) Chronic Suppurative Otitis media.

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) SUBJECTIVE: Complains pain in back continually, sharp in character also pain in right shoulder and rt. arm. Has dizzy spells almost every day. No swelling of joints. Headaches now and then.

(1) OBJECTIVE: Examination reveals tenderness over small of back, pressure gives pain radiating down back of rt. leg. Palpation of arm reveals no tenderness.

(2) SUBJECTIVE: Complains of deafness in left ear, hissing in ear, constantly, dizziness on turning quickly discharge from ear thick and of offensive odor. Right ear he says is all right.

(2) OBJECTIVE: Discharge present but slight. Also see Specialist's Report 6-11-19. rt. ear normal. Lt. ear M.T. absent. Voice not heard Weber left. internal ears intact. No evidence of this condition being aggravated on service. No disability due to Service.

(SGD) J.C. Connell, Lt-Col. A.M.C.

(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 as 9a..... Respiratory System..... NO..... Integumentary System..... NO.....
Disturbances of Mentality..... NO..... Digestive System..... NO..... Muscular System..... 9a.....
Osseous and Joint Systems..... NO..... Any other general condition..... NO.....

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

(1) Was gassed Sept. 4 and 5th, 1917 and has had more bother since with back. Was in Boulogne 2nd Australian Hospital, Malley Lancastera Epsom, Buxton, Westgolfiffe Hospifals.

(2) Discharge first noticed June 1917 in France. Thinks noise of guns aggravated ear. bothered him on and off since. No dizzings before enlistment.

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).)

Operation on ear "mastoid" Sept. 1912. Toronto General

Hospital improved ear.

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

None

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

- (1) NO
- (2) YES

(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) Not applicable (2) YES

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 and 2 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) Will improve possible in 6 mos. (2) Permanent.

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

(1) As 10

(2) Medicinal at Westoliff.

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

(1) NO (2) NO

16. Can the former trade or occupation be resumed? No (especially on scaffold on account of dizziness) (If not, briefly state why)

17. Recommendations

Category "E" Disability (1) Due to Service.

(2) Aggravated by service.

J. J. Brown
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

V. Sullivan

Rank.

Signature of invalid examined.

872

1623

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

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.)

"E" Category. Disability (1) due to Service (2) Not aggravated by Service.

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.

PLACE Barriefield, Ont.

DATE 6-1-19

R.S. Munro Capt President.
Burford Thompson Capt C.M.C. 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
Burroughes Capt
 for Assistant Director of Medical Services.
 DATE 6/1/19

APPROVED BY
 Director-General of Medical Services.
 DATE.....

725186

1623

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Sullivan Christian Name Walter

9 NOV 1917

Examined on 22nd day of January 1916
at Lindsay
Birthplace { City or Town Worthing, Sussex
County England

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

Apparent age 29 years
Trade or occupation carpenter
Height 5 Feet 9 Inches
Weight 147 Lbs.
Chest measurement { Minimum 34 inches
Maximum expansion 37 1/2 inches
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT, NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left two
Number two
When Vaccinated last Jan. 22nd 1916
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS
<u>22.1.16</u>	<u>good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/4/16</u>	<u>good</u>	<u>J. McCulloch</u>
<u>2/5/16</u>	<u>good</u>	<u>J. McCulloch</u>
<u>10.5.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>11.5.16</u>	<u>"</u>	<u>H. Boyd</u>

Enlisted on 27th day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt.</u>	<u>725-186.</u>		<u>22.1.16.</u>
Transferred to..	<u>C.F.F.</u>			
	<u>24th OVERSEAS BATTALION C.F.F.</u>	<u>3272</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Mont Cliff. Fossington</u>	<u>22-2-18</u>	<u>Otitis Media Left</u>	<u>2. Dr. N. H. Jackson</u>
<u>Wether</u>	<u>20/1/18</u>	<u>Chronic Suppurative</u>	<u>Capt. Clark</u>
<u>Bamfield</u>	<u>6/1/19</u>	<u>do; myalgia</u>	<u>Dr. H. Jones</u>
		<u>Chronic otitis</u>	<u>Dr. H. Jones</u>
		<u>med. T</u>	<u>Capt. H. Jones</u>
		<u>myalgia</u>	<u>Dr. H. Jones</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

1623

Christian Name *Walter*

Surname *Sullivan*

Surname

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				
<i>Queen Mary's Military Hospital</i> <i>WHALLEY, Lancs.</i>		20	Nov.	1917	20	11	17	<i>34</i> P.U.O. Otitis media Suppuration.	19	<i>22/10/17 Gassed Slighter 18 days ago.</i> <i>8/10/17 Chronic sup. Otitis Med. noisid</i> <i>in head. Discharge from ear.</i> <i>2/11/17 Complaints of noisid in head</i> <i>Discharge from L. ear, pain in back.</i> <i>legs & feet. Ches well</i> <i>Trans 20/11/17 to Canadian Post Woodstock</i> <i>Park's Exon.</i>	<i>W. J. Morgan Capt. M.M.C.</i>
<i>Incl. Exon</i>		20	11	17	18	12	17	P.U.O.	29	<i>Patient suffering from</i> <i>Myalgia of 18 months</i> <i>standing. Transfer to</i> <i>an active treatment</i> <i>hospital</i> <i>Cat D iii</i>	<i>W. J. Morgan Capt. M.M.C.</i>
<i>Canadian Red Cross Special Hospital</i> <i>BUXTON, DERBY.</i> <i>WEST CLIFF CANADIAN EYE AND</i> <i>EAR HOSPITAL, FOLKESTONE.</i>		18	12	17	5	2	18	Myalgia	49	<i>Myalgia improved. Hearing very much impaired left ear.</i> <i>Transferred to Westcliffe Canadian Eye and Ear Hospital</i> <i>Folkestone for treatment.</i>	<i>W. J. Morgan Capt. M.M.C.</i> <i>CAPT: G.A.M.C.</i>
		5	2	18	22	2	18	<i>Inf. Mid. Ear</i>	18	<i>Has had ear trouble all his life.</i>	<i>W. J. Morgan Capt. M.M.C.</i>
		22	2	18	28	2	18	<i>Ch. Sup. Left</i>	6	<i>life. Radical treatment done 5 yrs ago</i> <i>Still has slight periodical discharge</i> <i>Complains of some deafness</i> <i>Hearing so voice 2 ft. R. ear. 2 ft. L. ear.</i> <i>Recommend Cat. B.T. for ears.</i>	<i>W. J. Morgan Capt. M.M.C.</i>

1623

Reserved for M.H.C.

Regt. No. 725186 Rank PTE Surname SULLIVAN Christian Name WALTER
 Unit or Corps—(a) Overseas from United Kingdom 124th BA- (b) in United Kingdom 10th BORD
 Born at—Town WORTHING County or Province SUSSEX Country ENGLAND
 Date of Birth—Day 8 Month JANY Year 1887 Age 31 yrs. 10 months.
 Joined at LINDSAY Date 22nd JANY 1916
 Former trade or occupation CARPENTER
 Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 9 Colour of eyes BLUE

Signature of Soldier (for identification purposes) W Sullivan

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) CHR. SUPPURATIVE OTITIS MEDIA LT. EAR
 Disabilities Group (b) MYALGIA
 Disabilities Group (c) n.a.

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Canada</u>	<u>Before enlistment.</u>
(ii.) As to Group (b) above.	<u>Active Service Conditions</u>	<u>Vimy Ridge 1917.</u>
(iii.) As to Group (c) above.	<u>n.a.</u>	<u>n.a.</u>

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? No If yes, has Active Service aggravated it? n.a.
 (iii.) As to Group (c) above? n.a. If yes, has Active Service aggravated it? n.a.

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

(i.) As to Group (a) above? No
 (ii.) As to Group (b) above? Yes
 (iii.) As to Group (c) above? n.a.

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PART I. (continued).

5. MEDICAL HISTORY.

Came to France 1-8-11
to France Aug 14 Always had
good health before enlisting.
slightly gassed 4-9-18 but suffered
no bad effects. Invalided to England
from myalgia. Suffered from myalgia
at Can. R. C. Hosp. Box 100 2-14 to 5-2-18.
Suffered from otitis media ear at
St. Mary's Military Hospital 20-11-14 to 20-11-14.
West Cliff Canadian Eye and Ear Hosp.
5-2-18 to 28-2-18.

6. PRESENT CONDITION.

At present he hears and rings
and there is a slight discharge.
He also has dizziness at times.
Specialist's Report Radical mastoid
operation left 5 years ago. Has still
slight discharge. Hearing voice R. 21 ft.
L. nil. West Cliff Can. Eye & Ear Hospital 16-2-18
When soldier stands still his back
stiffens. Can only carry on at light
work during wet and cold weather
back is worse.

7. OPERATION.

(i.) Was one performed?

no

(ii.) If so, state what.

n/a

(iii.) Was one advised and declined?

no

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

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

no

(ii.) If so, describe.

n/a

9. DO YOU RECOMMEND:—

(a) Fit for duty?
(state category)

Yes. Pitt

(b) Invalid to Canada?

no

(c) Discharge from the Service
as permanently unfit?

no

Date of Report.....

20-11-1918

Signed.....

R. W. Warner

Officer in medical charge of case.

Station.....

Witley

R. A. C. M. D.

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

not in Hospital

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

Dated at.....

Station, on.....

1918

*Delete if inapplicable.

Proceeding

10. Is the disability fully de
If not, describe it.

11. Is the cause of the disa
If not, describe it.

12. From the medical infor
now adduced, was t
ability caused or aggr
by:—

13. THE ENTIRE DIS
present for earning a
(Estimate at none, 5

14. THE DISABILITY
previous to joining is
What part of the en
(Estimate at none, 1

15. Permanency of the Dis
(i.) Is it permanent
(ii.) If not perman

16. If an operation was adv
consider the refusal t

17. Can the former trade o

18. REMARKS:—

19. RECOMMENDAT

(a) Fit for duty?
(state category)

Date of Board

Station

Approved

Dated at

1623

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

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

Yes

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

Yes

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

(a) Negligence of the Soldier { Caused? no Aggravated? no

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

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.)

twenty five percent

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.)

two tenths

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 months

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

no

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

A.S.I. 9083

19. RECOMMENDATION:—

(a) Fit for duty? (state category)

B (1)

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board

20/11/18

Signatures of the Board

W. H. ... President.

Station

Witley

Approved

W. J. ... Major, A.D.M.S.

Dated at

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

