"a" Coy.

ATTESTATION PAPER.

No. 7245 86

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your surname?	Triffitt
1a. What are your Christian names?	William
1b. What is your present address?	
2. In what Town, Township or Parish, and in what Country were you born?	York England
3. What is the name of your next-of-kin?	Margaret Triffitt
4. What is the address of your next-of-kin?	106 Beverly St Toronto Can
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	14th Sept 1882
6. What is your Trade or Calling?	Farmer
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? If so, state particulars of former service.	no
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, William Triffitt, 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.

Wm Triffitt (Signature of Recruit)

Date 25th Nov 1915 F. H. Godson Capt. (Signature of Witness)

ADJUTANT
109th Overseas Battalion, C. E. F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Triffitt, 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.

Wm Triffitt (Signature of Recruit)

Date 25th Nov 1915 F. H. Godson Capt. (Signature of Witness)

ADJUTANT
109th Overseas Battalion, C. E. F.

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 7th day of January 1916

(Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of William Griffith on Enlistment.

Apparent Age 33 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Dk Brown

Religious denominations:
- Church of England C of E
- 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.)

None

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 November 25 1915.

Place Lindsay

J. McCullock
H. A. Boyd, Capt.
Medical Officer
Medical Officer
109th Overseas Battalion, C.E.F.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Griffith 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.

A. J. Mac Lt. Col (Signature of Officer)
O.C. 109th Overseas Battalion, C.E.F.

Date JAN 10 1916 191

REGIMENTAL DOCUMENTS

NAME TRIFFITT WILLIAM Pte. REGT. NO. 724586 UNIT 109th Bn H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	b.h.m. 14-3-19.	M			~~DEATH~~
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
42	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Red Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					~~DESERTION~~
1	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		17896			
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	I.S.C. 132					
1	M7W. 192					
1	M.7W. 67					
1	Miscl					42-14.
1	Gazette					4-14
1	R122					6-14
						2

H

W. 2589
100M-11-18
1772-99-1277

c

649-J. 4440.

2 CARD NO. S.O.S. 20/2/19.

SURNAME Triffitt,

CHRISTIAN NAMES William

FOLL. M. W. Aux Doc.

REGL. No. 72486 RANK Pt

DO 49 of 18.2.19 2255

UNIT 109th.

FORMER CORPS Inf

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Triffitt, Mrs. Margaret

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~106 Beverley St. Toronto, Ont~~ 27 Norwood Rd Gerrard, East.

~~178 University Ave. Cull Shaps 5/2/18/rc.~~

S.A.A.P. 20/11/18.

COUNTRY OF BIRTH England, York.

DATE Sept. 14th 1882

PLACE OF ATTESTATION Lindsay, Ont

DATE Jan 4th 1916

O/S. 23/7/16. 488/35

R/C. 25/1/19. 258/65.

L. L. 90558.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-83b.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 33 YEARS 8 MONTHS

HEIGHT 5 FEET 8 1/4 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Dk. brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Lindsay. Ont DATE Nov. 25th, 1915

Present Address. Not Stated

C1

Form R. 149.

William

Name TRIFFITT Rank pte. Reg. No. 724586

Unit 20th Bn.

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
27.	8	53 G.H. Boulogne	G.S.W. Back	B 308	Q	498		36471
8	9	16 C.G.H. Trouville	G.S.W. Buttock R.	B 316				26099
23	12	Discharged		Do	B 407			693

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

MKS

Slam

Number 724586 Rank Pte

Surname TRIFFITT

Christian Name William

Units 20th Bn Can Inf Theatre of War France

Date of Service 29-11-16

Remarks

Latest Address ~~98 Mutual St~~
~~Toronto Ont~~

Roll No. B Pacp 11834

89 Hayden St., Toronto, Ont.

200m.-2-21.M.

DESP MAR 30 1922
REGN. No. 4/22988

By V. Retd 10 4/22

DESP SEP 14 1922
REGN. No. 7608

FORM R. 149.
7106—250m—7/2/17.

Name TRIFFITT William *Rank* Pte. *Reg. No.* 724586

Unit 20th Battalion.

Next of Kin Canada.

Date. 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4	No.7 Con.Dep.	Boulogne.	SW Head.	A489	M2373	20-4
16-4	No. 10 COn.Dep.	Ecault.	do.	A497		
20-4	Disch. 3 Rest Camp.		do.	A501		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

REGT'L No 724586

NAME Driffitt William

H. Q. FILE No. 649-

RANK AND CORPS Pte 20th Bn Form 109 [illegible]

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		C.
M2373	20-4-17	Adm 1 Conv Depot Boulogne April 11th 1917 GSW Head
M3463	6-5-17	No. 10 Conv. Depot.
ei. s. m. N. of K.		Driffitt Mrs. Margaret. (Mother) 178. University Ave. Toronto.
48-8 Q4498.	4-9-18.	Adm. 53. Gen. Hb. Boulogne Aug 27th 1918. GSW-Back.
182(5-4) WS m	1-10-18	O. in C. Ontario. Mil. Hosp. Orpington reports doing well wounds healing, good progress

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
489	No 7 Conv Depot Boulogne	11-4-17	GSW Head
a497	No 10 Convl. Dep. Etaples	16-4-17	GSW Head
a501	Discht to #3 Rest Camp	20-4-17	" "
a308-4	No 53. Gen. Boulogne	27-8-18	GSW Back
B316-1	No 16. Gen. Gen. Orpington	8-9-18	" " Rt. Buttock
B407-2	Discharged	23-12-18	" " "

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Griffith	W.	724586

Rank	Unit	Co.	Troop	Batty.
Pte.	20 Batt.	1 C.O. Reg		

Hospital	Date of Admission
7 Con. Dep. Boulogne	11.4.17

Transferred	10 Conv. Depot Etaples.	Hosp.	16.4.17
	53 Gen. Boulogne	Hosp.	27.8.18
	16 C.G. Orpington	Hosp.	8.9.18
		Hosp.	

Diagnosis

(1) G.S.W. Head

Later Diagnosis (if changed)

(2) G.S.W. Back of Rt Buttock (Rw.)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date
C.S.	20.4.17 A4489
	30.4.17 A4497
	4-5-17. A501.
	2-9.18 Q308-4
	11-9-18 B316
	28-12-18 B407 (2)

REMARKS

Dis to III Large Rest Camp

Dis 23-12-18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name L TRIFFITT, William Rank Pte. Regtl. No. 224586

Fyle Depot 24 TT -72

Original unit Present unit 12th Res. M. or S. Age 36 Religion C.E. Ref. H.Q.

Port, ship and date of arrival — Aquitania Halifax 25-1-19

Next of kin Mother Margaret Triffitt. 106 Beverly St. Toronto Ont.

Address on leave Same

Address on discharge 98 Mutual St., Toronto Ont.

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

Previous occupation Farmer Date and place of enlistment Lindsay Jan. 4-16

Diagnosis G.S.W. of abdoman Date of Medical Boards 15-2-19

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 18-1-19	Posted to Cas Co. (Ex. Camp) 25-1-19	
	Leave & Subs from 30-1-19 to 14-2-19	32
20-2-19.	S.O.S.DISCH."MED.UNFIT" 183 days W.S.G.	49

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m:—5-18
1772-39-1243

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. file.

Attention of

OTTAWA 4, ONTARIO.
Date JANUARY 6, 1966.

P.A.

NAME TRIFFITT William.

X SERVICE NUMBER 724586 109TH BN. W.W. 1

C.P.C. No. 112454
W.V.A. No. 23107

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

W.R. BERRY HEAD CLERK., DSVWS "TO". DECEMBER 13, 1965.
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death DECEMBER 11, 1965.
Cause of Death
Place of Death NOT STATED.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 124586. Rank Private Name ~~Griffitt~~ William Griffitt

Enlisted (a) 25-11-15 Terms of Service (a) D. of W. Service reckons from (a) 25-11-15

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

Extended ..... Re-engaged ..... Qualification (b) Farmer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		appointed a/Lce Cpl	Bramshott	16.9.16.	Part II Order 262.
~~27-11-16.~~ 8	~~Witley~~ O.C. 109th.	~~Transferred to 20th Bn.~~	~~Overseas~~	~~27-11-16.~~ D.O.Pt.11.333.	~~28-11-16~~
28-11-16.		Proceeded O/S. for service with the 20th. Bn.	Witley	28-11-16.	A W Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFAN. BY.
28-11-16.	O.C. 109th	Reverts to ranks to proceed Overseas.	Witley	28-11-16	D.O.Pt.11.337. A W Aselting Capt. ADJUTANT
29/11/16	CBDepot	Arrived taken on strength	20Bn Havre	29/11/16	NR Pt.2.0.75 11/12/16
do	do	Left for Unit	Field	1/12/16	NR
8/12/16	20 Bn	Joined Unit	do	4/12/16	B213
10-4-17	2 Cdn Gen	S.W. Head	adm 2 Cdn Gen		10-4-17 W3034.
11-4-17	2 Cdn Staty	ditto	adm 2 Cdn Staty		11-4-17 W3034.
15-4-17	1 BTN	[illegible]			9-4-17 A36. 291d 8-5-17.

(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.

Report Date	Report 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.
20-4-17	10 Coy Dep	S.B. Head Trspt	3 L. Res Cp	20-4-17	N 3034
11-4-17	4 Con Dep.	S. B. Head adm	4 Con Dep.	11-4-17	N.3034.
16-4-17	—"—	—"— Tresp.	10 —"—	16-4-17	—"—
16-4-17	10 —"—	—"— adm	10 —"—	—"—	—"—
23-4-17	C Bdy	Class "A" from Boulogne	CBD	23-4-17	NR
26-4-17	do	Left for	20th Bn	26-4-17	NR
5-5-17.	20th Bn	Arrived	do	29-4-17	B213
15 DEC 17	—"—	GRANTED 14 DAYS LEAVE.		7-12-17	—"— Part II Ord. 92 d/
29 DEC 17	—"—	Rejd from leave		23-12-17	—"—
5-1-18	—"—	Awarded L.C. Badge		25-11-17	—"— Pt II 7-1918
13-4-18	—"—	Attached C.R.E.s	Fla	7-4-18	—"—
26-8-18	4 C.F.A.	J.N. Bach. adm & trspt	CCS	26-8-18	A36.
27-8-18	53 Gen	—"— adm	53 Gen	27-8-18	H 2755.
7-9-18	—"—	—"— To	England.	7-9-18	H 8041.
7-9-18	do	Inv (Wdd) & posted to 1st Centl Ont. Depot, Witley per AT Cambria 7-9-18	Regl		W3083 - 5968. Pt 2 No. 87-1918

Major for Lt.-Col., A.A.G.
Canadian Section. G.H.Q. 3rd Echelon B.E.F.

14 9 18	1 Coy	TOS from 20 Bn	Witley	8 9 18	P. 255
27-12-18	12th Res.	T.O.S. 12th Res.	Witley	23 12 18	Pt II 307

for ~~Colonel~~ i/c Records, Lieut Major

Attached C.C.C.K.P. ..... Part 2 Orders pending transfer to C.E.F. Canada.

25 JAN 1919

Ceases to be attached on transfer to C.E.F. Canada. Part-2 Orders.....

25 JAN 1919

..... Lieutenant for Officer Comd'g M.D.2.C.W. Kinmel Park Camp, Rhyl.

H.M.T. AQUITANIA
EMBKD. LVP'L. JAN. 13. 1919
DEBKD. HALIFAX, N.S.
JAN, 24. 1919

R—122

J.M. Rank Name TRIFFITT, William. Reg'l No. 724586

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

Place and Date of Enlistment Lindsay, 25th Nov 1915. Place of Birth York, England.

Name and Address, Next-of-Kin Margaret Triffitt.

106 Beverly St, Toronto, Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character Excellent

N/E. R.B. No. 18474
File R.L.
Category CAN.OR

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
C					
		Arrived in England per H.M.T. 2810 31-7-16			
18.9.16	109th Bn	To be Prov L/Corpl	Bramshott	16.9.16	PT II A.O. 262
2.12.16	"	Reverts to Ranks to proceed overseas	Witley	28.11.16	— 337
28.11.16	"	S.O.S. on Trans to 20th Bn	"	28.11.16	— 333
11.12.16	20th Bn	Taken on strength.	Fld	29.11.16	- 75
20-4-17	"	Adm. #7 Convt Dpt.	Boulogne	11-4-17	C.L. A489
30-4-17	"	To #10 Convt Dpt.	Ecault	16-4-17	" A497
4-5-17	"	Dischd to #3 Rest Camp.	"	24-4-17	" A501
23-1-18	"	Awarded Good C. Badge	Pb.	Field	25-11-17 Pt. II O.M.
2.9.18	1COR/20	Id awarded	"	"	24.8.18 C.L.A 308

A.F.B. 103 CHECKED
11 DEC.1916
N.G.B.

S. WHEAD

Report. Date.	Report. From whom received.	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.
					20th Bn DO OC
14.9.18	1 CORD	T.O.S. from 20th Bn	Otr Witley	8.9.18	-255 84 9/20.9.18 363 9/31.12.18
27-12-18	12 Res	T.O.S. from 1 CORD	✓ ✓	23.12.18	P'307 1 CORD
9-1-19	✓	On cam Kimmel Pk.	✓ -	9-1-19	-4
29-1-19	✓	Ceases com & SOS to CEF. Can	✓ ✓	18-1-19	-24

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 2

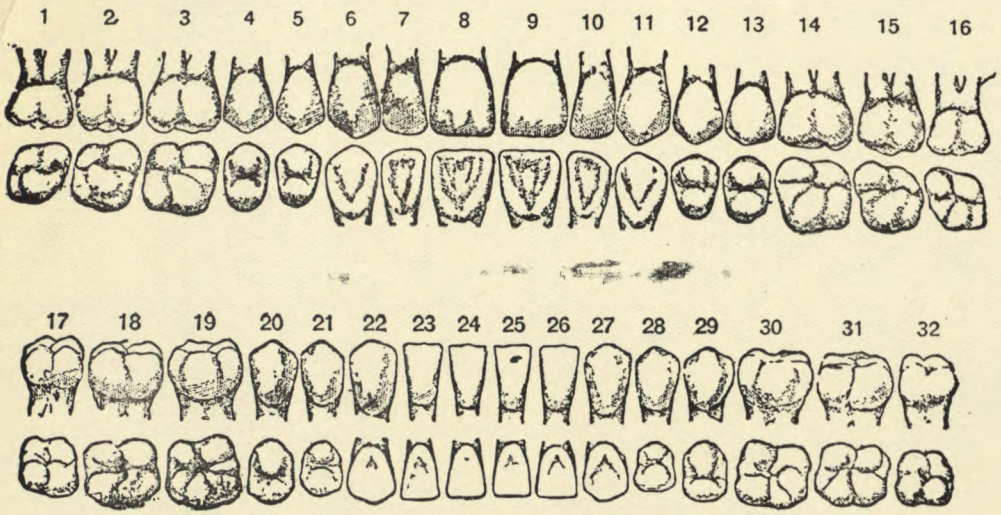
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) TRIFFITT. W.

REGIMENT 20 Battn RANK Pte No. 724586

Date of Examination in England 10-1-19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 8. 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper 3.4.7 8 13 14
   - (c) Full Lower
   - (d) Part Lower 18 — 21 29 — 31.

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England No
- (c) In France

Signature of Dental Officer H W Reid Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

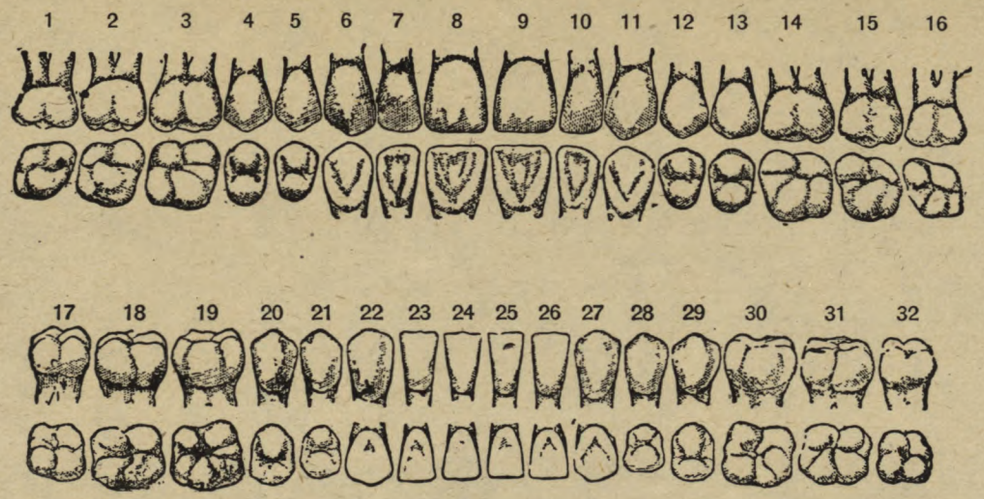
District 2

Name of Soldier Wright, William

Rank Pte.

No. 224586

Regiment



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Discharge Exam. At Exhibition Camp Date.	FEB 15 1919				Certificate issued for																		
														Filling									
															Denture								
																Prophylaxis.							
																					W. A. Semple Major		

M.F.B. 465
200M.—6-
1772-39-0

724586.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname: Griffith Christian Name: William

Examined on 26th day of November 1915 at Lindsay

Approved by J. McCullock Capt. Medical Officer

Birthplace: City or Town Yorkshire; County England

Rank 109th Overseas Battalion C. E. F.

Apparent age 33 years

Trade or occupation Farmer

Height 5 Feet 8 1/4 Inches.

Weight 155 Lbs.

Chest measurement: Minimum 34 inches; Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks: Arm Right. none Left. one; Number One.

When Vaccinated last January 25th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

11.3.18 R.L. 23.1.105.18

Date	Fit or Unfit	Examined for Re-engagement,
		9 SEP 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
25.1.16	good	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18.4.16	good	J. McCullock M.O.
25.4.16	good	J. McCullock M.O.
2.5.16	good	J. McCullock M.O.
21.12.15	H.S.	Injection

Enlisted on 25th day of November 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724586.		25.11.15.
Transferred to	20th. Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kinmel Park	June 12th 1919	nil	A.R. Le Touzel Capt. Camp
Ex. Camp Toronto	15/2/19	G.S.W. Abdomen	C2 Airfunx Capt.

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Truffitt Christian Name William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
On Hosp		7	9	18	4	11	18	G.S.W. L. Buttock	58	Wd. 12" long 11th to left thigh just below it, inflamed and post end of incision which enlarged original T+T wound. Removed stitches from anterior half of incision. No discharge – good progress. Wd healed. To Kingswood	B S Leeuwit.
6.7.H.		15	11	18.	~~17~~	~~12~~	~~18.~~	G.S.W. L. Buttock.	32.	26-11-18. Wound discharged at centre a small amount of sero-sanguinous fluid. Wound now closed & Dry. To F+D.	B S Leeuwit Capt Cavs

724586

L/Cpl. Triffitt W. 109th Battn C.E.F.

Will removed by Regt paymaster

J. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

79273

98 Mutual St
Toronto

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 724586

Name Loc. Corp. W. Triffitt

Unit 109 Batt. a. Comp.

Military Will.

In case of death
I give all my
property and effects
to Mrs M. Triffitt.
106 Beverley St.
Toronto.
Canada Ontario

Signature W. Triffitt

Rank and Regt. Corpl

Date Oct 10th 1916

Witness

Capt.
O. C. "A" Coy, 109th. Bn. C.E.F.

a

To be made out in duplicate. DUPLICATE H.Q. 54-21-23-53

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.....108th Battalion.C.E.F.

(2) Regimental Number ....724586.

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

Pte.

(4) Place of Birth.....Dublin Ireland.

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

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

(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.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

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

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

(10) Is your Mother alive ?....Yes.....Margaret Triffitt.....

If so, state name and address.....37½ Norwich Rd.Gerrard.E.....

.....Toronto Can.....

(11) If your Mother is a widow.....Yes.....

Are you her sole support, or not ?...Yes.....

(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.

.....$10 Per month.....

.....Only Son.....

(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.

.....Nil.....

.....

.....

(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.....

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

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date JUL - 8 1916

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

2.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 724586 Rank Pte C. E. F. Name Griffitt William

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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				
JAN 18 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO		1919	PART II D. O. 32
					Lieut. For O. C. No. 2 District Dep.
20-2-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 49 For O.C. No. 2 District Depot. Capt			

(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.

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				

M.F.W. 44.
1143 (D.P. 250M-12-18.
1772-39-903.

M.D. 2

No. 56

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 724586 Rank Pte Name Tuffitt Wm
(Surname first)

Unit ..... who was* DISCHARGED

No. 2 District Depot.

On February 20 1919, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feby 1 to Feby 20 1919 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month	28	10		
Regimental Pay 20 days at $ 1 c. 10			22	00
Field Allowance days at $ c.				
Separation Allowance			20	00
Clothing Allowance			35	00
Post Discharge Pay			100	00
*Other Credits Sales 30/1 – 17/12			12	80
Advances				
Separation Allowance and Assigned Pay Cheque No. 97104	50	00		
*Other Charges				
Balance on transfer or on discharge, cheque No. 97103	111	70		
Total	189	80	189	80

*Give particulars.

A monthly stoppage of $ 20 00 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of January 1919
and Separation Allce. for month of — 1919
1/2 – 20/2 & 3 days W.S. S/a.

(to) Assignee Mrs. Margaret Tuffitt

(Address) 27 Norwood Road, Gerrard E. Toronto

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single .....

(2) Separation Allowance, entitled or not Entitled (3) Reason for discharge Medical unfit

(4) Authority for discharge or transfer D.O.R.9

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date February 19/19

Place TORONTO

CAPT.
Paymaster.
PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724586 (Rank) Pte.

Name (in full) TRIFFITT WILLIAM enlisted in

the 109th Batt.

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont on the 25th

day of November 1915

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 37

Height 5' 8½"

Complexion Fair

Eyes Blue

Hair Dk. Brown

Marks or Scars

V. acc. Scar Left arm.

G.S.W Head 10.4.17

G.S.W. Back 26.8.18

W Triffitt

Signature of Soldier

Issuing Officer

For

Rank

O.C. No. 2 District Depot.

Appointment

Date of Discharge Feby 20. 1919

Signed at Toronto. Ont this 20. th day of February 1919

in Military District No. 2

File Reference No.

No. 2 FEB 20 1919 DISTRICT DEPOT

E.S

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

D.M.S.-1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: Pte Name: W. Surname: Tiffitt

Unit or Corps: 109 Batt. 12 Res. (If a soldier) Regtl. No. 724586

Born at: York Eng on, date: 14/9/77

Signature (for identification): William Tiffitt

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight: 136 lbs.
Height: 5 ft. 9 ins.

Good
Small scar on left side of abdomen in front of superior spine a long linear scar across the upper part of left buttock.

2. NUTRITION AND DIATHESIS? Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? NO

4. RESPIRATORY SYSTEM. NO

5. HEART? NO

Abnormal Sounds? NO

Abnormal Size? NO

Pulse Rate? 76 Intermittence or irregularity? NO

6. ARTERIES.—Any hardening? NO

7. DIGESTIVE SYSTEM? NO

8. GENITO-URINARY SYSTEM? NO

Urinalysis—S.G.? 1018 Reaction? acid Albumen? NO Sugar? NO

9. SKIN, MIDDLE EAR, EYE or any other part? NO

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. NO

11. Opinion as to the health and physical condition of the one examined? Good

Examined at: Wrexham Park

Date: 10 JAN 1919

Signed: J. R. Lidwell Capt RAMC M.O.

Signed: J. Shelton Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

In lieu of A.F.B.252.

CHARGE. Unit or Corps. 20th Canadian Battalion.

Charge against No. 724586 Pte Triffitt W. (Patient)

PLACE. Orpington, Kent. DATE OF OFFENCE. 13-11-18. 14-11-18.

OFFENCE.

AWL from 2000 13-11-18. till 1930. 14-11-18. (1 day)

NAMES OF WITNESSES. Cpl ~~Documentary~~ Cpl Ladds.T. Cpl Isbister.W.S

PUNISHMENT (Forfeitures of pay awarded under A.C.I.747 of 1917)

Admonished.

REMARKS. Forfeits 1 day's pay by R.W.

BY WHOM AWARDED. Captain. G.W.A.Aitken. C.A.M.C.

DATE OF SENTENCE. 18-11-18.

Entered A.S.L.B.

Orpington, Kent.

D. McPherson Colonel C.A.M.C.

O.C., No.16 Canadian Gen.(Ontario)Hospital.

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

L269

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Margaret Griffith

Address ~~106 Beverly St.~~
178 University Ave.
Toronto Ont.

Relation to Soldier wife, child or mother } widowed mother

Name of Soldier Griffith William

Regtl. No. 701586

Rank Pte.

Corps 109th Battn

To what Corps belonging when called out }

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				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

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Sheet No. 2. Margaret Griffith widowed mother

Name of Soldier Griffith William

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	G 4290	40		40
May		G. 1966	20		20
June		G 6613	20		20
July		B 8830	20		20
Aug.		H 13743	20		20
Sept.		M 17840	20		20
Oct.		L 21162	20		20
Nov.		V 24321	20		20
Dec.		V 27035	20		20
Jan.	1917	T 29367	20		20
Feb.		T 33588	20		20
March	2.3/898	~~U 36177~~	~~20~~	40.	20 U 36177 Cancel RE-WRITE
April		R 3026	20	340	20
May		T 6254	20		20
June		T 9510	20		20
July		T 12770	20		
Aug.		L 16252	20		T
Sept.		K 19570	20		M T
Oct.		X 21557	20		T
Nov.		F 26013	20		M
Dec.		W 27484	20		M
Jan.	1918		440		
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.				

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Margaret Triffitt

Address ~~106 Beverley St.,~~
Toronto, Ont.
178 University Ave

Rate 20.

AUG 1 1916

By Whom Assigned Truffitt, William

Regtl. No. 724586

Rank Pte.

Corps 109th Batt'n. Acy

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—319.

Sheet No. 2. Margaret Triffitt

L. L. Job 310.—Req. 6574.

PAYMENTS.

Name of Soldier Triffitt, William
724586 Pte Acy 109th Batt.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		Y15147	20	
Sept.		Y18950	20	
Oct.		Y23694	20	
Nov.		C29535	20	
Dec.		U33363	20	
Jan.	1917	D41794	20	
Feb.		L47702	20	
March		X52915	20	
April		R5066	20	20.
May		R12,532	20	
June		Q18669	20	
July		E25896	20	
Aug.		T32998	20	178 University Ave Toronto Ont
Sept.		N40078	20	
Oct.		146604	20	
Nov.		Q52059	20	
Dec.		W60603	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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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.					

P. 559.

MARRIED OR SINGLE: single

PLACE OF BIRTH: York Ireland

NAME AND ADDRESS OF NEXT OF KIN: Margaret Triffitt
106 Beverly St. Toronto Ont

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Promd L/Cpl	16/9/16	D0262
Reverts to Pte	28-11-16	D0337

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 724586 RANK ~~L/Cpl~~ ~~Pte~~ Pte NAME Triffitt William

IF IN PERMT. CORPS WHAT UNIT } UNIT 109 Bn TRANSFERRED TO 20th Bn DATE 1-1-17 AUTHORITY D0333 28-11-16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Nov. 25-1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20 00/100 DATE EFFECTIVE Aug 1st 1916

PAYABLE TO Margaret Triffitt 106 Beverly St Toronto Ont RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	6	REMARKS
July 31													Balance from Canada																		754					
Aug 31	31	1.00	31		31	10	3	10						75	34	10	11	11/8/16							973				20		2973	5124				
Sept 1-15 / 16-30	15 / 15	1.00 / 1.05	15 / 15	75	30	10	3								33	75	44	31/8/16	75	15/9/16					243	730			20		2973	9114				
Oct	31	1.05	32	55			3	10							35	65	115	30/9/16	150	15/10/16					487	486			20		2973	1206				
Nov	30		31	50			3								34	50	179	31/10/16							243				20		22 43	27 13				
Dec	31		31				3	10							34	10	268 / 226	30/11/16 / 1/11/16							244 / 486				20	15	27 45	33 78				
1917			15	30			15	30																												
Jan	31	1.10	34	10											34	10	1498 / 1565	16/1/17							174 / 523				20		26 97	40 91				
Feb	28	1.10	30 / 237	80 / -										75	30 / 237	80 / 75	1633	27/1/17	1048	7/2/17					523 / 38	267 / 96	14	78	20 / 140	15	27 85 / 193	43 86 / 89				
Mch	31	1.10	34	10											34	10	1817	27/2/17	1887	17/3					262	523			20		27 85	50 11				
Apl	30		33												33														20		20	63 11				
May	31		34	10											34	10	104	30/4			572 / 123	28/4 / 30/4			2 61		6 97 / 2 61		20		32 19	65 02				
June	30		33												33		159	21/5							2 67				20		22 67	75 35				
			371	20										75	371	95									46 86	20	01	9 58	220	15	296 60	1535				

D0262 Promd L/Cpl 16/9/16
D0337. Reverts to Pte 28-11-16
3 days @ 5-15¢
Tfd to 20th Bn 1-1-17. D0333, 28/11/16

724586 Pte Triffitt W.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
			371	20										75	371	95							
July	31	1/10	34	10											34	10	306	21/6					
Aug	31		34	10											34	10	221	8/6					
																	442	30/7	570	30/8			
Sept	30		33												33		368	9/7	509	14/8			
			472	40										75	473	15							

Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
46 86	20 01	9 58		220	15	296 60	176 35				
2 68				20		22 68	86 77				
5 35				20		25 35	95 52				
2 67	2 68										
2 68	2 68			20		30 71	97 81				
60 24	25 37	9 58		280	15	375 34					

Month 1917	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Balance	~~97 81~~							97 81		
Oct.	P Day	34 10						20	111 91		
		34 10						20			
Nov.	P. Pay	33 -						20			
				aR 710. 30/9 20th	268						
				779. 19/10	446						
				635. 19/9	268						
				846. 31/10	357						
Dec	do	34 10						20			
				909. 21/11 20th	446						
		67 10		6P 28216 13/12	973			40	111 43		
					27 58						
1918 Jany	do	34 10						20			
				a.R. 978. 16/12 20th	1249						
				a.R. 2148. 6/12 "	9733						
				a.R. 944. 16/12 "	1249						
				" 1053 30/12 "	803				Dr 481		
		34 10			130 34			20			
Feb	P.P.	30 80		Ban. A.P.				20			
				a.R. 1118. 20/1 20th	446				153		
		30 80			446			20			
Mch	do	34 10		Ban. A.P.				20			
				aR. 1212. 14/2 20th	803						
				" 1283. 27/2 "	357						
				" 1346. 13/3 "	446						
				" 1417. 23/3 "	268				Dr 311		
		34 10			1874			20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16		EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

NAME:- TRIFFITT William

NUMBER:- 724586

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.

Margaret Triffitt,
106 Beverley St, Toronto, Ont.
mother.
Stopped Eff. 1-2-19

L&E Compiled 11/19.
A.P. stopped 1-2-19
L.L. Law

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn

DATE ACCOUNT FIRST OPENED:- 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			20 Bn.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
696	1 . .	10 . .		

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
~~9/1/19~~	~~3978~~	~~12 Res £2.~~	~~9 73~~				
		Cr. Advice issued 13/1/19					$7.30

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis. to Can. 31-1-19. auth. Witley nR. K14. 9/19. MD. 2. Cr. Bal. $11.77 RHF

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd								3 11		
Apl	P. Pay.	33.		aR. 39. 11/4 20 Bn.	2 68						
				" 104 23/4 "	2 68						
				Can a Pay				20.	4 53		
May	P. Pay	33 34 10		Can a Pay	5 36			20 20			
				aR 170 23/5 20 Bn	4 46				14 17		
June	do	34 10 33.		CAP	4 46			20 20			
				aR 239 12/6 20 Bn	8 03						
				" 304 30/6 "	3 57				15 57		
July	do	33 34 10		C.A.P.	11 60			20 20			
				aR 461 12/7 20 Bn	4 46						
				" 565 25/7 4 C.I.B	3 57				21 64		
Aug	do	34 10 34 10		C.A.P.	8 03			20 20	35 74		
				aR 690 20/8 4 C.I.B.	3 57				32 17		
Sept	do	34 10 33		C.A.P.	3 57			20 20	45 17		
				aR. 5568 20/8 16 C.G. Hosp.	4 87				40 30		
		33			4 87			20			
Oct.	R.P.	34 10		C.A.P.				20			
				aR 6646 23/10 Orp	4 87				49 53		
		34 10			4 87			20			
Nov.	R.P.	33 –		CAP				20			
				aWR 20.99 13/11/18 with 19.30 14.11.18 to 326 24/11/18 160 RD		1 10					
				aR 8199 20/10 Exemption	9 73						
Dec	Dec 9 Jan RP. Ct. 19572 L.S. 13.12.18 to 2.1.19 10 Dep 20.359 7/12/18	68 20 7 30		CAP				20			
				aR 9729 18/12 "	9 73						
				" 9974 23/12 "	48 67						
				CAP. ~~Oct~~ Jan				20	R. 28 80		
		108 50			68 13	1 10		60			

NUMBER 724586. RANK NAME TRIFFITT. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal - Prod					28 80		
				AR 3979 7/1 12 thks 1/-	9 73				19 07		
		- -			9 73						
				(S.O.S. to Canada 18/1/19. S. List 7. 14 Res M.D. 2)							

Forms
I. 1237
12

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL
ORPINGTON, KENT.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724586	Pte.	Seffert	

Year	Unit.	Age.	Service.
	20 Canadians	43	30/12

Station and Date.

Disease GSW. L. Buttock.
Admitted 15.11.18.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 20 Can Military Hospital Omtosh

No. 724856 Rank and Name Pte Triffett W. Age 43 Service

Disease Gsw Rt. Buttock Date of admission 7. 9. 18 Date of discharge Result

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Days of Disease																											
Temperature, Fahrenheit (Time A.M. P.M.)																											
Pulse per Minute	70	100	78	96	88	92	80	60	76	52	78	90	78	88		72	68	84	70	84	68	78	76	84		84	76	82	68	76	90	102	76	96	86	90	78	96	70	90	70	84	72	68	88	70	82	72		76	68	78
Respirations per Minute			20		20													20									18		22		22			20	20	22	20		20					18		18				20	18	18
Motions per 24 Hours																																																			

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Wt. W 8728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature H. D. Black N.S. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 16 CANADIAN GENERAL HOSPITAL
ORPINGTON, KENT.

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 A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107° ·8 ·6 ·4 ·2																															
106° ·8 ·6 ·4 ·2																															
105° ·8 ·6 ·4 ·2																															
104° ·8 ·6 ·4 ·2																															
103° ·8 ·6 ·4 ·2																															
102° ·8 ·6 ·4 ·2																															
101° ·8 ·6 ·4 ·2																															
100° ·8 ·6 ·4 ·2																															
99° ·8 ·6 ·4 ·2																															
98° ·8 ·6 ·4 ·2																															
97° ·8 ·6 ·4 ·2																															
·8 ·6																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours																															

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature__________In charge of case.

Forms I. 1237 / 12

Duty 23/12/18 Ward 14 Bed 52

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T7177	72458	Pte	Coffield	W.
Year	Unit.		Age.	Service.
	20th Can		43	30/12

Station and Date.

Disease G. S. W. Back

Pres. occupation Teamster.

Pre. Illness:

Enlisted Nov '15

Eng May '16

France Sept '16

Pres. Illness:

To 4 C.F.A. 26/8/18 G.S.W. Back

To C.C.S. 26/8/18 Dry dressing

To 53 Gen. 27/8/18 wound 3" below left Iliac crest. Entered 1" above and internal to L ant. sup. spine. oozing posterior bd.

Too much a.T.S. given. doing nicely.

To Dmsr. 7/9/18.

Wound.

12" long parallel to left iliac crest below it inflamed area at post. end of incision which enlarges original wound which was a T.T.G., bullet entering anteriorly in left nipple line on a level with umbilicus.

7/10/18 Removed stitches in ant half of incision. no discharge. — good progress.

18.10.18. Doing nicely. To Kingswood. CCH

31.10.18 Getting about well — do do

B S Elmore
Capt Canl

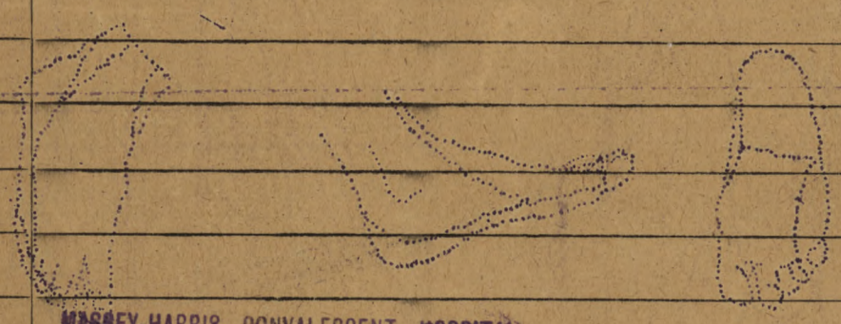
*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
26-11-18.	Wound discharged at centre a small amount of sero-sanguinous fluid. Today wound closed & dry
12-12-18.	Doing nicely.

Capt - C.A.M.C.



MASSEY-HARRIS CONVALESCENT HOSPITAL.
"KINGSWOOD", DULWICH,
LONDON, S.E. 5/11/1918

2 Wound of left inguinal region & buttock - 2 Wound of scrotum & spit. No constriction Normals - No loss of sensation - General condition good.

15.11.18. Transferred to Orpington for disciplinary purposes.

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.

STATION Exhibition Camp DATE Feb 15 1919

1. 1 (a) Unit 2 M.D. (b) Regimental No. 724586 (c) Rank Pte.

(d) Surname TRIFFITT (e) Christian name William

(f) Home address 98 Mutual st Toronto

(g) Next of Kin Mrs Margaret Triffit (h) Relationship Mother

(i) Address of Next of Kin 98 Mutual St Toronto

2. Age last birthday 38 Date of birth Sept 14 1882

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Nov. 25 1915

4. Personal description:

(a) Height 5ft 8½ in. (b) Weight 152 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	81

109 Batt.	Periods From	Periods To
Canada	Nov. 25 1916	June 7 1916
England	June 1916	Nov 16 1916
France or other theatres of War	Nov 16 1916	Aug 18 1918
~~England and Canada.~~	Aug 18 1918	to date.

7. Original disease, or injury G.S.W. of abdomen.

(a) Date of origin Aug 1918 (b) Place of origin France

(c) Cause Bullet penetrating abdomen at left ant.sup. spine removed posteriorly.

M. F. B. 227.

300M.—8-18.
1772-39-11

M.3.

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.)

Partial loss of function of muscular system.

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.)

Objective There is a scar 2" long at left ant. superior spine of ilium and posteriorly a scar 9" long extending 4th lumber vertebra to a point above great trachanter of left femur. There is no limitation of movement of left leg. Is able to stoop over and bring his hands within 8" of floor, no pain on pressure.

Subjective Soldier states he has no pain over scar but he feels he is not quite as fit a man as when he enlisted.

(*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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System alb neg. sug. neg. (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 hernia, haemorrhoids, varicocele, varicose veins or goitre.
G.S.W. scars as described.

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

In Aug 1918 soldier was wounded with high explosive bullet. In hospital 90 days.

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*).)

No illness since childhood.

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

no vacc scars.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos.

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

Four mos in hospital.

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

(If the answer is "yes" state nature of treatment required and probable duration)

No.

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

(If not, briefly state why)

17. Recommendations Fit for Category B.3.

W H Butt 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 Triffitt, William. 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

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

.....

.....# 17 Cat C.2.

.....Otherwise, we concur.

.....

.....

.....

.....

.....

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.)

.....Returned to duty Cat C.2.

.....

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.

.....

.....

A. W. Lucas Capt ..... *President.*

PLACE.....Exhibition Camp Toronto ..... } Members

DATE.....15/2/19..... J. J. Lee Capt

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..... } Members

DATE.....

APPROVED BY

APPROVED

.....
Assistant Director of Medical Services.

DATE.....FEB 17 1919.....

.....CAPT.
FOR A. D. M. S. M. D. 2

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

P.B 3/19.

War Service Badge.
Class C
No. 65565 Issued

War Service Badge.
Class B.
No. 54467 Issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 724586

2 Rank. Pte.

3. Name. GRIFFITT WILLIAM

4. Unit. 109th Batt. (D.D.#.2)

5 Date of Discharge | Feby 20. 1919 | Place TORONTO, ONT.

6 Reason for Discharge HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

7. Authority. D.O.D.D.#.2 Pt 11 No 49

8. Proposed Residence after Discharge

98 Mutual St.,

Toronto Ont.

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.? William Griffitt

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date Fehuyuary 20. 1919

E.S

Signature [illegible] Capt

(O. C. Discharging Unit.)

For O.C. No. 2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-113.

Noted Ted C. 7th. 13/3/19.

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

Date of Enlistment: 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Aug 1-16

T 5028 5023

RATE OF SEPARATION ALLOWANCE

~~20~~	$25.00 1-12-17 P.C.3257	30 1/9/18 PC 2753 Mo 36553	

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724586

Rank Pte Promoted Reverted Discharge

Soldier's Name William Triffitt

Battalion 109th Battn. A. Coy.

Beneficiary Margaret Triffitt

Relationship w. mother.

Address

M.F.W. 2554 2/8/19

OK 22/11/18 cf

PARTICULARS OF ASSIGNMENT

Name Margaret Triffitt

Address 178 University Ave. Toronto, Ont

~~27 Norwood Rd~~ Change of Address ~~Gerrard St~~

1 50 Russell St, Toronto, Ont 28/4/19

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
31 12/17		440.00	340.00	780.00	
Jan/18	~~I 66482~~	~~20~~	~~20~~	~~20~~	RE-WRITE
Jan 18	E 61317	30	20	50	
Feb	N 74119	25	20	45	
Mar	W 91432	25	20	45	✓
April	W 7492	25	20	45	✓
May	T 18967	25	20	45	✓ 54
June	P 25789	25	20	45	✓ 54
July	D 22832	25	20	45	✓ 54
Aug	T 37627	25	20	45	✓ 54
Sept.	O 46366	25	20	45	✓ 54
Oct	G 52106	25	20	45	
Nov	F 61315	25	20	45	
Dec	J 67457	45	20	65	
Jan	L 74639	30	20	50	
		798	600		

18219 - W - 11

REMARKS

alteration 14787 Rin 15-11-18

I 66482 Cancelled

Aft Closed 31/1/19

Rec'd per Aquitania Mo 2

Date 25/1/19 M.F.W.187 31/1/19

Closed 18219 - W - 11.

Mo 54830 OK Mo 31/1/19

M. F. W. 123.
4'Om. 6-7—172-39-1141
L. L. 22320—M. & D. 1933.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment _____

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment _____

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'0M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7903.

No. 2 DISTRICT DEPOT

AQUITANIA 25-1-19

J. 673

Triffitt

AUDITOR JWW | PAYMASTER

20

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

M. OR S. S. | REGT. No. 724586- | RANK Pte. | NAME (IN FULL) TRIFFITT, Wm. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE 1.2.19.

TO WHOM PAID Margaret Triffitt | RELATIONSHIP

ADDRESS ~~2 Norwood Rd. Gerrard E.~~ Toronto. Ont. ~~98 Mutual St~~ 178 University Ave. Toronto. 30/5/19.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Complete		

ORIGINAL UNIT C.E.F. 109th | IF IN P.F. WHAT UNIT? ~~98 Mutual St Toronto~~

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 25-11-15. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 20.00 | DATE EFFECTIVE 1.2.19.

PAYABLE TO Same | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS 50 Russell St Toronto. 30/5/19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 30/5/19 | REASON M.A. | AUTHORITY D049 | IF ENTITLED TO POST DISCHARGE PAY 6 mos gpo

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
31.1.19		1.10					11	77																													
									11.77		3.46						4	87																			
											3144						5	00																			
											2754						30	00																			
																															39	87	28	10			
1.2.19	70	1.10	77	00	12	80	70																				28	10									
					35		100		189	80	9703	9704					111	70					50								189	80					
6 mos					600				600																										500		
							D 720		607	30							20-2-19		70				30		100						207	30					
																	Jan 18	222855	77	30	222856		30	00	~~200~~	00									400	00	
																	Apr 17	282999	70		283000		30		307	30									300		
																	May 14	288204	70		288345		30		407	30									200		
																	June 12	380664	70		380665		30		507	30									100		
																	July 11	738668	70		738669		30		607	30									—		
			600		7	30	607	30											427	30			180		607	30											

T. O. S. 18/1 D. O. 58 SUBS. 30/11 TO 14/2 D. O. 32

W. S. G. Paid by ALDEN

W. S. G. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

AR 8 5

60m.-11-18. L. L. 81777. M. & D. 9585.

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	