

A. Coy.

ATTESTATION PAPER.

No. 724733.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Turner*
- 1a. What are your Christian names?..... *Edward*
- 1b. What is your present address?..... *Woodroffe Ontario*
2. In what Town, Township or Parish, and in what Country were you born?..... *Toronto Ont. Can*
3. What is the name of your next-of-kin?..... *Mrs Annie Turner*
4. What is the address of your next-of-kin?..... *Woodroffe P.O. Ont. Can*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *Oct 13th 1882*
6. What is your Trade or Calling?..... *Piano maker*
7. Are you married?..... *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?.. *11 yrs 4th R. L. Rifles*
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, *Edward Turner*, 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.

E. Turner (Signature of Recruit)

Date *Dec 13th* 1915. *Wm Sampbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edward Turner*, 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.

E. Turner (Signature of Recruit)

Date *Dec 13th* 1915. *Wm Sampbell* (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 *15* day of *January* 191*6*

[Signature] (Signature of Justice)

Description of Edward Turner on Enlistment.

Apparent Age 33 years 2 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 3/4 ins.

*Scar on left cheek
 outside right forearm.*

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 1/4 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date December 13 1915

J. McCulloch
H. O. Boyd Capt.

Place Lindsay

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.

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

Date JAN 17 1916 1916 *[Signature]* Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

REGIMENTAL DOCUMENTS



NAME *TURNER Edward*

REGT. NO. *72 4733* UNIT *109th Bn* H. Q. FILE NO.

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)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 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)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 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)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

DISCHARGE

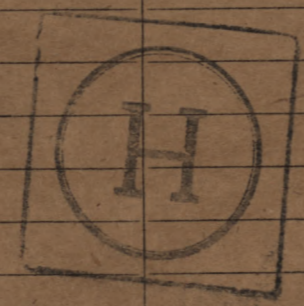
Category

med. unfit

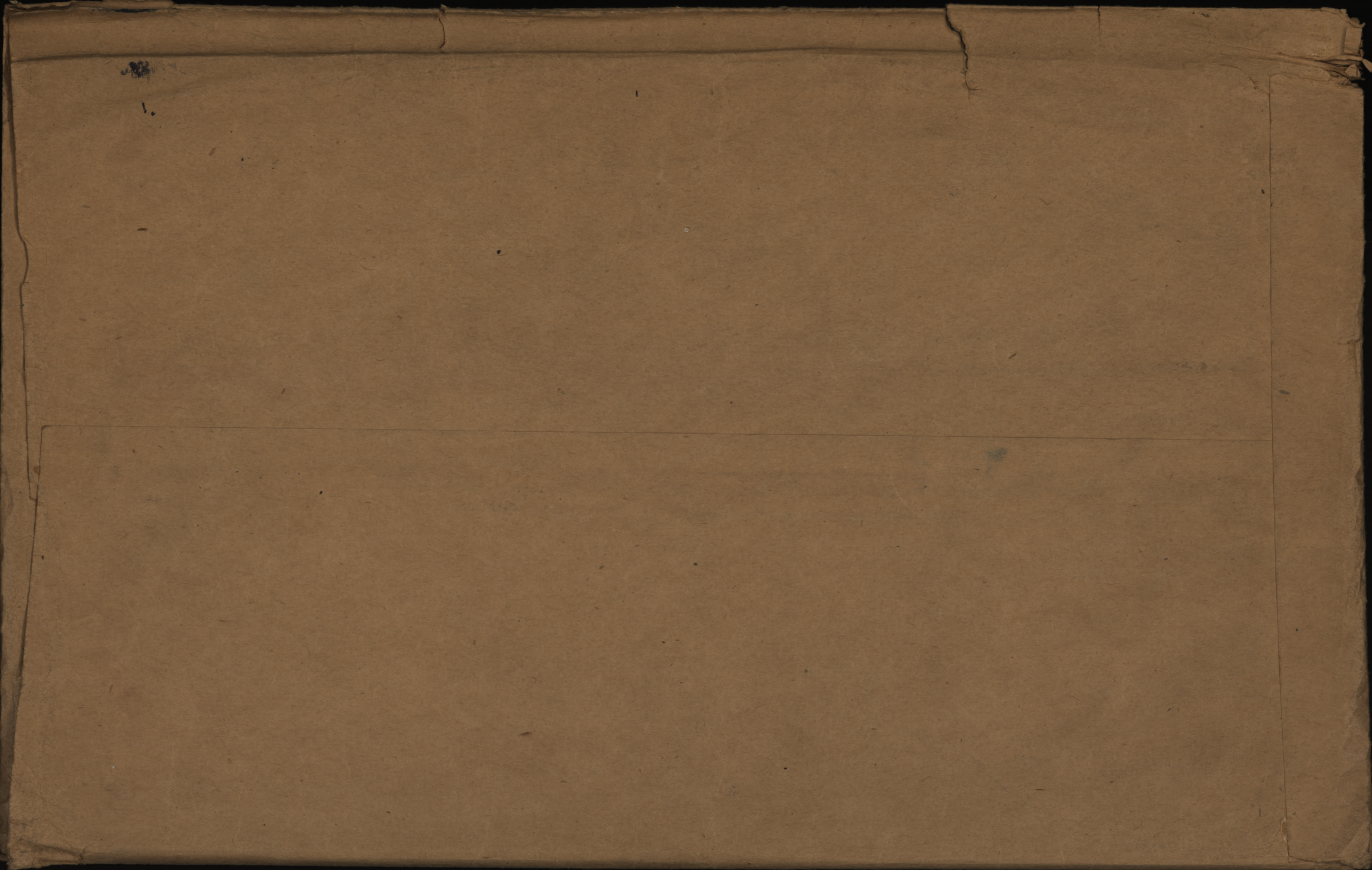
DESERTION

Deceased 4.6.59

20836



1 M.F.W. 19d
1 000000
2 misc
1 M.F.W. 67
1 Misc.
1 P. 22
1 pay card



No.

RANK

Sgt.

NAME

Turner E

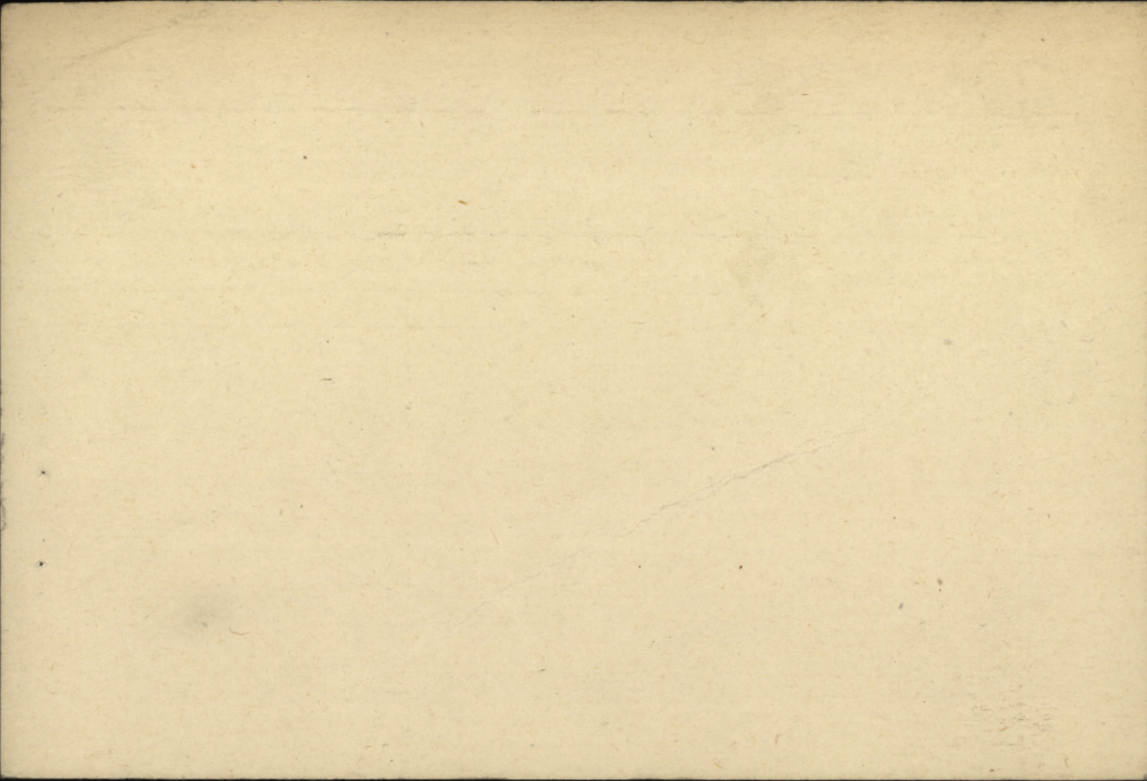
T. O. S.

UNIT 4 3rd Regt. D. C. & T.

Rockliffe Magazine Guard.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug. 24	Aug. 25	✓		
Sept. 19.	Sept. 20.	✓		
Sept. 22.	Sept. 23.	✓		
Sept. 24.	Sept. 25.	✓		
Oct. 21.	Oct. 21.	O.S.		
Nov. 10.	Nov. 11.	✓	Firing party funeral Capt. G. Campbell	Oct. Paylist.



No. 724733. RANK

P. Co.
C. Q. M. S.

NAME

Turner. Ed.
'A' Co

T. O. S. 1-12-15. UNIT

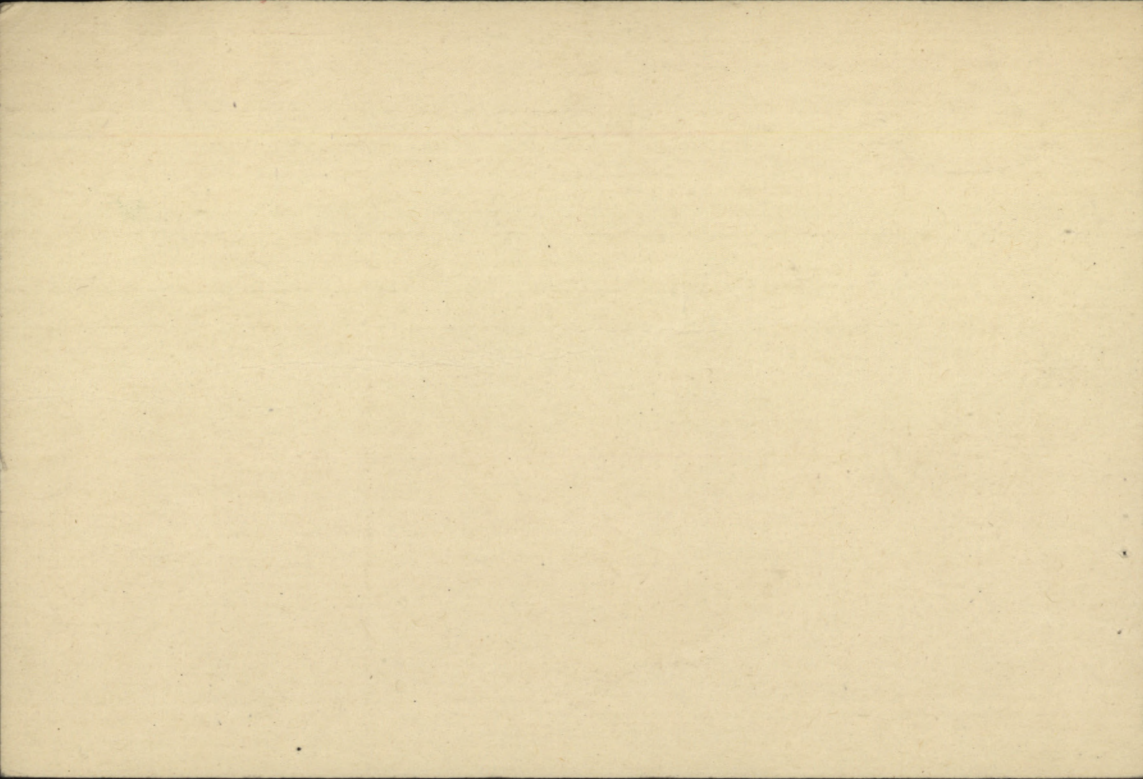
109th. Battalion.

D. O. 21. 14-12-15.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Dec. 1.</i>	<i>1915.</i> <i>Dec. 31</i>	<i>✓</i>	<i>Prom. C. Q. M. S.</i>	<i>13-12-15</i> <i>D. O. 26. 20-12-15-</i>
<i>1916</i> <i>Jan.</i>	<i>1916</i> <i>Feb.</i>	<i>✓</i>	<i>(Prom. app. Sect. Dis. app. C. Q. M. S.)</i>	<i>{</i> <i>D. O. 116 of 4 4 16.</i> <i>D. O. 116 of 4 4 16.</i> <i>with unit trans</i> <i>to "A" Coy.</i>
<i>Mar.</i>	<i>April.</i>	<i>✓</i>		
<i>May.</i>	<i>June.</i>	<i>✓</i>		
<i>July.</i>		<i>✓</i>		
		<i>✓</i>		

UNIT SAILED
JUL 23 1916



SURNAME.

Turner

3. CARD No.

CHRISTIAN NAMES

Edward

*SOS 22/3/19. Genl
FOLL
\$6859. 26/3/19
380.*

REGL. No.

724733

RANK

b. Q. M. S.

UNIT

109th.

Balt.

FORMER CORPS

43rd. D. C. R., 10th R. G.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Turner, Mrs. Annie.

RELATIONSHIP TO SOLDIER

Wife.

ADDI

Woodroffe. P. O., Ont.

Sae P. 22-5-18.

COUNTRY OF BIRTH

Canada, Toronto, Ont.

DATE

Oct. 13th, 1882.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 15th, 1915.

L. L. 90589.-M. & D. 6312.

23/7/16. ⁴⁸⁸ 35.



*Sailed from Halifax per S.S. Olympic
R.P. 25/2/19. ²⁷⁰ 53.*

M. F. W. 22. 100m.-1-16. H. Q. 1772-39-839.

MARRIED

Yes

SINGLE

-

WIDOWER

-

TRADE OR CALLING

Piano maker

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

33. YEARS

2 MONTHS

HEIGHT

5 FEET

9³/₄ INCHES

CHEST MEASUREMENT

36¹/₂ INCHES

EXPANSION

3¹/₄ INCHES

COMPLEXION

Fair.

EYES

Blue

HAIR

light Brown.

DISTINGUISHING MARKS

Scar on left cheek. Scar
on outside right forearm.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 13th, 1915.

Em
Fm

a/c G.M.S.
Rte

Number 724 733 Rank

Surname TURNER

Christian Name Edward

Units 109 Bn Cavalry Theatre of War England

Date of Service 31/7/16

Remarks

Latest Address ~~Redwood~~ Woodroffe PO
Out

Roll No. A Page 3748

M 7905

17/11/72

*Name TURNER Edward Rank Pvt Regtl. No. 424433
 Original unit 19th Bn Present unit 19th Bn M. or S. M Age 34 Religion File Depot 3-DD-3-1-2035
 Ref. H.Q.

Port, ship, and date of arrival Walter Camp of Port Arthur 20-2-19

Next of kin Wm Turner, 103rd Supply P.O. Cont

Address on leave 103rd Supply P.O. Cont

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Prints Inspector Date and place of enlistment 13-12-13 Lindsay Ont.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
17-2-19	T.O. S. Sub Depot Ottawa	SL 58
1-3-19	14-3-19 Leave with substitutes	SL 58
22-3-19	S.D.S. Discharged R.O. 1420	SD 83

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

Date.

Remarks.

Pt. 2 Order No.

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

724733

MEDICAL HISTORY SHEET.

ORIGINAL

Surname: Turner Christian Name: Edward

Examined { on 13 day of December 1915
 at Lindsay
 Birthplace { City or Town Toronto
 County Canada

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

Apparent age 32 years
 Trade or occupation Piano maker
 Height 5 Feet 9 3/4 Inches. M.O.
 Weight 145 Lbs. M.O.
 Chest measurement { Minimum 33 1/4 inches. M.O.
 Maximum expansion 36 1/2 inches. M.O.
 Physical development Good M.O.
 Small-Pox Marks None M.O.

Vaccination Marks { Arm Right None Left M
 Number M
 When Vaccinated last Feb. 2nd 1916 M.O.
 (a) Marks indicating congenital peculiarities or previous disease None M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
<u>2-2-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-18-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 13th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u>	<u>124733</u>		<u>13-12-15</u>
Transferred to.....	<u>C 87</u>			
	<u>124th OVERSEAS BATTALION C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Widby</u>	<u>March 27th 17</u>	<u>Hemorrhagic Dysentery</u>	<u>DS J. B. Cook Lt.</u>
<u>E Sandling</u>	<u>7/1/18</u>	<u>Double duodenal Hemia</u>	<u>D: Lt. J. H. H. Capt.</u>
<u>Kimmel Park</u>	<u>Jan 29-19</u>	<u>Do</u>	<u>B: Lt. Swetten Capt.</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.

ANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) TURNER E MD3
 REGIMENT 124 BN RANK PTE No. 724733
 Date of Examination in England 27-1-49 Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS fil
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

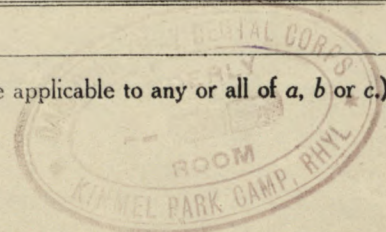
HAS HE EVER REFUSED DENTAL TREATMENT ?

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 yes
- (c) In France

Signature of Dental Officer

C. Graham Capt.



DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTION TO
DENTAL OFFICERS

1. This form will be
made out for each
individual at the
time of demobilization
in the
of France

2. The dental officer
should fill in the
to dental
concerned

3. In voluntary
Military Service
the number
to be stated

NAME OF PATIENT: TURNER E
REGIMENT: 104 BR PTE
DENTAL NUMBER: 97-1-19

REMARKS: [Faint mirrored text, likely bleed-through from the reverse side]

REMARKS: [Faint mirrored text, likely bleed-through from the reverse side]

REMARKS IN CASE OF EXAMINATION

- 1. Patient
- 2. Examination
- 3. Condition
- 4. Remarks

- (a) Full Exam
- (b) Part Exam
- (c) Full Exam
- (d) Part Exam

[Faint mirrored text at the bottom of the page, likely bleed-through from the reverse side]

1875
1876

1877
1878

ИСТОРИЯ



PROCEEDINGS OF A MEDICAL BOARD

Dated at March 27th 1917.

No. 724733 RANK 12 M S NAME TURNER E.

LOCAL UNIT 124th OVERSEAS UNIT — AGE 34

Examination held at Witley

DISABILITY.

~~Overseas~~ - Local.
(strike out one)

R. Inguinal Hernia.

PRESENT CONDITION

This man has a R Inguinal Hernia which is incomplete. Should be fitted with a truss. If done would make A class.

D3

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:-

Jh. Cook Capt. President.

Members.

H. W. W. Capt.

APPROVED

Dated March 27th 1917.

Stampsell
for A.D.M.S.

1234

REPRODUCED

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.....

190th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

724 733

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

Edward. Sumner

(4) Place of Birth.....

Soroute. ont.

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

yes

(6) If married, state,

(a) Full name of your wife.....

Annie. Sumner

(b) Present Postal Address.....

43 Sherbrooke ave. Ottawa

mil

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

no

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

2 Boys. 1 Girl

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

Also their names and ages.....

Kingolby age 9

Orland " 5

Gwendolyn " 1 1/2

(9) Is your Father alive? *No*

If so, state name and address *nil*

(10) Is your Mother alive? *yes*

If so, state name and address *M^{rs} David Turner
R. R. 1. Weston Ont.*

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *no*

(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.

nil

(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? *nil*

Have you made arrangements for payment of your Insurance premium? *nil*

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 19 1916*

[Signature]
Officer Commanding. Major
109th Overseas Battalion, C. E. F.

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 24/33 Rank Private Name Turner Edward

Enlisted (a) 1-12-15 Terms of Service (a) D of W. Service reckons from (a) 1-12-15

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) Piano Maker.

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

	Embarked Canada	Halifax	24.7.16.
	Disembarked England	Liverpool	31.7.16.

	Appointed A. Coy C.M.S.	Pancey	5.8.16	Part II Order 216
8.12.16	OC 109 th Transferred to 124 th	Witley	8.12.16	D.O. PT II #43

A. W. Aseltine
CAPTAIN,

9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265
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A. W. Easton
MAJOR ADJUTANT,
124th BATTALION C.E.F.

8/7/14 2/6/14	124 th Bn.	Transferred to 12 th Bn Reserve.	Witley	8/7/14 2/6/14	Part II Order # 29 3/4/14 H.C. Sherrow Lieut 90gt 124 th Bn Detach
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(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.

724733 Pfc Turner E.

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				
2-6-17	O.C. 12th Res. Bn. C.E.F.	Transferred to 12th Res. Bn.	EAST SANDLING	2-6-17	Part II 139.
12-6-17	12th Res. Bn.	Reverts to ranks on ceasing to be employed	East Sandling	12-6-17	Part II 147.
17-12-17	12th Res. Bn.	Appointed A/Corporal.	East Sandling	17-12-17	Part II 307.
21-5-18	do.	Appointed A/Sgt.	Witley.	21-5-18	Part II 121
16-10-18	do	Reverts to ranks on ceasing to be employed	Witley	15-10-18	Part II, 246
24-1-19	do	Post to M D 2 Kennel Pk.	do	24-1-19	Part II 20.

The Sausbury
Lieut. in Records
12th Res. Bn. C.E.F.

TO BE KEPT IN RECORDS
OF THE
C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724733 (Rank) Private

Name (in full) TURNER, Edward enlisted in
the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 1st
day of December 1915.

HE served in Canada and England

and is now discharged from the service by reason of ~~XXXXXXXXXX~~ Demobilization. R.O. 1420.
Medical Unfitness.

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

Age 36 yrs, 5 mths

Height 5' 0 1/2"

Complexion Light

Eyes Blue

Hair Light

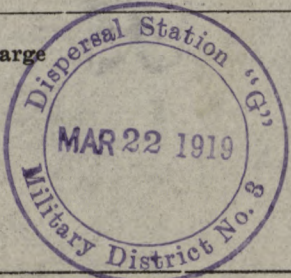
Marks or Scars

2 scars on left cheek. Scar on
back of right forearm.

E. Turner
Signature of Soldier

J. G. Gludette
Issuing Officer

Date of Discharge



Issuing Officer

Captain.

Rank

Date March 22, 1919.

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.

J.M.

Rank *C.Q.M.S.* Name **TURNER, Edward.**

Reg'l No. 724733

Unit 109th Bn.

If in perm. Corps,
What Unit?

Married or Single **Married.**

Place and Date of Enlistment **Lindsay, 13th Dec 1915.**

Place of Birth **Toronto, Ont, Can.**

Name and Address, Next-of-Kin **Mrs Annie Turner.**

Woodroffe P.O., Ont, Canada.

Relationship **Wife.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. <i>19432</i>
File R.L.
Category CANLOR

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5. 8. 16	DC. 109 th	apptd C.Q.M.S. (Prov)	Deney	5-8-16	P.I. DO. 218 + D.O. 285
8. 12. 16	"	SOS on tafe. to 124 th Bn	Witley	8.12.16	P.I. DO. 343
14. 12. 16.	DC 124 th	S.O.S. to 109 th	"	"	" 267
2. 6. 17	"	S.O.S. to 12 th Res. Bn.	"	2-6-17	" 102 (P.I. DO 134-2.6.17)
12. 6. 17	12 th Res.	Reverts Pt. to proceed ops.	2 handling.	12.6.17	— 147
17-12-17	"	apptd of Cpl. Pt. E	"	17-12-17	— 304
21. 5. 18	"	apptd of Sergeant with pay of Cpl Witley	"	21.5.18	" 121
16. 10. 18	✓	Reverts to ranks on ceasing to be employed.	A/S "	15-10-18	— 246
24-1-19	✓	SOS to No. 2	Stw "	24-1-19	- 20

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.				
22.7.19	3 Ind. SOS to C.F.F. Com Ind. 3.		St. Remy.	17.2.19	- H6 SLH.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom Annie Turner,
 Address 43 Sherbrook Ave.,
Ottawa, Ont.

By Whom Assigned Turner, Edward

Regtl. No. 724733

Rank Sgt.

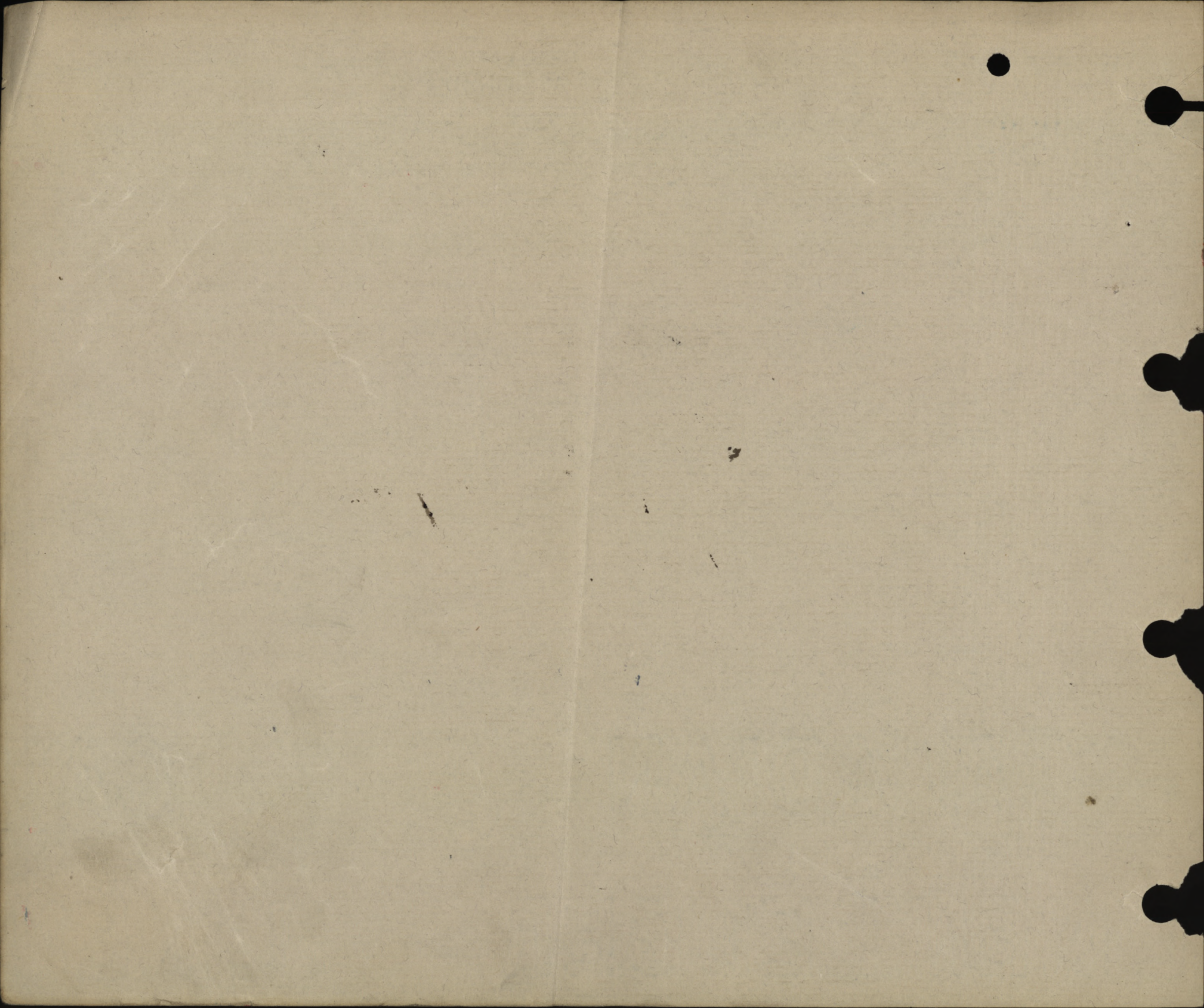
Corps 109 ^{ib.} Baldwin Coy.

Rate 25⁰⁰
~~AUG 1 1916~~
20⁰⁰ Oct 1st 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<u>2 m 15¹⁰ 22¹⁰</u>
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.-4-18.
 1772-39-810.

Sheet No. 2.

Annie Turner

Wife

Name of Soldier Turner, Edward

L. L. Job 310.-Req. 6574.

PAYMENTS.

724733, Acys Sgt.

109th Batt

Month.	Year.	Cheque No.	Amt.	Remarks
				25. 00 20 ⁰⁰ Oct 1 st 1917
April	1916			
May				
June				
July				
Aug.		U/5173	25	Spcl. Reg. 22/8/16
Sept.		K19135	25	
Oct.		K23753	25	
Nov.		L28468	25	
Dec.		X 3/620	25	
Jan.	1917	V37496	25	Sp. Reg. 22/17 L.
Feb.		M 48408	25	
March		S 53976	25	
April		T 5178	25	25 E.
May		T 11953	25	25 B.
June		S 19087	25	in
July		S 26130	25	in
Aug.		S 32376	25	
Sept.		J 40620	25	
Oct.		H 46328	25	
Nov.	1917	T 56861 S 54196	25 15	15 Nov Ch to adj S 54136 lam 6/1/17 1/25
Dec.		158613	20	20 Future
Jan.	1918		4.10 ⁰⁰	
Feb.				
March				
April				
May				
June				
July				

ay

WAL

~~418~~

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.				

1-3-16

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

270

Name *Annie Turner*

Name of Soldier *Turner Edward*

Address ~~*Box 402*~~

Regtl. No. *724733*

*43 Sherbrooke Ave. Lindsay
Ottawa Woodroffe P.O. Ont.*

Rank *Serg't*

Corps *109th Battalion*

Relation to Soldier }
wife, child or mother } *wife*

To what Corps belonging }
when called out } *J*

PAYMENTS

25-4-16

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				



1914

1914

1914

1914

1914

1914

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Annie Turner wifeName of Soldier Turner Edward

PAYMENTS.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K3697	50	50 Handout out 2574/16
May		R5229	25	25
June		V7284	25	25
July		W10657	25	25
Aug. 18		N 14203	25	25
Sept.		N 17514	25	25
Oct.		M 21336	25	25
Nov.		W 24613	25	25
Dec.		W 27504	25	25
Jan.	1917	A 30066	25	mailed 17-1-17
Feb.		U 33179	25	25
March		V 36389	25	25
April		53180	25	25
May		U 6039	25	25
June		Q 10005 Q 10004	25	Q 10004 Can. Edm.
July		Q 11982	25	25
Aug.		H 16050	25	25
Sept.		L 19426	25	25
Oct.		Y 22108	25	25
Nov.		G 24237	25	25
Dec.		X 27604	25	25
Jan.	1918			
Feb.			500	
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.				

ASSIGNED PAY	ENGLAND CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: TURNER, Edward																				
EFFECTIVE DATE: 1-10-17		EFFECTIVE DATE: -		NUMBER: 724733																				
AMOUNT: \$20.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT																				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td>DO 307 7/2 12 Res</td> <td>17/2/17</td> <td>a/cpl</td> </tr> <tr> <td>DO 121 2/5/18</td> <td>2/5/18</td> <td>a/Sgt</td> </tr> <tr> <td>(42655) DO 216-16/10/18 12 Res</td> <td>15-10-18</td> <td>Pte</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	DO 307 7/2 12 Res	17/2/17	a/cpl	DO 121 2/5/18	2/5/18	a/Sgt	(42655) DO 216-16/10/18 12 Res	15-10-18	Pte								
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT																						
DO 307 7/2 12 Res	17/2/17	a/cpl																						
DO 121 2/5/18	2/5/18	a/Sgt																						
(42655) DO 216-16/10/18 12 Res	15-10-18	Pte																						
* Strike out whichever inapplicable Annie Turner (-wife) 43 Sherbrooke St. Ottawa, Ont. Stopped Eff 1/2/19				UNIT AND TRANSFERS ORIGINAL UNIT: 109 th DATE ACCOUNT FIRST OPENED: 1-8-16																				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>DATE LEDGER SHEET T'S P'D</th> <th>UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td>1-4-18</td> <td></td> <td>1st Lt</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO		1-4-18		1st Lt												
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO																					
	1-4-18		1st Lt																					
DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT				DAILY RATES OF PAY AND ALLOWANCES																				
8/1/19 4023 12 Res \$1.10 7/30				<table border="1"> <tr> <th>AUTHORITY</th> <th>PAY</th> <th>F.A.</th> <th>P.F.A.</th> <th>SUBS CE ALL'CE</th> </tr> <tr> <td></td> <td>1</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>DO 121 2/5/18 12 Res</td> <td>1.35</td> <td>15</td> <td></td> <td></td> </tr> <tr> <td>Eff. 15-10-18</td> <td>1</td> <td>10</td> <td></td> <td></td> </tr> </table>	AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE		1	10			DO 121 2/5/18 12 Res	1.35	15			Eff. 15-10-18	1	10		
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE																				
	1	10																						
DO 121 2/5/18 12 Res	1.35	15																						
Eff. 15-10-18	1	10																						

PARTICULARS OF RENDERING NON-EFFECTIVE: Dio to Canada 1/2/19 A2162 Witley NR K26 Rhyl 22/1/19 MD2 Cr. Bal \$14 6/4

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal. For'd								889	"N"	
April	P.P.	33		Can ad				20			
				AR 163 12-4-18 12 Res	7.30						
				" 292 26-4-18 "	7.30						
		33			14.60			20	10.49		
May	P.P. 1-5-18 to 20-5-18	22.00		Can ad				20			
	E.P. 21-5-18 to 31-5-18	16.50		AR 527 14/5/18	2.43						
				AR 706 23/5/18	2.43						
		38.50			4.86			20	2.15		
	June Late Pay	45		Can ad				20			
	app w/cpl (17/12/17 DO 307 7/2			AR 920 14/6/18 12 Res	9.73						
	12 Res Ref Roads 4/7/18 up'd			AR 1082 26/6/18 "	9.73						
	155 days @ 10.¢	15.50									
		60.50			19.46			20	24.19		
	July Late Pay	46.50		Can ad				20			
				AR 1232 7/7/18 12 Res	14.60						
				AR 1501 20/7/18 "	14.60						
		46.50			29.20			20	21.49		
	Aug "	46.50		Can-a P				20			
				AR 1802 14/8	12.17						
				AR 2085 27/8	14.60						
		46.50			26.77			20			
	Sept	45		Can ad				20			
				AR 2239 12/9	12.17						
				" 2497 25/9 "	14.60						
		45			26.77			20	19.45	account agreed with	
	Oct			Can ad				20			
	1-14 a/Sgt P.	21		AR 2752 15/10 12 Res	12.17						
	15-31 Pte Pay	18.70		" 2905 29/10 "	4.87						
		39.70			17.04			20	22.11	Bal. For'd	

NUMBER 724733 RANK

NAME Turner E.

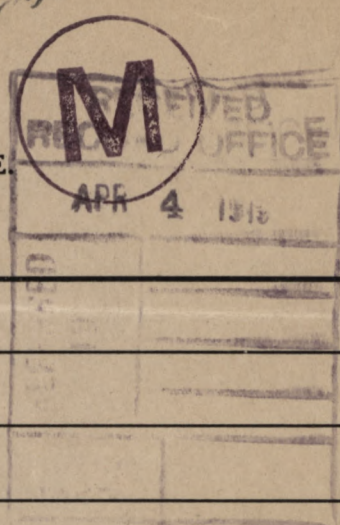
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION*
3/10-18	Bal. fwd								22 11		
Nov.	R.P.	33		cal				20			
				AR 3151 15/11 12 Rec	14 60						
Dec	"	34		cal				20			
				AR 3434 29/11 "	12 19						
				" 3614 9/12 "	7 30						
				" 3744 16/12 "	7 30						
Jan	"	34		cal				20	21 94		
		10			41 37			60			
Feb				AR 4023 9/1 "	7 30						
				" 683 31/3 Rhyd.	9 73				4.91		
					17 03						

SOB Canada 17.2.19 MS. 3 SK 24

P

22-0-34

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No.	724733	
2. Rank.	Private	
3. Name.	TURNER, Edward.	
4. Unit.	109th Battalion.	
5. Date of Discharge	22-3-19	Place Ottawa, Ontario.

6. Reason for Discharge **MEDICALLY UNFIT**

Discharged 4.6.19

7. Authority. M.B. D/19-3-19 R.O. 1420. 3DD 3-T-2035.

8. Proposed Residence after Discharge Woodroffe P.O., Ontario.

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.? 39.

E. Turner
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Ottawa, Ontario.

Date March 22, 1919.

[Signature] Captain
for O. C. Dispersal Area Station G.
Signature..... (O. C. Discharging Unit.)

Medical Documents Forwarded to ~~S.C.R.~~ B.P.C. on APR 2 1919 Date.....

LIST OF DISCHARGE DOCUMENTS

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

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

W.O. 17-7-18

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 Ottawa, Ont. DATE March 18/19.

1. 1 (a) Unit #3 Sub-Depot (b) Regimental No. 724733 (c) Rank Pte.
 (d) Surname TURNER (e) Christian name Edward
 (f) Home address Woodroffe P.O., Ontario.
 (g) Next of Kin Mrs. Annie Turner (h) Relationship Wife
 (i) Address of Next of Kin Woodroffe P.O. Ontario.

2. Age last birthday 36 Date of birth Oct. 13, 1882.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Dec. 1/15.

4. Personal description:

(a) Height 5'8 1/2" (b) Weight 148 (c) Complexion Light
(stripped)
 (d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2 scars on left cheek, Scar on back of right forearm.

5. Former trade or occupation Piano maker.

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
	<u>3</u>	<u>3 mos. 3 days.</u>

	PERIODS	
	From	To
Canada	<u>Dec. 1/15</u>	<u>July 23/16</u>
England	<u>July 23/16</u>	<u>Feb. 27/19</u>
France or other theatres of War <u>Canada</u>	<u>Feb. 27/19</u>	<u>to date.</u>

7. Original disease, or injury Double inguinal hernia

(a) Date of origin Right Dec. 1916.
Left Jan. 31/17. (b) Place of origin England.
 (c) Cause Unknown.

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.)

Moderate inguinal weakness both sides.

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:- Moderate inguinal hernia - bilateral. The hernia on the right side is the more pronounced, being about size of pigeon's egg, the left hernia is slightly smaller. Both hernias are easily reduced, exhibit an impulse on coughing and are not tender to pressure. Both hernial tumors are just slightly above external ring. They are not tender to pressure. Man uses truss.

SUBJECTIVE:- Man states he has occasional sharp pains in both inguinal regions. He states truss irritates the hernial tumors slightly. Not tender to pressure. He feels sharp pain over the both hernia if he coughs hard. Bowels are regular.

All other systems are normal.

- (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.....	P - 80	Genito-Urinary System.....	No
		(If pulse rate is abnormal, B. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

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

During medical inspection for transit to France in December, 1916, the medical officer noted right inguinal hernia and told man of it. He was then rejected and remained in England, and right hernia became more noticeable. In January 1918 he noticed a hernia on the left side. He was able to carry on, but experienced pain and soreness occasionally in both inguinal regions. Man states he refused operation and was given a satisfactory truss.

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).)

Nil.

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

Double inguinal hernia. Scars as described in 4 (f).

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.)

N/A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent unless operated on.

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

No treatment. Truss provided.

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)

Yes - radical treatment ((bilateral)). Man refuses treatment at present.

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

17. Recommendations. Some disability due to service.

D. S. Puckhill Lt. Col. 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. Soldier. 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.

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.)

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.)

Disability due to service. Operation recommended but was refused.

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 Ottawa, Ont.

Av Johnson Capt President.

DATE 18/3/19.

W. S. ... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned *E. Lerner Pti.* understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness *D. A. Packhill St. A. M. C.*

Signed *E. Lerner Pti.*

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

PLACE Ottawa, Ont.

Av Johnson Capt President

DATE 18/3/19.

W. S. ... Members

APPROVED BY *[Signature]*
Assistant Director of Medical Services.

APPROVED BY *[Signature]*
Director-General of Medical Services.

DATE 19.3.19

DATE

Reserved for M.H.C.

MEDICAL HISTORY

Regt. No. 724733 Rank Pte Surname Turner Christian Name Edward
 Unit or Corps—(a) Overseas from United Kingdom 109 Btm (b) in United Kingdom 101 Btm
 Born at—Town Toronto County or Province Ontario Country Canada
 Date of Birth—Day 13th Month October Year 1888 Age 36 yrs. 4 months.
 Joined at London Ontario Date 1/12/15
 Former trade or occupation Team Driver
 Permanent Marks or any peculiarity that will serve for future identification:— two scars on left cheek

6. PRESENT CONDITION.

Height—feet 5 inches 10 Colour of eyes Blue

Signature of Soldier (for identification purposes) Edward Turner

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) DOUBLE INGUINAL HERNIA.
 Disabilities Group (b) _____
 Disabilities Group (c) _____

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>ENGLAND</u>	<u>1916</u>
(ii.) As to Group (b) above.	_____	_____
(iii.) As to Group (c) above.	_____	_____

3. Is the disability due to disease contracted or injuries received prior to Active Service?

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

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

(i.) As to Group (a) above? YES
 (ii.) As to Group (b) above? NA.
 (iii.) As to Group (c) above? NA.

5. MEDICAL HISTORY.

Documentary evidence missing. He knew nothing about the hernia until he had a medical inspection for France in December 1916. He was rejected for France and left in England. Since then it has become worse. In January 1918 he noticed a hernia coming on the left side. He was then made quarter master sergeant, and was able to carry on his duties alright.

6. PRESENT CONDITION.

Subjective Occasional sharp pains experienced over right sites of both hernias. otherwise they give him no trouble.

Objective. Moderate inguinal hernias on right and left sides which can easily be reduced. Other systems normal.

7. OPERATION. (i) Was one performed? No (ii) If so, state what. N/A. (iii) Was one advised and declined? YES

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? Two uppers. (ii) If so, describe. EXTRACTED.

9. DO YOU RECOMMEND:— BII (a) Fit for duty? YES (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No

Date of Report Jan 29 1919 Station Kinnaird Park Camp Signed [Signature] Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital (S.M.O. Brigade) of these Dated at Kinnaird Park Station, on 29-1-19 1919 *Delete if inapplicable.

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

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

Yes

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

Yes

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

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

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

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

N.A.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

N.A.

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

N.A.

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

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

Yes operation advised & declined

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Auth. A. G. 1. Telegram 9083 of 10/11/18

19. RECOMMENDATION:—

(a) "Fit for duty?"
(state category)

Yes Category B

(b) Invalid to Canada? NO
(c) Discharge from Service as permanently unfit? NO

Form with fields for Date of Board (January 28th 1919), Station (Remmel Park water), Signatures of Board (R. Brouse Capt Camp), Approved (A.D.M.S.), Dated at (Remmel Park), Station (28-1-1919).

PROCEEDINGS OF A MEDICAL BOARD

Dated at March 27th 1917.

No. 724733 RANK G.M.S. NAME TURNER E.

LOCAL UNIT 124th OVERSEAS UNIT — AGE 34

Examination held at Witley

DISABILITY. R. Inguinal Hernia.
~~Overseas - Local.~~
(strike out one)

PRESENT CONDITION

This man has a R Inguinal hernia which is incomplete. Should be fitted with a truss. If this is done would make A class.

D3

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:-

Jh. Cook Capt. President.

Members. H. Watteridge Capt.

APPROVED

Dated March 27th 1917. Stampshell Sign.
for A.D.M.S.

March 1852

E.

TURNER

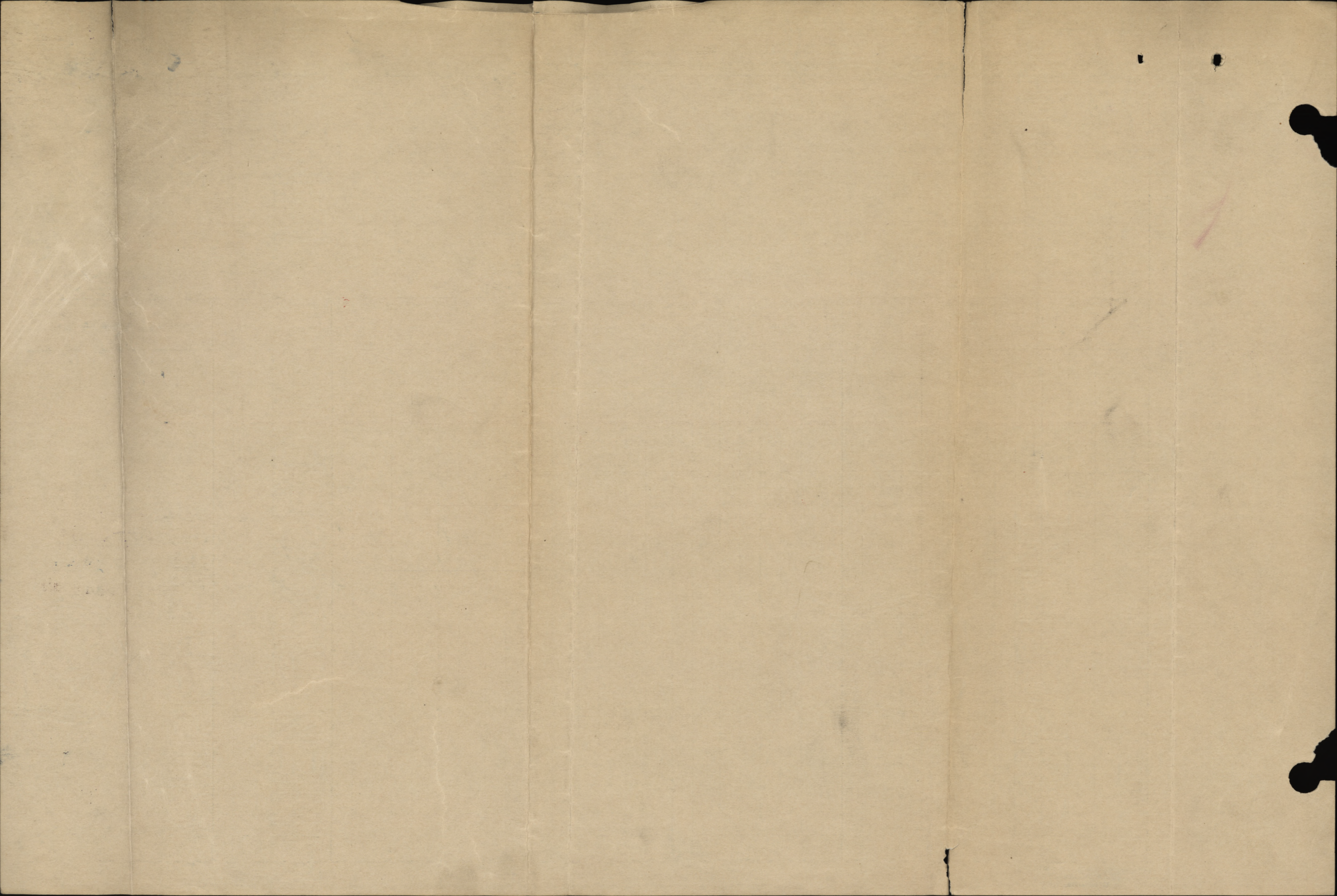
Q.M. 2

104133

15 11 54

W. 1852

W. 1852
W. 1852



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-3-16

Oct 1/17
Aug 1/16

RATE OF SEPARATION ALLOWANCE

25	30		
----	----	--	--

RATE OF ASSIGNMENT

25	20 ⁰⁰	1017	
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724733
 Rank Sgt Promoted Reverted Discharge
 Soldier's Name Edward Turner
 Battalion 109th Battr Coy
 Beneficiary Annie Turner
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Annie Turner
 Address ~~42 Sherbrook Ave, Ottawa~~
 Change of Address
 1 Woodroffe P.O. Ont (13/5/18 Card CB)
 2
 3
 4

in 72554 27/7/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					18313-6-37
Dec 31		550	410	960	
Jan 15	66767	25	20	45	
Feb.	68053	25	20	45	
Mar	92115	25	20	45	
April	81390	25	20	45	
Apr	8173	25	20	45	
May	19702	25	20	45	
June	26527	25	20	45	
July	23579	25	20	45	
Aug.	38398	25	20	45	
Sept	47181	25	20	45	
Oct	52916	25	20	45	
Nov	62125	25	20	45	
Dec	67722	45	20	65	
Jan	75393	30	20	50	
Feb	79553	30	20	50	
		930	690		

A.P. at rates of 25⁰⁰ from Aug 1/16 to Sept 30/17
 " " " 20⁰⁰ " Oct 1/17 @ 2 Pm. 15/10/17
 March ck. W94115 cancelled 15-10-18.
 Canceled limit Paid Per (Spel ck order issued 18/3/18)
 Per Spel ck order G.N. Staff handed out 18/3/18

Envelope change callus

M. F. W. 128.
 400nc-6-17-1772 89-1141
 L. L. 22320-M. & D. 7983.

A/c Closed 28/2/14
 Ret'd per...
 Date... M.F.W. 1/3/19
 Closed 1018313-6-37
 No 58472 1/3/19 OK P. 19 Rev

