

ATTESTATION PAPER.

No. 725-607

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Walker
- 1a. What are your Christian names? James
- 1b. What is your present address? Fenelon Falls
- 2. In what Town, Township or Parish, and in what Country were you born? Fenelon Falls Ontario
- 3. What is the name of your next-of-kin? C Charles Walker
- 4. What is the address of your next-of-kin? Fenelon Falls Ontario, Canada R. R. No 3
- 4a. What is the relationship of your next-of-kin? brother
- 5. What is the date of your birth? 26th April 1896
- 6. What is your Trade or Calling? School teacher
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? No
- 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, James Walker, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 11th Feby 1916. James Walker (Signature of Recruit) H. S. Cross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Walker, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 11th Feby 1916. James Walker (Signature of Recruit) H. S. Cross (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 Fenelon Falls this 11th day of February 1916. Wm McArthur (Signature of Justice)

Handwritten initials 'b' and a signature.

Description of James Walker on Enlistment.

Apparent Age 20 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 1/2 ins.

Complexion dark

Eyes brown

Hair dark

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

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

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

*Scar on right large toe - one inch long running over the second joint.
 Scar on right thumb running from joint to inner angle nail*

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb 12th 1916

Place Femln Falls

J. McCulloch Capt.
H. Boyd Medical Officer
 109th Overseas Medical Officer. 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.

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

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

Date FEB 14 1916 1916

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. 122 - 1

M. F. W. 129 - 1

O. A. R. O. 50094 - 1

M. F. B. 465 - 1

M. F. W. 62.

60M-9-16.

H. Q. 1772-39-935.

45/20

ing med card - 4

M. F. W. 67 - 1

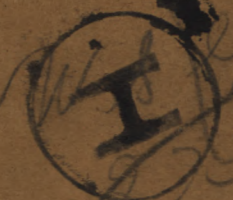
OM 204/18



Name Walker, James S.
Regt. No 725607 Rank Pte.
Corps # 3 Cas. Unit.
med. Dept.

R. O. No.....

H. Q. No.....



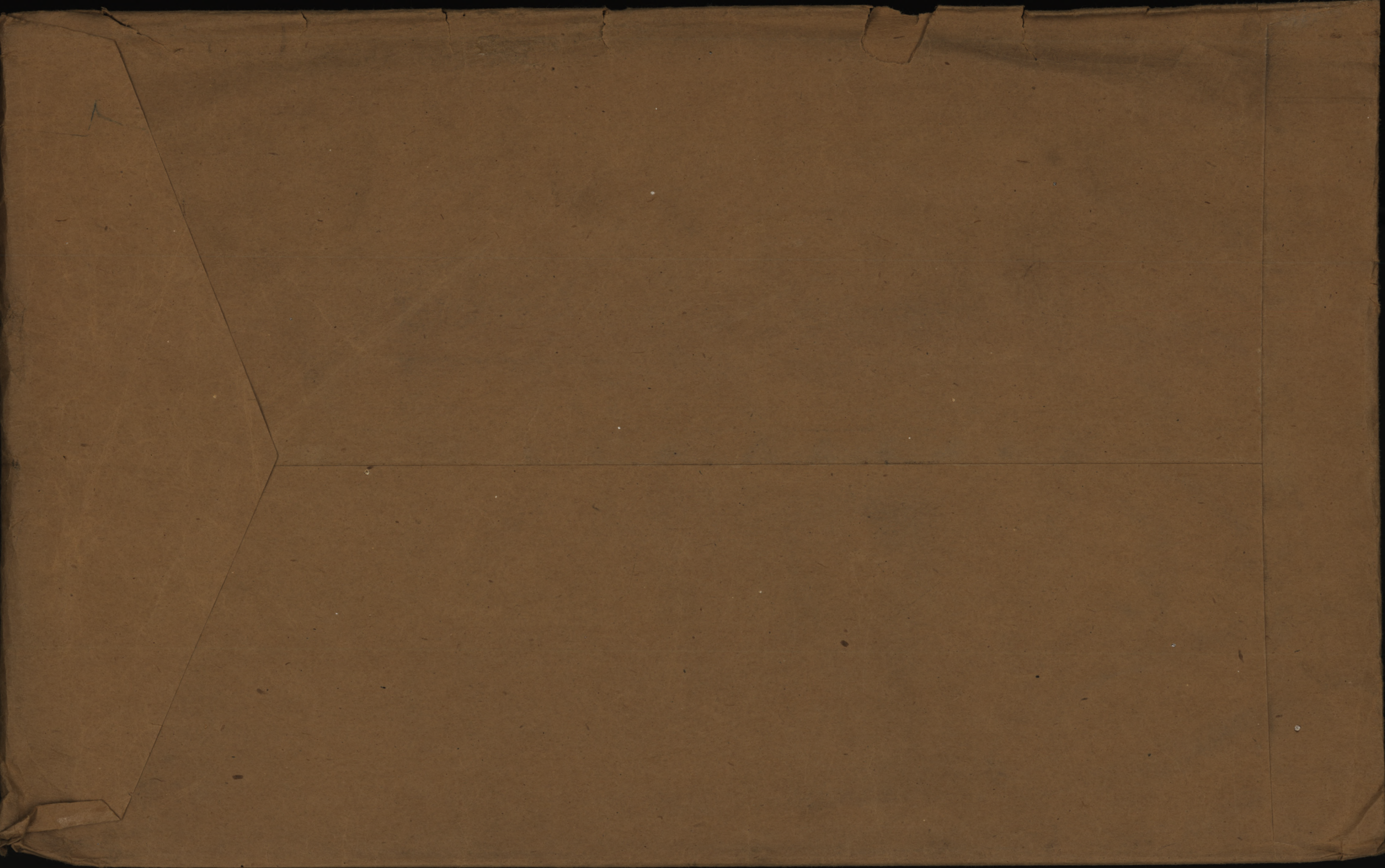
Ret 19-1-20 J.S.

97-10-19
128-10-19 M

02223



23



S.O. 2 M.N. 10/4/16 M.P. 3
James
WALKER, J. (Pte) #725607, 109th Bn.

649-W-15718.

MEDALS & DECORATIONS. (Brother) Charles Walker, Esq.,
R. R. No. 2,
Fenelon Falls,
Ont.

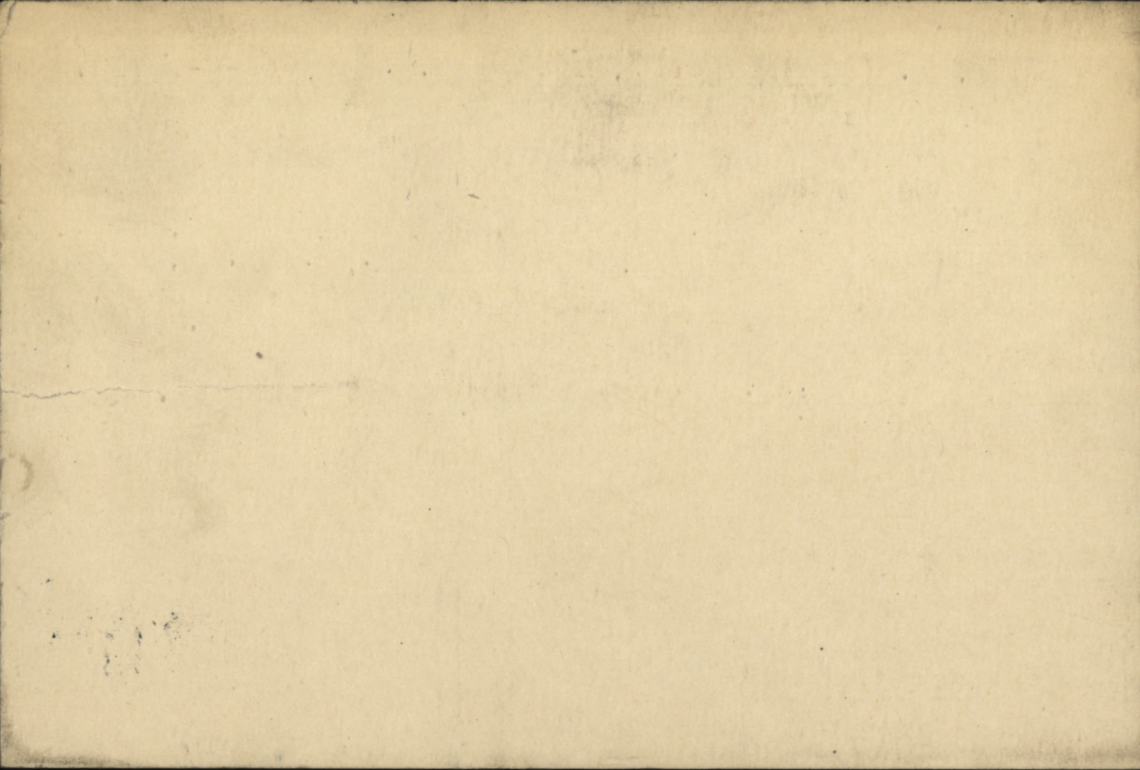
PLAQUES & SCROLLS. (Death not due to service.)

MEMORIAL CROSS.

Death not due to service.

England only.
Eligible for P.W.M.
M.F.

S.P.R.
58379



MB
Number

725607

Rank

Lt Col

Surname

WALKER

Christian Name

James

Units

109th Bn Can Inf

Theatre of War

England

Date of Service

31-7-16

Remarks

Latest Address

Fenelon Falls
G.P.O. Ont

Roll No.

a Page 2879

200m-2-21.M.

DESP. AUG 16 1927

REGN. NO. 34923

No. 725607. RANK

Pte
L/Corpl.

NAME Walker. J.

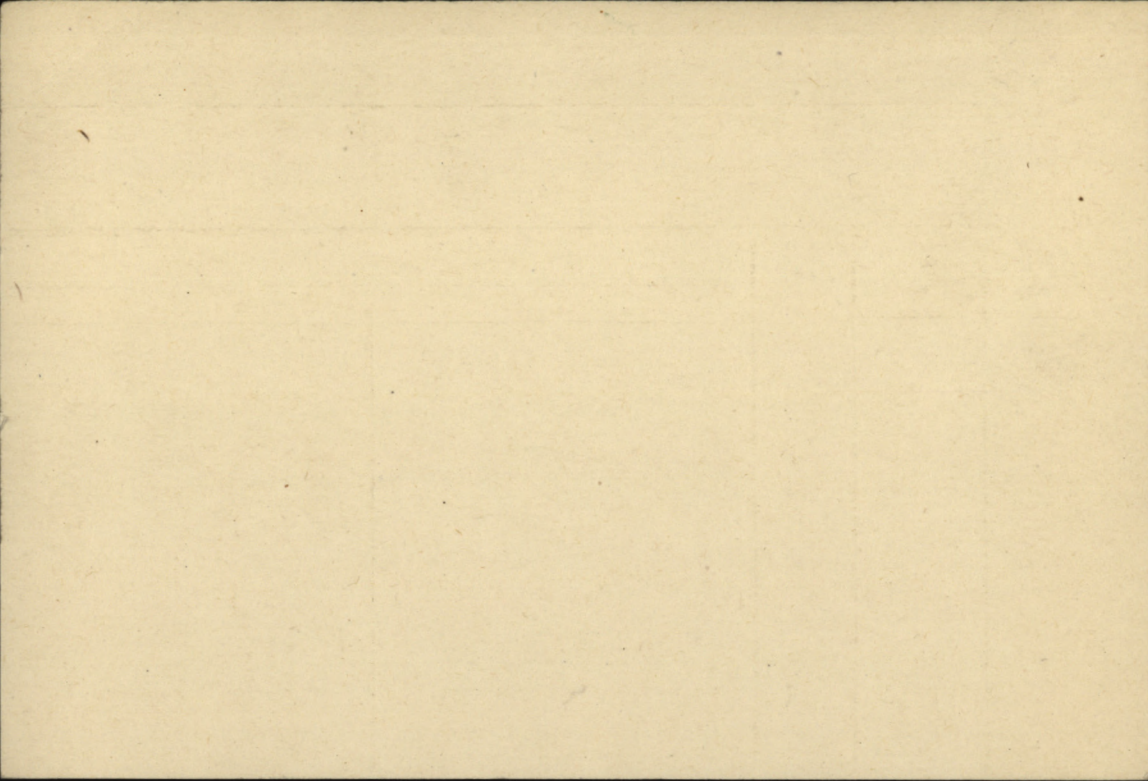
T.O.S. 11-2-16.
D.O. 74.15-2-16.

UNIT 109th Battalion

M. D. 13

PAID FROM		PAID TO		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
					PARTICULARS	AUTHORITY
1916	1916.					
Feb 11.	Feb. 27			✓		
Mar.				✓		
April.				✓		
May.				✓		
June.				✓		
July.				✓		
					Pro. L/Corpl. . . 6 . . 6.	D.O. 175 of 12-6-16.

UNIT SAILED
JUL 23 1916



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

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

Casualty Form—Active Service.

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

Regimental No. 425607 Rank Private Name Walker James
C. E. F.

Enlisted (a) 11.2.16 Terms of Service (a) D of W Service reckons from (a) 11.2.16

Date of promotion to present rank. Date of appointment to lance rank. Numerical position on roll of N.F.C.O.s.

Extended Re-engaged Qualification (b) School Teacher

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/L. Cpl.	Oxney	5.8.16	Part II Order 216.
		Transferred to C. C. A. C.	Bramshott	15.9.16	Part II Order 266.
2/12/16	Oct 1917	to 124th Bn.	Witley	2/12/16	Part II No 443.
					Adjutant Capt. ADJUTANT 109th Overseas Battalion.
19-1-17	124th Bn.	Attached to Garrison Duty Battalion.	Witley Camp	19-1-17	Part II Order No. 19 Adjutant Lieut., Asst. Adjt. 124th Bn. C.E.F.

(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				
2-17-17	124th. Br. <i>attache</i>	Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17	Part. 11. Orders No. 32. <i>Heber</i> Capt Adjt. 124th. Can. Pnr. Bn. Pt. II D.O. # 48.
24-2-17	D. of T.O.	<i>Reverts to rank Pte</i>	London	7-2-17	Pt. II D.O. # 48.
13.4.17	D. of T.O.	Taken on strength Can. For. Corps from C.C.A.C.	London	31.1.17	Pt. II Orders No. 87 Lt. & Asst Adj. C.F.C.
7.5.17	DIST 3	<i>T.O.S. Dist 3 from C.F.C.</i>	<i>W. J. Wilson</i>	1.3.17	Pt. II D.O. no 6.
23-11-17	Dick 53	<i>appointed a 1/2 corporal</i>	<i>W. J. Wilson</i>	1-11-17	Pt. II D.O. no 129
15.2.18	" 53	<i>S.O.S. at co. 102 on posting to Base Depot</i>	<i>W. J. Wilson</i>	9.2.18	Pt. II D.O. no 7. <i>J. S. Swinburne major</i>
11-2-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale	Sunningdale	9-2-18	Pt. 11 D.O. 36
11.2.18	Ob b26	<i>Reverts to his former grade "Pte" surplus to establishment</i>	Sunningdale	9-2-18	DD Pt II # 30. <i>capt for OC Base Depot b26</i>
18 FEB 1918		TAKEN ON STRENGTH C.D.D, BUXTON			Pt. 11 ORDER NO. <i>Lock L. for</i> Commanding Canadian Discharge Depôt. <i>Lock L. for</i> Commanding Canadian Discharge Depôt.
		EMBARKED FOR CANADA FROM LIVERPOOL			

J.M. Rank *Private* Name WALKER, James. ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single. ✓

Reg'l No. 725607 ✓

Place and Date of Enlistment Fenelon Falls. 11th Feb 1916 Place of Birth Fenelon Falls, Ont. ✓

Name and Address, Next-of-Kin Charles Walker. ✓

R.R. No *3*, Fenelon Falls, Ontario, Canada Relationship Brother. ✓

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No. *1496*
 File R.L.
 Category *Can. O.R.*

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character *7 30139*

H. W. & V., Ld.—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	OC 109 th	Apptd Prov. L. Col	Weney	5-8-16	PT II D.O. 28 + D.O. 285
22.9.16	do	Joins as Loc. Com. C.C.A.C	Bramsholl	28-8-16	PT II D.O. 266 } PT II D.O. 4400 + D.O. 293
22.9.16	do	All from C.C.A.C for P.B.D.	do	28-8-16	PT II D.O. 266 } C.C.A.C 14-9-16
16.9.16	CCAC	J.O.S as L/C on Com 109 th Bn	Folkestone	28-8-16	" 400
8.12.16	109 th Bn 124th Bn	ceases to be attached to 109 th Bn & att to 124 th Bn	Witley	8-12-16	" 343.
9.12.16	124th Bn	att for all purposes.	Witley	8.12.16	" 265
19.1.17	"	ceases to be attached to 124 th Bn	"	19.1.17	" 19. PT II D.O. 26
1-2-17	124 th Bn	ceases to be att to 124 th Bn is att to Can. Const. Corps	Witley	1-2-17	PT II D.O. 32
9-2-17	C7C	Att. to C7C for D.P. etc	London	1-2-17	" " 35.

MX
24/2/22 M.J.

725607

Walker James

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
2-3-17	CCAC	Clears to be att. to 109th Bn. S.O.S. to CTC	Hastings	1-2-17	Ch. 100. 105.
24-2-17	C.F.B.	Reverts to Plo	London	7-2-17	Pt II 2048
13-4-17	"	T.O.S. on trans from CCAC.	"	31.1.17	Pt II 57
7 5 17		Dist. 3 CTC	On Strength	2 Coy	London 15 17 Pt 2 6.
23-11-17	53 Snt-CAC	App ^t of 2/ Cpl	W. Egham	1-11-17	Rec 139
14-2-18	A				
11-2-18	BDCAC	T.O.S. from 53 Snt-CAC	" S'dale	9-2-18	" 36 (P. 107 of 15-2-18 53 Snt-CAC. S.O.S.)
"	"	Reverts to perm Grade Plo	" "	9-2-18	" 36
18-2-18	BDCAC	Proc on Com to 2 Snt Bn	" "	16-2-18	" 42
11-3-18	"	Clears to be on Com + S.O.S. to Canada for Div by A.G.	" S'dale	26-2-18	" 60

DUPLICATE

6

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725607**.....

(3) Full Name of Soldier **James Walker, Ontario, Canada**.....

(4) Place of Birth **Fenelon Falls, Ontario, Canada**.....

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

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

(b) Present Postal Address **Nil**.....

(7) Are you a widower? **No**.....

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

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

Also their names and ages **Nil**.....

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

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

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

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

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

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

(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.

.....Charles Walker,.....

.....Fenelon Falls, Ontario, Canada.....

.....Brother.....

(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.

.....Nil.....

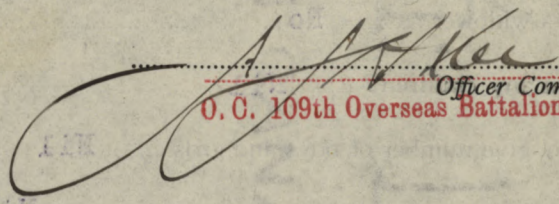
(15) Are you insured?.....No.....

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.....5th July# 1916.....


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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORIGINAL LAST PAY CERTIFICATE

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

Regimental No. 725607 Rank Pte. Name Walker, J.

Corps 109th Battalion who was* Discharged

On April 10th 1918, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 19th 1918, to April 10th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>L.P.C.</u>	15	20	Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay <u>51</u> days at \$ <u>1</u> c.	51	00
} No.			Field Allow. <u>51</u> days at \$ <u>10</u> c.	5	10
Assigned Pay and Sep'n Allice. No.			Separation Allowances* (Monthly)		
Other charges <u>A.P. March</u>	15	00	Other Allowances* <u>Clothing</u>	8	00
Payment on transfer or discharge No. <u>81</u>	33	90	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	64	10	Total	64	10

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of March 1918 and Sep'n Allice. for month of 1918 (to) Assignee Chas. Walker,
 (Address) Fenelon Falls,
 R.R. #2 Ont.

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

On Transfer of an Officer

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

REMARKS:—

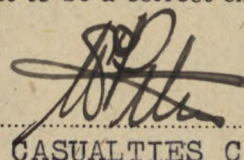
- State (1) date of enlistment Feb. 11th, 1916
 (2) if married and if a Separation Allowance Card has been submitted No
 (3) cause of discharge authority 3MD 88-W-279
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date April 10th, 1918

Place Kingston, Ont.



Captain
CASUALTIES C.E.F. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque #81 attached

ORIGINAL LAY EVIDENCE
CONTINENTAL EXHIBITIONARY FORCE

1. Name of Exhibitor
2. Name of Exhibit
3. Description of Exhibit
4. Date of Receipt
5. Name of Receiver
6. Name of Inspector
7. Name of Agent
8. Name of Clerk
9. Name of Steward
10. Name of Porter
11. Name of Janitor
12. Name of Cook
13. Name of Baker
14. Name of Butcher
15. Name of Grocer
16. Name of Druggist
17. Name of Apothecary
18. Name of Pharmacist
19. Name of Chemist
20. Name of Optician
21. Name of Jeweler
22. Name of Goldsmith
23. Name of Silversmith
24. Name of Watchmaker
25. Name of Clockmaker
26. Name of Carriage Maker
27. Name of Saddler
28. Name of Shoemaker
29. Name of Hatter
30. Name of Tailor
31. Name of Dressmaker
32. Name of Upholsterer
33. Name of Cabinet Maker
34. Name of Joiner
35. Name of Carpenter
36. Name of Painter
37. Name of Plumber
38. Name of Electrician
39. Name of Mechanic
40. Name of Blacksmith
41. Name of Farrier
42. Name of Veterinary Surgeon
43. Name of Physician
44. Name of Surgeon
45. Name of Apothecary
46. Name of Dispensary
47. Name of Hospital
48. Name of Dispensary
49. Name of Hospital
50. Name of Dispensary

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 *Pvt* Name *James* Surname *Walker*
Unit of Corps *Co. 3 Gas Unit* (If a soldier) Regtl. No. *75607*
Born at *Fenelon Falls Ont.* on, (date) *April 25th. 1896.*
Signature (for identification) *James Walker*

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

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

Weight *160* lbs. Colour of eyes *hazel.*
Height *5* ft. *7* in. Identification Marks *nil.*

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

normal

5. HEART?

Abnormal Sounds? *Systolic in A2 area and transmitted over precordia*
Abnormal Size? *none*
Pulse Rate? *118* Intermittence or Irregularity? *no* Muscular Tone? *good*

6. ARTERIES.—(a) Any hardening or nodulation? *no*

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1.025* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

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

Examined at *Fort Henry* Signed..... M. O.
Date *Apr 9-18* Signed..... *James Walker* M. O.
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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



Medical Examination upon joining the Service

Form No. 101 (Rev. 1-1-1918)

This form is to be filled out by the examining physician and is to be returned to the Surgeon General's Office, Washington, D. C.

Name of Applicant: _____
Rank: _____
Branch: _____
Serial Number: _____

1. General Appearance: _____
2. Height: _____
3. Weight: _____
4. Blood Pressure: _____

5. Vision: _____
6. Hearing: _____
7. Heart: _____

8. Lungs: _____
9. Stomach: _____
10. Intestines: _____

11. Genitourinary System: _____
12. Skin: _____

13. Mental Status: _____
14. Habits: _____

15. Other: _____

Signature of Examining Physician: _____
Date: _____

Signature of Applicant: _____
Date: _____

Remarks: _____

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
18. 2. 18	Fit Refilling & no extraction required	no	no 4 X 1/2 mm base base	at Public & private

DENTAL CERTIFICATE

The following Certificate will
be attached to the Dental History Sheet on all
Other Banks being returned to Canada for disposal.

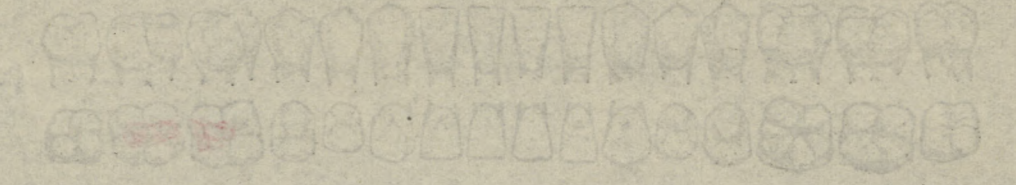
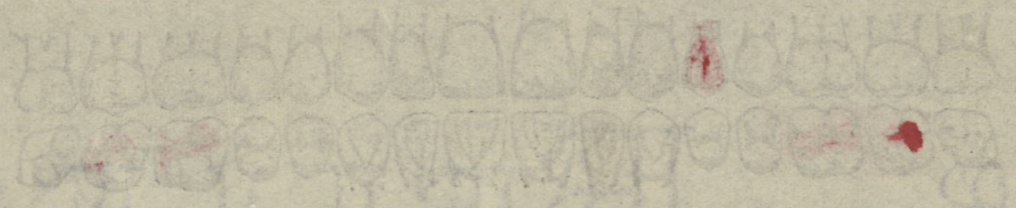
Date of Examination	Dental Condition	Treatment	Remarks

100-100-100

INSTRUCTIONS

- 1. On examination the condition of patient's mouth to be marked on diagram in red ink.
- 2. Position of examination in left.
- 3. Condition on diagram.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



DATE	OPERATOR	CLINICAL HISTORY	EXAMINATION	OPERATION	POST-OPERATIVE	REMARKS

TRADE MARK OF THE EASTMAN KODAK COMPANY
 MODEL 10
 DENTAL X-RAY FILM SAFETY FILM



EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

Aug 28 1916.

No. 725607 Unit 109th Bn Rank R/Corp
Name Walker James Age 20

Examination held at Bramshott, Hants.

DISABILITY. V. D. H.

~~Overseas~~—Local.
(scratch one out)

Present Condition: aortic, regurgitant murmur audible
compensation good

Board recommends:

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

Signatures:

Members { A. Stewart Maj Pres.
H. Drachman Capt
D. J. McKay Capt

Approved.

Bramshott 28 AUG 1916 1916.

[Signature] Major.
D.A.D.M.S. for A.D.M.S. & G.O.C.
Canadian Troops, Bramshott.

EXAMINATION

STANDING MEDICAL BOARD BRAMSHOTT

1910

Rank *Major*

No. *1044 B*

Age *30*

Name *Walter James*

Examination held at *Bransford House*

W. J. B.

QUALIFY

Qualification—*First*
Second and *out*

Present Condition:

Walter James

Board recommendation:

Fit for duty

Fit for duty after weeks physical training

Fit for duty after weeks

Fit for duty after weeks

Walter James

MAJOR WALTER JAMES
Commander The Buffs

Walter James

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

018696-J-20.

Name Walker, James
Surname

Christian Name

Regimental Number 725607

Rank Pte.

Address (in full)

R.R.#3,

Unit 100th Bn.

Fenelon Falls, Ont.

Original Unit

District where paid M.D.3.

Date of Discharge 10-4-18.

P. D. P. Filing Number 19-100-3.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1979	10-4-18	33 00	1928	10-5-18	33 00	1776	10-6-18	34 10		100 10

Remarks:

M. F. W. 127.
50M-617.
1978 89-1140.

File No. 018696-2203

WAR SERVICE GRATUITY.

Register No. W1781

Inv. 29-10-19

Reg. No. 725607 Pte
Name Walker James
Address Bobbie Karburn

Dependent
Address

Doct'n No.	File No.
1234	5678
S. A. month at \$	per mo. \$ \$
Less P. D. P. Credited	\$
	\$

Pay Soldier \$ 249.90
Less further debit to paye
Net due paid as below

Pay Dependent \$

G. W. Graham
90 Subv. Inv.

TO SOLDIER				TO DEPENDENT			
Ag. No.	Ch No.	Amount	Days	Rate	Ag. No.	Ch No.	Amount
1			153	70			
2							
3							
4							
5							
6							

Due 350
100.00
Less P.D.P. credited
Less further Dr. Bal. or overpayment.
Net 249.90

R W113
12-11-19

Clerk J. H. H. H.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
6/11/19	42436	538088	249.90					
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
M. 10
4-11-19
Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Chas Walker
 Address Penelon Falls,
RR #3 Ont.

By Whom Assigned Walker J.
 Regtl. No. 725607
 Rank L/C
 Corps 109th Batt. C Coy

Rate 15.00

AUG 1 1916

PAYMENTS

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



1000

1000

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Chas Walker

PAYMENTS.

Name of Soldier

Walker, Chas
725-607 2/C 109th Batt

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>M 18238</i>	<i>15⁻</i>	
Sept.		<i>L 20716</i>	<i>15⁻</i>	
Oct.		<i>F 25566</i>	<i>15⁻</i>	
Nov.		<i>F 29268</i>	<i>15⁻</i>	
Dec.		<i>@ 35291</i>	<i>15⁻</i>	
Jan.	1917	<i>T 41991</i>	<i>15⁻</i>	
Feb.	<i>15⁻</i>	<i>W 44634</i>	<i>15⁻</i>	
March	<i>15⁻</i>	<i>W 43955</i>	<i>15⁻</i>	<i>W. 43955 Cancelled 22/2/17 J.L.S.</i>
		<i>C 53837</i>	<i>15⁻</i>	<i>653837 cancelled 19/3/17 J.L.S.</i>
April		<i>B 35313</i>	<i>15⁻</i>	
May		<i>B 11579</i>	<i>15⁻</i>	
June		<i>Z 20761</i>	<i>15⁻</i>	<i>2/1</i>
July		<i>P 25946</i>	<i>15⁻</i>	
Aug.		<i>F 37456</i>	<i>15⁻</i>	
Sept.		<i>R 40209</i>	<i>15⁻</i>	
Oct.		<i>B 49801</i>	<i>15⁻</i>	
Nov.		<i>J 53647</i>	<i>15⁻</i>	
Dec.		<i>O 62073</i>	<i>15⁻</i>	<i>25⁰⁰ Feb.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

725607 Lt. Col. Walker, J.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		francs	£	S.	¢	d			
16-1-18	-	44			19	47	H. Denton		
14-2-18	B1201	2			9	73	Base Dept CFC	R.A. Brown	
					79	70			

DEDUCT:—NUMBER OF RATIONS ON HAND ...

NUMBER OF RATIONS REQUIRED ...

HEAVY DRAFT HORSES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROLL
TOTAL RATIONS AUTHORIZED AS ABOVE ...								
DEDUCT:—NUMBER OF <u>RATIONS</u> ON HAND ...								
NUMBER OF <u>RATIONS</u> REQUIRED ...								

LIGHT DRAFT, RIDING HORSES AND MULES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROLL
TOTAL RATIONS AUTHORIZED AS ABOVE ...								
DEDUCT:—NUMBER OF <u>RATIONS</u> ON HAND ...								
NUMBER OF <u>RATIONS</u> REQUIRED ...								

* These issues are only Equivalents In lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES T

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Fenelon Falls Ont.
Charles Walker
Fenelon Falls Ont.
Brother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prom Lancelupt	5/8/16	50218
Reverts to Pte	7/2/17	Can. For. Corp. 24/17
App Art Corp	1-11-17	1-11-17
Reverts to Pte.	9-2-18	20.139 23-11-17 20.36 4-2-18 J.B.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. *725607* RANK *Pte* NAME *Walker James*

IF IN PERM. CORPS WHAT UNIT

UNIT *109 Bn.*

TRANSFERRED TO *C.C.C.*

DATE *1/10/16* AUTHORITY *50266*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *688. Eny*

DATE *11/8/17* AUTHORITY *May aft*

PLACE OF ATTESTATION

Fenelon Falls Ont.

TRANSFERRED TO *H. Hon. Off.*

DATE *19/2/18* AUTHORITY *CFC.*

DATE OF ATTESTATION

July 11-1916

TRANSFERRED TO

DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1st 1916*

PAYABLE TO

Charles Walker Fenelon Falls RELATIONSHIP *Brother*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *1/2/17*

EFFECTIVE *1/1/18*

REASON *Res. to Canada Factory War Service*

DISCHARGE DATE AND PLACE

Canada 18-2-18

REASON AND AUTHORITY *A.G. 3a 1807 a*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

For Disposal

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

18 SEP 1916

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT					
<i>1916 July 31</i>											<i>29 10</i>	<i>29 10</i>																		
<i>Aug 5 31 27</i>	<i>105</i>	<i>35</i>	<i>31 10</i>			<i>3 10</i>					<i>35 45</i>	<i>25 9/16</i>					<i>9 73</i>	<i>15</i>	<i>24 73</i>	<i>39 82</i>							<i>50218 Prom Lt Cpl</i>			
<i>Sept 30</i>	<i>105</i>	<i>35</i>	<i>31 50</i>			<i>3</i>					<i>34 50</i>	<i>57 3/16</i>					<i>7 30</i>	<i>15</i>	<i>22 30</i>	<i>52 02</i>							<i>50266 Jam C.C.C. 1/5/16</i>			
<i>Oct 31</i>	<i>105</i>	<i>32 55</i>	<i>31</i>	<i>3 10</i>							<i>34 50</i>						<i>9 73</i>	<i>15</i>	<i>39 33</i>	<i>48 34</i>										
<i>Nov 1-30</i>	<i>30</i>	<i>21 50</i>	<i>30</i>	<i>3</i>							<i>34 50</i>						<i>9 73</i>	<i>15</i>	<i>39 33</i>	<i>58 10</i>										
<i>Nov 1-31</i>	<i>31</i>	<i>32 55</i>	<i>31</i>	<i>3 10</i>							<i>35 65</i>						<i>9 73</i>	<i>15</i>	<i>39 33</i>	<i>66 58</i>										
<i>1917 Jan 31</i>	<i>105</i>	<i>35 65</i>									<i>35 65</i>						<i>15</i>	<i>15 00</i>	<i>15 00</i>	<i>89 23</i>	<i>4 50</i>	<i>82 73</i>								
<i>Feb 28</i>		<i>32 24</i>									<i>32 20</i>						<i>15</i>	<i>49 07</i>	<i>70 36</i>											
<i>Mar 31</i>	<i>115</i>	<i>35 65</i>									<i>35 65</i>						<i>24 34</i>	<i>15</i>	<i>44 20</i>	<i>61 81</i>										
<i>Apr. 30</i>	<i>110</i>	<i>33</i>									<i>33 00</i>						<i>19 47</i>	<i>15</i>	<i>54 16</i>	<i>40 65</i>										
<i>May 30</i>		<i>34 50</i>									<i>34 50</i>						<i>17 04</i>	<i>15</i>	<i>60 15</i>											
<i>May 31</i>		<i>110</i>									<i>110</i>							<i>2 65</i>	<i>54 16</i>	<i>40 65</i>										
<i>96</i>		<i>247 85</i>									<i>247 85</i>							<i>15</i>	<i>15</i>	<i>60 15</i>	<i>61 25</i>									
		<i>29 10</i>									<i>29 10</i>							<i>19 03</i>	<i>146 02</i>	<i>150</i>	<i>2 65</i>	<i>315 70</i>								

Checked Edward

U.S.

725607 *W. Walker, Jr.*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT		
			\$	C.						\$	C.																	\$	C.
June 30	30	1.10	347	85				2910	376	95			17	03	146	02	150	265	315	70	61	25							
July 31	31		34	50				3450									15		15		80	75							
Aug 31	31		34	10				3410									15	150	16	50	98	35							
Sept 30	30		33					33									15	150	16	50	92	85							
			483	55				2910	512	65			17	03			15		363	70	34	06	81	89					
													17	03			15						65	82					

Overpaid in June \$1.50
 1.50 overpaid Dec 1917
 71d 876 Eng 11/8/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLG. ENG.
									65 82		
Oct	P. Pay	34 10		car				15			
				A.R. 2114 - 25/1/17 - CFC Loan	17 03						
				A.R. 4291 - 25/9/17 - 100 CFC	17 03				50 86		
Nov	L.P. Pay	34 10		b.a.p.	34 06			15			
		34 50						15			
Dec	P. Pay	35 65		A.R. 119 18/10/17 Mortgages	17 03						
				A.R.				15			
				A.R. B. 2695 1st Payment on \$100 War Loan December 1917	10 00				63 98		
1918	Jan	70 15		b.a.p.	27 03			30			
		35 65						15			
				A.R. L502 12/12/17 102 Co	29 20						
				A.R. L331 20/11/17 102 Co	17 03						
				2nd Payment \$100 War Loan Jan 1918	10						
				A.R. L371 29-11-17 102 Coy	97 3				18 67		
		35 65			65 96						
Feb	P. Pay	9 20		b.a.p.							
								15	23 87	29 20	
		11							4 50		
				A.R. L530 15-1-18 102 Co	19 47						
		20 20			19 47						
March				A.R. B. 1201 19/1/18 CFC	9 73				53 3		
					9 73						
June	for note - 9860										
	Bal. to Canada	5 33									
		5 33									

DISCHARGED TO *Canada* DATE 18-2-18
 PAY BOOK VERIFIED 18-2-18
 Dr. BAL 5.33 L.P.C. REM 18-2-18
 AUTH. G. G. 30 1807a

Checked *G. G. 30 1807a*

V. L 1917
 #20 charged P+a refunded soldier
 29/11/19

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

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

MEDICAL HISTORY OF AN **INVALID**STATION Fort Henry. DATE Apr. 12/18.1. (a) Unit # 3 Cas. Unit. (b) Regimental No. 725607. (c) Rank Pte.(d) Surname Walker. (e) Christian name James.2. Age last birthday 21 years. Date of birth Apr. 26th, 1896.3. Enlisted at Fenelon Falls. on Feb. 11th, 1916.

4. Personal description:—

(a) Height 5' 7". (b) Weight 160. (c) Complexion Dark.(d) Colour of hair Dk. Brown. (e) Colour of eyes Hazel. (f) Identification marksNil.

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

Fenelon Falls. R.R. No. 3.6. Former trade or occupation Teacher.

7. (a) Service

Years

Days

109 Bn.C.F.C.# 3 Cas. unit.

PERIODS

From

Feb. 11/16.Feb. 1917.Mar. 17/18.

To

Feb. 1917.Mar. 17/18.

Date.

(b) Has he been overseas? Yes England 19 months.8. Present disease or disability (use authorized nomenclature if possible) V.D.H.(a) Date of origin Before enlistment. (b) Place of origin Fenelon Falls. Ont.(c) Cause* Unknown.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

SUBJECTIVE - Unable to carry on at any physical training or manual labor. Complains of shortness of breath, palpitation and dizziness on exertion. Says he can walk 4 miles if given plenty time.OBJECTIVE - Man is well nourished. Pulse 120 at rest. Impulse in 5th interpace inside nipple line. Impulse is forcible. There is a murmur systolic (?) Aortic 2nd area transmitted down the sternum to apex. This lesion is not likely to improve and he would not be fit for any drilling.

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

10. History :

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

1 vacc mark left arm.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Before enlistment.

13. Was a Court of Inquiry held?

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

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

40%;

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

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

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

17. Treatment (Case reports, general or special, should be secured and attached where possible). None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

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

20. Recommendations. Category "E".

M. Smith Capt. AMC. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Jas Walker Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does not 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 pass under his own control.~~
(Strike out condition not applicable).

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

Category "E" disability aggravated by service.

ANATOMY DISABILITY AGGRAVATED BY SERVICE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

M. Caplan capt. AMC. President

M. J. ... Capt. AMC. } Members.

STATION Kingston, Ont.

DATE April 13th, 1918.

APPROVED BY

DATE APR 15 1918

Captain A. M. C. Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Casford

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

28-11-1916.

No. *725607* Rank *Leg/cpl* Name *Walker James*

Local Unit *109* Overseas Unit _____ Age *20*

Examination held at Bramshott, Hants.

DISABILITY. *D. D. H.*

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Reboard

Board recommends: *Class. C. (ii)*

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

Signatures :

Members { *C. E. Cooper* ^{*Major*} *Cole* Pres.
L. A. Dickson *Major*
H. M. Jackson *Capt.*

Approved.

Bramshott *Nov. 28* 1916.

A. D. Stewart *Major*
for A.D.M.S. *T. G. O. C.*
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

22-11-1916

No. 12345 Rank Captain Name J. J. J.

Local Unit 100

Examination held at Bramshott, Hants.

DISABILITY

Overseas Medical Certificate

PRESENT CONDITION

Fit

Board recommended

1. Fit for duty
2. Fit for duty with weeks physical training
3. Fit for Reserve duty
4. Fit for Permanent 1st Line duty
5. Discharge

C. C. C. G. G. G.

Members

Approved

Signature Date 22-11-1916

725607

C.

MEDICAL HISTORY SHEET ORIGINAL

Surname Walker

Christian Name James

Examined { on 12 day of February 1916
at Fenelon Falls

Approved by

J. M. C. Black Capt.
Medical Officer
Rank 109th Overseas Battalion, O.D. F.

Birthplace { City or Town Fenelon Falls
County Victoria

Apparent age 20 years

Trade or occupation School Teacher

Date 17.2.17

Fit or Unit B III

EXAMINED FOR RE-ENGAGEMENT,
not liable to be re-engaged within
any amount of time
under any circumstances

Height 5 Feet 7 1/2 Inches

Weight 155 Lbs.

Chest measurement { Minimum 33 1/2 inches

{ Maximum expansion 38 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left /
Number 1

VACCINATIONS

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease none

ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection

none

5/5/16 good none inoculated M.O.
25.5.16 2 inoculated M.O.
4.6.16 inoculated M.O.

Enlisted on 11th day of February 1916 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>725607</u>		<u>11.2.16.</u>
Transferred to.....	<u>124th BATTALION, C.E.F.</u> <u>CCOE-15.9.16</u> <u>G.D.B. - 19.1.17</u> <u>Can. Forwarding Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>28/8/16</u>	<u>V. D. H.</u>	<u>permy base</u> <u>A. Stewart Maj</u>
<u>Approved Bramshott</u>	<u>28 AUG 1916</u>		<u>PRESIDENT,</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>Major,</u> <u>A.D.M.S. for A.D.M.S.</u> <u>Indian Troops, Bramshott Camp.</u>	<u>28/8/16</u>	<u>V. D. H.</u>	<u>Class C (iii)</u> <u>C. Cooper</u>
			<u>PRESIDENT,</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>

N. B. - This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

14.11.16
H. Q. 1772-39-438

APPROVED.

Summerville 11/2/18 W. A. Ho B III C. A. M. D. M. A. M. D. C. M. S.

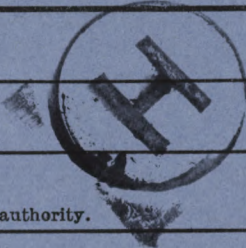
This space to be for numbers.



Proceedings on Discharge.

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

No.	725607.
Rank	Private.
Name	Walker, James
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No. 3 Casualty Unit.
Date of Discharge	10-4-18
Place of Discharge	Kingston, Ont.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age...21.....years.....11.....months.
 Height.....5.....feet.....8.....inches.
 Complexion . . .Dark
 EyesBrown.
 HairDark.
 TradeSchool Teacher
 Intended place of residence } *Henelon Falls*
 (To be given as fully as practicable.) } *Lindsay, Ont.*

Descriptive Marks

2. The above-named man is discharged in consequence of *Medical Unfitness for further service due to Sickness*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

— Very Good —

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

School Teacher.

Recd 19-1-20 1812

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

Nil.

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

6. Medals and Decorations.....

Same as authorized for service
in England and Canada.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

(Place) Kingston, Ont.

Grant
CAPT. & ADJUTANT
40th Unit, M. H. C. C.

(Date) 10-4-18

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston, Ont. *James Walker* (Signature of Soldier.)

(Date) 10-4-18 *A. J. Symons* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 68 days.

Total 2 years 68 days.

11. Confirmation of Discharge.

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

(Place) Kingston, Ont.

Grant
CAPT. & ADJUTANT
40th Unit, M. H. C. C.

(Date) 10-4-18

Reservations referred to at Para. 8.

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

No. *James Walker*

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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*H. L. Walker
for*

PARTICULARS OF SEPARATION ALLOWANCE

No. *725607*
 Rank *L/C* Promoted Reverted Discharge
 Soldier's Name *J. Walker*
 Battalion *109 Bn. "C"*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

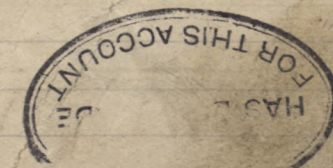
Name *Chas. Walker*
 Address *Fenelon Falls, P.R. # 3,
 Ont.* Change of Address
 1
 2
 3
 4

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

<i>Dec 3/17</i>			<i>255.00</i>	<i>255.00</i>	
<i>Jan 18</i>	<i>L 70781</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>B 73526</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>N 94530</i>		<i>15</i>	<i>15</i>	
			<i>300</i>	<i>55</i>	

File 108696 - J-112
A.P.
 A/c Closed
 Ret'd per *Canada*
 Date *21-3-18*
 #305 - Clerk *J. M. Hough* *25-3-18*
M.D. #14
MRO 23 28-3-18

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22220-M. & D. 7493.



Reserved for M.H.C.

Regt. No. **723607** Rank **Platoon Leader** Surname **WALKER** Christian Name **JAMES**

Unit or Corps—(a) Overseas from United Kingdom **100th. Bn. Can. Exp. Corps** (b) In United Kingdom **Can. Exp. Corps**

Born at—Town **Fenelon Falls** County or Province **Ont.** Country **Canada**

Date of Birth—Day **26** Month **April** Year **1893** Age **23** yrs. **8** months.

Joined at **Fenelon Falls** Date **February 11th, 1916**

Former Trade or Occupation **Teacher**

Permanent marks or peculiarities that will serve for future identification:—

Scar on right thumb

Height—feet **5** inches **5** Colour of eyes **Light brown**

Signature of Soldier (for identification purposes) **James Walker**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
(Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a). **Shortness of Breath**
Weakness

Disabilities Group (b). **Not applicable**

Disabilities Group (c). **Not applicable**

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	V D H	Canada	1911
(ii.) As to Group (b) above.	Not applicable		
(iii.) As to Group (c) above.	Not applicable		

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

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

(i.) As to Group (a) above? **Yes** If yes, has Active Service aggravated it? **Yes**

(ii.) As to Group (b) above? **not** If yes, has Active Service aggravated it?

(iii.) As to Group (c) above? **not applicable** If yes, has Active Service aggravated it?

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

(i.) As to Group (a) above? **no**

(ii.) As to Group (b) above? **Not applicable**

(iii.) As to Group (c) above? **not applicable**

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

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

NOT APPLICABLE

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Since 1910 or 1911 he developed a heart trouble, under doctors treatment for two years, somehow he was passed as fit. Enlisted Feb. 11th. 1916 since when he has been turned out of Infantry to G.P.C. But cant do very much real work. Has been excused duty and put on Light Duty at times.

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

Condition is good of sound healthy appearance. Complains of shortness of breath, weakness and dizziness. Heart no enlargement, but there is an aortic murmur very audible. Heart well at sternum transmitted up. There is no expillary or collapsing pulse. No oedema but slight cough. No signs of failing compensation, no myocarditic

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

No

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

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

(ii.) If so, describe.

No

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

Will not likely to be raised in category within six months

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

Date of Report.....191

Signed.....I. H. Roberts, Capt. A.M.C.

February 9th. 1918.

Officer in medical charge of case.

Station.....G.P.C. Base Depot.

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

R.A. Barker, Capt. G.A.C. { Officer i/c Hospital } Strike out one of these. { S.M.O. Brigade }

Dated at.....London

Station, on.....Feb 12th. 1918.

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

Yes

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)

Not applicable

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all.)

Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Not applicable

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

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

Not applicable

18. Remarks.

Man is of ruddy & bust a earance, but has aortic regurgitant murmur at base No cardia enlargement. Pulse not collapsible. Ordinary exertion or labour causes, dyspnoea, dizziness and precordial pain. Unable to carry on ordinary labour.

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

B ill not likely to be raised in six months

(c) Invalid to Canada?

No

(d) Discharge from service as permanently unfit?

No

Classification for the Military Hospitals Commission.

G

Date of Board

11-2-18

Sunningdale

Station

Signatures of the Board

L H Roberts, Capt. C.A.M.C.

R A McDairmid, Capt. C.A.M.C.

President.

Approved

[Signature]

Captain C.A.M.C.

A.D.M.S.

Dated at

A.D.M.S., Canadians London

Station

A.D.M.S. CANADIANS, LONDON AREA, LONDON, W2

13 FEB 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

[Faint, illegible text, likely the body of the recommendation]

[Faint text, possibly a reference or administrative note]

Dated at _____ this _____ day of _____ 191_____

Signatures of
the Board

President.