

copy
file

A. Coy.
724714

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.
Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Walsh*
- 1a. What are your Christian names? *John Clarke*
- 1b. What is your present address? *40 Wells St Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born? *Toronto Ont.*
- 3. What is the name of your next-of-kin? *Mrs. Elizabeth Kells*
- 4. What is the address of your next-of-kin? *40 Wells St Toronto Ont.*
- 4a. What is the relationship of your next-of-kin? *Aunt*
- 5. What is the date of your birth? *2 Nov 1896*
- 6. What is your Trade or Calling? *Marine Stoker*
- 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? *9th field Battery 3 Years.*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *Yes.*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Walsh*, 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: *Dec 9* 1915. *John Clarke Walsh* (Signature of Recruit)
Wm D Bauphied (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Clarke Walsh*, 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: *Dec 9* 1915. *John Clarke Walsh* (Signature of Recruit)
Wm D Bauphied (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 *25* day of *December* 1915.
[Signature] (Signature of Justice)

Description of John Clarke Walsh Enlistment.

Apparent Age 19 years 1 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 5 ft. 5 ins.

Birthmark on side left leg

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion Fair
 Eyes Blue
 Hair Brown

Religious denominations { Church of England
 Presbyterian Presby.
 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 declares that he is not subject to fits of any description.

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

Date Dec. 9 1915

Place Lindsay

J. McCulloch
 Capt.
 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.

John Clarke Walsh 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.

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

Date DEC. 29 1915

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge..... 1

Corps History Sheet.....

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

Disch
Parchment Certificate..... 1

Medical Report for Invalids..... 1

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

ATB 122 1

15C Form 132 1

M.F.W 192 1

ca doc. 500951 5

M. F. W. 62.

50M-9-16.

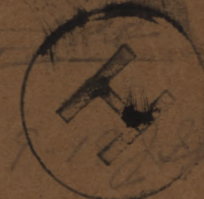
H. Q. 1772-80-935.

Name WALSH JOHN CARKE

Regt. No. 724714 Rank Pte

Corps 109th Battalion

MED. UNFIT!



C4420

15-12-19-19
Returned 17-1-1920

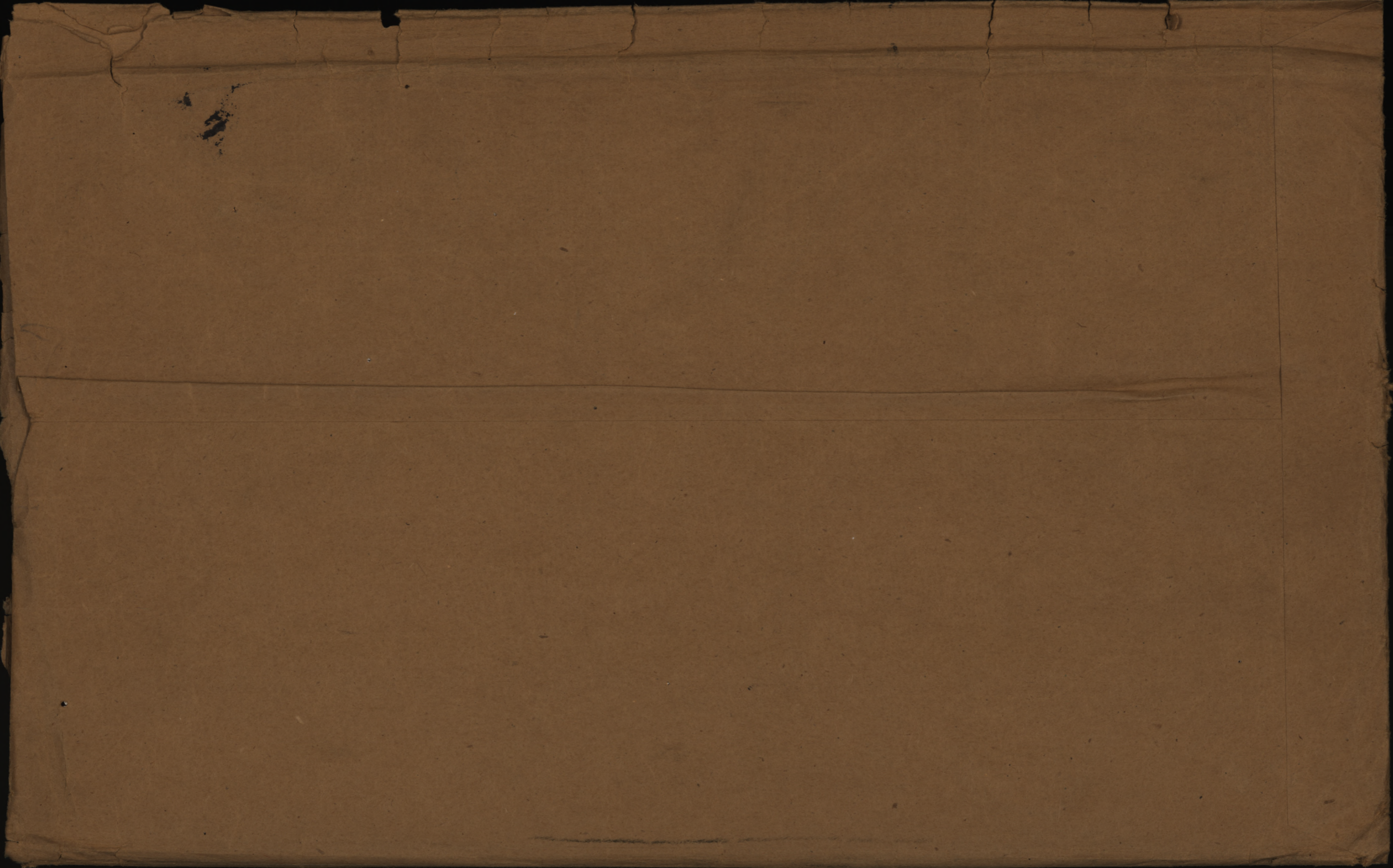
Ret 20-1-20 J.S.

Docs to B.P.C
31/3/20
Spec - 9048
m.H.

Ret 12-4-20
4

12-3
12-3
7-3
4

Handwritten notes and scribbles at the bottom of the page.



724714

Number *724714*

Rank *Pte*

B

Emil

Surname *WALSH.*

Christian Name *John Clark.*

V

Units *20th Bn. Can. Inf.* Theatre of War *France*

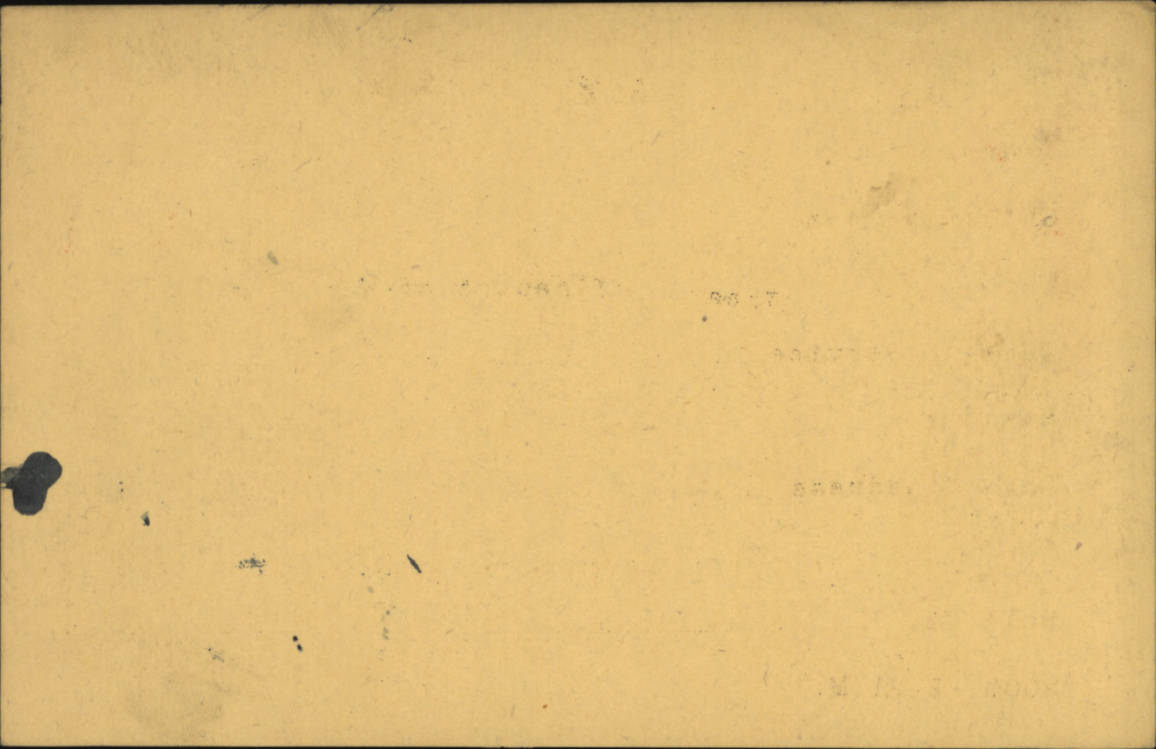
Date of Service *29-11-16*

Remarks

Latest Address *121 Numberside Ave,
Toronto,*

Roll No. *B. Page 14746.*

200m.-2-21.M.



C

SURNAME.

Walsh,

CHRISTIAN NAMES

John Clarke.

REGL. NO.

724714

RANK

Pte.

UNIT

109th

Balk.

FORMER CORPS

9th Field Battery

NEXT OF KIN.

NAMES IN FULL

Kells, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER

Aunt.

ADDRESS

121 HumberSide Ave
Toronto Ont.

L. 649-W-11059-26-9-17.

COUNTRY OF BIRTH

Canada, Toronto, Ont.

DATE

Nov. 2nd, 1896.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Dec. 28th, 1915.

o/s 23-7-16 $\frac{488}{36}$



R/17-1-1925-4-2

2

SOS-11-2-19. M. U. -
CARD NO. ✓
AD 39 of 8.2.19. 2 AD.
FOLL. LV.

also notify (R. 7. 2)
~~CHANGE OF ADDRESS~~
Miss S. Walsh.
1240 Shaw St
Toronto Ont
100-27-12-18
100-27-15. Ind

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Marine Stoker

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

19 YEARS

1 MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

35 1/2 INCHES

EXPANSION

4 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Birth mark on side
left leg.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 9th, 1915.

No. 724714 RANK

Pvt

NAME

Walsh, J.

C.

T. O. S.

7-12-15.

UNIT

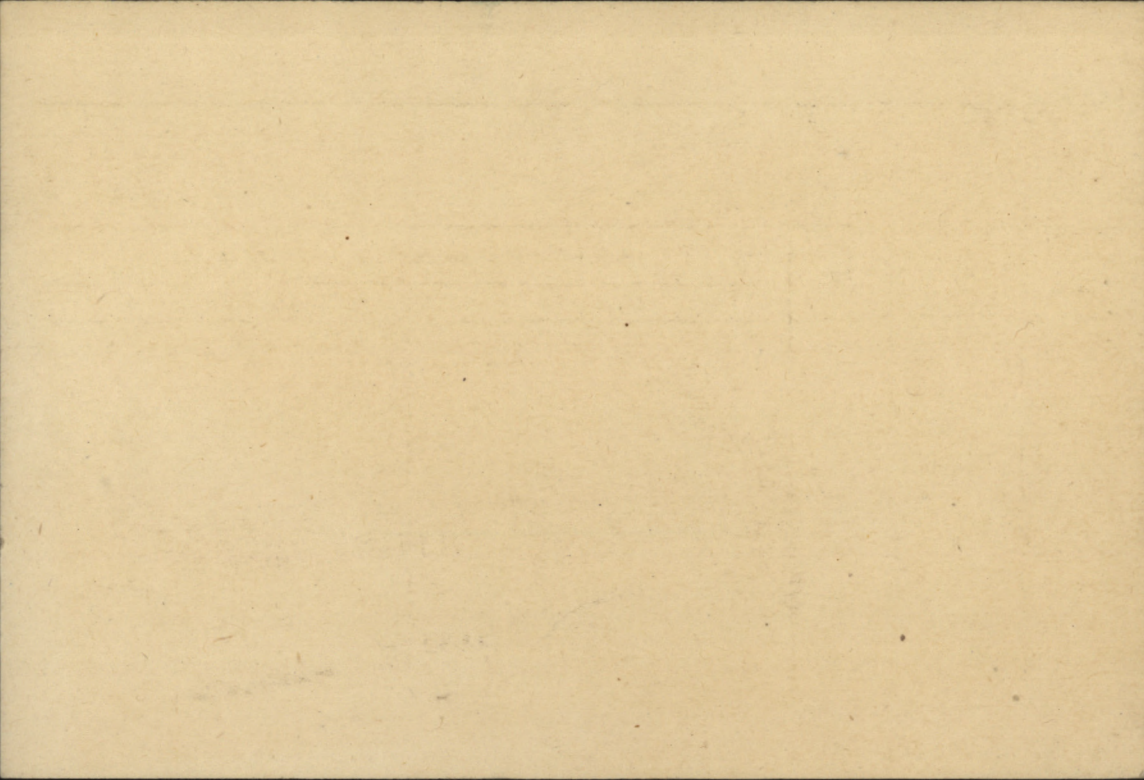
109th. Battalion.

D. O. 17. 9-12-15-

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 7	1915 Dec 31	✓		
1916 Jan.	1916 Feb.	✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 23 1916



Surname **Walsh** Christian Name or Names **J. C.** Reg. No. **724704**
 Rank **K** Unit **20 Batt. 1st CO. Rpf.** Co. **1st** Troop **4** Batty. **14**
 Hospital **36. Gen. Boulogne** Date of Admission **14. 4. 17**
 Transferred **7. Com. dep. Boulogne** Hosp. **17. 4. 17**
12 Can. 7ld. Amb Hosp. **25-8-17**
101 Can. 7ld. Amb. Hosp. **5-9-17**
10 " " " Hosp. **6-9-17**
 Diagnosis
 (1) **J. C. J. L. Foot sli.**
 Later Diagnosis (if changed) **"W" Contus. R. knee. l.**
 (2) **Synovitis, R. Knee.**
 (3) **Inf. R. Knee joint**
 Additional Diagnosis: if more than one state present **V. D. S. C. 110**
V. D. W. Rt. Leg. R

DISPOSITION To 3 Cg Rest. Camp Boulogne 21. 4. 17 Date
 Disch. to duty. 31-8-17
 Dis. B. Det. Etaples. 25-11-17
 Dis. to duty. 9. 5. 18.
 Dis. to No. 3. Emp. B. Dep. 25. 6. 18.
 Disch. 6. 12. 18

REMARKS
 A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.C. Lendon.

6. 4. 17. A 494.
 30. 4. 17. A 497
 1-9-17. A 593
 7-9-17. A 4
 12-9-17. A 8. (2)
 13-9-17. A 9(2)
 3-10-17. A 26(3)*
 6. 10. 17. A 29-3.
 12. 10. 17. A 34(3)
 20-10-17. A 11-3
 11-12-17. A 85(2)
 20-4-18. A 193(2)
 16. 5. 18. A 215(2)

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	22 C.C. Str	26.9.17
	56. Gen. Etaples.	28.9.17.
2.	2 Cond. Dep. Rouen.	4.10.17.
	11 " " Buchy.	7.10.17
3.	51 Gen. Etaples	11.4.18
	6 Course Depot, Etaples	9.5.18
4.	fordbury Way, Worthington	30.8.18
	Woodcote Park, Epsom.	30.11.18.
5.		
6.		
7.		

CL. 17.5.18 A 216-4
 3.7.18 @ 255 (2)
 8.9.18 B/309-7
 4.12.18 B 388 (5)
 9.12.18 B 392-4

*Name L. Walsh. John Clarke Rank Pt. Regtl. No. 724714
 Original Present Fyle Depot.....
 unit unit 109th Bn M. or S. Age 32 Religion Presb. Ref. H.Q.....
 Port, ship, and date of arrival Halifax Olympic 17-1-19
 Next of kin Aunt Mrs. Elizabeth Kells 40 Wells St, Toronto, Ont.
 Address on leave Same
 Address on discharge 121 Humberside Ave., Toronto.
 Transportation issued No Date..... Character on discharge.....
 Previous occupation Marine Stoker. Date and place of enlistment Lindsay Dec. 20-15
 Diagnosis G.S.W. R. Thigh. Date of Medical Boards 6-2-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>11-1-19</u>	<u>Posted to Cas. Co. (Ex. Camp) 17-1-19.</u> <u>Leave & Subs. from 22-1-19 to 6-2-19.</u>	<u>24</u>
<u>11-2-19</u>	<u>S.O.S. DISCHARGED "MED.UNFIT"(91 days PDP. & C.A.)</u> <u>TO TAKE FURTHER OUT-PAT'T TREAT'T WITH THE ISC)</u>	<u>39</u>

Date.

Remarks.

Pt. Order No.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724714 (Rank) Pte.

Name (in full) WALSH John Clarke enlisted in
the 100th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont. on the 9th.
day of December 19 15

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

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

Age 22
Height 5'5"
Complexion Fair
Eyes Blue
Hair Brown

Marks or Scars
Vacc. scars on left arm.
I.S.S. Leg R. 26-8-18

J. C. Walsh
Signature of Soldier

W. C. Simpson
Issuing Officer

Date of Discharge Feb. 11th. 1919

For Pte. Rank
O.C. No. 2 District Depot.
Appointment

Signed at Toronto. Ont. this 11th. day of February 19 19

in Military District No. 2. No. 2

File Reference No. FEB 11 1919
DISTRICT DEPOT

J.B.

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

NAME OF SOLDIER

Walsh John Clarke

REGIMENT

RANK *Pte*

No. *724714*



INSTRUCTIONS

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

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

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p><i>Discharge Exam.</i> <i>At Exhibition Camp</i> <i>Date FEB 6 1919</i> } Certificate issued for <i>Fillings</i> <i>Extraction.</i></p>																						
																				<p><i>Hasseple</i> <i>major</i></p>		

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

402

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Walsh J.C.

REGIMENT 20 RANK PG No. 924714

Date of Examination in England 6/1/19 Date of Examination in France

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 11,
2. EXTRACTIONS 3, 30,
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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer C.C. Graham Lt

185

March 2.5
for

185

185

185

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

M. D. 2
No. 56

Regimental No. 724714 Rank Pte. Name Walsh J.C.
Unit who was* **DISCHARGED**
On Feb 11 1919, to Sub. Out Patient
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 to Feb 11 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	42 81	
Regimental Pay <u>42</u> days at \$ <u>1.00</u>		42 00
Field Allowance <u>42</u> days at \$ <u>0.10</u>		4 20
Separation Allowance		35 00
Clothing Allowance		70 00
Post Discharge Pay		12 80
*Other Credits <u>Subs.</u>		
Advances	880 61	25 00
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>90509</u>	96 19	
Total	<u>164 00</u>	<u>164 00</u>

*Give particulars.

A monthly stoppage of \$ 15 00 (†) has (‡) been paid on account of
Assigned Pay for the month of Jan 1 1919 }
and Separation Allee. for month of Jan 1 1919 } (to) Assignee Miss S. Walsh
(Address) 1240 Shaw St., Toronto, Ont.
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not No. (3) Reason for discharge M. U.
(4) Authority for discharge or transfer D.O. 39.

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

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

Date 10/2/19.
Place TORONTO

CAPT.
PAYMASTER, No. 7115101 DETOT
Paymaster.

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

CREDITS, ADVANCES, Etc.

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

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

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

sheet III

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 724714

Rank Pfc.

Name Walt John Clarke

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

Date of promotion to present rank }.....

Date of appointment to lance rank }.....

Numerical position on roll of N. C. Os. }.....

Extended.....

Re-engaged.....

Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 11 1919	O. S.	T. O. S, No. 2 DISTRICT DEPOT, TORONTO		1919	PART NO. 0. 24 <i>[Signature]</i> Lieut. For O. G. No. 2 District Dep.

(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.

Casualty Form Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11-2-19					

S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 39

OK Harvey Lt

O. C. Discharge Sections,
No. 2 District Depot

J.M. Rank Name *John* WALSH, *John* Clarke. ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Lindsay, 9th Dec 1915. ✓ Place of Birth Toronto, Ont. ✓
 Name and Address, Next-of-Kin Mrs Elizabeth Kells. ✓
 40 Wells St, Toronto, Ont, Canada. ✓ Relationship Aunt. ✓

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 17606
 File R.L.
 Category **CANOR**
Chester

Discharge, Date and Place Reason Character
 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.				
<i>62</i>		Arrived in England per H. M. T. 2810		31-7-16	A.F.B. 103 CHECKED 11 DEC 1916
28. 11. 16	O.C. 109 th	S.O.S. in Trans to 20 th Bn	Witley	28. 11. 16	Pt II D.O. 333
11. 12. 16	20 th Bn	Taken on strength.	Field	29. 11. 16	" 15
21-4-17	"	Adm. #3 Can. Gen. Hpt.	Boulogne	14-4-17	C.L. A490 J.C.T. Lfoot dx
26-4-17	"	To #4 Court Dpt.	"	17-4-17	" A494 "
30-4-17	"	To 3 Large Rest Camp	"	21-4-17	" A497 "
1-9-17	"	Adm. #12 Can. F. A.	Field	25-8-17	" A593 "W. Cantus R knee
6-9-17	"	Disch'd to Duty	"	31-8-17	" A4-1 "
11-9-17	160R	Adm. #1 Can. F. Amb.	"	5-9-17	" A8-2 Synovitis R.K. knee
12-9-17	"	To No. 10 Can. F. "	"	6-9-17	" A9-2 "

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.				
2-10-17	16OR(20)	To 22 bar. 6. Sta	Field	26-9-17	6. L. A 76-3.
5-10-17	"	To 56 Gen. Hq.	Etaples	28-9-17	" A 79-3 ^{Synovites} R. K. M.
11-10-17	"	To #2 Convt. Spt.	Loeuu	4-10-17	" A 34-3
19-10-17	"	To 11 Convt. Spt.	Buchy	7-10-17	" A 41-3
10-12-17	"	Disch'd to Base Details	Etaples	25-11-17	" A 85-4
6-9-18	20 th Bn.	Wounded	Field	28-8-18	3629 - 12 20 th Bn 20
6-9-18	ICORD	ToS from 20 th Bn	St. Witley	30-8-18	00 247 829/11.9.18 ^{OC}
10-12-18	12 Res	ToS from 16OR	✓	6-12-16	P 293 ICORD 342 10/12/8 1918
3-1-19	✓	On com. Kimmel Ok	✓	5-1-19	- 2
28-12-18	✓	A.W.L. 8400 ofc 24-12-18	✓	23-12-18	- 308
8-1-19	✓	9 days no 2. + 5 days pay. by G.H.A. Can. A.W.L. from 8400 ofc. 24-12-18. until 1630 ofc. 28-12-18 (4 days 9/12. hrs.	✓	30-12-18	- 6
20-1-19	✓	Ceased com T80S to C.F. Canada	✓	9-1-19	- 16

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

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

Rank Pte. Name Walsh Surname John C.
 Unit or Corps 109 Batta 12th Reserve (If a soldier) Regtl. No. 724714
 Born at Toronto Ont. on, date Nov. 2nd 1897
 Signature (for identification) J. C. Walsh

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

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

Weight 140 lbs.
 Height 5 ft. 7 ins.

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 64 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

no

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? 1.020 Reaction? acid Albumen? no Sugar? no

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

no

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

no

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

Good

Examined at Himmel Park Signed W. Muckays M.O.
 Date 8/11/19 Signed W. H. Washburn M.O.

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

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty

The following report is to be made by a Medical Officer or a Medical Board, and shall be made in the presence of the Officer or Soldier to be examined, and shall be made in the presence of the Officer or Soldier to be examined, and shall be made in the presence of the Officer or Soldier to be examined.

Name: *John C. Smith*
Rank: *1st Lieutenant*
Service No.: *123456*
Date: *March 15, 1898*

Place of Examination: *Washington, D.C.*

1. PHYSICAL
General Appearance: *Well*
Height: *5' 10"*
Weight: *150 lbs*

2. MENTAL AND MORAL
Mental: *Normal*
Moral: *Sound*

3. NERVOUS SYSTEM
Nervous System: *Normal*

4. RESPIRATORY SYSTEM
Respiratory System: *Normal*

5. HEART
Heart: *Normal*
Arteries: *Normal*
Veins: *Normal*

6. URINARY SYSTEM
Urinary System: *Normal*

7. GASTRO-INTESTINAL SYSTEM
Gastro-Intestinal System: *Normal*

8. EAR, NOSE, AND EYE
Ear, Nose, and Eye: *Normal*

9. SKIN
Skin: *Normal*

10. CONCLUSIONS
General: *Well*
Mental: *Normal*
Moral: *Sound*
Physical: *Normal*

Signature: *John C. Smith*
Date: *March 15, 1898*

DUPLICATE

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....
109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **724714**.....

(3) Full Name of Soldier **John Clarke Walsh.**.....

(4) Place of Birth **Toronto, Ont.**.....

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

(6) If married, state,
 (a) Full name of your wife **No.**.....
 (b) Present Postal Address **Nil.**.....

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

(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.

..... **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.

..... **Nil.**.....

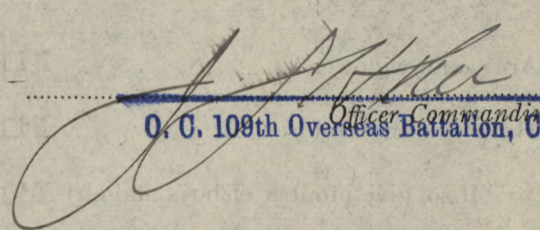
(15) Are you insured?..... **No.**.....

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... **June 30th. 1916.**.....


..... **Lt. Col.**
O. C. 100th Overseas Battalion, C. E. F.
Officer Commanding

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2:

L.L. Job 4503. - Req. 6832.

(2) Miss S. Walsh (Sick)

Bank of Montreal

PAYMENTS.

Name of Soldier

Walsh J.C.

724714.

109th Bn.

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

15.00 ~~Sept.~~ **Remarks.** *16*
(2) 15⁰⁰ 1st April, 1917.

Apr. M. notified Re this account. J.A.E.G. 10-5-17

Obs. C.B. ~~P 27535 15~~ ~~836164 15~~ \$27535 Ret and bank for date and 5th 22/11/17

same no obs until better address. 5th 11/11

*30 B. K 9615 30 } \$30⁰⁰ to adj May as per 2 on.
P 20522 15 } \$15⁰⁰ June + future. C.
R 25865 15 } to Miss S. Walsh.
H 33069 15 } 121 Humber side Avenue,
H 40457 15 } Toronto, Ont.*

*Obs. G.A. C 49182 15 } ~~be 1000~~ Remailed 25th 6th
K 54480 15 } *obs Audit W 47- 29/11/17*
P 62089 16 }*

\$135

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.				

MILITIA AND DEFENCE

(2). Miss S. Walsh. (sister)
121 Summerside Ave. Toronto Ont.
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Bank of Montreal
Address Bliss & Bathurst Sts.
Toronto, Ont.

By Whom Assigned Walsh, J. C.
Regtl. No. 724714.
Rank Pte.
Corps 109th Btm.

~~7~~
(2). 15⁰⁰/_{xx} 1st April 1917.

Rate 15⁰⁰ Sept 1st. 16

~~2m. 8⁹⁶ W 134¹⁶~~

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			(2). 2m. 23 ³ / ₁₇ 28 ⁴ / ₁₇
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



E LAG.

1940

P. 550
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
Toronto Ont
Mrs Elizabeth Kella
40 Wells St Toronto Ont
Aunt

CASUALTIES, PROMOTIONS, & C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, & C.

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

REG'L No. 7247114 RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Pte Walsh J Clarke
UNIT 109th Bn TRANSFERRED TO 20th Bn DATE 1-1-17 AUTHORITY 50333 28-11-16

ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE Aug 1st 1916
PAYABLE TO Miss A J Foster Lindsay Ont RELATIONSHIP Friend
ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE Aug 1st 1916
PAYABLE TO Miss S Walsh, 121 Humboldt Ave, Toronto Ont RELATIONSHIP Sister

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															
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE				
1916																																											
July 31																																							Balance from Canada				
Aug 31	31	10	31		31	10	310									850																											
Sept 30	30		30				30																																				
Oct 31	31		31				310																																				
Nov 30	30		30				30																																				
Dec 31	31		31				310																																				
1917			1530				1530																																				
Jan 31	31	10	3410																																								
Feb 28	28	10	3080																																								
Mar 31	31	10	3410																																								
Apr 30	30		33																																								
May 31	31		3410																																								
June 30	30		33																																								
			36740																																								

61

6

Out 005-290-2511-16
50333-2511-16
1-1-17

6207 7th 16.3.17 1005-213.17
Ab from 19/16-3/17
Br. Clk. Lt. HQ. 593d 1/1/17

ASSIGNED PAY ~~ENGLAND~~ OR CANADA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

NAME:- WALSH J. Clarke.

EFFECTIVE DATE:- 1/4/17

EFFECTIVE DATE:-

NUMBER:- 724714

AMOUNT:- 15⁰⁰

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY

DATE EFFECTIVE

RANK OR APPOINTMENT

Miss S. Walsh,
121 Hamberside Ave, Toronto
Sister. (A.M. 23 3 17)
Stopped off 1/1/19.

Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn

DATE ACCOUNT FIRST OPENED - 1/8/16

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S F'D

UNIT TRANSFERRED TO

P.O. 247. 20/1/18 1/4/18

20 Bn
1 COR S.

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/4/17		London £300	14/60	1/4/17		London Bank Bal	26 66
						London Bal	8 12 06

DAILY RATES OF PAY AND ALLOWANCES

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

Credit adjust ~~...~~ 27/1/18 for 4 30
Debit adjust ~~...~~ 30/1/19 for 15 25

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transferred to Com 3/12/18. TWR No. 11. 12th Res Bn 23/12/18.*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Real Fwd.								22 49		
Apr	P. Pay.	33		14 days FP No 1. A.W. 8.15 am to 6.55 pm 2-13/18.							
	Obd. 8. 20th. mch 17 overcharged 3 days @ 1 ⁰⁰ 20. 25. 31. 3. 17. Rent etc. run concurrent	33		same day (1 day pay by RW) P.O. 31. 6/4/18		16 50					
				A.R. 39. 11/4 20 Bn	4 46						
May	P. Pay	36 30 34 10		Car a Pay.	4 46	16 50		15	22 83		
				Car a Pay				15			
				P.O. 42- 14/5/18. Ven. Hosp Sep 11/4/18 to 9/5/18 = (29 days @ .60)		17 40					
				A.R. 25 11. 1/3 C.G. B.D.	4 46						
June	P. Pay	34 10 33		229 26/5 C.G. B.D.	4 46			15	15 61		
				car	8 92	17 40		15			
				A.R. 38 33. 9/6. C.G. B.D.	4 46						
				A.R. 4905 23/6	4 46				24 69		
July	do	33 34 10		C.A.P.	8 92			15			
				A.R. 1076 4/7 2CCRC.	4 46				39 33		
Aug	do	34 10 34 10		C.A.P.	4 46			15	58 43		
				A.R. 1564 3/8 2CCRC	3 57						
				G.O.R. 3/7 291.	61						
				A.R. 4958. 16/7 1 A Musk C.	4 46				49 79		
Sept	"	34 10 33		C.A.P.	8 92			15	67 79		
								15			
Oct	"	34 10		C.A.P.				15			
				A.R. 48367 17/10 London	9 73				47 16		
Nov	"	34 10 33		C.A.P.	9 73			15			
				A.R. 52454- 18/11/18 London	9 73						
				S Rem. 56156 18/11/18 53251- 24/11/18 London	48 67						
				A.R. 2244- 2/12/18	4 87						
				✓ 1253- 6/12/18	24 33						
	Toward	33		Toward	87 60			15			

also copied 6/1/18

#56

D

NUMBER 424414 RANK

PLS

NAME

Walsh J.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Nov	33		Nov	87.60			15	77.16		
Dec	P/B - Cam	34.10		Nov				15	77.16		
	6/12/18 to 16/12/18 AB. 293. 10/12/18 12/18 10 days	4.30		C.P. 74945 - 6/12/18 London	14.60				19.36		
		4.30 74.40			14.60 102.20			15 30			
				Nov 30/12/18 a day F.P. No. 7. A.V.L. from 07.00 to 24/12/18 number 16.30 - 28/12/18 14 days LOG. 6. 21/12/18 12 Res. Est. 1234	15.40				3.96		
					15.40						

Reserved for M.H.C.

Regt. No. **77969** Rank **L/Opl.** Surname **WILLIAMS** Christian Name **Frank Raymond**
 Unit or Corps—(a) Overseas from United Kingdom **16th. Batta.** (b) In United Kingdom
 Born at—Town **Leeds** County or Province **Yorkshire** Country **England**
 Date of Birth—Day **14th** Month **November** Year **1882** Age **34** yrs. **4** months.
 Joined at **Victoria, B. C.** Date **Nov. 1st. 1914.**
 Former Trade or Occupation **Farmer.**
 Permanent marks or peculiarities that will serve for future identification :—

Amputated left arm.

Height—feet **5** inches **6** Colour of eyes **Blue**
 Signature of Soldier (for identification purposes) **F. R. Williams**

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).
Amputation of left arm.
 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.	G.S.W. in action.	Somme, France.	Sept. 8th. 1916.
(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?

(i) As to Group (a) above? **No.** If yes, has Active Service aggravated it? **No.**
 (ii) As to Group (b) above? **No.** If yes, has Active Service aggravated it? **Not applicable.**
 (iii) As to Group (c) above? **No.** If yes, has Active Service aggravated it? **No.**

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? **No.**
 (iii) As to Group (c) above? **No.**

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

(i) While on duty? **Yes.**

(ii) While off duty? **No.**

(iii) Was a Court of Inquiry held? **No.**

(iv) Where? **No.**

(v) When? **No.**

(vi) Opinion of the Court? **No.**

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.)

Sept. 5/16 wounded in action. Left arm was shattered, but attempt made to save it failed. Amp. after 18 days at shoulder joint - disarticulated. Infection and slow healing. Only the two operations. Hospitals C.C. Sta. - 1 night - HQ. 6. Gen. Con. at Rouen 8 days - 3rd. Western General at Cardiff, Wales, 3 months. Then Granville C. G. Hosp. 2 weeks. Bushey Park getting artificial limb - 10 weeks. Gran. C. Hosp. for discharge.

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

Left arm amputated at shoulder joint - well healed & hardened. Nervous system, Respiratory, Circulatory & gastro-intestinal systems all normal. No other complaints, & no other apparent disability. Has a shoulder cap arm which fits well.

8. OPERATION. (i) Was one performed?

(ii) If so, state what. **Yes.**

(iii) Was one advised and declined? **Amputation.**

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? **No.**

(c) Invalid to Canada? **No.**

(d) Discharge from the Service as permanently unfit? **No.**

Date of Report 23 May 1917

Signed J. Repro. Capt. C. M. D.
Officer in medical charge of case.

Station 13 Bunsard St.

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

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

Dated at _____ Station, on _____ 1917

* Delete if inapplicable.

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

Answers 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)? *yes*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? *yes*
If not, indicate it.

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%)
80%

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, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all).
all

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? *yes*
(ii) If not permanent, what is its probable minimum duration (in months)? *not applicable*

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? *no*
(b) Fit for base duty? *no*
(c) Invalid to Canada? *no*
(d) Discharge from Service as permanently unfit? *yes*

Classification for the Military Hospitals Commission.

Date of Board *23-5-17*
13 Bunsell St.

Station

Approved

Dated at

Signatures of the Board

A.D.M.S.

Station

J. Macdonald President
J. C. C. ...
W. B. Macdonald Capt

London, May 24/17
W. B. Macdonald

Captain C.A.M.C.

for A.D.M.S., Canadians, London Area

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

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at 13, Berners St. Oxford St. W. I

on the 23rd day of May 1917

Members of the Board:—

- Lieut. Col. Sir H. Montagu Allan, President.
- Lieut. Col. W. Grant Morden.
- Lieut. Col. D. McLean.
- Lieut. Col. R. Raikes, C.A.M.C.
- Major Hume Blake.

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

No. 77969.
 L/Cpl. F.R. Willans .
 30th/16th Bns.

RECOMMENDS:—

- 1½ That this man's discharge be not carried out until he is in receipt of the first payment of the following Pension:—
2. That he be granted a Pension for the period of two years, under Class 2, at the rate of 80 per cent, Three Hundred and Eighty Four Dollars per annum, under the Pay and Allowance Regulations 1914, as amended by P.C. 1334 of June 3rd. 1916.

23/5/17 Discharged in England May 23rd 1917

Liver
 Lieut.
 Officer Commanding.,
 Canadian Discharge Depot.
 London. W.

Dated at 13, Berners St. Oxford St. W. I this 23rd day of May 1917

Signatures of the Board

H. Montagu Allan Lieut. Col. President.
W. Grant Morden Lieut. Col.
R. Raikes Lieut. Col. C.A.M.C.

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. 724714 (Rank) Private

(Name in full) WALSH, John Clarke

Enlisted in 109th Battalion

Canadian Expeditionary Force, on the 9th day
of December 1915

He served in CANADA ENGLAND & FRANCE

with the 20th Battalion

and was discharged at Toronto., Ont.

on the 11th day of February 1919

by reason of MEDICALLY UNFIT

His conduct and character while in the Service were Good

Medals and Decorations, etc. BRITISH WAR & VICTORY MEDALS

Description on Discharge

Age 22 Years

Height 5'5"

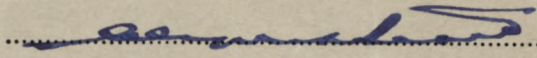
Complexion Fair

Eyes Blue

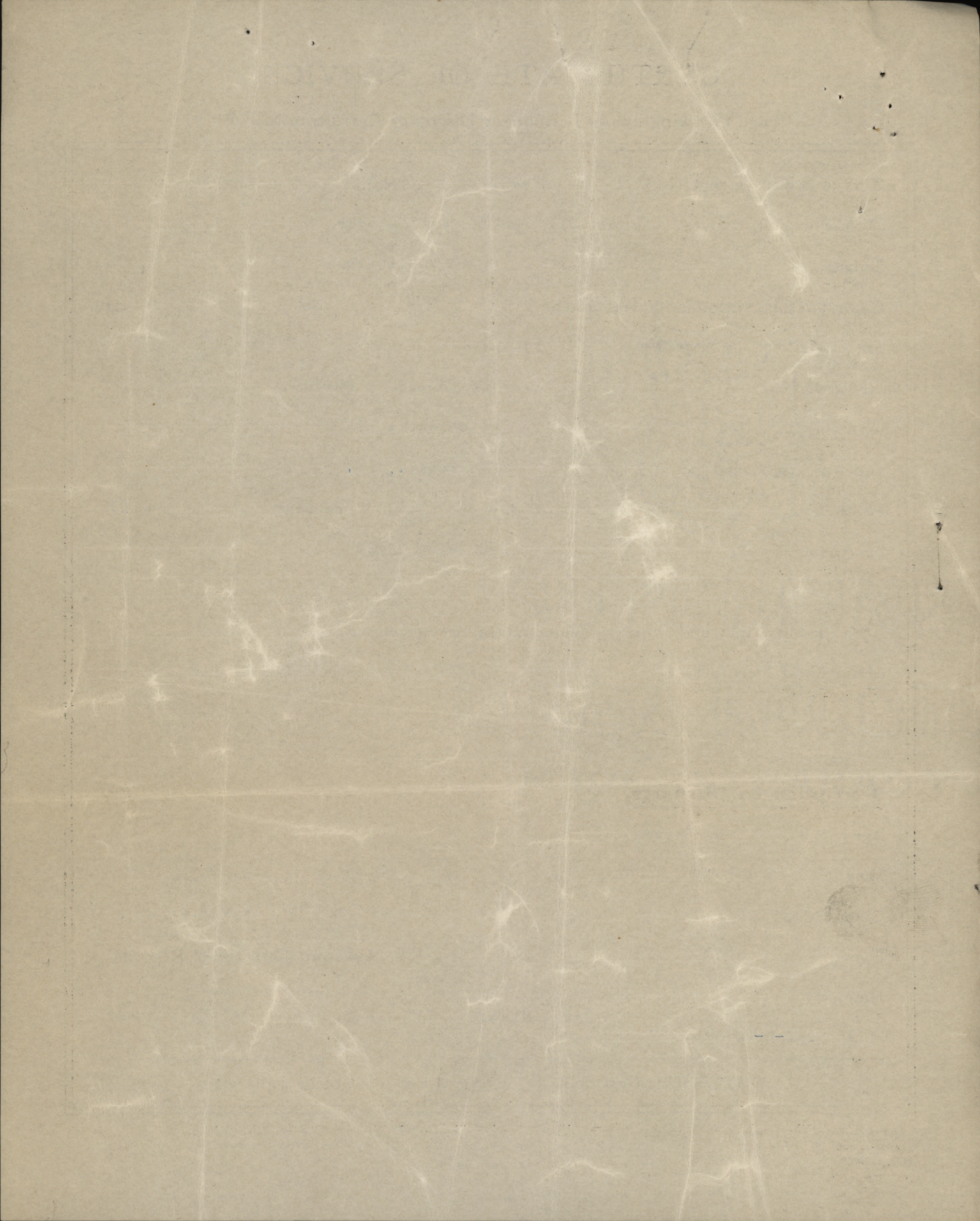
Hair Brown

H.Q. 649-W-11059

Ottawa 8th day of February 1932


(Clyde R. Scott),
Major,
Assistant Director of Records

NOTE—This Certificate of Service if lost will not be replaced.



3048
20-2-19

3048

15-2-43
16-7-43

BPL 100106

This space to be for numbers.

Proceedings on Discharge.

(H)

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

JB.

No. 724714

Rank Pte.

Surname WALSH

Christian name John Clarke

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th. Bn. (2.DD.)

Date of discharge Feb. 11th. 1919

Place of discharge TORONTO, ONT.

(M)

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....22.....years.....months.

Height.....5.....feet.....5.....inches.

Complexion Fair

Eyes Blue

Hair Brown

Trade Marine Stoker

Intended place of residence } 121 Humberside Ave. Toronto.

(To be given as fully as practicable.)

Descriptive marks

Vacc. scars on left arm.

G.S.W. Leg R. 26-8-18

Deceased 22-1-43
649-W-11059

2. The above-named man is discharged in consequence of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge.....D.O.....D.D. #2.....Pt.11 #39.....

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.

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

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

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

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

19-1-20
(OVER)
W.S.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... Toronto.. Ont...... John. Clarke Walsh..... (Signature of Soldier.)

(Date)..... Feb. 11th. 1919..... OK F. Harvey Lt..... (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)..... years..... days.

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

11. Confirmation of Discharge.

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

(Place)..... Toronto.. Ont......

(Signature)..... OK F. Harvey Lt.....

(Date)..... Feb. 11th. 1919.....

For
O.C. No. 2 Discharge Dept.

Reservations referred to at Para. 8.

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

List of Discharge Documents.

<p>Attestation Paper Military Form W. 53</p> <p>Particulars of Record W. 133</p> <p>Proceedings on Discharge B. 318</p>	<p>Medical Form B. 304</p> <p>B. 303</p> <p>W. 178</p> <p>in MS</p> <p>Military Form B. 313</p> <p>W. 54</p> <p>B. 317</p> <p>B. 405</p> <p>W. 44</p> <p>W. 394</p> <p>W. 83</p>	<p>Reg. Conductor Sheet</p> <p>Squadron Battery Company</p> <p>Field Conductor Sheet</p> <p>Copies of Convictions, by C. P.</p> <p>Med. Hist. Sheet</p> <p>Casualty Form</p> <p>Medical Report for Invalids</p> <p>Dental History Sheet</p> <p>Last Pay Certificate</p> <p>Duplicate Discharge Certificate</p> <p>Form of Will</p> <p>Only if discharged "Medically unfit"</p> <p>Only if man has not been overseas</p>
---	--	---

In the case of returns who are rejected on final approval, the discharge documents will consist of:

(a) Proceedings on Discharge

(b) Attestation

(c) Medical History Sheet

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable:

Officer Commanding

N.B.—In the case of a man discharged by purchase, the date and number of deposit receipts and amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

No. 2 DISTRICT DEPOT

"OLYMPIC" 16-1-19

W-1121

AUDITOR *[Signature]* PAYMASTER *[Signature]*

EXHIBITION

M. OR S. *S.*

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

REGT. No. 724714

RANK Pte.

NAME (IN FULL)

WALSH, J. O.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					109th, 12th Res. Bn.	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE
					15.00	12-19
					PAYABLE TO	RELATIONSHIP
					Miss S. Walsh,	ANY CHANGE IN ASSIGNEE OR ADDRESS
					1240 Shaw St., Toronto,	394 Lakeshore Rd, Centre Island Toronto
					Ont.	
					STOP PAYMENT FORM	EFFECTIVE
					ASSIGNED PAY	
					RENDERED DATE	
					DISCHARGED	
					PLACE	DATE
					Toronto	11/7/19
					REASON	
					m.u.	
					AUTHORITY	
					0039	
					IF ENTITLED TO POST DISCHARGE PAY	
					Yes	

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
Balance from previous account																		
31-12-18	1.10			12.06														
				12.06	Boat			30.00										
					Boat			4.87										
					Boat			5.00										
										15.00								
1-1-19	31	1.10	34.10	12.80				25				42.81	54.87	42.81			Jan. 19. C.M.	
July	11	1.10	12.10	35.70	88061			96.19					164.00				T.O.S. 11/11 D.O. 11/11	
3 years				358				Mar 8	2219.99	70.00			70.00	280.00			Out Idc.	
				7.50				Apr 9	2816.05	61.90	15.40		147.30	210.00			Apr. cheque D. 9.00. In	
				427.30				Feb 11		70.00			217.30	210.00				
								May 8	2570.26	70.00			287.30	140.00			2570.26 mtd S.a. 8/5/19.	
								June 5	3791.65	70.00			357.30	70.00			W.S.O. PAID IN FULL	
								July 7	7367.36	70.00			427.30	6.00			closed	
				427.30						411.90	15.40		429.30					

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

April 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

W 1378

*629 W3
pp*

PARTICULARS OF SEPARATION ALLOWANCE

No. *724714*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *J. B. Walsh*
 Battalion *109 Bn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss S. Walsh (sister)*
 Address *121 Humboldt Ave.*
 Change of Address *Toronto, Ont.*
 1 *394 Lake Shore Rd Center Island*
 2 *1240 Shaw St Toronto Ont. 17/18*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>018746-f-2</i>
<i>Dec 31</i>			<i>135</i>	<i>135</i>	
<i>Jan-18</i>	<i>J 70692</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>L 72723</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>W 95146</i>		<i>15</i>	<i>15</i>	<i>55</i>
<i>April</i>	<i>W 11271</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>W 17009</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>R 24919</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>S 26794</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>J 41703</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>V 44498</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>G 56399</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>O 59908</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>W 62815</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>W 71277</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>			<i>330</i>	<i>330</i>	

M. R O & P 38444 und 23/18 for address and 28/18

*G 56399 Remailed 19/1/18 per trace # 86148 G.S.
G 56399 Remailed 18/12/18 as per trace 9576 and*

M. F. W. 128
400x6 F. 1772-30-1141
L. L. 2320-M. & D. 1983.

A/c Closed 31-1-19
Ret'd per... Olympic
Date... 17/1/19 M.F.W.128 Remd MD #2
Closed... Amel Bourne
Destroy M R O & P 53716 und 23/19 of M.F.W. 128



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
4006-6-17-1772-38-1141
L. L. 22320-XI & D. 1983.

7760/18
724714 21/12

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Walsh Christian Name John Clarke

Examined { on 8th day of December 1915
 at Lindsay
 Birthplace { City or Town Toronto
 County Ontario
 Apparent age 19 years
 Trade or occupation Marine Stoker
 Height 5 Feet 5 Inches
 Weight 131 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 35 1/2 inches.
 Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Two
 Number Two

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>8 SEP 1918</u> M.O.
		<u>11/15 et J. McCulloch</u> <u>Capt. Walsh</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last January 27th 1916
 (a) Marks indicating congenital peculiarities or previous disease Scar of operation for varicocels
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	VACCINATIONS
<u>27-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 9th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bat</u> <u>C.E.F.</u>	<u>724714</u>		<u>9.12.15</u>
Transferred to.. ..	<u>20th. B^r</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

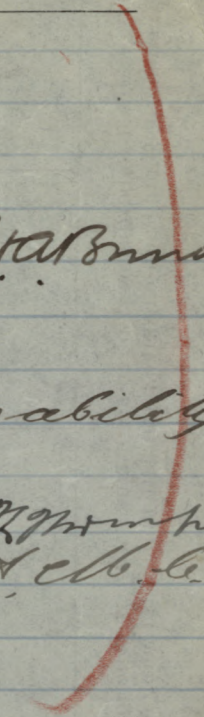
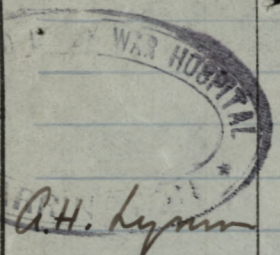
STATION.	DATE.	DISEASE.	RESULT.
<u>Kimmel park</u>	<u>6-1-19</u>	<u>infl</u>	<u>A</u>
<u>Ex Camp Do.</u>	<u>Feb. 6/14</u>	<u>G.S.W. r. leg.</u>	<u>Wage 1914</u> <u>Miss Collins</u>

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

CANADIAN

Surname *Waltch* Christian Name *Joseph* THE BARBER

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		30	8	18							
<i>A.H. Lyman</i>		24	9	18	18	11	18	<i>S.S.W. Thigh R.</i>	<i>5</i> <i>92)</i>	<i>Transp. to Epoom (Healed)</i>	<i>H.A. Bunnower</i>
<i>McG. Epoom</i>		29	11	18	6	DEC	1918	<i>Do</i>	<i>8</i>	<i>Wound healed no disability fit for ct</i>	<i>Capt. C. E. C. C.</i>



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. 24/114 Rank Private Name Walsh John Clarke
 Enlisted (a) 9.12.15 Terms of Service (a) D of W. Service reckons from (a) 9.12.15
 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) Marine Stoker

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	24.1.16.
	Disembarked England	Liverpool	31.1.16.

CERTIFIED CORRECT.
 4 DEC 1916
 CAN. RECORDS, LONDON

~~Transferred to 20th Bn. Overseas 27-11-16. D.O.Pt. 11.333.28 11-16.~~

28-11-16
 Proceeded O/S. for service with the 20th. Bn.
 Witley
 CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.

29/11/16	CB Depot	Arrived taken on strength	20 Bn Havre	29/11/16	NR Pt. 2.0.75	11/12/16
do	do	Left for Unit	Field	1/12/16	NR	
8/12/16	20 Bn	Joined Unit	do	4/12/16	B213	
21-3-17	do	3 days F.P.No.1 for; - Insolence to and swearing at an N C O.	do	15-3-17	B2069. Pt 2	25D/31-3-17.
21-3-17	do	6 days F.P.No.1 for; - Threatening an N C O.	do	15-3-17	B2069.	ditto.

15-4-17 1 CFA
 21-4-17 33 CA
 14-4-17 3 Cm Gen
 17-4-17
 17-4-17
 21-4-17

Lt. L. ...
 Adm 144 ...
 Adm 3 ...
 Lt. L. ...
 Lt. L. ...
 Lt. L. ...

13-4-17 A 36 292d 14-17
 14-4-17 A 36 299d 15-6-17
 14-4-17 3034
 17-4-17
 Lt. L. 3 ...

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. [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					
25-4-17	C B Dsg.	A. from Bologna adm	C B Dsg	25-4-17	N.R.	
2-5-17	do	Left for	20th Bn	2-5-17	NB	
26-5-17	20th Bn	Arrived	do	24-5-17	B213	
28-7-17	-	Att. Dir. Burial Party	-	24-4-17	-	
25-8-17	12 CFA	H. Cook: Knee R. adm	12 CFA	25-8-17	A 36.	6969.
31-8-17	-	Discharged	Duty	31-8-17	-	5411.
6-9-17	1 FA.	Synovitis Knee R. adm	10 FA	6-9-17	-	6265.
6-9-17	10 CFA	Haemorrhagic Synovitis	10 CFA.	6-9-17	-	5411.
5-9-17	1 FA.	R. Knee adm	1 FA.	5-9-17	-	-
26-9-17	10 CFA	-	22 CCD	26-9-17	-	A 2077.
26-9-17	22 CCD	Synovitis Knee R. adm	22 CCA.	26-9-17	-	A 1900.
28-9-17	-	-	4 AT.	28-9-17	-	A 2415.
-	56 gen	St. M. 52 adm	56 gen	-	N. 3034	-
2-10-17	-	Left for	Rozen	2-10-17	-	A 3178.
3-10-17	11 Stalg.	further treatment	11 Stalg.	3-10-17	-	A 3463.
4-10-17	-	Inf. Knee R. adm	Con Dep: Rozen.	-	-	-
-	2 Condsg	-	2 Condsg	4-10-17	-	-A 3693.
4-10-17	-	-	11 -	4-10-17	-	A 4523
-	11 -	-	-	-	-	A 5391.
25-11-17	11 -	Class "A"	Base Dsg	25-11-17	B 9171.	-
27-11-17	2 Spd	A. from 11 Condsg	2 Spd	27-11-17	N R.	154.
10-12-17	-	Left for	2 CCRC	10-12-17	N R.	-
-	2 CCRC	Arrived	-	-	N R.	-
24-12-17	Prov. Marshal	Absentee ^{held} _{for week ending 22/12/17.}	22/12/17	-	-	N.R. mil. No. 40A.
28-1-18	2 Dir. King	Despatched on work party	26/1/18. No	-	-	File Adg. K.D. 14-603.
23 FEB 18	20 Pn	Record of being on absence.	-	-	-	Letter. K.I. 15/2174.
9-3-18	2 CCRC	GRANTED 14 DAYS LEAVE	-	13-2-18	B213	Part II Ord. 20-1918.
14-3-18	-	Reta from leave	-	3-3-18	-	-
16-3-18	20 Pn	Left for	20 Pn	14-3-18	N R.	-
28-3-18	do	Repd from CCRC	-	12-3-18	B213.	-
		14 days F.P. No. 1. 21-3-18 for: - Whilst on A.S				B2069.
		absent without leave from 8.15a.m. till 6.55p.m. Pt 2 No. 31d/6-4-18.				same date. (Forfeits 1 day's pay by R.W.)

Casualty Form—Active Service.

Regiment or Corps..... 20th Canadian Battalion.
 Rank..... Private Surname..... WALSH Christian Name..... J.C.
 Religion..... Age on Enlistment..... years months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 { } { } or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked		
<u>9.4.18.</u>	<u>6 CFA.</u>	<u>V. D. G.</u>	<u>Adm Hosp 6 CCS.</u>	<u>9.4.18</u>	<u>E 3132</u>
<u>10.4.18.</u>	<u>3 CCS</u>	<u>— S.</u>	<u>Adm 9/4/18 Hosp A.T. 20.</u>	<u>10.4.18</u>	<u>E 4316.</u>
<u>11.4.18.</u>	<u>51 Gen</u>	<u>— S. C.</u>	<u>Adm 51 Gen</u>	<u>11.4.18</u>	<u>E 3952.</u>
<u>9-5-18</u>	<u>do</u>	Forfeits Fld Allice & placed under stoppage of			<u>0.1643.</u>
		pay at rate of 50 cents per diem whilst in hosp			<u>AAG. 3934.</u>
		from 11-4-18 to 9-5-18. (29 days)		<u>Pt 2 No. 42d/14-5-18.</u>	
<u>9.5.18</u>	<u>—</u>	<u>V. D. G.</u>	<u>Hosp 10 Daily.</u>	<u>9.5.18</u>	<u>F. 442.</u>
<u>—</u>	<u>6 Cond. Dep.</u>	<u>—</u>	<u>Adm 6 Cond. Dep</u>	<u>—</u>	<u>—</u>
<u>25.6.18</u>	<u>—</u>	<u>—</u>	<u>Hosp 3 Emp. Base Dep 25/6/18</u>	<u>F. 9047.</u>	
<u>26.6.18</u>	<u>2 DPA.</u>	<u>A. from 6 Cond. Dep</u>	<u>2 DPA</u>	<u>26.6.18</u>	<u>NOR. 368.</u>
<u>3.7.18</u>	<u>—</u>	<u>Dep for</u>	<u>2 CCPC</u>	<u>3.7.18</u>	<u>NOR. 1294.</u>
<u>—</u>	<u>2 CCPC</u>	<u>Arrived</u>	<u>—</u>	<u>—</u>	<u>NOR. 1021.</u>

(4) 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.
 (5) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
12 AOU 18	2 CCR	Left for Unit	Field	12 AOU 18	NR
17 AOU 18	29th Bn.	Arrived	Field	14 AOU 18	B213.
26.8.18.	10 CFA.	Lt. W. R. Leg. admt to A CCA.		26.8.18	H 2315
—	4 CCS.	— adm 26/8 To. 9 A.T.		27.8.18	H. 3832
29-8-18	32 Staty	Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Witley per AT St Denis 29-8-18.		W3083 - 5891.	Pt 2 No. 820/11-9-18.
		<i>Whogau</i>		Major for Lt.-Col. A. A. G.	Canadian Section. G. H. O. 3rd Echelon B. E. F.
6.9.18	M. Cor. 1)	T.O.S. from 20th Bn.		Witley	30.8.18 P. 49-247 <i>[Signature]</i> LIEUT: FOR LT. COL: I/C RECORDS. C.O.M.F. <i>[Signature]</i>
10.12.18	12th Res.	T.O.S. 12th Res.		Witley	6.12.18 Pt II 293
3-1-19	do.	On Command to Kimmel Park		do.	3-1-19 Pt 41
	Attached C.C.C.K. P. 34 Part 2 Orders pending transfer to C. E. F. Canada.				
	Ceases to be attached on transfer to C. E. F. Canada. Part 2 Orders. 31				
	12/1/19				Lieutenant for Officer Comd'g M. D. 2. C. W. Kimmel Park Camp, Rhyl.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Toronto Exhibition Camp
 STATION..... DATE Feb., 6, 1919.....

1. 1 (a) Unit # 2 D.D. (b) Regimental No. 724714 (c) Rank Pte.
 (d) Surname WALSH (e) Christian name John Clarke
 (f) Home address 1240 Shaw St. Toronto Ont.
 (g) Next of Kin Sadie Walsh (h) Relationship sister
 (i) Address of Next of Kin 1240 Shaw St. Toronto, Ont.

2. Age last birthday 21 Date of birth Nov. 2, 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Dec 9/15

4. Personal description:
 (a) Height 5 ft. 5½" (b) Weight 135½ (c) Complexion fair
(stripped)
 (d) Colour of hair lt. brown (e) Colour of eyes grey (f) Identification marks, Scars, etc. 2 Vao.
 L. arm. Birthmark L. leg above knee. Large scar 12" long Posterior
 & external surfaces Right thigh.

5. Former trade or occupation Marine fireman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	59

109 Bn.	PERIODS	
	From	To
Canada	Dec. 1915	July 24, 1916
England	July 1916	Nov. 28, 1916
France or other theatres of War	Nov. 1916	to Aug. 29/18
Eng. & Canada	Aug. 1918	to date

7. Original disease, or injury G.S.W. Right thigh

(a) Date of origin Aug. 26th, 1918 (b) Place of origin France
 (c) Cause Active service.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

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

For G.S.W. right leg. Massage & electro-therapy under I.S.C. 3 mons.

- (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.)

Having been found medically unfit for service. For treatment under I.S.C. as out-patient Category D. 3.

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 Toronto Exhibition Camp.

Feb. 6, 1919

DATE

[Signatures] President. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

PLACE.....

DATE.....

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

DATE 7-2-19

APPROVED BY
Director-General of Medical Services.

DATE.....

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

Partial loss of function of muscular system

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective- Man of good physique. Well nourished. Has large scar 11" long extending from middle of upper third of thigh, posterior surface, around outside of thigh to point of junction of lower and middle third on antero-lateral surface of thigh. Scar is non-adherent is tender on pressure particularly at back of leg and upper half of scar. Has slight limp when walking. Flexion is normal but causes slight pain in external active & passive flexion. Extension normal. Abduction and adduction normal Heart and lungs normal.

Subjective- Feels tender at all times. Sometimes takes a cramp when muscles seem to tighten up and compels him to limp very badly. After sitting down an hour has difficulty in getting leg extended again. Feels numbness at back of Rt. knee. Every day or two feels as if muscles were gathered or rolled up, accompanied by cutting pain. If he stands on leg half hour the leg starts to ache.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

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

Has erythema of inner surfaces both thighs from scalding. Appeared one week ago and is improving with treatment. No hernia, no haemorrhoids, no varicocele, no varicose veins, no goitre, no Albumen or sugar.

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

B.S.W. right thigh, severe, in France Aug. 26th, 1918. Operated in C.C.Sta. Admit. Lord Derby War Hosp. Warrington 30/8/18 to 24/9/18. Trans. Aux Hosp. Lynn. 24/9/18 to 29/11/18 & trans. M.C.H. Epsom 29/11/18 to 6/12/18 Discharged wound healed. No disability. It has troubled him since leaving hospital.

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).)

Measles, Mumps, in childhood, Recovered

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

See No. 9

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

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

Not applicable

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

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

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

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

Surgical. Hospital

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

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

Massage & electro-therapy. 3 months

16. Can the former trade or occupation be resumed? No. Right leg not strong enough

(If not, briefly state why)

17. Recommendations.

D. S. as out-patient under I.S.C. for 3 months

H. J. Bennett Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, J. C. Welsh 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

PRW

J. C. Welsh P.S. Rank. Signature of invalid examined.