

MAR 21 1916

ATTESTATION PAPER.

No. 724147

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Weaver*
- 1a. What are your Christian names? *Cyrus E. Weaver*
- 1b. What is your present address? *Coloconk*
2. In what Town, Township or Parish, and in what Country were you born? *Cassius, Northumberland County,*
3. What is the name of your next-of-kin? *Annie May Weaver*
4. What is the address of your next-of-kin? *P.O. Coloconk, Ontario*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *20th July 1843*
6. What is your Trade or Calling? *Laborer*
7. Are you married? *yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *no*
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, *Cyrus E. Weaver*, 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.

Cyrus E. Weaver (Signature of Recruit)

Date *MAR 21 1916* 1916. *John W. Grace* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Cyrus E. Weaver*, 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.

Cyrus E. Weaver (Signature of Recruit)

Date *MAR 21 1916* 1916. *John W. Grace* (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 *Coloconk* this *24th* day of *March* 1916

John W. Grace (Signature of Justice)

Description of Cyrus Embury Weaver on Enlistment.

Apparent Age 40 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion fair

Eyes blue

Hair grayed

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

Small scar on inner side of right knee
Scar on right side of chin opposite corner of mouth.

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 MAR 24 1916 191 .

Place Sobran .

[Signature]
 Medical Officer.

*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.

Cyrus Embury Weaver 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 MAR 24 1916 191 .

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name *Wear, Cyrus Embury*

Regt. No. *424/47* Rank *Private*

Corps *109th Ba-*

*Physically
Permanently Unfit*

*Deceased
19-10-49*

10741



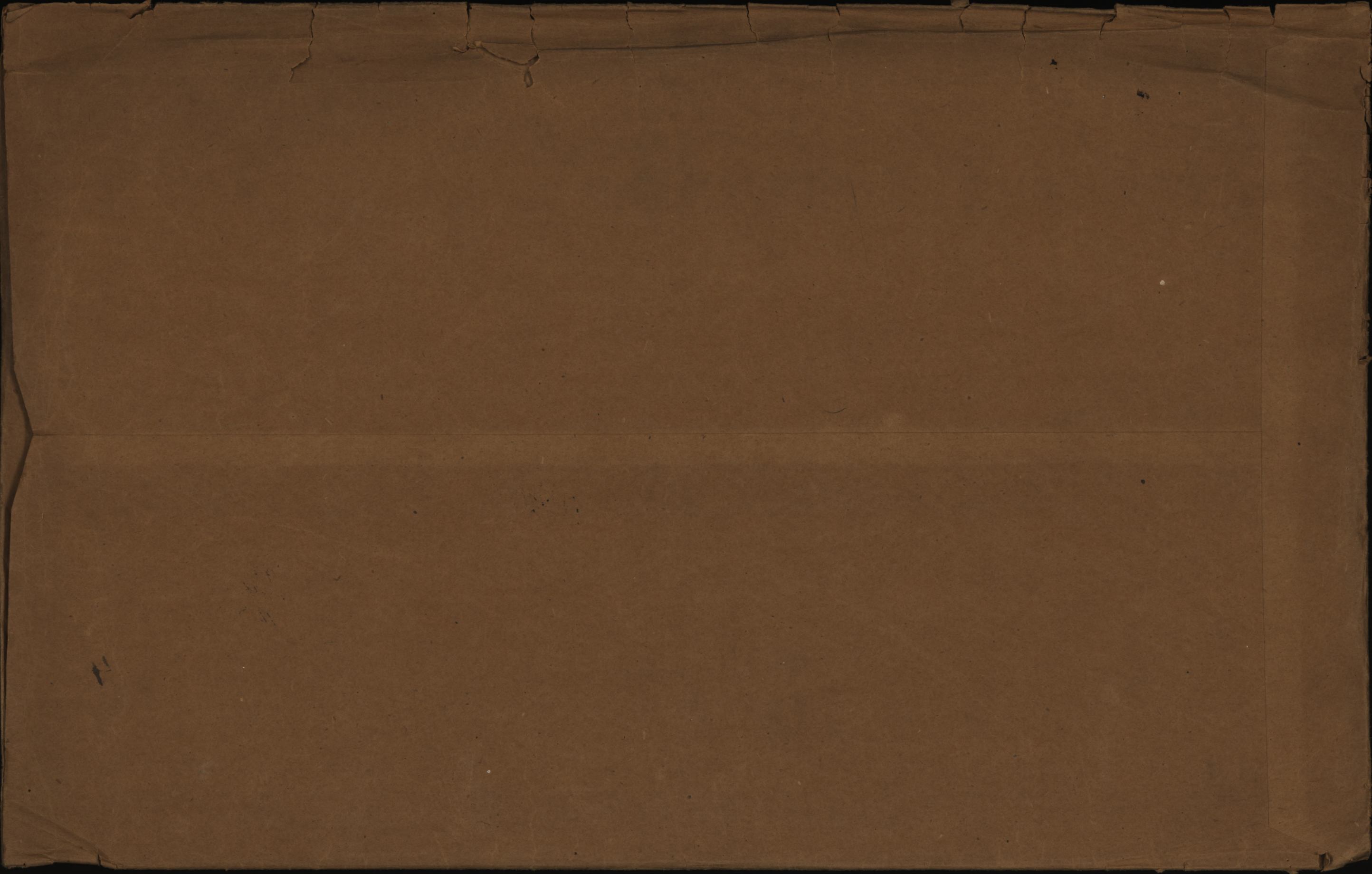
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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..... *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 Army Form. B. 122. - 1 rec
A & D - 1
military kit*

M. F. W. 62.
50M-9-16.
H. Q. 1772-89-835.

*24-13
14-13
1 13*

*SKB
H.C.*



SURNAME.

Weaver

CARD NO.

CHRISTIAN NAMES

Cyrus. Embury.

808. Dis 12/5/17
5
mes

REGL. NO.

72414

RANK

Pte

UNIT

109th

Batt

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Weaver, Mrs Annie May.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Coboconk, Ont.

COUNTRY OF BIRTH

Canada, Carvin, Ont

DATE

July 20th 1873

PLACE OF ATTESTATION

Coboconk, Ont,

DATE

Mar 24, 1916

Returned to Canada per Troop #2810. Apr 4/17. Auth. 2328.
hip.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

40

YEARS

-

MONTHS

HEIGHT

5

FEET

8½

INCHES

CHEST MEASUREMENT

37½

INCHES

EXPANSION

4½

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Grizzled

DISTINGUISHING MARKS

Small scar on inner side of right knee.
Scar on right side of chin opposite corner of
mouth

MEDICAL EXAMINATION.

PLACE

Coboconk

DATE

Mar 24th 1916

9510.
Number 724147 Rank Pfc

Surname WEAVER

Christian Name Cyrus Embury.

Units 109 Bn. Can Inf Theatre of War England

Date of Service 31-7-16.

Remarks

Latest Address Cobocook, Ont

Roll No. a Page 2822

200m.-2-21.M.

44

DESP. JAN 5 1923
REON. NO. 16516

HOSPITAL.

A. & D. No. _____ Ward a.Unit 109 Sick or Wounded.Regtl. No. 724147 Pl. of Act'n _____Rank Pte Name Weaver C.E.Age 46 Religion C.E.Service Compl'd 10/12 Time with Field Force 6/12Diagnosis Rheumatic FeverAdmitted 16 DEC 1917 Branchott Discharged 8 (P.M.) 18/1/17

Transferred _____

24/1/17 well nourished and developed.
Blair's to have been ~~for~~
boarded for Canada
He is doubled up with
rheumatism
otherwise is OK.

Big - is not already.

W. J. McLean
Capt.

NAME

Weaver, Cyrus

D.C.

H. Q. FILE No. 649-

REGT'L No.

724147

RANK AND CORPS

Plt. 109th Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

J328

9-4-17

sailed from Liverpool for Canada
 per the Troopship "2810" on the 4th
 of April. Rheumatism

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

18	Military: Bramshott	29-9-16	N.Y. D.	?
57	To Can. Camp, Wdcote Pk Epson	24-1-17	Rheumatic Fever	

No. 724147 RANK *Pte*

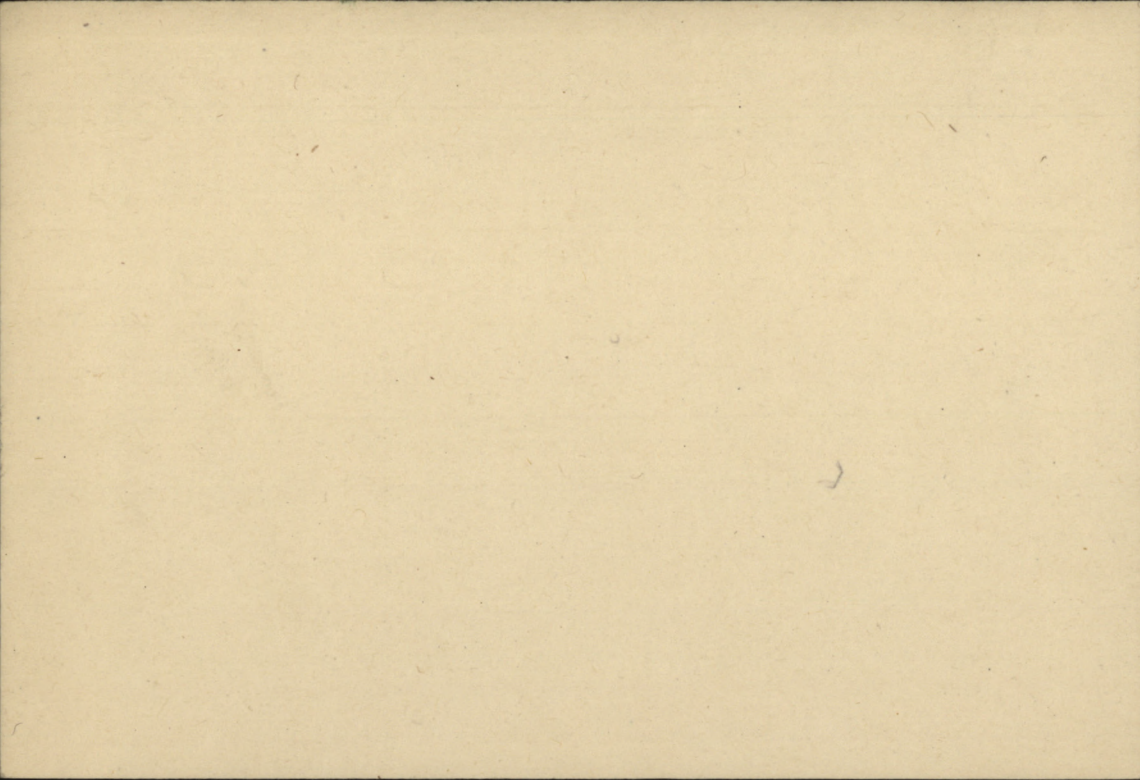
NAME *Weaver. E.* *E.*

T. O. S. 21-3-16 UNIT *109th Battalion.*
d.o.m. 29.3.16

M. D. *3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 21</i>	<i>1916.</i> <i>Mar. 31</i>	<i>✓</i>		
<i>april</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



Name *Weaver Cyrus Embury 2^d*
 Rank

Reg. No. *724147*

Unit *109. Batt.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>29-9-16.</i>	<i>Hpl. Bramshott</i>		<i>H of J</i>	<i>18.</i>		
<i>24. 1. 17.</i>	<i>Woodcote Park</i>	<i>Epsom</i>	<i>Pneumonic Fever</i>	<i>57.</i>		

Surname *Weaver.* Christian Name or Names *C.B.* Reg. No. *724 147.*

Rank *Plt.* Unit *109 Batt* Co. *Train Dir.* Troop Batty
Hospital Date of Admission

mie Transferred *Chonclike* *Epson lowal* Hosp. *29-9-16*
Hosp. *24.1.17*

Hosp.
Hosp.
Hosp.

Diagnosis

Rheumatic Fever

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL 10-10-16 - 18
1.2.17 - 57

REMARKS

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.G. London

Red

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Weaver Christian Name Cyrus Embury

TABLE I.—General Table.

Birthplace { Parish St. J. Cavan
County Durham

Examined { on 27 day of March 1916
at Coleraine

Declared Age 40 years days

Trade or Occupation Laborer

Height 5 feet 8 1/2 inches

Weight 145 lbs.

Chest Measurement { Girth when fully Expanded 33 inches
Range of Expansion 37 1/2 inches

Physical Development Good

Vaccination Marks { Arm..... RIGHT LEFT
Number 3

When Vaccinated Apr 6/1916

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—
None.

(b) Slight defects but not sufficient to cause rejection—
Second toe left foot hammered

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>Feb 16/17</u>	<u>Rheum Choon</u> <u>Miss as Perm unfit</u> <u>Sgd Y.C. Stahl.</u>
	<u>21st Bn. Canadians</u> <u>London area</u> <u>76 Strand London W.C.</u> <u>5 Mar 1917</u> <u>Approved</u> <u>Sgd W. Macdonnell Capt</u> <u>21st Bn. Canadians</u> <u>London area.</u>

Approved by J. McCulloch
Sgd. Rank Capt
Medical Officer.

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Enlisted { at Coleraine
on 23 day of March 1916

Joined on enlistment	Corps	Regtl. No.
	<u>109 Bn.</u>	<u>724147</u>
Transferred to		

Became non-effective by
on day of 191.....

(Signature)

(Rank)

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-59-920.

Casualty Form—Active Service.

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

Regimental No. 2414 Rank Pte Name Weaver Cyrus Embury

Enlisted (a) 21.3.16 Terms of Service (a) 1 of W. Service reckons from (a) 21.3.16

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

Extended _____ Re-engaged _____ Qualification (b) Laborer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	24.4.16	
		Disembarked England	Liverpool	31.7.16	
8-12-16	O.C. 109th Bn.	Transferred to 124th Bn.	Whitley	8-12-16	D.O. Pt. II #443. <u>A. W. Eastmace</u> Capt. ADJUTANT 100th Overseas Battalion, C. E. F.
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Whitley Camp	8-12-16	Part II Orders 265 <u>A. W. Eastmace</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
20-1-17	124th Bn.	Transferred to Garrison Duty Bn. Whitley	Whitley	20-1-17	Pt. II D.O. No. 20. <u>A. W. Eastmace</u> Lieut. Asst. Adjt. 124th Bn. Csn. Inf.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
8.4.17	CORD.	SOS pending discharge to Canada	Seaford	3.4.17	Do. 27
8.4.17	---	SOS to Canada for discharge	---	3.4.17	Do. 27
	Dis. Dep	Finally discharged	Quebec	12.5.17	Non Roll. 256 <i>J. Elliot</i> LIEUT. FOR LT: COL: 1/6 RECORDS, C.O.M.F.

10 SIGNATURE NO COVER
H.M.S. 10.11.17

J.M. Raik Name WEAVER, Cyrus Embury. ✓ Reg'l No. 724147 ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married. ✓
 Place and Date of Enlistment Coboconk, 23rd March 1916. Place of Birth Cavin, Northumberland
 County Victoria
 Name and Address, Next-of-Kin Annie May Weaver. ✓
P.O., Coboconk, Ontario, Canada. ✓ Relationship Wife
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. No. 2952
 File R.L.
 Category MU. Can

B139
8-48
80/36

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
29-9-16	109 th Bn	Admtd to B.M. Hospital	Bramshott	28-9-16	P th II D.O. 273. C.L. 18
8.12.16		SOS on temp to 124 th Bn	Whitley	8.12.16	343
11.12.16	Ob 124 th	SOS on temp to 109 th			267
20.1.17		SOS on temp to 109 th		20.1.17	20 P th II D.O. 26
1.2.17	109th Bn	Trans Can Am Hqs. Woodstock & Epsom		24.1.17	C.L. 57. Rheumatic fever
3-4-17	124 th Bn	SOS to 12 th Res. Bn.	"	29-3-17	P th II D.O. 85 (12 th Res. Bn)
23.7.17	12 th Res.	SOS to E.O.R.D.	E. Sandling	3.4.17	P th II D.O. 181.
8.4.17	E.O.R.D	TOS PEND DISC TO CANADA	SEAFORD	3.4.17	27
8.4.17	- do -	SOS TO CANADA FOR DISCHARGE	"	3.4.17	27
	Dis Depot	Finally Discharged	Quebec.	12.5.17.	Non Rtd 256 Coboconk Victoria Co. Ont

D.
724147.

MEDICAL HISTORY SHEET. ORIGINAL

Surname Weaver Christian Name Cyrus Embury

Examined { on 21 day of March 1916
 at Woburn
 Birthplace { City or Town Top of Town
 County Burham

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

Apparent age 40 years
 Trade or occupation Laborer
 Height 5 Feet 8 1/2 Inches.
 Weight 145 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 1/2 inches.

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

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Three
 Number Three

Date.	Result.	VACCINATIONS.
<u>4-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last April 6th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/6/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>16/6/16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>22/6/16</u>	<u>"</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Second toe left foot lacerated

Enlisted on 23 day of March 1916 at Woburn.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724147</u>		<u>23-3-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u> A.D.M.S. CANADIANS, LONDON AREA, 76. STRAND, LONDON, W.C. 5 MAR 1917	<u>Feb 16/17</u>	<u>Rheum. Arthron</u>	<u>Dis in pen usq S. C. S. M. O.</u>
		Approved:- <i>A. J. Macdonald</i>	Captain C.A.M.C., for A.D.M.S., Canadians, London Area.

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.

Surname *Waller* Christian Name *Lynns Embury*

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				
Bramshott							Myalgia		<p>He has been in the hospital under the R.A.M.C. on leave. Found to have some arthritis in the ft. with myalgia. Very painful unable to walk or get out of bed. Seven weeks in bed. Transferred to ward I, Boarded by 30ms. London, personal recon. when left.</p>	J. G. Corbett Capt. Comd.	
Bramshott.		28	9	16	23	1	17	Myalgia.	118	<p>Very slight improvement. Myalgia - still complains of pain. Well nourished and developed. - Stiffness & painfulness of his joints joints swell occasionally. Arteries palpable</p>	W. Campbell Capt.
Epsom		23	1	17			do				W. J. M. [Signature]

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 BN., C.E.F.

(2) Regimental Number 224147

(3) Full Name of Soldier Cyrus Embury Weaver

(4) Place of Birth Caven Twp Ont.

(5) Are you married, or not? yes

(6) If married, state,
 (a) Full name of your wife Anna May Weaver
 (b) Present Postal Address Cobourg Ont.

(7) Are you a widower? no

(8) Have you any children? yes
 If so, give number of boys and girls 3 boys 1 girl
 Also their names and ages William Arthur Weaver 10 yrs.
Cyrus Roy Weaver 8 "
Shelia May Weaver 4 "
Sterling Foster Weaver 2 "

(9) Is your Father alive? *yes*.....
If so, state name and address *John Emery Weaver*
Hiawatha.....

(10) Is your Mother alive? *no*.....
If so, state name and address.....

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(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.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
yes.....

(15) Are you insured? *yes*.....
If so, in what Company? *Canadian Order of Odd Fellows*
Have you made arrangements for payment of your Insurance premium? *yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *JUL 11 1916*.....

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

NO. 644-8-7656.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 724147 (Rank) Private

(Name in Full) Heaver, Cyrus, Embury enlisted in
109th Overseas Battalion.

Canadian Overseas Expeditionary Force, on the Twentythird of March
1916, and accompanied said unit to England

was returned to Canada, and discharged from the service at Quebec, P.Q.

on the Twelfth of May 1917, in consequence of being
no longer physically fit for war service.

DESCRIPTION ON DISCHARGE

Age 46 years 2 months.

Height 5 feet 8 1/2 inches.

Complexion Dark.

Eyes Blue.

Hair Silver.

Trade Farmer.

Marks or Scars 2 Vaccination marks

left arm.

Hammer toe left foot.

Signature of Man _____

Officer in charge Discharge Depot

Place and Date Ottawa, May 4th 1917.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

W.S.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 724144

Rank Private

Name Heaver, Cyrus, Embury

Unit 100th Overseas Battalion

Address on Discharge Soboconk,
Victoria Co., Ontario,
Canada.

His conduct and character while in the Service have been : Good.

Place Ottawa Canada.

Date May 4th 1917. Commanding _____

Campaigns _____

Medals and Decorations _____

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

VV. 1490 28

96

18902-C-1.

Name **Weaver, Cyrus E.** Christian Name
Surname

Regimental Number ~~724147~~ Rank Pte.

Address (in full) % Mrs. A.M. Weaver,

Unit C.C.A.C. 725147

Coloconk, Ont.

Original Unit

District where paid Ottawa

Date of Discharge 12.5.17.

P. D. P. Filing Number 18W7.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 20.00 per month.

L. L. 22573—M. & D. 3009.

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		
160 10	1616	27/7/17	53 00	1553	25/8/17	53 00	1498	24/9/17	54 10		160 10

Remarks:

M. F. W. 127.
60M-617.
1772 39-1140.

File No. 18902-C-43

WAR SERVICE GRATUITY.

Register No. W 1490

paid to her 24/9/19. W 790

Dec'n No. W. S. G. File No.
 Reg. No. 724147 days at \$... per day \$...
 Name: ... months at \$... per mo. \$...
 Address: ...
 Address: ...
 Less further debit balance \$
 Net due paid as below \$

annie may weaver

same

TO SOLDIER TO DEPENDENT

Date	Amount
11/9/19	119.90
Total	

Pay Soldier \$ 119.90
 Clerk: J. J. Garrison

Pay Dependent \$ Pending 120.00 annulled award
 Days 122 Rate 70.00 Due ~~280.00~~ 400.00
 Less P.D.P. credited ~~160.10~~ 160.00
 Less further Dr. Bal. or overpayment.
 Net 119.90 239.90 20.00

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	32421	527984	119.90	11/9	1	42421	537943	120.00
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

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

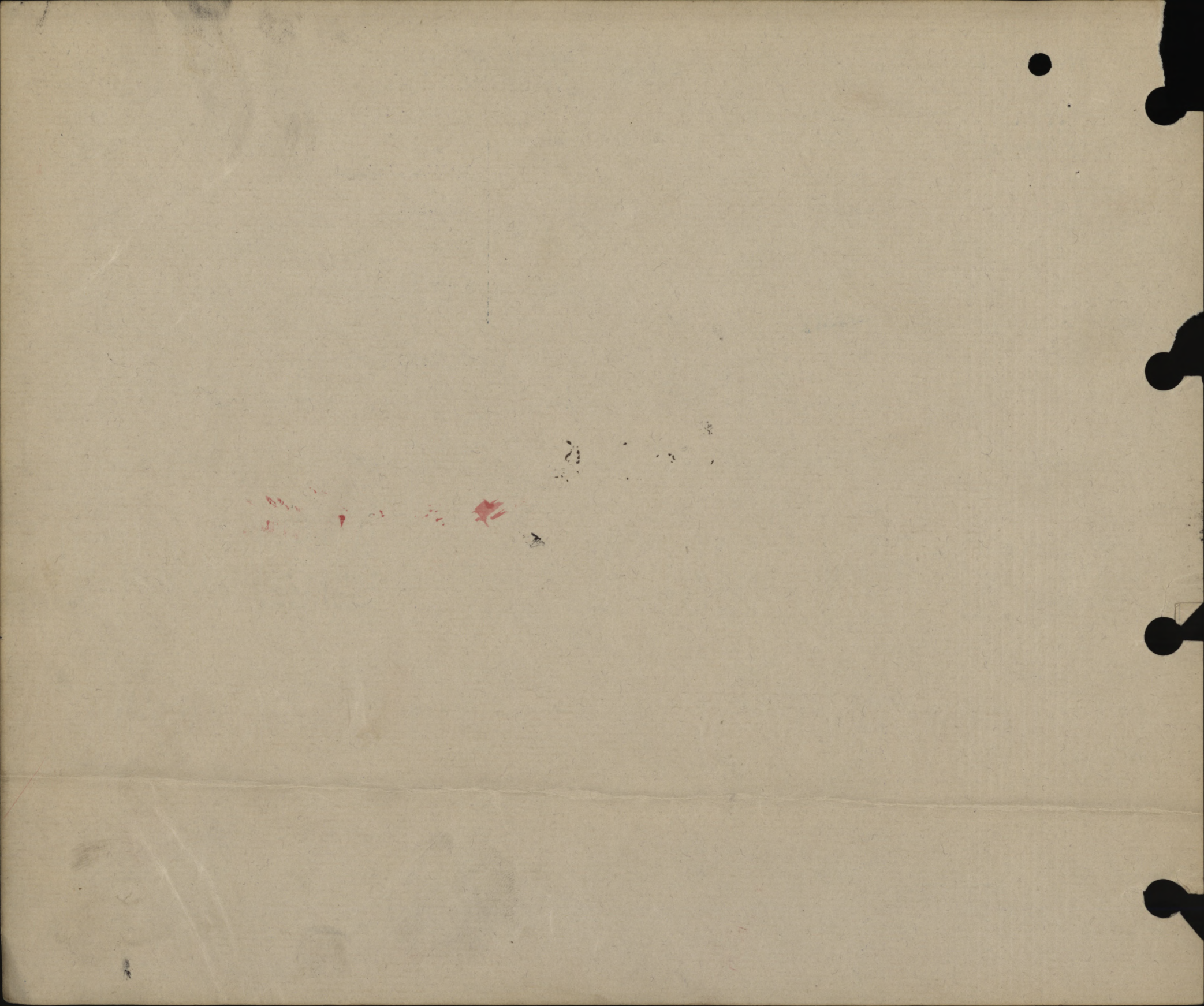
GEN'L AUDITOR
 Posting checked by
 [Signature]
 Date 22.9.19

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Ann M Deaver* By Whom Assigned *Deaver C E*
Address *Cobocouk
Ont* Regtl. No. *724147 725147?*
Rank *Pte*
Corps *109th Batt. D Coy*
Rate *15.00* **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Disch. to Canada stop April 1st. '17. 3724 ³/₁₇ Pbl. 8 ⁶/₁₇</i>
Sept.				
Oct.				
Nov.				
Dec.				<i>Acct Closed.</i>
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
 PAYMENTS.

63
 M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs Annie M. Deaver. Wife

Name of Soldier

*Deaver C. E.
 724147. Pte 109th Batt.*

L. L. Job 310.-Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>Y 15303</i>	<i>15</i>	
Sept.		<i>V 20104</i>	<i>15</i>	
Oct.		<i>V 25283</i>	<i>15</i>	
Nov.		<i>Z 28959</i>	<i>15</i>	
Dec.		<i>J 36298</i>	<i>15</i>	
Jan.	1917	<i>D 41746</i>	<i>15</i>	
Feb.		<i>E 48724</i>	<i>15</i>	
March		<i>F 54337</i>	<i>15.5</i>	<i>Stop 1/4/17</i>
April		<i>F 53851</i>	<i>15.5</i>	<i>120</i> <i>F 53851 Cancelled RBS. 22/5/17.</i> <i>15R</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

WFB

WFB

Stop 1/4/17
120
F 53851 Cancelled RBS. 22/5/17.
15R
Retd No 2810-4/4/17 7X SWS 12/4/17
P. D. P. 20-7-17. JHB

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

21-3-16

MILITIA AND DEFENCE

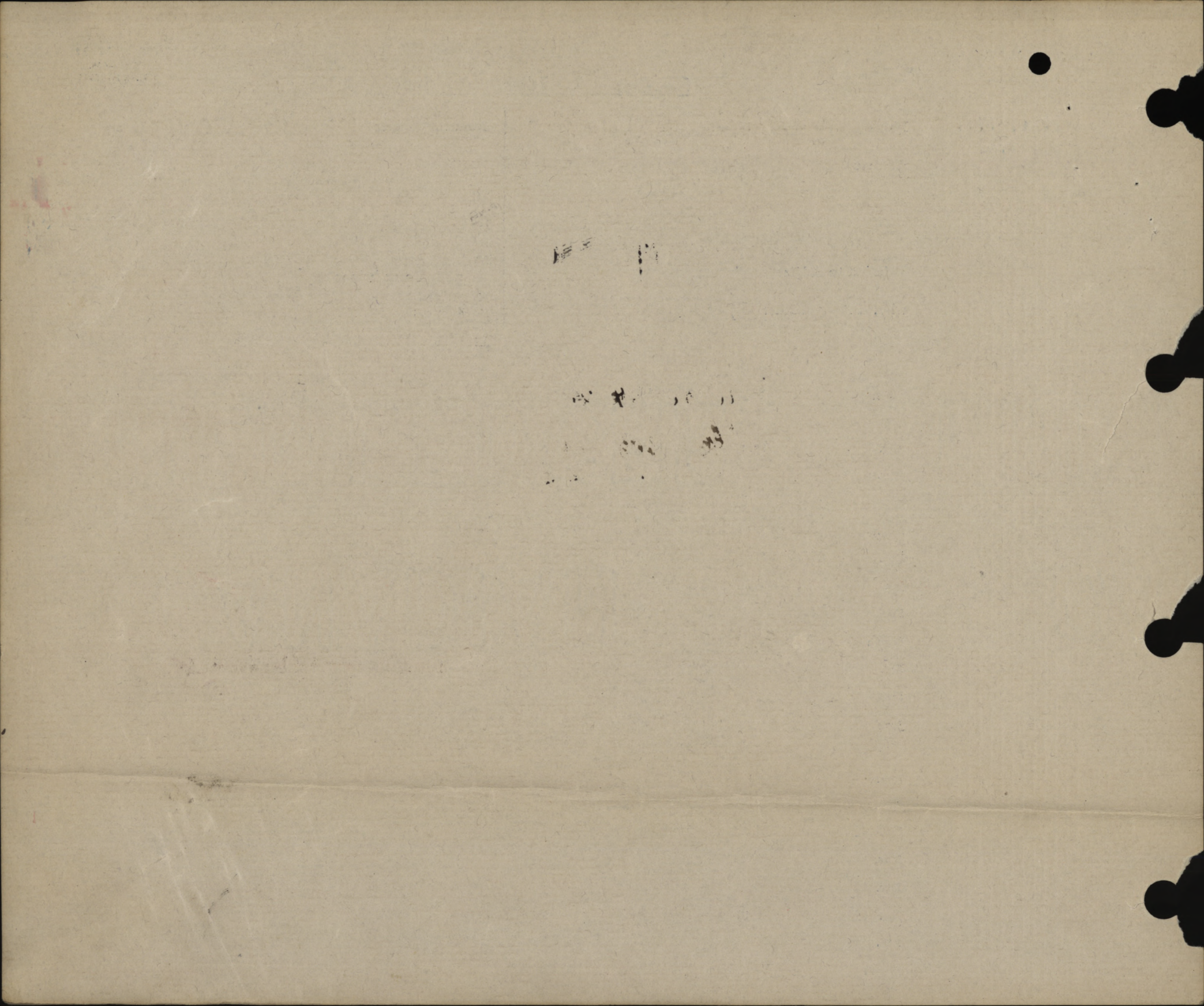
SEPARATION ALLOWANCE

M. F. W. 11.
50m.-4-16.
H. Q. 1772-39-818.Name Annie May Weaver
Address Boboc onk Ont.Name of Soldier Weaver Guyus K.
Regtl. No. 724147Rank Pte.
Corps 109th BnRelation to Soldier
wife, child or mother } WifeTo what Corps belonging }
when called out }

PAYMENTS

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

ACCOUNT CLOSED
DATE..... PER.....
W



MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

Sheet No. 2. Annie M. Weaver (Wife)
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier Weaver Byrns E.
plc

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Am.	Remarks.
April	1916	Q 3026	26	26
May		H 7770	20	20
June		3 7205	20	20
July		6 10615	20	20
Aug.		2 13643	20	20
Sept.		U 17855	20	20
Oct.		W 20889	20	20
Nov.		E 23898	20	20
Dec.		H 27303	20	20
Jan.	1917	J 3058	20	20
Feb.		W 33919	20	20
March		E 37341	20	20
April		W 3371	20	20
May				
June		A 5271	8	8
July		PD Lucy 14/27	27	27
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

266 C/c closed
credit on Troop ship #2810 4 1/4
F.X. Am. 18-4-17

via 12/5/17 per Capt Cummonds letter
30/5/17 pay sta to date of discharge
8/6/17 Louie

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

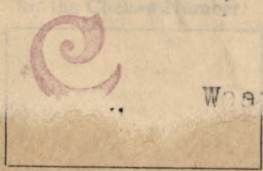
Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

CERTIFICATE re DISCHARGE DOCUMENTS.



Weaver, Cyrus Embury

Portl. No. 724147

Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>774147</u>	Army Rank <u>Pte</u>	
Name <u>Weaver - Cyrus Embury</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>Leeds</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge _____		
Place of discharge _____		
1. Description at the time of discharge.		
Age <u>46</u> years <u>4</u> months	Descriptive marks. <u>3 wacc in R. arm.</u> <u>Hammer toe L. foot</u>	
Height <u>5</u> feet <u>8 1/2</u> inches		
Chest measurement { girth when fully expanded <u>36</u> ins. range of expansion <u>3</u> ins.		
Complexion <u>Dark</u>		
Eyes <u>Blue</u>		
Hair <u>Silver</u>		
Trade <u>Farmer</u>		
Intended place of residence (To be given as fully as practicable) _____		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of _____ <u>Para. 392, Sec. 16, K. R. & O. 1912.</u> <u>Being no longer physically fit for war service.</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character:— <u>Documents not available</u>		
4. Character awarded in accordance with King's Regulations:—		

<p style="text-align: right;">Lt.-Col. _____ Commanding Canadian Discharge Depot.</p> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">_____ Initials of Commanding Officer.</p>		
Army Form B. 2088 has been issued to*		

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER.]

Handwritten notes:
noted
1.5.17
R.S.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Local Casualty

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) 27 MAR 1917

(Date) DUXTON

Paul H. Amoy Lieut.-Col.
Commanding Canadian Discharge Depot.
Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) APR 27 1917

(Date) QUEBEC

C. E. Wearer (Signature of Soldier.)

J. H. Bennett (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for MAY 12 1917 (date)

(Place) _____

(Date) APR 27 1917

Signature *J. W. Marriott* Col.
CAPT. & ADJT.
C. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

None.

C. E. Weaver

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

111972

Reserved for M.H.C.

Regt. No. **724147** Rank **Private.** Surname **Weaver.** Christian Name **Ernie Babury**

Unit or Corps—(a) Overseas from United Kingdom **109th Battalion** (b) In United Kingdom **109th Battalion.**

Born at—Town **Cavan Tp. Durham Co.** County or Province **Ontario** Country **Canada.**

Date of Birth—Day **3rd** Month **January** Year **1870** Age **47** yrs. **—** months.

Joined at **Cobogonk.** Date **21st March 1916.**

Former Trade or Occupation **Labourer.**

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

None.

DEPT. OF MILITIA & DEFENCE
 FEB 22 1918
 H.Q. CANADA
 649-W-7658

Height—feet **5** inches **0 1/2** Colour of eyes **Blue.**

Signature of Soldier (for identification purposes) **C E Weaver**

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). **Rheumatism.**

Disabilities Group (b).

Disabilities Group (c).

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.	Exposure.	Canada.	1912.
(ii) As to Group (b) above.			
(iii) As to Group (c) above.			

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? **Yes** If yes, has Active Service aggravated it? **Yes**

(ii) As to Group (b) above? If yes, has Active Service aggravated it?

(iii) As to Group (c) above? 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?

(iii) As to Group (c) above?

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

Not an injury

(i) While on duty?

(ii) While off duty?

(iii) Was a Court of Inquiry held?

(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.)

Never in France. 6 years ago had an attack of rheumatic fever, but made a good recovery. 17th August 1916, present attack began, with fever and pains in the body, legs and arms. Considerable swelling of legs and arms. Sent to Branshott Hospital 4 months, improved considerably then to Epsom.
Bramshott Hosp. 28-9-16 to 23-1-17 - Myalgia.

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

Stiffness and soreness in hip joints also the shoulder joints and back of neck, Joints swell occasionally and become painful. Walks very lame short of breath and has pain about the heart. Arteries hardened slightly Age. 46. Appetite very poor.

8. OPERATION. (i) Was one performed? No

(ii) If so, state what.

None.

(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.

Not applicable.

10. DO YOU RECOMMEND:—

(a) Fit for duty? NO

(b) Fit for base duty? NO

(c) Invalid to Canada? Yes.

(d) Discharge from the Service as permanently unfit? NO

Date of Report January 25th 1917.

Signed

O. G. Donovan Capt.

Officer in medical charge of case.

Station EPSOM. Can. Con. Hospital.

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

J. Burnet Capt. CAMC. for (Officer i/c Hospital) Strike out one of these.

Dated at EPSOM. Canadian Convalescent Hospital. Station, on February 3rd 1917.

* 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)?

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	{	No	No	No	No
(b) Misconduct of the Soldier	{	Caused? No Aggravated? No	{	No	No	No	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%.)

40. per cent.

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).

One fifth.

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

(i) Is it permanent? **No**

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

Six months.

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

Not applicable.

18. Remarks.

Had rheumatism before enlistment. Was never able to do Route marching. Never been to France, complains of pain and stiffness in Hip joint which makes him limp when walking.

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

February 16th 1917.

Station

EPSOM.

Signatures
of
the Board

(Sgd)

G. C. HALE. Capt. President.

F.A.C. SCRINGER. Capt.

Approved

Dated at

[Signature]
A.D.M.S., Canadians, London Area.

A.D.M.S.—

Station

A.D.M.S. CANADIANS,
LONDON AREA,
76, STRAND, LONDON, W.C.

5 MAR 1917

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 14th day of February 1919

Members of the Board:—

1. Is the case on the disability file... Yes.

2. Was the disability caused... The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

40 per cent.

3. The Pensionable Disability... One fifth.

4. If not permanent... Six months.

5. If an operation was advised... Not applicable.

Had rheumatism before enlistment. Was never able to do route marching. Never been to France, complains of pain and stiffness in hip joint which makes him limp when walking.

13. Recommendation—(a) fit for duty? No. (b) fit for base duty? No. (c) fit to Canada? No. (d) Discharge from service re permanent injury? Yes.

Dated at this day of February 1919. G. C. HALL, Capt. W. A. G. BOYD, Capt. Signatures of the Board. President.

Reserved for M.H.C.

Regt. No. **724147** Rank **Private.** Surname **Weaver.** Christian Name **Cyril Embury**
 Unit or Corps—(a) Overseas from United Kingdom **109th Battalion** (b) In United Kingdom **109th Battalion.**
 Born at—Town **Caven Tp. Durham Co.** County or Province **Ontario** Country **Canada.**

Date of Birth—Day **3rd** Month **January** Year **1870** Age **47** yrs. **--** months.

Joined at **Cobocok.** Date **21st March 1916.**

Former Trade or Occupation **Labourer.**

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

None.

Height—feet **5** inches **8½** Colour of eyes **Blue.**

Signature of Soldier (for identification purposes)

C. E. Weaver

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).

Rheumatism.

Disabilities Group (b).

Disabilities Group (c).

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.	Exposure.	Canada.	1912.
(ii) As to Group (b) above.			
(iii) As to Group (c) above.			

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?

Yes

If yes, has Active Service aggravated it?

Yes

(ii) As to Group (b) above?

If yes, has Active Service aggravated it?

(iii) As to Group (c) above?

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?

(iii) As to Group (c) above?

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

(i) While on duty? **Not an injury** (ii) While off duty?

(iii) Was a Court of Inquiry held? (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.)

Never in France. 6 years ago had an attack of rheumatic fever, but made a good recovery. 17th August 1916, present attack began, with fever and pains in the body, legs and arms. Considerable swelling of legs and arms. Sent to Bramshott Hospital 4 months, improved considerably then to Epsom.
Bramshott Hosp. 28-9-16 to 23-1-17 - Myalgia.

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

Stiffness and soreness in hip joints also the shoulder joints and back of neck. Joints swell occasionally and become painful. Walks very lame short of breath and has pain about the heart. Arteries hardened slightly Age 46. Appetite very poor.

8. OPERATION. (i) Was one performed?

No

(ii) If so, state what.

None.

(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.

Not applicable.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

No

(b) Fit for base duty?

No

(c) Invalid to Canada?

Yes.

(d) Discharge from the Service as permanently unfit?

No

Date of Report 191

January 25th 1917.

Signed

O. G. Honohan Capt

Officer in medical charge of case.

Station EPSOM. Can. Con. Hospital.

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

J. Burnett

Capt. C.M.C. for

(Officer i/c Hospital) Strike out one of these.
(S.M.C. Brigade)

Dated at EPSOM. Canadian Convalescent Hospital. Station, on February 3rd 1917.

*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)? **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%).
40. per cent.
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).
One fifth.
16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? **No**
(ii) If not permanent, what is its probable minimum duration (in months)? **Six months.**
17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not applicable.**
18. Remarks. **Not applicable.**

Had rheumatism before enlistment. Was never able to do Route marching. Never been to France, complains of pain and stiffness in Hip joint which makes him limp when walking.

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 **February 16th 1917.**

Signatures
of
the Board (Sgd)

G. O. HALE. Capt.

President.

Station **EPSOM.**

F.A.C. SCINGER. Capt.

Approved 
Dated at **For A.D.M.S., Canadians, London Area.**

A.D.M.S.

Station

A.D.M.S. CANADIANS,
LONDON AREA,
76, STRAND, LONDON, W.C.

5 MAR 1917

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:—

12. Is the case of the disability fully indicated in Part I. (12) If not indicate it.

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

14. THE ENTIRE DISABILITY. Without regard to the regular occupation to which extent is his capacity lessened or impaired by the disability. (14) If not indicate it.

15. THE RESPONSIBLE DISABILITY. (15) If not indicate it.

16. If in operation was altered and decided so was considered the case to have been unreasonable.

17. If not permanent, what is its probable minimum duration or duration.

18. Name.

19. Recommendation. (a) For date. (b) For base rate. (c) Payable to Canada. (d) Discharge from service as permanent disability.

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board. President.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724147	pte	Weaver	C. E.
Year	Unit.	Age.	Service.	
	109 th Canad.	40	5/12	
Station and Date.	Disease			
	Rheumatism			
	This man was a patient under 1 st English regim ^t . unable to get on than present phys. symptoms which organized as no.			
Dec 2/16	D. A. (Cassels) Capt.			
	Admitted Sept 25/16-			
Jan 15	Present condition - no change			
	C. A. (Cassels) Capt.			
Jan 23 rd	No change in present condition			
	C. A. (Cassels) Capt.			

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

Station
and Date.

Lined area for recording data, consisting of approximately 30 horizontal lines.

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