

ATTESTATION PAPER.

No. 726068

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Webber*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Wierforce - Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Hepworth - Ont*
- 3. What is the name of your next-of-kin?..... *George Webber*
- 4. What is the address of your next-of-kin?..... *Wierforce - Ont Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *17th June - 1896*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *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, *William Webber*, 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.

William Webber (Signature of Recruit)

Date *January 6th 1916* *J. S. Faithful* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Webber*, 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.

William Webber (Signature of Recruit)

Date *January 6th 1916* *J. S. Faithful* (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 *Dorchester* this *6th* day of *January* 191*6*.

J. S. Hadley (Signature of Justice)

Description of William Webber on Enlistment.

Apparent Age 19 years 6 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. 7 1/2 ins.

Chest measurement: { Girth when fully expanded 32 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes blue

Hair light brown

moles on abdomen

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan 6 1916.

Place Lindsay

J. McCulloch Capt.
J. H. Stewart Medical Officer.
 109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

Date JAN 15 1916 1916 J. H. Stewart Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

H.M.
12/3/19

(S)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Patent Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 3
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

copy Dis.

A. F. B. - 122-1
 M. H. C. 7 132-1
 M. F. W. 192-1
 M. F. W. 62.
 100m.-6-17.
 H. Q. 772-39 935.
 A. F. B. 129-1

DISCHARGE DOCUMENTS

R. O. No. _____
 H. Q. No. _____



Name WEBBER, WILLIAM VICTOR

Regt. No. 26068 Rank Pte

Corps 109th Bn

"M.M."



11578



39-14
 17-14
 9-14
 2



CARD No.

2

SURNAME.

Webber

CHRISTIAN NAMES

William

REGL. No.

726068

RANK

Pte.

UNIT

109th

FORMER CORPS

nil.

105 Dis 11-2-19
M. U. FOLL. 552
with 50c.

D.D. 39 of 8-2-19

Ball.

NEXT OF KIN.

NAMES IN FULL

Webber, Geo.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Wilberforce, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Wilberforce, Ont.

DATE

June 17th, 1896.

PLACE OF ATTESTATION

Gooderham, Ont.

DATE

Jan. 6th, 1916.

Sailed from Halifax per

S.S. Olympic 23/7/16

L. L. 3032—M. & D. 612

T.P.C. 17/6/18 152-5
M. E. W. 22 100m.—1-14. H. Q. 1772-39, 338
488/137

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

19 YEARS

6 MONTHS

HEIGHT

5 FEET

7½ INCHES

CHEST MEASUREMENT

33½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

Moles on abdomen.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 6th, 1916

No. 726068 RANK

Pte

NAME

Webber, Wm.

T. O. S.

5-1-16

UNIT

109th. Battalion

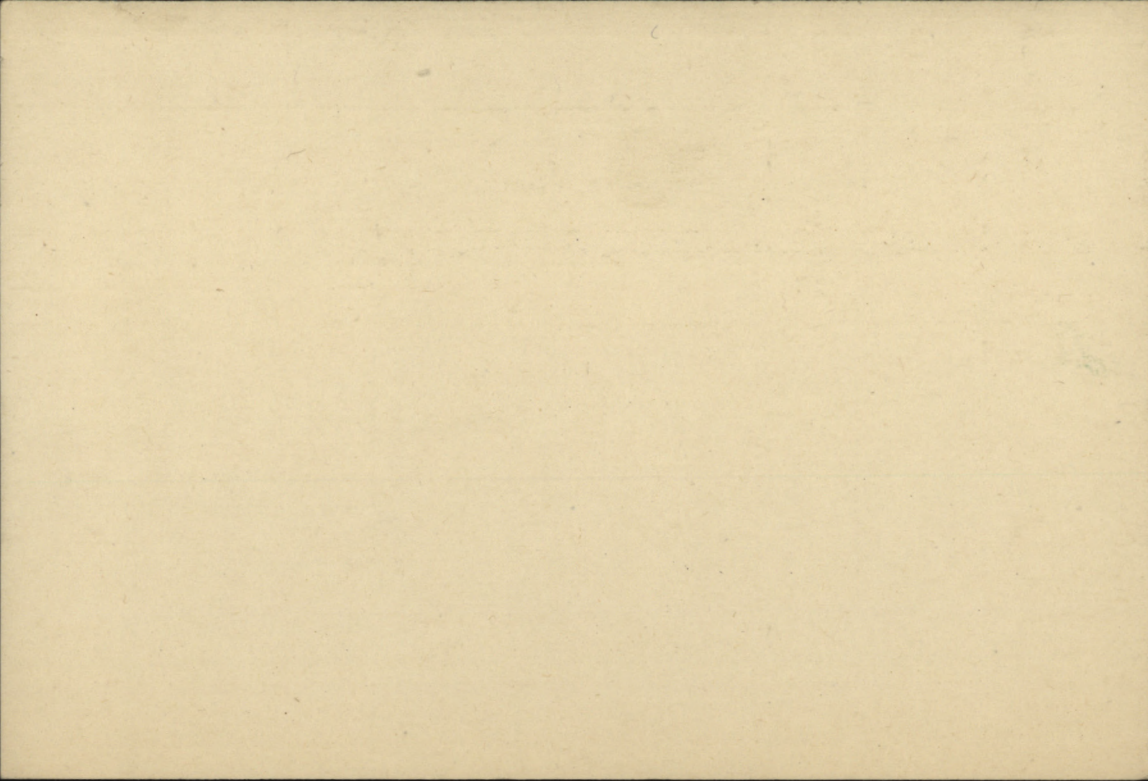
D.O.44. 11-1-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 5	1916. Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April		v.		
May		v.		
June		v.		
July		v.		

UNIT SAILED

JUL 23 1916



MOH

Number

72.6068

Rank

L/Cpl

Surname

WEBBER.

Christian Name

William

Units

20 Bn Cany

Theatre of War

France

Date of Service

6-10-16

Remarks

Latest Address

Wellbore PD
Ontario

Roll No.

200m.-2-21.M.

Page 12985

75
4

DESP. MAY 12 1922

REGN. NO.

HC 14997

Reg. No. 726068 Name Weber W
 Rank Pte Corps 20th Age 23 Service 69/12 E 2/12 F 14/12
 Ledger No. 1694944 Serial No. 22056 38

HOSPITALS

DATE

DIAGNOSIS

Davisville Toronto	20-6-18	ESW R Knee outkey as
Mrs. J. H. Whitney	25-7-18	
" M. O. H. Toronto	29-8-18	
" Military Whitney	1-11-18	
" Milwds J. G. H.	13-1-19	2/ tonsillitis
" Military Whitney	28-1-19	
sis to 255	6-2-19	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Granville Can. Spl. Hospital,

HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. T1163 PL. OF ACTION 726068RANK Pte UNIT 20TB11 SICK OR WOUNDEDNAME Webber W AGE 22 RELIGION Capt G.PLACE IN HOSPITAL 109/470DIAGNOSIS sw Rt KneeADMITTED 5 APR 1918 FROM Gray War P BicesterDISCHARGED 27 MAY 1918 TO _____TRANSFERRED 5th Can. Gen. L'poolSERVICE AT HOME 24/12 IN FIELD 12/12

RESULTS _____

53 days

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

William

LWB

FORM R. 149.

7106-250m-7/2/17.

Name WEBBER ✓ Rank Pte. ✓

Reg. No. 726068 ✓

Unit 20th Batt. ✓

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12.11.17	26 G.H. Etaples Dericourty	Pte	G.S.W. Knee	A64	M6364	P91906
11.4.17	26 G.H. Etaples	do	do	do	do	11231
8.12	Graylingwell W.H. Chichester	do	do R.	B86	do	7430
6.4.18	G. Ch. Spe. M. Buxton	do	do	B183	do	15943
28.5	5 C.G. H. Kirkdale	do	do	B228	do	18845
6.6	Invalided to Canada	do	do	B236	do	9729

*Name L. Webber W. Rank Pte. Regtl. No. 726068
 Original 109th Present 20th Fyle Depot
 it unit M. or S. S Age. 22 Religion. C/E Ref. H.Q.
 Port, ship, and date of arrival.....
 Next of kin FATHER GEORGE WATSON WELLERFORCE ONT......
 Address on leave SAME......
 Address on discharge WILBERFORCE ONT......
 WILBERFORCE......
 Transportation issued Yes No Date..... Character on discharge
 11-2-19......
 Previous occupation Farmer Date and place of enlistment Gooderham Ont. 6-1-16
 Diagnosis Shpl Rt. Knee Date of Medical Boards 4-2-19.

Date. T.O.S.	M.O.H.	Remarks.	Pt. 2 Order No.
<u>5-6-18.</u>		<u>Posted to H.S. 20-6-18. leave to 4-7-18.</u>	<u>68</u>
		<u>Clearing Depot to H.S. 20.6.18 Granted leave to 4.7.18</u>	<u>72</u>
<u>26-7-18</u>		<u>M.O.H. to Whitby as from 23-7-18</u>	<u>100</u>
<u>3-9-18</u>		<u>Whitby to M.O.H. as from 29-8-18</u>	<u>139</u>

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

(over)

Date.

Remarks.

Pt. 2 Order No.

7-9-18	Sub. as from 3-9-18 (M.O.H.)	143
20-9-18	AWL from 11 p.m. 17-9-18 (M.O.H.)	156
21-9-18	Returned from leave as from 17-9-18 (M.O.H.)	157
21-9-18	Report 156 Cancelled. Reported in error. (M.O.H.)	157
5-11-18	M.O.H. to Whitby 1-11-18	H.S. 202
	W.M.H. to T.G.H. 13-1-19	H.S. # 15
	T.G.H. to Whitby 28-1-19	H.S. # 30
	T.G.H. Whitby 28-1-19	H.S. # 31
FEB 6 - 1919	HOS. SEC. TO C.C.P.S.	38
10-2-19	SOS DISCH. MED. UNFIT (91 days pDP & CLO ALL'CE)	39

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG.-NO.

Webber

W.

726068

RANK

UNIT

Co.

TROOP

BATTY.

Pte

1st. C.O.

20

HOSPITAL

DATE OF ADMISSION

26 Gen. Staffs

12-11-17

Grayswell War Chesters Hos.

8-12-17

2. Granville Camp. Spec. Buxton

6-4-18

56 Kirkdale

HOSP. 28-5-18

3.

HOSP.

4.

HOSP.

DIAGNOSIS

gsw. R. Knee ¹²⁰

1.

2.

3.

DISPOSITION

A64 (1)

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

DATE

REMARKS

c.l. 16-11-17

12-12-17

B 86-1

9-4-18

B 183. (2)

31-5-18

B 228 (2)

10-6-18

B 236 - III

Invalided to Canada 6.6.18

D.to C. per H.S.Llandoverly Castle sailing
60. from L'pool. 6-6-18.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 726068 (Rank) Pte

Name (in full) WEBBER, William Victor enlisted in
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Gooderham, Ont. on the 6th.
day of January 19 16

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 23
Height 5' 8"
Complexion Fair
Eyes Blue
Hair Light

Marks or Scars
Vacc. scars left arm
G.S.W. Rt. Knee 10-11-17
Gold Stripe enc -----1

Wm. Webber
Signature of Soldier

J. B. Robson Lt
Issuing Officer

Date of Discharge February 11th, 1919

O. C. Rankings Sections,
No. 2 District Depot
Appointment

Signed at Toronto, Ont. this 11th. day of Feb. 19 19

in Military District No. 42

File Reference No. No. 2
JAN 11 1919

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

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

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

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. *426068* Rank *Private* Name *Webber William*

Enlisted (a) *6-1-16* Terms of Service (a) *D of W.* Service reckons from (a) *6-1-16*

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) *Farmer.*

CERTIFIED CORRECT.
18 OCT. 1916
C.M. RECORDS, LONDON.

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			
		Halifax	24.11.16	
		Liverpool	31.11.16	
		Quebec	5.8.16	Part II Order 218
Transferred for Overseas Service with 20 th Batt			OCT 5 1916	D.O.Pt.11 No. 279
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16 NR Pt 2 O's 55d11/10/16
do	do	Left for	do	20/10/16 NR
27/10/16	20th Bn	Arrived	do	23/10/16 B215
10/11/17	ICFA	Adm. R knee adm't test	CPS	10/11/17 B5179
10-11-17	3 Comd'g	Adm. 10th Bn	PT. 3i.	11-11-17 B5628
11/11/17	26 Gen	Adm. 26 Gen		11/11/17 B5179
17/11/17	20 Bn	Adm.		9-11-17 B215
7-12-17	26 Gen.	Inv (Wdd) & posted to 1st Shorncliffe per AT Ville de Liege	entl Ont Regl Depot, W3083 - 4504. Pt 2 90d/14-12-17.	
			Whoogan	Major for Lt-Col, A.A.G. Canadian Section C.H.O. 3rd Echelon P.E.F.
14.12.17	ICORD	7. O.D. from 20 Bn	O'Drury	7.12.17 Pt II 289

(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.

for Colonel 1/c Records

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				
5.6.18	T.O.S. No.2 District Depot, Part II, D.O. No.			68	
					<p><i>[Signature]</i> <i>Adj. and Asst. Adj.</i> For O.C. No. 2 District Depot</p>
					<p>Dis. #2 D.D. Feb. 11th, 1919 Pt.11 #39.</p> <p><i>[Signature]</i> O. C. Discharge Sections, No. 2 District Depot</p>

H.M.

Rank

Private

Name WEBBER, William. ✓

Reg'l No. 726068 ✓

Unit 109th Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single. ✓

Place and Date of Enlistment Gooderham, 6th Jan 1916. ✓

Place of Birth Hepworth, Ont. ✓

Name and Address, Next-of-Kin George Webber. ✓
Wilberforce, Ont, Canada. ✓

Relationship Father. ✓

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason

Character *Operated*

N.F. R.B. No. *13500*
File R.L.
Category *Law mil.*

H. W. & V., Ltd.—7165-16.

Report Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H. M. T. 2810		31-7-16	
5. 8. 16	<i>109th</i>	<i>App'd Prov. L. Cpl</i>	<i>Odney</i>		<i>Pt. II 20. 2/8</i>
5. 10. 16	<i>do</i>	<i>S.O.S. to 20th Bn</i>	<i>Bramhall</i>	5-10-16	<i>Pt. II. 20. 279</i>
11-10-16	<i>20th Bn</i>	<i>T.O.S. from 109th</i>	<i>Field</i>	6-10-16	<i>" II 55.</i>
11-10-16	<i>do</i>	<i>Reverts to rank of Private</i>	<i>do</i>	6-10-16	<i>" II 055.</i>
15-11-17	<i>100th</i>	<i>Adv. to Gen. 14th (Surrey)</i>	<i>Staples</i>	12-11-17	<i>G.L. 1764-1</i>
11-12-17	<i>"</i>	<i>To Braynwell 14th</i>	<i>Chichester</i>	8-12-17	<i>" B86-1</i>
14-12-17	<i>20th Bn</i>	<i>Invt. War post 100th</i>	<i>Field</i>	7-12-17	<i>Pt 2090 & Pt 20289/2317</i>
10. 6. 18	<i>100th</i>	<i>Inv. to Canada</i>	<i>" Kdale</i>	6. 6. 18	<i>at B236 (3)</i>
14-6-18	<i>100th</i>	<i>Inv. to Canada</i>	<i>" Witley</i>	6-6-18	<i>Pt 40/63</i>

A.F.B. 103 CHECKED
16 OCT 1916

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont

Date April 17, 1969

Attention of

NAME WEBBER William V.

SERVICE 726068 WW 1
NUMBER

C.P.C. No. 105921
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

L.H. ARTHUR TORONTO 12. ONT APRIL 14, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death APRIL 12, 1969

Cause of Death

Place of Death Not stated

Name and Address of next of kin (if known)

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

Destroy form if advice of death already received.

C. C. Richards
for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS



Form 10-61 (Rev. 1-25-61)
NAME (Last, First, Middle Initial)
ADDRESS (Street, City, State, Zip)
CITY, STATE, ZIP

DATE OF BIRTH (Month, Day, Year)
MILITARY SERVICE (Branch, Component, Grade, Dates of Service)
REASON FOR SERVICE (Type of Service)

REASON FOR REQUEST (Type of Request)
NAME AND ADDRESS OF NEXT OF KIN (Name, Address, City, State, Zip)

DATE OF DEATH (Month, Day, Year)
PLACE OF DEATH (City, State, Zip)
CAUSE OF DEATH (Type of Death)

NAME AND ADDRESS OF NEXT OF KIN (Name, Address, City, State, Zip)

DATE OF DEATH (Month, Day, Year)
PLACE OF DEATH (City, State, Zip)
CAUSE OF DEATH (Type of Death)

NAME AND ADDRESS OF NEXT OF KIN (Name, Address, City, State, Zip)

Ward Queen's C 2 No. of Bed 41 Date 12 DEC 1917

Regl. No.	Rank and Name	Corps.	Part to be X-Rayed
726068	Pte Wilber	R F A	Right Leg

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4021

Fracture of femur involving the condyles.

Fracture of head of tibia involving the articulation

F. B present also fracture of head of fibula & exostosis present.

Signature of M.O. _____

Signature of Radiographer E. Knight

Date _____

Date 12 DEC 1917



MEDICAL CASE SHEET (OPHTHALMOLOGY)

Toronto General Hospital,
Eye Clinic.

Dec. 5th.-18.

Name Webber, W. Rank Pte Number 726068 Unit Whitby Beds,
Age - 23.

Symptoms: Eye strain when reading.

Retinoscopy and Ophthalmometer.

H & C. O.D. + 2.00
+ + 5 00 + I 6/6.

O.S. + 2.00
+ + 2.00 + I 6/6.

FIELDS: Diagnosis Hypermetropia.
Duration - years.
Disability - Nil.
Due to service - No.

Muscle Balance: Agg. by service. Tension: No.

SUBJECTIVE EXAMINATION.

O.D. V 6/6 Before

O.S. v 6/6

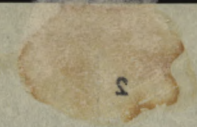
GLASSES PRESCRIBED.

O.D. + .50 S.

O.S. + .50 S.

F.A. Aylesworth,
Oph. Surg. T.G.H.

C.J.C.



Faint, illegible text visible through the paper, appearing as ghosting from the reverse side.

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL P

Surname *Webber*

Christian Name *William*

962
976

Examined { on *6th* day of *Jan* 191*6*
at *Woodborough*
Birthplace { City or Town *Wepworth*
County *Leicestershire*

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

12 DEC 1917

Apparent age *19 years*
Trade or occupation *Farmer*
Height *5* Feet *7 1/2* Inches.
Weight *142* Lbs.
Chest measurement { Minimum *32 1/2* inches.
Maximum expansion *36* inches.
Physical development *good*
Small-Pox Marks *none*

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

Vaccination Marks { Arm *Right none Left None*
Number *one*

Date	Result	VACCINATIONS.
<i>26.1.16.</i>	<i>good</i>	<i>J. McCulloch</i>
		M.O.
		M.O.

When Vaccinated last *January 26th 1916.*
(a) Marks indicating congenital peculiarities or previous disease *none*

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>18.4.16</i>	<i>good</i>	<i>J. McCulloch</i>
<i>25.4.16</i>	<i>good</i>	<i>J. McCulloch</i>
<i>4/6/16</i>	<i>"</i>	<i>J. McCulloch</i>
<i>22.9.16</i>	<i>"</i>	<i>St. Boyd</i>
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection *none*

Enlisted on *6th* day of *January* 191*6* at *Woodborough*

CO. REG'T.	REG'T'L NUMBER.	HABITS.	DATE.
<i>109th Bn C.E.F.</i>	<i>726068.</i>		<i>6.1.16.</i>
Transferred to... <i>21st Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Frontline CSH</i>	<i>18/4/68</i>	<i>Ankylosis R. Knee S.V.</i>	<i>I.G.C. W.S. Turner M.Y.</i>

CANADIAN

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.

synopsis
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No. 926068	Rank. Plt	Surname. Webber	Christian Name. W
Year 1918	Unit. 2 Batta		Age. 22	Service. 2 ⁴ / ₁₂
Station and Date.	Disease G S W Rt Knee			
	Occupation - Farmer			
	Enlisted - 6 Jan - 1916 Gooderham			
	To England July 1916			
	To France Sept 1916			
	Wounded Passchendaele Nov 10, 1917			
705	Can Gen 27/3/18.			
	Scar over inner side knee - RT shrapnel entered at upper extremity of scar - muscular scar running from entrance scar down wards. two other muscular scars upper 1/3 leg.			
	Knee slightly flexed. limitation of full extension by 10°. movement of joint through about 5°. thigh muscles markedly atrophied calf muscles slightly so. movements good.			
	wound on W bearing just internal to patella - some periarthicular thickening.			
	Heart lungs - W.S. NS GUS - neg			
3 cases	S.W. knee RT - in case			
10-11-17	FB entering in front - passing cap came into shaft tibia & located by ray about 6" down shaft tibia - It freely opened - irrigated synovial membrane closed -			

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

skin sutured - opening made below
FB not removed

Station
and Date.

26 June Hop joint swollen and painful -
11-11-17. progressing satisfactorily

Grayling well was Hop

7-12-17. Gray - "fracture of femur involving
the condyles - fracture head of tibia
involving the articulation -
F B - present also fracture head
of fibula - osteitis present"

Gray Can Spec

5-4-18. Ext. exam knee 110° flex 155°.
can not bear wt - or walk.

later - ext 170 flex 160°
18-4-18 mo. to Canada
in ea

E HISTORY SHEET.

MILITARY HOSP. Hospital. Station. No. 746068 Rank Pte Name Weber W. Age 23 Unit 20 Completed years of service 3/12 Date of admission Aug 29/18 Date of discharge Diagnosis P. J. S. R. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Military Orthopedic Hospital

Returned from leave. To have Exostosis removed from end of tibia by split patellar operation. Advised by Maj. D. R.

Sep 26/18. In removal of spur tibia. patella incision as patella is partly fixed.

27/9 Operation. Knee opened by a split patellar incision. Joint found filled with considerable fibrous tissue & fat - also some bony pieces found in joint. This was removed as much as possible. Knee was extended as fully as possible and a posterior rock splint bandaged on.

Cap. Brown give order for knee brace & left leg on outer side foot - late heel.

22/10 Brace & boots ordered. To be removed fitted with knee brace Wed. For transfer to Whitley Thursday. Boots to be ready 5/11/18

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.)

CONDITION ON DISCHARGE (and disposal made of case.)

Date AUG 29 1918 Cap. Brown Medical Officer i/c case.



1875

1875

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

Wether - William

REGIMENT.....

20th

RANK.....

Pte

No. *226068*



INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge</i>																					
<i>Exam</i>																					
<i>Whitby</i>																					
<i>Feb 4-19</i>																					<i>No previous history sheet</i>
																					<i>Essentially fit -</i>
																					<i>H. J. Hodgins Capt</i>

TAL
6161 82 N

CASE HISTORY SHEET.

Hospital. Whitby Station. _____
 No. 12606 Rank. PT Name. Webber, Wm Age. 23
 Unit. 23 Bthn Completed years of service 9/26 2/26 8/4 27 }
Where and how long
 Date of admission. 1-11-18 Date of discharge. _____
 Diagnosis. _____ Place of origin. _____

CONDITION ON ADMISSION AND PROGRESS OF CASE.

SS Ball Camp
1-11-18 - Admitted Whitby - Operation
4 wks ago today - Wearing Stap joint
extension knee splint. Walks fairly
well - acg. E. about 170° Range of
movt about 15-20°
4-11-18 - Sent up for special boots.
8-11-18 - " " " " " "
15-11-18 - Condition just about the same
going up for boots again tomorrow.
21-11-18 - Has received boots with 1/2"
raise at boot heel & toe. Condition about the
same but pt thinks extension is getting
rather stiffer. To have Exercises & splint
to see Surg. specialist
1-12-18 for 727 Orthoboston J. H. B.
6-12-18 - Sent up for exam of nose &
throat. Recurrent sore throats
227 after Xmas.
9-1-19 - transfer to Hq. H. for
tonsillectomy. Rule same

Wesserman Negative

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date _____ Medical Officer i/c case. H. E. Mack

USE HISTORY SHEET.

12



ASSIGNED PAY

Sheet No. 2.

Mrs Jane Debbes

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

Webber W^m
726068 Pte 109th Batt

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>415309</i>	<i>15</i>	
Sept.		<i>120261</i>	<i>15</i>	
Oct.		<i>125434</i>	<i>15</i>	
Nov.		<i>229136</i>	<i>15</i>	
Dec.		<i>136421</i>	<i>15</i>	
Jan.	1917	<i>137212</i>	<i>12</i>	
Feb.		<i>247251</i>	<i>15</i>	
March		<i>153882</i>	<i>15</i>	
April		<i>15554</i>	<i>15</i>	<i>15</i>
May		<i>12203</i>	<i>15</i>	<i>15</i>
June		<i>119526</i>	<i>15</i>	<i>B.</i>
July		<i>125990</i>	<i>15</i>	
Aug.		<i>133604</i>	<i>15</i>	
Sept.		<i>140897</i>	<i>15</i>	
Oct.		<i>146379</i>	<i>15</i>	
Nov.		<i>R 53729</i>	<i>15</i>	
Dec.		<i>L 63867</i>	<i>15</i>	
Jan.	1918			<i>125509</i>
Feb.				
March				
April				
May				
June				
July				

*103.**WAE*

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Jane Webber* By Whom Assigned *Webber Wm*
 Address *Wilberforce* Regtl. No. *726068*
Ont Rank *Pte*
 Rate *15.00* **AUG 1 1916** Corps *109th Batt. D Coy*

PAYMENTS

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



ASSIGNED PAY. *ENGLAND OR CANADA.* SEPARATION ALLOWANCE. *ENGLAND OR CANADA.*
EFFECTIVE DATE: *1/8/16 Stopped eff: 1/8/18* EFFECTIVE DATE: *1/8/18*
AMOUNT: *\$ 15* AMOUNT: *-*

NAME: *WEBBER, Wilbur*
NUMBER: *726068*
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.
Mrs Jane Webber (Mother)
Wilberforce, Ontario, Canada

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Pte.

UNIT AND TRANSFERS *28 SEP 1918*
ORIGINAL UNIT: *109th Bn.*
DATE ACCOUNT FIRST OPENED: *1/8/16*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO
1/4/18 *1st CORP.*

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
<i>10/4/18</i>	<i>816</i>	<i>Buxton</i>	<i>4 87</i>				
<i>20/4/18</i>	<i>1092</i>	<i>"</i>	<i>48 67</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharge Canada 20/4/18 Granville 631 27/18 Unfit*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>3/3/18</i>	<i>Balance For.</i>								<i>245 94</i>		
<i>April</i>	<i>Old Pay & A.</i>	<i>33</i>		<i>Can 4p</i>				<i>15</i>			
				<i>AR 816. 10/4/18. Buxton.</i>	<i>4 87</i>						
		<i>33</i>			<i>4 87</i>			<i>15</i>	<i>259 07</i>		
				<i>M 1092. 20/4/18. do.</i>	<i>48 67</i>						
					<i>48 67</i>				<i>210 40</i>		
<i>June</i>				<i>AR. 4008. 3/6/18. 5 & 1/2 (Endorsed)</i>	<i>2 43</i>				<i>207 97</i>		
					<i>2 43</i>						
<i>July</i>				<i>Unfit etc</i>	<i>20 97</i>				<i>N/A</i>		
					<i>20 97</i>						

FORM 1000 Stopped eff: 1/8/18
DISCHARGED TO *Canada* DATE *20/4/18*
PAYBOOK VERIFIED *yes.*
CR BAL 210 40 L.P.O. REND *27/4/18*
MUTUAL *Granville 631 27/4/18*

Checked *Arthur D. B.*

This space to be left blank for the Chelsea Number.

580

Llandovery Castle Army Form B. 268.

Sailed June 5th
Proceedings on Discharge.
1918

MIA 3

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

No.	<u>726068</u>	Army Rank	<u>Pte</u>	
Name	<u>Webber, Wm</u>			
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)				
Corps	<u>20th Bu</u>			
Battalion, Battery, Company, Depôt, &c.	<u>1 CO RD</u>			
(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.)				
Date of discharge				
Place of discharge				
1.	<i>Description at the time of discharge.</i>			
Age	years	months	Descriptive marks.	
Height	feet	inches		
Chest measure-ment	girth when fully expanded			ins.
	range of expansion			ins.
Complexion				
Eyes				
Hair				
Trade				
Intended place of residence				
(To be given as fully as practicable)				
(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.)				
2.	The above-named man is discharged in consequence of _____			
(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.)				
3.	Military character: —			
4.	Character awarded in accordance with King's Regulations: —			
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.				
Initials of Commanding Officer.				

Army Form B. 2088 has been issued to*

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

Four horizontal lines for listing campaigns, medals, and decorations.

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)

(Date) 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) (Signature of Soldier.)

(Date) (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 (date)

(Place)

Signature

(Date)

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.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (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.

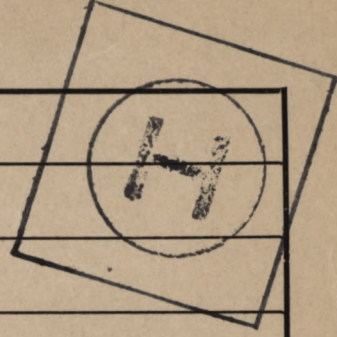
9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

28-2-19.8.21

13/6/34

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

J.S.



1. No. 726068

2. Rank. Pte.

3. Name. WEBBER, William Victor

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

5. Date of Discharge FEB 11 1919 Place TORONTO, ONT.

6. Reason for Discharge "MEDICALLY UNFIT"



7. Authority. #2 D.D. Feb. 11th, 1919 Pt. #39

8. Proposed Residence after Discharge Wilberforce, P.O. Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

William Victor Webber

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place. TORONTO, ONT.

Date. FEB 11 1919

[Signature]
Signature

O. C. Discharge Section,
No. 2 District Depo (O. C. Discharging Unit.)

K.E.
12.1.20
com

noted
67

LIST OF DISCHARGE DOCUMENTS.

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

24-We-50

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. 21302

Unit D

Category "D"

Surname *Webber* Christian Name *Wm.*

Permanent Address *Wetherburne Ontario*

No. of M.H.C. File _____ No. of Local File _____ No. of H.Q. File _____

M.D. No. _____

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.

Reports of men returned for duty to be typed on White (Red printed) Forms.

No.* 726068 Rank *Private* Original Unit *109 Bn* Service Unit* *25 Bn*

Age* 23 Height 5 ft. 8 ins. Complexion *fresh* Eyes *Blue* Hair *fair* Conduct _____

Date of enlistment *6-1-16* Where enlisted *Gooderham* Where seen service* *France*

Ship returned by *H 3* Date of arrival *17-6-18* Port of arrival *Halifax*

Birthplace* *Canada* Religion *C of E*

Cause of disability *Ankylosed knee rt. Wounded by fragment of H.E.Shell in rt. knee.*

Condition in detail which prevents the soldier from earning a full livelihood

Eng. Medical Board, 15/4/18.G.C.S.H. Buxton.

Scar 5" long extending from 1" above rt. patella along inner side of patella. Scar inner side just below end of former scar of operation. Scar same level posterior of operation removal of shrapnel. Rt. knee movements extension 170 deg. Flexion 155 deg. Cannot use leg for walking as it catches him. Using crutches. Nothing abnormal found in other systems. X-Ray Dec. 12-17. Fracture of femur involving the condyles Fracture of head of tibia involving the articulation. F.B. present also fracture of head of fibula exostosis present. Nothing abnormal found in other systems.

Degree of incapacity—Eng. Board *not est.* Canadian Board *not yet held at this date, 26/9/18*

Is disability due to or aggravated by Service? *Yes*

Probable duration of incapacity *not est.*

Does it render him permanently unfit for Military Service? _____

Is further treatment or use of appliances recommended, if so which? *Adm. Mil. Crth. Hosp.*

Destination to which transportation issued *Toronto*

Members of Board *W.G.Turner, Maj. J.A.McCollum, Capt.*

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin *Webber. Mr. James Webber same address*

Notification of return to be sent to _____

Occupation prior to enlistment *Farmer* And for how long followed _____

Regular trade or occupation *no*

Average earnings previous to enlistment *variable* Any other income? _____

Name and address of last employer *Farber. Wetherburne Ont.*

Rent per month _____ If owner of or purchasing property amount due and annual payment, \$ _____

Taxes _____ If Homestead, or Farm, where located _____

If carrying life or accident insurance, annual premium \$ _____ Name of Society _____

If unable to follow previous occupation, name preference _____

References *not applicable* I declare that the above statement is correct.

Witness *Hugh E. Maclean*

Date *26-9-18* Place *Toronto* Signature *Wm. Webber*

Remarks by Interviewer:

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____

Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ Dating from _____

First payment date _____

Form No. 5c

CONFIDENTIAL INFORMATION

Report No. 21301

Unit: _____

Permanent Address: _____

Rank: _____

Where enlisted: _____

Date of arrival: _____

Port of arrival: _____

Where seen service: _____

Service Unit: _____

Conduct: _____

Religion: _____

Complexion: _____

Hair: _____

Height: _____

Age: _____

No. of H.O. File: _____

No. of Local File: _____

No. of M.H.C. File: _____

Condition in detail which prevents the soldier from earning a full livelihood

Long extending from the upper part of the patella down inner side of patella, down inner side just below end of lower part of operation, but some level posterior of operation removal of anaphyl. It knee movement extension 170 deg. Motion 135 deg. cannot use leg for walking as it catches etc. Ulnar epicondyles showing abnormal form in other systems. X-ray Dec. 12-14. Arthroscopy of knee involving the condyles fracture of head of tibia for the arthroscopy. It present also fracture of head of tibia epicondyles present. Nothing abnormal found in other systems.

Members of Board: _____

Destination to which transportation issued: _____

Is further treatment or use of appliances recommended, if so which? _____

Does it render him permanently unfit for Military Service? _____

Probable duration of incapacity: _____

Is disability due to or aggravated by Service? _____

Not over Canadian Board _____

Not yet held at this date, 20/2/18

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					

Name and address next of kin _____

Notification of return to be sent to _____

Occupation prior to enlistment _____

Regular trade or occupation _____

Average earnings previous to enlistment _____

Name and address of last employer _____

Rent per month _____

If owner of or purchasing property amount due and annual payment \$ _____

Taxes _____

If Homestead or Farm, where located _____

If carrying life or accident insurance annual premium \$ _____

Name of society _____

If unable to follow previous occupation, name preference _____

References _____

Witnesses _____

Date _____

Place _____

Signature _____

I declare that the above statement is correct

Remarks by Interviewer: _____

Amount per year \$ _____

Period granted for _____

Dating from _____

Amount forwarded to H.O. Unit \$ _____

Credit Clothing allowances \$ _____

Amount paid at Depot H.O. \$ _____

L.H.C. leaving Depot \$ _____

First payment date _____

Class _____

Amount per year \$ _____

Period granted for _____

Dating from _____

Form No. 56

7. Amount forwarded to H.O. Unit \$

8. Credit Clothing allowances \$

9. Amount paid at Depot H.O. \$

10. L.H.C. leaving Depot \$

11. Name and address next of kin

12. Notification of return to be sent to

13. Occupation prior to enlistment

14. Regular trade or occupation

15. Average earnings previous to enlistment

16. Name and address of last employer

17. Rent per month

18. If owner of or purchasing property amount due and annual payment \$

19. Taxes

20. If Homestead or Farm, where located

21. If carrying life or accident insurance annual premium \$

22. Name of society

23. If unable to follow previous occupation, name preference

24. References

25. Witnesses

26. Date

27. Place

28. Signature

29. I declare that the above statement is correct

30. Remarks by Interviewer:

31. Amount per year \$

32. Period granted for

33. Dating from

34. Amount forwarded to H.O. Unit \$

35. Credit Clothing allowances \$

36. Amount paid at Depot H.O. \$

37. L.H.C. leaving Depot \$

38. Name and address next of kin

39. Notification of return to be sent to

40. Occupation prior to enlistment

41. Regular trade or occupation

42. Average earnings previous to enlistment

43. Name and address of last employer

44. Rent per month

45. If owner of or purchasing property amount due and annual payment \$

46. Taxes

47. If Homestead or Farm, where located

48. If carrying life or accident insurance annual premium \$

49. Name of society

50. If unable to follow previous occupation, name preference

51. References

52. Witnesses

53. Date

54. Place

55. Signature

56. I declare that the above statement is correct

57. Remarks by Interviewer:

58. Amount per year \$

59. Period granted for

60. Dating from

61. Amount forwarded to H.O. Unit \$

62. Credit Clothing allowances \$

63. Amount paid at Depot H.O. \$

64. L.H.C. leaving Depot \$

65. Name and address next of kin

66. Notification of return to be sent to

67. Occupation prior to enlistment

68. Regular trade or occupation

69. Average earnings previous to enlistment

70. Name and address of last employer

71. Rent per month

72. If owner of or purchasing property amount due and annual payment \$

73. Taxes

74. If Homestead or Farm, where located

75. If carrying life or accident insurance annual premium \$

76. Name of society

77. If unable to follow previous occupation, name preference

78. References

79. Witnesses

80. Date

81. Place

82. Signature

83. I declare that the above statement is correct

84. Remarks by Interviewer:

85. Amount per year \$

86. Period granted for

87. Dating from

88. Amount forwarded to H.O. Unit \$

89. Credit Clothing allowances \$

90. Amount paid at Depot H.O. \$

91. L.H.C. leaving Depot \$

92. Name and address next of kin

93. Notification of return to be sent to

94. Occupation prior to enlistment

95. Regular trade or occupation

96. Average earnings previous to enlistment

97. Name and address of last employer

98. Rent per month

99. If owner of or purchasing property amount due and annual payment \$

100. Taxes

101. If Homestead or Farm, where located

102. If carrying life or accident insurance annual premium \$

103. Name of society

104. If unable to follow previous occupation, name preference

105. References

106. Witnesses

107. Date

108. Place

109. Signature

110. I declare that the above statement is correct

111. Remarks by Interviewer:

112. Amount per year \$

113. Period granted for

114. Dating from

115. Amount forwarded to H.O. Unit \$

116. Credit Clothing allowances \$

117. Amount paid at Depot H.O. \$

118. L.H.C. leaving Depot \$

119. Name and address next of kin

120. Notification of return to be sent to

121. Occupation prior to enlistment

122. Regular trade or occupation

123. Average earnings previous to enlistment

124. Name and address of last employer

125. Rent per month

126. If owner of or purchasing property amount due and annual payment \$

127. Taxes

128. If Homestead or Farm, where located

129. If carrying life or accident insurance annual premium \$

130. Name of society

131. If unable to follow previous occupation, name preference

132. References

133. Witnesses

134. Date

135. Place

136. Signature

137. I declare that the above statement is correct

138. Remarks by Interviewer:

139. Amount per year \$

140. Period granted for

141. Dating from

142. Amount forwarded to H.O. Unit \$

143. Credit Clothing allowances \$

144. Amount paid at Depot H.O. \$

145. L.H.C. leaving Depot \$

146. Name and address next of kin

147. Notification of return to be sent to

148. Occupation prior to enlistment

149. Regular trade or occupation

150. Average earnings previous to enlistment

151. Name and address of last employer

152. Rent per month

153. If owner of or purchasing property amount due and annual payment \$

154. Taxes

155. If Homestead or Farm, where located

156. If carrying life or accident insurance annual premium \$

157. Name of society

158. If unable to follow previous occupation, name preference

159. References

160. Witnesses

161. Date

162. Place

163. Signature

164. I declare that the above statement is correct

165. Remarks by Interviewer:

166. Amount per year \$

167. Period granted for

168. Dating from

169. Amount forwarded to H.O. Unit \$

170. Credit Clothing allowances \$

171. Amount paid at Depot H.O. \$

172. L.H.C. leaving Depot \$

173. Name and address next of kin

174. Notification of return to be sent to

175. Occupation prior to enlistment

176. Regular trade or occupation

177. Average earnings previous to enlistment

178. Name and address of last employer

179. Rent per month

180. If owner of or purchasing property amount due and annual payment \$

181. Taxes

182. If Homestead or Farm, where located

183. If carrying life or accident insurance annual premium \$

184. Name of society

185. If unable to follow previous occupation, name preference

186. References

187. Witnesses

188. Date

189. Place

190. Signature

191. I declare that the above statement is correct

192. Remarks by Interviewer:

193. Amount per year \$

194. Period granted for

195. Dating from

196. Amount forwarded to H.O. Unit \$

197. Credit Clothing allowances \$

198. Amount paid at Depot H.O. \$

199. L.H.C. leaving Depot \$

200. Name and address next of kin

201. Notification of return to be sent to

202. Occupation prior to enlistment

203. Regular trade or occupation

204. Average earnings previous to enlistment

205. Name and address of last employer

206. Rent per month

207. If owner of or purchasing property amount due and annual payment \$

208. Taxes

209. If Homestead or Farm, where located

210. If carrying life or accident insurance annual premium \$

211. Name of society

212. If unable to follow previous occupation, name preference

213. References

214. Witnesses

215. Date

216. Place

217. Signature

218. I declare that the above statement is correct

219. Remarks by Interviewer:

220. Amount per year \$

221. Period granted for

222. Dating from

223. Amount forwarded to H.O. Unit \$

224. Credit Clothing allowances \$

225. Amount paid at Depot H.O. \$

226. L.H.C. leaving Depot \$

227. Name and address next of kin

228. Notification of return to be sent to

229. Occupation prior to enlistment

230. Regular trade or occupation

231. Average earnings previous to enlistment

232. Name and address of last employer

233. Rent per month

234. If owner of or purchasing property amount due and annual payment \$

235. Taxes

236. If Homestead or Farm, where located

237. If carrying life or accident insurance annual premium \$

238. Name of society

239. If unable to follow previous occupation, name preference

240. References

241. Witnesses

242. Date

243. Place

244. Signature

245. I declare that the above statement is correct

246. Remarks by Interviewer:

247. Amount per year \$

248. Period granted for

249. Dating from

250. Amount forwarded to H.O. Unit \$

251. Credit Clothing allowances \$

252. Amount paid at Depot H.O. \$

253. L.H.C. leaving Depot \$

254. Name and address next of kin

255. Notification of return to be sent to

256. Occupation prior to enlistment

257. Regular trade or occupation

258. Average earnings previous to enlistment

259. Name and address of last employer

260. Rent per month

261. If owner of or purchasing property amount due and annual payment \$

262. Taxes

263. If Homestead or Farm, where located

264. If carrying life or accident insurance annual premium \$

265. Name of society

266. If unable to follow previous occupation, name preference

267. References

268. Witnesses

269. Date

270. Place

271. Signature

272. I declare that the above statement is correct

273. Remarks by Interviewer:

274. Amount per year \$

275. Period granted for

276. Dating from

277. Amount forwarded to H.O. Unit \$

278. Credit Clothing allowances \$

279. Amount paid at Depot H.O. \$

280. L.H.C. leaving Depot \$

281. Name and address next of kin

282. Notification of return to be sent to

283. Occupation prior to enlistment

284. Regular trade or occupation

285. Average earnings previous to enlistment

286. Name and address of last employer

287. Rent per month

288. If owner of or purchasing property amount due and annual payment \$

289. Taxes

290. If Homestead or Farm, where located

291. If carrying life or accident insurance annual premium \$

292. Name of society

293. If unable to follow previous occupation, name preference

294. References

295. Witnesses

296. Date

297. Place

298. Signature

299. I declare that the above statement is correct

300. Remarks by Interviewer:

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

11.2
No. 56

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

Regimental No. 726068 Rank Pte Name Hebber, W.

Corps No. 2 District Depot who was*

On 11-2-19 191... to...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 191...
to Feb 11 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....		
Advances } No.			Reg'tl. Pay..... <u>11</u> days at \$.../c.	<u>11</u>	
Cheques } No.			Field Allow..... <u>11</u> days at \$...c.	<u>10</u>	<u>10</u>
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges.....			Other Allowances* <u>black</u>	<u>35</u>	
Payment on transfer or discharge No. <u>90580</u>	<u>117</u>	<u>10</u>	Other Credits* <u>W.S.P.</u>	<u>70</u>	
Bal. Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total	<u>117</u>	<u>10</u>	Total	<u>117</u>	<u>10</u>

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... } (to) Assignee.....
{ and Sep'n Allee. for month of..... 191... }
(Address)

(†) 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.

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

REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted..... W.C.
- (3) cause of discharge M.V. authority 0039
- (4) authority for transfer.....

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

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

Date 10/2/19

Place FORNS

[Signature]
CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

Reserved for M.H.C.

726068
 Regt. No. Rank *Pte* Surname **WEBBER** Christian Name **WILLIAM**
 Unit or Corps—(a) Overseas from United Kingdom **20th C. BN CAN** (b) In United Kingdom **12 RES.**
 Born at—Town **HEPWORTH** County or Province **ONT** Country **CAN.**
 Date of Birth—Day **17th** Month **JUNE** Year **1895** Age **22** yrs. **10** months.
 Joined at **GOODERHAM, ONT. CAN.** Date **JAN 6th 1916**
 Former Trade or Occupation *Farmer*

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

Height—feet **5** inches **8** Colour of eyes **Blue**

Signature of Soldier (for identification purposes) *William Webber*

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) **ANKYLOSED KNEE RIGHT**

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.	Wounded by shrapnel in the right knee.	PASSCHEN-NOY, DAELE.	10th 1914.
(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? **N.A.**

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

(iii.) As to Group (c) above? **N.A.** If yes, has Active Service aggravated it? **N.A.**

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? **N.A.**

(iii.) As to Group (c) above? **N.A.**

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? *NA*
(iii.) Was a Court of Inquiry held? *NA* (iv.) Where? *NA* (v.) When? *NA*
(vi.) Opinion of the Court? *NA*

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).

Wounded by fragment of shell in the right knee. Operated on 4 hours after and piece of shrapnel removed from joint. Wound healed by 1/18.

*Hosp. No 3 C.C.D. 20.10/17
26 Genl. Staples Nov. 11
Maytag with W. Hosp Dec. 9
L.C. A. Hosp. Buxton Apr. 5/18*

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

Scars 15" long extending from 1" above right patella along inner side of patella. Scars near knee just below end of former scars of operation. Scars near knee operated on of operation. removal of shrapnel. Right knee movement by flexion 140° extension 155° cannot use leg for walking as it catches him. Lining patches 25 thin abnormal found in the. X-rays of knee & tibia, involving the condyles & fracture of head of femur, involving the articulation. F.P. present also fracture of head of femur. Nothing abnormal found in the X-ray.

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

(ii.) If so, state what.

(iii.) Was one advised and declined?

yes
Removal Shrapnel

Yes

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
NA

10. DO YOU RECOMMEND:

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

No
No
yes
No

Date of Report *April 15* 1918

Signed *J. Dauby*
Officer in medical charge of case.

Station *Granville Canadian Special Hosp Buxton*

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

Wm. H. Cooper

Registrar, for O.C.,

Maj. C.A.M. Officer i/c Hospital | Strike out one | S.M.O. | Brigade | of these.

Dated *17 APR 1918*

Granville Canadian Hosp.

191

* Delete if inapplicable.



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

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

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it. *Yes*

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%).
Not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{8}$, $\frac{2}{8}$, $\frac{3}{8}$, $\frac{4}{8}$, or all.) *Not applicable*

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *Not applicable*

18. Remarks. *There is very slight movement in joint. To be encouraged by move patella*

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

Classification for the Military Hospitals Commission.
G

Date of Board
Station
Approved
Dated at

EXAM. MED. BOARD
18 APR 1918
G. C. S. H.
Sethall
COLONEL
A.D.M.S. CANADIANS
BUXTON.

Signatures of the Board.
W. J. Turner Maj. Cant. President.
J. A. T. Holburn Capt. Cant.
A.D.M.S.
Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES
25 APR 1918
CANADIANS BUXTON 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

on the _____ day of _____ 191_____

Members of the Board :—

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

THE ENTIRE DISABILITY - (The Board has considered the evidence of the soldier named in Part I, and the documents submitted, and has concluded that the soldier is entitled to the entire disability for the reasons stated below.)

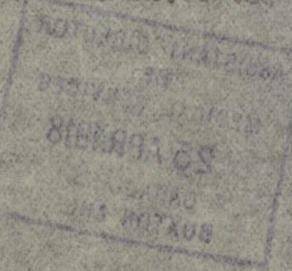
THE ENTIRE DISABILITY - (The Board has considered the evidence of the soldier named in Part I, and the documents submitted, and has concluded that the soldier is entitled to the entire disability for the reasons stated below.)

THE ENTIRE DISABILITY - (The Board has considered the evidence of the soldier named in Part I, and the documents submitted, and has concluded that the soldier is entitled to the entire disability for the reasons stated below.)

THE ENTIRE DISABILITY - (The Board has considered the evidence of the soldier named in Part I, and the documents submitted, and has concluded that the soldier is entitled to the entire disability for the reasons stated below.)

Commissioner for the Military Hospitals

Dated at _____ this _____ day of _____ 191_____



Signatures of the Board

President.

Graylingwell War Hospital at Chichester.

R.F.A.

Name Pte Debbie, William No. 26068 Date 9. 12. 17.
 Section Q Block E Ward No. 11 Bed H1
 Nature of case Shed wound Rt knee.

Part to be X-Rayed Rt leg upper half including knee joint Antio. Post. + later: views

Information Required Presence & position of F.B. in Tibia. Mark level of F.B. on the skin.

NOTICE.		FOR USE OF X RAY DEPARTMENT.	
KINDLY STATE NATURE OF CASE.		DISCHARGED.	
STRETCHER	DATE	4021	12 DEC. 1917
COUCH	X RAY No. <u>7356</u>		
WALK	BOX No.		

Surgeon [Signature]

Result

Fracture of the femur involving the condyles.
 Fracture of head of tibia involving the articulation.
 Fracture of head of fibula + epistosis present.
 F.B. posterior & internal to tibia
 F.K.

ONE FORM ONLY to be used for each case.

Graylingwell War Hospital at Chichester.

R.F.A.

Name Pte Debbes, William No. 26068 Date 9. 12. 17.
 Section Q Block E Ward No. 11 Bed H1
 Nature of case Shell wound Rt knee.

Part to be X-Rayed Rt leg upper half including knee joint. Anterior & posterior views.

Information Required Presence & position of 4. B. shrapnel fragment in the upper part of femur. Level of 4. B. on the proximal end of femur.

NOTICE TO THE PATIENT
 DISCHARGED
 1917
 DEC 1917

[Faint handwritten notes and signatures]

282

Name *W* No. Unit *staff*
 Rank *staff*
 Date

Progress Notes must be signed and dated

26/7/18 Limitation ~~not~~ ~~left~~ right knee from penetrating gaw (wounded 10/11/17).
 Actively + passively knee moves only about 10° -
 A.G.E. about 170° A.G.F. 160°
 No special tenderness or pain.

To have massage + passive movements.

gc. fair.

9/8/18 Condition about the same. To see Specialist.

28/8/18 X ray shows bone fragment between femur + head tibia. The lower part of patella seems broken off.

25/8/18 There is an ectasis from lower end of femur that blocks full extension. This is to be removed through a split patella incision. He is to be transferred to D.M.H. and have leave from here for two weeks.

W. J. Johnston

29/8/18 Reports to S.M.H. + given 2 wks leave as above ordered by Dr S.E. Robertson. + return for operation.
 Leave to Sept 17, 1918.

W. J. Johnston

WASSENHARTMEYER 29. 7. 18. M.O.H.

PROGRESS INSEK

Name

No.

Rank

Date

All Progress Notes must be signed a

[Faint, illegible handwritten notes in cursive script, likely bleed-through from the reverse side of the page. The text is mostly mirrored and difficult to decipher.]

LIVERPOOL MEDICAL CASE SHEET.*

810747 AP. P1

No. in Admission and Discharge Book. 11163
Year 1918

Regimental No. 726068 Rank. Pte. Webber. Surname. W. Christian Name.

Unit. 20 ban Age. 22 Service. 24/12 12/12

Station and Date. Disease S.W. Pt knee



Occupation Farmer

Enlisted Goodshaw Jan. 6. 1916

To England July 27/16

To France Sept 6. 16

Wounded Nov. 10/17

Hoop. Hoop. Hoop. Nov. 10

26 Guil. Staples Nov. 11

Gravelly Well W. Hoop. Dec 7

G. C. Hoop. Buxton Apr 18/18

History Wounded by fragment of H.E. shell in the right knee. Operated on 17 hours after and piece of shrapnel removed from just below knee. Wound healed by Feb 1/18.

Present condition Scars" long extending from 1" above right patella along inner side of patella near inner side just below end of scar of operation. Scar same level posterior of operation removal of shrapnel. Right knee movements - extension 120 flexion 150. Cannot use leg for walking as it catches him. using crutches. Nothing abnormal found in other systems.

J. Farley Capt. Comd.

Carry on. Put some weight on R. leg.

R. heat - No discharge W.H.T

Lym - Quadripleg.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
Wt. W 6604/M 2870-1,500,000-S/17-H & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

Apr 10. 18 No change J.P.D. Complains left hand numb from
use of crutches. J.P.D.

11 APR 1918

A.F.B. 79 J.C.

Ring crutches W.T.

Sym Rep
17/4/18

Much stasis in Rt foot and numbness
A.G.E. - 1 knee 170° and F. 160° (movement
thro about 10° w F.E. of exercises (Dial)
massage.

Apr 15. 18 J.W.C. papers made J.P.D.

EXAM. BOARD
18 APR 1918
G. C. M.

Sym Rep To have special attention. Very light exercises
18/4/18

Apr 23/18 No change J.P.D. Apr 27/18 De Boer J.P.D.

May 8/18 De Boer J.P.D.

Sym Rep Swelling of foot has subsided & numbness
11/5/18 improving. Knee movements not improved

May 16/18 No change J.P.D.

Sym Rep Swelling & numbness leaving foot. Movement of knee
14/5/18 not imp.

May 22/18 No change J.P.D.

Sym Rep Pat. cannot put any weight on Rt leg. Knee has many
27/5/18 cracks on crutches. Light exercises.

no 8 can quit top

27-5-18 - Condition as given above.

For transfer to Canada -

M. Cabell
captain

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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4211433 gr

PARTICULARS OF SEPARATION ALLOWANCE

No. *726068*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Wm. Webber*
 Battalion *109th. Battr. 'D' Coy.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Jane Webber*
 Address *Whitbyforce Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31st</i>	<i>—</i>		<i>255⁰⁰</i>	<i>255⁰⁰</i>	
<i>Jan</i>	<i>V 71485</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>S 71161</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar.</i>	<i>X 91305</i>	<i>✓</i>	<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>W 13430</i>	<i>✓</i>	<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>W 19245</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>R 27049</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>345</i>	<i>345</i>	

..... A/c Closed *30/6/18*
 Ret'd per *Llandoverly Castle.*
 Date *20-6-18* *M.A. 2.*
 Clerk *Hefforth.*
M.R.O. 26. rendered 22/6/18. R.H.



No. 2 DISTRICT DEPOT

W-424 PARK SCHOOL

AUDITOR *W* PAYMASTER *B*

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

M. OR S. *S.* REGT. No. *726068* RANK *Pte* NAME (IN FULL) *WEBBER, W.*

ORIGINAL UNIT C. E. F. *109 B^a* IF IN P. F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION *Toronto* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *6-1-16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ *Nil* DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Wilberforce Cntr*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Toronto* DATE *11/7/19* REASON *M. D.* AUTHORITY *0039* IF ENTITLED TO POST DISCHARGE PAY *Yes*

Particulars: *Complete*

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
Jan 31	11 ⁰⁰		34 10	34 10									34 10				<i>W</i>	
July 11	11 ¹⁰		12 10 35 70	117 10									117 10					
3 years				350				Mar 8 222033		70 00			70 00	988 00				
				459				Apr 9 251646		70 00			140 00	210 00				
				420 00				Feb 11		70 00			210 00	210 00				<i>1st W. S. G. Paid by #2 D. D.</i>
								May 8 282088		70 00			280 00	140 00				<i>WRK</i>
								June 5 379299		70 00			350 00	70 00				<i>W. S. G. PAID IN FULL</i>
								July 7 736792		70			1420	6 closed				<i>Ad. 81</i>
				420						420			420	71m				LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY

_____ Hospital.

Ward _____ No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
726068.	Pte Welburn	7	R. Knee joint

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

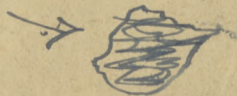
FD Knee joint R.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate _____

F.B. skin marked anteriorly about two inches from posterior skin surface.

Size of shadow



Signature of M.O. V. A. Dowling

Date _____

Signature of Radiographer Capt. Cartwright

Date 10.11.17

262

Q E II. Bed 41. MEDICAL CASE SHEET.*

A-T.S.

Prophylactic with E.F. NO YES

DATE.....

Date 10.11.17 Units 500

Date 21.11.17 Units 500

Date 14.12.17 Units 500

Date.....Units.....

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

726068

Plt.

Webber

Unit.

Age.

Year

1917

20 Canadians

22

Station and Date.

Disease

Shrapnel strike.

Chester

Wed 10. xi. 17.

8 - xii - 17

Entrance in part inner side of knee passed through joint & lodged in shaft of tibia according to report Joint opened, irrigated & sewn up. F.B. sought for but not removed. Knee incision healed. Lower incision open & granulating.

X-ray shows oblique fracture of int. condyle of femur running down into intercondylar fossa - slight internal displacement of condyle.

F.B. lodged in calf muscles - not in bone.

5.1.18

Wound nearly healed.

Op. Shell extracted from calf muscle through small posterior incision.

Boydell
27.1.18

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

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Unit.	Age.	Service.
	726068	Plt.	Webber	20 Canadians	22	2 yrs.
Year 1917,						
Station and Date.	Disease					
Chichester 8-xii-17	Shrapnel strike. Wed 10-xi-17. Entrance in part inner side of knee passed through joint & lodged in shaft of Tibia according to report. Joint opened, irrigated & sewn up. F.B. sought for but not removed. Knee incision healed. Lower incision open & granulating.					
	Skragram shows oblique fracture of int. condyle of femur running down into intercondylar fossa - slight internal displacement of condyle. F.B. lodged in calf muscles - not in bone.					
5-1-18.	Wound nearly healed. Op. Shell extracted from calf muscles through small posterior incision.					
	Pousetin th 27-3-18					

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

Station
and Date.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Whitby Mil. Hospital. DATE Feb. 4th. 1919.

1. 1 (a) Unit 2nd. Dist. Depot (b) Regimental No. 726068 (c) Rank Pte.
 (d) Surname Webber (e) Christian name William Victor.
 (f) Home address Wilberforce, P.O. Ontario.

(g) Next of Kin Mrs. Jane Webber. (h) Relationship Mother.
 (i) Address of Next of Kin Wilberforce, P.O. Ont.

2. Age last birthday 23 yrs. Date of birth June 17th. 1895.

3. Enlistment, or Appointment (if an Officer) (a) Place Gooderham, Ont. (b) Date 6-1-16.

4. Personal description:
 (a) Height 5' 8" (b) Weight 140 lbs. (c) Complexion Fair.
(stripped)
 (d) Colour of hair Light. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.
Wound scar on right knee (stiff leg right).

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 0/12	29.

Patients own statement.	PERIODS	
	From	To
Canada <u>109th. Bn.</u>	<u>6-1-16</u>	<u>25-7-16.</u>
England <u>109th. Bn.</u>	<u>2-8-16</u>	<u>15-10-16.</u>
France or other theatres of War <u>20th. Bn.</u> <u>England & Canada.</u>	<u>15-10-16.</u> <u>6-12-17</u>	<u>6-12-17.</u> Date.

7. Original disease, or injury Fractures of head of rt. tibia and fractures of condyles of femur involving articular surfaces right knee joint.

(a) Date of origin Nov. 10-17. (b) Place of origin Passchendaele.
 (c) Cause Shell wound while on active service.

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 right knee joint and right leg.

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 FINDINGS. Small scar of entrance in front 1/2" above upper border of patella. Scar of exit in calf 3 operations scars in front of knee, the longest semilunar in shape and 8" long. The knee joint has only 15 degrees of movement. A.G.L. 155 degrees, A.G.E. 170 degrees Movement is free within these limits. The X-ray picture shows the limitation of movement to be due to bone changes. There is marked atrophy of rt. leg & thigh. Circumference rt. thigh 17 1/2", left 19 1/2", rt. calf 12 1/2" left 14 1/2". The hip and ankle joints are normal. The patient has a very marked limp in walking and uses a cane. **SUBJECTIVE.** After he has been resting a few hours the knee is very stiff. Pain in right knee after walking 1/2 mile getting worse until he rests and usually aching for about 1/2 hr. after he rests. The leg & thigh are weak, he can walk one mile on level ground at his own pace. A satisfactory knee brace has been supplied.

(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..... see below. Respiratory System..... No. Integumentary System..... No.
Disturbances of Mentality..... No. Digestive System..... No. Muscular System..... No.
Osseous and Joint Systems..... No. Any other general condition..... No.

(Hypermetropic, see specialist's report attached.)

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

The patient was sitting down when wounded, the H.E. fragment entered 1/2 above the patella and came out behind just above the centre of the calf. This traversing the knee joint in its course. The B. F.B. was removed and the joint opened and cleaned out at the C.C.S. In Sept. 1918 an operation was done at Davisville to attempt removal of bony obstruction to movement not successful.

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).)

Has had recurrent tonsillitis since March 1917.

Tonsillectomy Jan. 1919. good result.

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

See 9 (A).

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

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

Not applicable.

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

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

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

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

Hospitals in France & England - 8 months.

" " Canada 7 months.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? (If not, briefly state why) No or only to a very limited extent because of knee.

17. Recommendations. Category E.

Wm. C. Kibbe 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, W. Webber, 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

W

W. Webber M. Rank. Pte
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable.)

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

WE RECOMMEND That he be discharged having been found medically unfit

for service. 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 Whitby Military Hospital,

C. J. Currie, President.
Members

DATE Deb. 4th.-19.

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 APPROVED FEB 7 1919
Members

DATE APPROVED BY T. M. Currie Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.

DATE DATE