

Description of William Whittleton on Enlistment.

Apparent Age 32 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. 4 1/2 ins.

None

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 1st Dec 1915

Place Lindsay

J. Maculloch
 Capt.
 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.

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

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

Date JAN 10 1916

27M
12/3-19
S

- 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..... 3
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 2
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

- Last Pay Certificate..... 1
- a73k 3997 - 1
- Form 200 10 - 1
- a7B 122 - 1
- ISO 132 - 1
- m73k 39a - 1
- m73k 192 - 1

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-835.

DISCHARGE DOCUMENTS

Name WHITTLETON WILLIAM
 Regt. No. 72465 Rank Pvt
 Corps 109th Bn.

med. Unit



~~KED 25-2-25~~
 Ret 25-2-25



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



Handwritten notes:
 KED
 Ret 15-10-72

3

25 = 25
 10 = 25
 5 = 25

 3

62 00 5009 - 1

11

27

12

13

101
Number

424651

Rank

Plt

Surname

WHITTLETTON

Christian Name

William

Units

3rd Bn C. Inf

Theatre of War

France

Date of Service

3-5-17

Remarks

Latest Address

~~402 Church St.
Toronto Ont.~~

Roll No.

26 Oak St., Toronto, Ont.

10m.-8-21.M.

Page 20639

DEST NOV 29 1922
REGON. NO. 7064

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS
BLANK.

Place *Gooden Camp, Bexhill.*

Regt. No. *724651* Rank *Pt* Name *Whittleton W*

Unit *3rd Can Bn* Age *36* (Adm. *23-9-18*)

Division *T* Hut *7* Date of (*14.12.18*) (Disch.)

DISABILITY. *S.W. Rt Forearm*

Date. *2-9-18*

CLASS. *General*

Hours of
Attendance,
a.m.

MACHINES. *Hand*

p.m. *2*

REMARKS. *24-9-18 Wds Healed
2 S.S. & Hand machines for
relaxation 1 mc ml RR
7/10 General*

LEAVE THIS
BLANK.

PROGRESS, Notes.

DISPOSITION.

P. P. U. Cleverly Capt.
Officer i/c Gymnasium.

William

Name *Whittleton* Rank

Pte ✓ Reg. No. *724651* ✓

Unit

Next of Kin *Mrs. J. Gaze, 3rd Battalion ✓
Wallow House, Blacks.
Hall, Suffolk, Eng.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>Sept. 12</i>	<i>No. 6 Cas. Clg. Station</i>	<i>(2940)</i>	<i>Gas shell wd</i>	<i>A13</i>	<i>M/6076</i>	
<i>13</i>	<i>No. 7 Can. Gen. Hosp.</i>	<i>Etaples (HA 14083/2)</i>	<i>do</i>	<i>A17</i>	<i>17917</i>	
<i>21-9-17</i>	<i>G. B. D. Etaples</i>	<i>(HA 14385)</i>	<i>Shell gas</i>	<i>A28</i>		
<i>23-9-17</i>	<i>5. C. D. Bayeux</i>	<i>(HA 14406)</i>	<i>- do -</i>	<i>A29</i>		
<i>3-11-17</i>	<i>Discharged</i>		<i>- do -</i>	<i>A66</i>		<i>HA 16087/2</i>
<i>15-11-18</i>	<i>11 C. & A</i>		<i>General Debility</i>	<i>A195</i>		<i>17229</i>
<i>24-11</i>	<i>Discharged to duty</i>		<i>do</i>	<i>A202</i>	<i>no</i>	<i>17350</i>
<i>18-5</i>	<i>20 Fld. Amb.</i>		<i>Debility</i>	<i>A221</i>		<i>30450</i>
<i>25-5</i>	<i>Discharged to Unit.</i>		<i>do</i>	<i>A226</i>	<i>no</i>	<i>30818</i>
<i>3-9-18</i>	<i>7 C. & H. Etaples</i>		<i>S. N. Farm RA</i>	<i>315</i>	<i>Q 570</i>	<i>3866/17</i>
					<i>10/9</i>	

WHITTLETON

William.

pte

724681

Date 1918.	Movement	<u>3rd BN.</u>	Place	Casualty	List No.	Notified N/K O.	W.O. List
8.	9	Mil Hosp Chatham	SW Fore arm. Rk		B 317		26250
11.	9	No 11. C. G. H.cliffe		Do.	B 318		26384
24.	9	G.P.C.R.C. H. Bexhill		Do.	B 330		27293
14.	10	Discharged:		Do.	B 319		2767
14.	10	18	24	10	18	10	18

NAME

Whittleton William

REGT. NO.

724651

RANK AND UNIT

Plt 3rd Bn form 109th Bn

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

8349

Discharged.

14-10-18

S 20 R. 7 Arm

NAME

H. Hilleton William

REGT'L No.

724651

RANK AND CORPS

Pte 3rd Bn. Form 109th Bn.

FOLLOWS

No.

CABLE

NO.

DATE

"E"

NATURE OF CASUALTY

FOLLOWS

M 6076

18-9-11

Adm to # 6 Gas Clear. Stat. Sept 12th. 1911. Gas shell wound ✓

12-7
24-4

Q 520

12-9-18

adm 7 can gen & Le report - Sept 3rd 1918 G.S.W. R arm

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 13 ³	No. 6 Cas. Clg. Stat.	12-9-17	Shell Gas W
A 17 ³ to	No. 7 Can Gen. Staples	13-9-17	" " "
A 28 ⁴	6 Conv. Dep. Staples	21-9-17	" "
A 29 ² to	No. 5 Conv. Depot Staples	23-9-17	" "
A 66	Disch to Base Depot Cayeux	5-11-17	" "
A 195	No 11 Can Fld amb	15-4-18	General Debility
A 202	Disch to Dudley	23-4-18	" "
A 221	No 20 Fld amb	18-5-18	" "
A 226	Disch to Dudley	25-5-18	" "
A 315	7 Can Gen Staples	3-9-18	S & R 7 arm
B 317	Ful Chatham	8-9-18	" "
B 318	11 Can Gen Moore Bks Shondiffe	9-18	" "
B 330	Sp CR C to Berchill	24-9-18	" "

T 1545

PRINCESS PATRICIA CANADIAN RED CROSS HOSPITAL. *D/1*

A. & D. CARD

Reg. *724651* AT *Princess Patricia Canadian* PL. OF ACTION *Armenia*

A. & D. No. *724651* RANK *Sgt* REG. No. *3rd Can Battalion* UNIT *a.* SICK OR WOUNDED

NAME *Whittleton, W.* AGE *36* RELIGION *Sa.*

PLACE IN HOSPITAL *Div. 1 4.1*

DIAGNOSIS *Sw. fore Arm Right*

ADMITTED *23-9-18* FROM *Moore Bks Hosp. S'cliffe*

DISCHARGED *14-10-18* TO *1st CCD Witley*

TRANSFERRED

SERVICE AT HOME *33/12* IN FIELD *16/12*

RESULTS

DISCHARGED TO DUTY.

Cat. II

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

REMARKS.

Inuit Jones

11

No 724651.
724631.

RANK

Plt

NAME

Whittleton. W.

T. O. S. 4-12-15-

UNIT

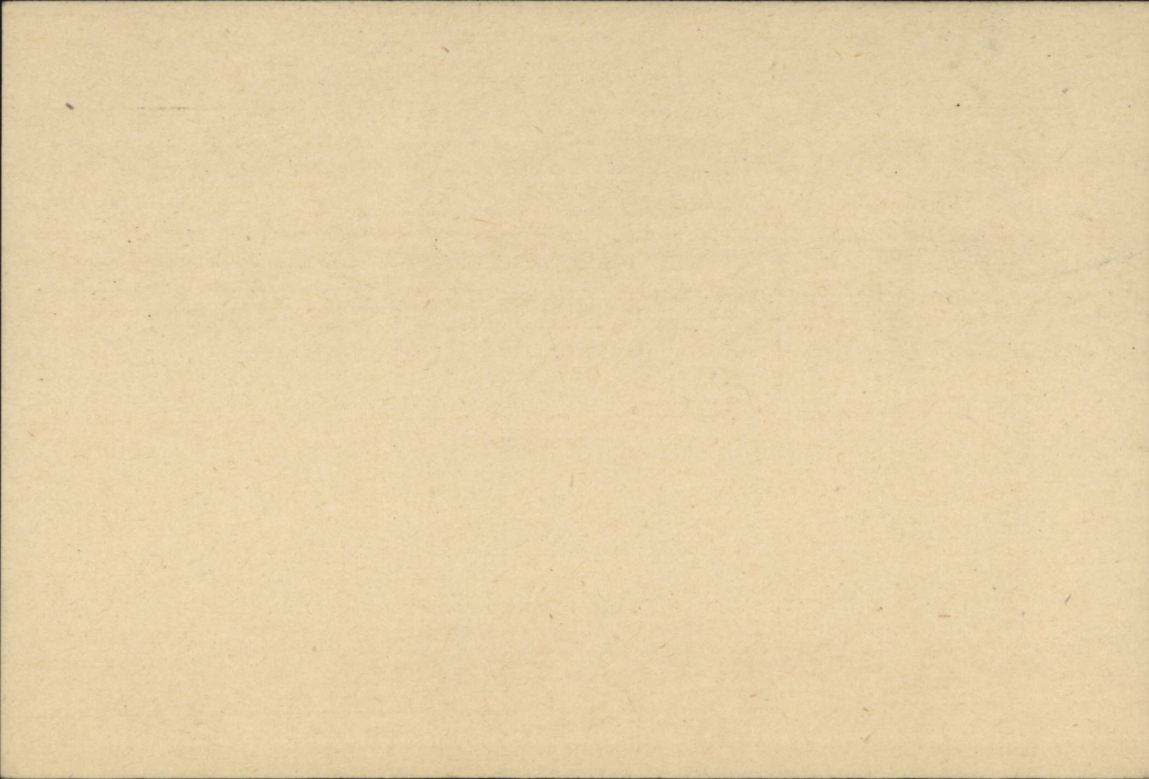
109th. Battalion

D. O. B. 2-12-15

M. D. ٢٣

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

UNIT SAILED
JUL 23 1916



SURNAME.

Whittleton

CHRISTIAN NAMES

William

REGL. NO.

724651

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

Nil.

CARD NO.

2/5

808.7X.11. 6/2/19.
100.56- 4/2/19. 1010 2
FOLL.

NEXT OF KIN.

NAMES IN FULL

Whittleton, Miss Caroline

CHANGE OF ADDRESS

New N. 4th Ln
Mrs. T. Gaze.

RELATIONSHIP TO SOLDIER

Sister

Walsley House, Blackhall,

ADDRESS

Heigham Hall, Norfolk,
Eng.

near Wickham Market,
Eng.

Eng. Suffolk.

109th Bn. P. I. #265.21/66.

COUNTRY OF BIRTH

England, Hickling, Eng.

DATE

May 4th, 1882.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 4th, 1916.

Sailed from Halifax Per

S.S. Olympic 23/7/16

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

Dis. 23.7.16 488
37

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

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Sol. Army

DESCRIPTION.

APPARENT AGE

32 YEARS

6 MONTHS

HEIGHT

3 FEET

4 1/2 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 1st, 1915.

*Name L WHITTLETON, William Rank Pte Regtl. No. 724651
 Original Present Fyle Depot.....
 Unit G.D. M. or S. Age 36 Religion S. Army Ref. H.Q.....
 Port, ship, and date of arrival Scotian t John 15-1-19
 Next of kin Sister, Mrs. F. Gaze, Wickham Market, Waterloo House, Blaxhall
402 Church St. Toronto. Sussex Eng.
 Address on leave.....
 Address on discharge same
 Transportation issued Yes Character on discharge
 No Date.....
 Previous occupation Farm Labourer Date and place of Lindsay 1-12-15.
 enlistment.....
 Diagnosis Gas. Poisoning Date of Medical 30-1-19.
 Boards.....

T.O.S. Date.	Remarks	Pt. 2 Order No.
3-1-19	Posted to Cas. Co. (Ex. Camp) 15-1-19.	
	Leave & Subs. from 16-1-19 to 30-1-19	20
6-2-19	SOS DISCHARGED "MED.UNFIT" 91 days PDP&CA	35

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

Date.

Remarks.

Pt. 2 Order

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. NO.

WHITTLETON.

W.

724651

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

1. C.O. 3.

DATE OF ADMISSION

6. C.C. Stn.

12-9-17.

1.

HOSP.

2.

4 Cav. Gen. Hospital

HOSP.

13-9-17

3.

6. Cav. Depot Hospital

HOSP.

21-9-17

4.

5. Cav. Depot Hospital

HOSP.

23-9-17

DIAGNOSIS

1.

Shl. Gas. W.P.

2.

Gen Debility

3.

SW.R. F. Arm Debility

DISPOSITION

C.L. 18-9-17. A13(3).

Disc. to B. Dep Hospital 5-11-17

- 22-9-17 A.17-3
- 5-10-17 A.28(4)
- 6-10-17 A.29(2)
- 19-11-17 A.66(2)
- 23-4-18 A.195
- 1-5-18 A.202-2
- 23-5-18 A.221 T
- 29-5-18 A.226
- 10-9-18 A.315 (5)
- 12-9-18 B.317-2
- 12-9-18 B.318-3
- 27-9-18 B.330 (2)
- 1-10-18 B.349-4

REMARKS

- Dis: to duty 24-4-18
- " " " 25-5-18
- Dis. 11-10-18

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	11 Can Fields Amb	15. 4. 18
	20 Fields Amb.	18-5-18
2.	7 Can. Gen. Ele. Co.	3 9. 18
	the Hosp Chatham	8. 9. 18.
3.	11 C. G. H. Shornecliffe	11. 9. 18.
	P.P.C. R.C. Bexhill	24. 9. 18
4.		
5.		
6.		
7.		

Reg. No. Rank and Name ⁷²⁴⁶⁵¹ *W. Whittleton W* Corps *Eng* 10

Disease..... Hospital.....

To Officer i/c Laboratory. Ward.....

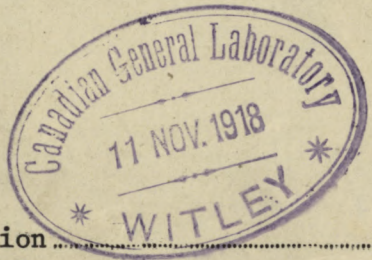
Please carry out an examination of the accompanying specimen of *urine*
with special regard to *Protein Analysis*

Date *Post. 210 1918* *J. B. Bennett*
O. i/c *Apr* Ward.

LABORATORY REPORT. *First Can Can Depot*

<i>sp gr</i>	<i>1022</i>
<i>color</i>	<i>amber</i>
<i>reaction</i>	<i>acid</i>
<i>albumen</i>	<i>nil</i>
<i>sugar</i>	<i>—</i>
<i>misc</i>	<i>nil</i>

37



Date of Examination.....

W.3212. 50M-4-4-18.

Handwritten signature

O. i/c Laboratory.

No. 101 and 102

Case

Illness

Hospital

Director's Laboratory

Ward

Thank you for an examination of the accompanying specimen of

With special regard to

Date

Ward

No. 101

LABORATORY REPORT

Date of Examination

2011-11-15

Director's Laboratory

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724651 (Rank) Pte.

Name (in full) WHITTELETON WILLIAM enlisted in
the 109th Batt.

CANADIAN EXPEDITIONARY FORCE at Toronto. Ont on the 1st
day of December 1919

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 36
Height 5' 4½"
Complexion Fair
Eyes Blue
Hair Dark Brown

Marks or Scars

Vacc Scar Left Arm.

G. S. W Arm R 7-9-18

Shell Gas 4-9-17

William Whittleton
Signature of Soldier

H Sargant Coy
Issuing Officer

Date of Discharge Feb 6. 1919

For
No. 2 District Depot.
Rank

Appointment

Signed at Toronto. Ont this 6th day of February 1919

in Military District No. 2 FEB 6 1919

File Reference No. DISTRICT DEPOT

S.S

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

.....
Name of Officer

.....
Rank

.....
Appointment

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

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724651	Pte	Whittleton	William
Year	Unit.		Age.	Service.
	3rd Can Battalion		36	33/12
Station and Date.	Disease			
10/9/18	S.S. W. right wrist.			
	Wound of entrance inner surface of right wrist anteriorly.			
	Operation wound for removal of fragment 2" toward midline ant. surface.			
	Operation wound clean.			
13/9/18	Whittleton Complaint of frequency of urination twice at night.			
	Urine - 1024 - Ac, Neg. Neg.			
	Normal			
	J. Wall			

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

To be made out in duplicate.

DUPLICATE
L.C. 5-11-2-55

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 D.S. Bn C.E.F. Lt.*

(2) Regimental Number *1424651*

(3) Full Name of Soldier *William Whittleton*

(4) Place of Birth *Arckling Norfolk England*

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

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

 (b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children?.....
 If so, give number of boys and girls *None*.....
 Also their names and ages.....

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

If so, state name and address

(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.

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

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... *19 July 1916*

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

(3)

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 724651 Rank pta Name Whittleton William
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 3 1919	J. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 20 <i>W. H. Newman</i> For O. C. No. 2 District

(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.

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				
6-2-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. <u>35</u> <i>J. C. [Signature]</i>			
		O. C. Discharge Sections, No. 2 District Depot			

J.M. Rank Name WHITTLETON, William. ✓ Reg'l No. 724651 ✓
 Unit 109th Bn. If in perm. Corps, } Married or Single Single. ✓
 What Unit? }
 Place and Date of Enlistment Lindsay, 1st Dec 1915. ✓ Place of Birth ~~WIK~~ Hickling, ✓
 Name and Address, Next-of-Kin ~~Miss Caroline Whittleton.~~ ✓
MRS T. GAZE (A.S.P. 63603)
~~WATLOW HOUSE. BLACKS HALL. SUFFOLK. ENGLAND~~
 Heigham Hall, Norwich, England. ✓ Relationship ~~Sister.~~ ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

N/E. R.B. No 18504
 File R.L.
 Category **CANOR**

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents,
Date.	From whom received.				
<i>6</i> Arrived in England per H. M. T. 2810				31-7-16	✓
8-12-16	06109 th Bn	So on transf. to 124 th Bn.	Witley	8-12-16	Pt II DO 343
9-12-16	06124 th Bn	705. fr 109 th	"	"	265
29-3-17	12 th Res Bn	Att'd from 124 th Bn.	E. Sandling	29-3-17	" 81 - <i>24. B. 103 15/5/17</i>
29-3-17	124 th Bn	S.O.S. to 12 th Res. Bn.	Witley	29-3-17	" 83 ✓
3-5-17	12 th Res Bn	Sop. to 3rd. Bn. of S.	E. Sandj	3-5-17	" 112 (<i>3rd. Bn. D.O. 538 14-5-17</i>)
17-9-17	160K. (Brd)	Adm. #6 Cas. C. Sta.	Field	17-9-17	6 L. A13-3 Shell Gen. W
21-9-17	"	To no. 7 Cas. Gen. Hp.	Staples	13-9-17	" A14-3 "
4-10-17	"	To #6 court. Opt.	"	21-9-17	" A28-4 "
5-10-17	"	To #5 court. Opt.	"	23-9-17	" A29-3 "

Date.	Report. 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.
17-11-17	1COR. (3)	Disch'd to Base Apt.	Cleopha	5-11-17	Ch. A. 66-7 Shell Gas.
10-9-18	1COR. 3.	Wounded	Field	3-9-18	CLA 316
19-9-18	3 rd Bn.	In. W. and pro. 1CORD	Ho "	8-9-18	1CORD D3 DO 92 2549/16-9-18 ^{OE}
14-10-18	1CORD	On com. 1CCD	" Widdy	14-10-18	- 288
9-12-18	"	Ceases on com 1CCD	" "	6-12-18	- 341
23-12-18	✓	On Com. CDD	- -	23-12-18	- 355
28-1-19	✓	Ceases com TSOS to CEF. Com.	" "	3-1-19	- 22.

Casualty Form - Active Service.

Regiment or Corps *3RD CAN BN.*
 Rank *Pte.* Surname *Muttelton* Christian Name *W.*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported in Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>25.4.18.</i>	<i>11. C. H. Amb.</i>	<i>Qual. Disability Adm. 15.4.18. to Duty.</i>		<i>24.4.18.</i>	<i>E 8408</i>
<i>27.4.18.</i>	<i>3RD CAN BN</i>	<i>REJOINED UNIT</i>		<i>24.4.18.</i>	<i>B 213.</i>
<i>4.5.18.</i>	<i>do.</i>	<i>TO CAN. CORPS REINF. CAMP</i>		<i>2.5.18.</i>	<i>"</i>
<i>2.5.18.</i>	<i>E.C.R.E.</i>	<i>ARR. CAN. CORPS REINF. CAMP</i>		<i>2.5.18.</i>	<i>M.R. A577.</i>
<i>20.5.18.</i>	<i>do.</i>	<i>do Hospital No. 20 Hld. Amb.</i>		<i>18.5.18.</i>	<i>B.E. 1290.</i>
<i>18.5.18.</i>	<i>20 Hld. Amb.</i>	<i>Disability Adm. 18.5.18. to Unit</i>		<i>25.5.18.</i>	<i>F. 2377 F. 3815.</i>
<i>26.5.18.</i>	<i>E.C.R.E.</i>	<i>T. con. S. from Hospital</i>		<i>25.5.18.</i>	<i>B.E. 1382.</i>
<i>AUG 1 1918</i>	<i>"</i>	<i>LEFT FOR UNIT</i>		<i>AUG 1 1918</i>	<i>M.R</i>
<i>AUG 17 1918</i>	<i>3RD CAN BN</i>	<i>JOINED UNIT</i>		<i>AUG 12 1918</i>	<i>B 213</i>
<i>7.9.18.</i>	<i>"</i>	<i>WOUNDED TO HOSPITAL</i>		<i>2.9.18.</i>	<i>"</i>
<i>7.9.18.</i>	<i>27. Hld. Amb.</i>	<i>S.M. Am R. 2.9.18. to C.C.S.</i>		<i>2.9.18.</i>	<i>A/S 780.</i>
<i>5.9.18.</i>	<i>7 Can. Amb.</i>	<i>do. do.</i>		<i>3.9.18.</i>	<i>H. 7416</i>

(1) 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.
 (2) Signaller, Shoeing-Smith, &c.
 W. 8635-M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B.103 E/1807. P.T.O.

724651 Pte. Whittleton W.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
8.9.18.	J. W. Gault	J. W. Horearm R.	to England	8.9.18.	H. 8152.
8.9.18.	do.	Invalided	Wounded	H.S.	W. 3083/5965.
		Posted to 1st Central Ontario Regtl. Depot.	Witley	8.9.18.	Pt. 11 No 92.d.1.19.2.1.1.1.
			"Village de Loges"		
					<i>R. L. Smith</i> LIEUT. FOR L ^T -COL. A. A. G.
16.9.18	ICORD	T.O.A from 3 rd Bde.	Sitting	8.9.18	- 254 ^{co}
					<i>D. W. ...</i> LIEUT. FOR LT. COL. I/O RECORDS, C.O.M.F.
6-12-18		Ceases to be attached on proceeding to	Reg Dep Gp	D.O. No.	337 2/6-12-18.
					<i>D. Skellern</i> Adjutant 1st Canadian Command Depot.
7/12/18	ICORD	Att. Depot Coy	Witley	6/12/18	250339
24/12-18	ICORD	"ON COMMAND" 1st C.D.D., BUXTON.	do	23/12-18	80, 356
					<i>J. W. ...</i> Lieut. etc Records.
24.12.18		Attached C.D.D. Buxton for return to Canada, Part II Order No			C.O.B. Depot. 304
		Ceases to be attached C.D.D. Buxton on embarking for Canada.			
			<i>A. M. ...</i>		Lt. for Lt. Col

3 JAN 1919

Sailing 104

"SCOTIAN"

14 JAN 1919

Commanding Canadian Discharge Depot

724651

W 7

MEDICAL HISTORY SHEET ORIGINAL

Surname: Whittleton Christian Name: William

Examined on 2nd day of December 1915 at Ludsay Birthplace: City or Town: Nectling County: Norfolk England

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

Apparent age: 33 years Trade or occupation: Farm Laborer Height: 5 Feet 4 1/2 Inches Weight: 126 1/2 Lbs. Chest measurement: Minimum 31 inches Maximum expansion 33 inches Physical development: Good Small-Pox Marks: none

Table with columns: Date, Fit or Unit, EXAMINED FOR RE-ENGAGEMENT. Includes entries for 11 SEP 1918 and 14.10.15 191.

Vaccination Marks: Arm Right: none Left: Five Number: Five When Vaccinated last: March 3rd 1916

Table with columns: Date, Result, VACCINATIONS. Includes entry for 3.3.16 good J. McCulloch M.O.

(a) Marks indicating congenital peculiarities or previous disease: Old signs of itch (b) Slight defects but not sufficient to cause rejection: none

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 25.4.16, 2.5.16, 10.5.16, and 23.9.16.

Enlisted on 2nd day of December 1915 at Ludsay

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entry for 109th Batt Co E F, REG'TL NUMBER 724651, DATE 3.12.15.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entry for Witley, 28/11/18, udherum scar with right Bii, and Camp Lornth, Jan 31st 19, Partial loss of function to Rt. Hand & Proximalities.

CAMMIDIAM

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.

BASE HOSPITAL, M.D. No. 2

Toronto, 31-1-19

19

From

To

EAR, NOSE AND THROAT SPECIALIST'S REPORT on:—

No. 724651 Rank Pte Name WHITTLETON W. Unit #2 D.D.

Age 36 Service

Examination shows:—

Nose Large perforation of nasal septum (Post-Operative)

Nose Pharynx Condition existed prior to enlistment, No service

Pharynx aggravation.

Tonsils

Larynx

Ears

Hearing { Watch
Spoken Voice

Accessory Sinuses

Treatment recommended

G. H. Smith
(Capt C. A. M. C.)

Disability { Antedating Service
Due to Service } Fit for Category

Remarks:—

Jan 31st 19
J. J. J.

Tolson

From

To

EAR, NOSE AND THROAT SPECIALIST REPORT

Service

Examination shows:-

Nose

Nose Pharynx

Pharynx

Tonsils

Larynx

Lips

Whistle

Fluoride

Exposure

Microscopic

Treatment recommended

Antibiotic

Time to Service

Bill for Category

Remarks:-

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom *Mrs L Gaze*
Address *Waterloo House*
18 Larkhall
Suffolk

By whom assigned *WHITTLETON W*
Regtl. No. *724651*
Rank *Pte*
Corps, &c. *1 CORN*

Rate *15⁰⁰*
Date to commence *1-1-19*

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND UNTIL ADVICE
FROM *Whittleton* OF DISCHARGE OF SOLDIER
NAMED HEREIN.

PAYMENTS.

Month.	Year.	Cheque No.	Amt. ASSIGNED PAY	Pay Sheet Deduction. SEPARATION ALLOWANCE	REMARKS.
Jan	1916	<i>5549</i>	<i>15</i>	<input checked="" type="checkbox"/>	DISCHARGED TO CANADA. <i>NR 586 2.12.16</i> <i>Final Payment</i>
Feb.		<i>59309</i>	<i>15</i>	<input type="checkbox"/>	
Mar.					
April		<i>Discharged 6-2-19.</i>			
May		<i>Auth Ottawa. 9-4978-d-28-2-19.</i>			
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan	1917				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

MILITIA AND DEFENCE
ASSIGNED PAY.

Ref. No. NR
80

33916

To whom ~~Mrs. G. Whittleton,~~

By whom assigned Whittleton, W. ✓

Address ~~Heigham Hall,~~
~~Norwich, Norfolk.~~ ✓

Regtl. No. 724631 (724651) ✓

Rank Pte. ✓

Corps, &c. 109th. Battalion ✓

Rate \$15.00 ✓

Date to Commence August 1st., 1916. ✓

W. M. Moyes P.S.
PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				<p><u>New Assignm:</u> <u>With 2 m. 28090 ARK 10</u> <u>Mrs J. Gage</u> <u>Wallow House</u> <u>Blacks Hall</u> <u>Suffolk Eng</u></p>
Feb.					
March					
April					
May					
June					
July					
Aug.		150310	15	X	
Sept.	Cancelled	180668	15	X	ARK 26/9/16.
		164000	15	X	
Oct.		218168	15	X	
Nov.		244997	15 60	X ✓	
Dec.		295327	15	X	
Jan.	1917	336956	15	X	
Feb.		384147	15	X	
March		431290	15	X	
April					
May					
June					
July					
Aug.					

AD checker found correct
27.3.17 *W. M. Moyes*

ASSIGNED PAY.

By whom assigned *Whittleton W*
 Regtl. No. *424657 - Pl - 109th Batt.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1/8/16.		EFFECTIVE DATE: 13/12/18	
AMOUNT: \$15.		AMOUNT: -	
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. Gage, Waterloo House, Blackhall, Suffolk, England. Stopped 1-1-19.			
ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN			
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
7/4/18	197	1662	48/19
13/11/18	350	10	9/7
Via W Loan fully paid from Free Rates.			

NAME: WHITTLETON, William

NUMBER: 724 651

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 109th Batt.

DATE ACCOUNT FIRST OPENED: 1/8/16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
	1/4/18		1st B. B. Co
W/R	1/9/18	1/9/18	3rd Bu (a)

DAILY RATES OF PAY AND ALLOWANCES

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

Victoria Loan 1918 - \$50.00 - due 1923
 To be rendered from available Balance

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canada 1-1-1919. No. 596. Cr/Balce: 58.94

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/3/18.	Balance For.								98 78		
April	P Pay.	33		254727 £3-1-8			15				
				AR 44 7/4/18 3rd Bu.	4 46						
		33			4 46		15		112 32		
May	P Pay.	34 10		B9336 £3-1-8			15				
				AR 31 7/5/18 1st Av. C.C.R.C.	8 03						
		34 10			8 03		15		123 39		
June	P Pay.	33		B63935 £3-1-8			15				
				AR 454 5/4/18 1st Av 79. C.C.R.C.	8 03						
				AR 584 20/6/18 do.	3 57						
		33			11 60		15		129 79		
July	P Pay.	34 10		B84942 £3-1-8			15				
				AR 786 20/7/18 do.	4 46						
				AR 695 5/7/18 do.	3 57						
		34 10			8 03		15		140 86		
Aug	P. Pay	34 10		B33548 £3-1-8			15				
				S.R. AR 1016 5/8/18 do	3 57						
		34 10			3 57		15		156 39		
Sept		33		C. 91719 £ 3.1.8			15				
				2464 14/9 XI. can. Gen. H. of.	2 43						
				1914 9 P.P.C.R. + H. of. Berdell	9 73						
		33			12 16		15		162 23		
Oct		24 10		B43823 £3-1-8			15				
				AR Post 14/10/18 - P.P.C.R. + H. of. Berdell	24 33						
		730		CP 46809 - 14/10/18.	24 33						
				AR 5198 2/10 1668.	9 73						
		41 40			58 39		15		130 24		

CANADIAN
ASSIGNED PAY AUDITED
 JUN 20 1919
 AUDIT CLERK
 JUN 20 1919

This space to be for numbers.

25-2-14
a B



Proceedings on Discharge.

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

No.	724651
Rank	Pte.
Name	WHITTLETON WILLIAM
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	109th Batt.
Date of Discharge	Feb 6. 1919
Place of Discharge	TORONTO, ONT.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....36.....years.....months.
 Height.....5.....feet.4 $\frac{1}{2}$inches.
 Complexion Fair
 Eyes Blue
 Hair Dk. Brown
 Trade Farm Labourer
 Intended place of residence } 402 Church St.,
 (To be given as fully as } Toronto. Ont
 practicable.)

Descriptive Marks
 Vacc. Scar Left Arm.
 G.S.w Arm R 7-9-18
 Shell Gas 4-9-17

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.
D.O.D.D.# 2Pt 11 No 35

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

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

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

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

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

YES

Handwritten signatures and initials at the bottom right corner.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... Toronto. Ont. William Whittle (Signature of Soldier.)

(Date)..... Feby 6. 1919 (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

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

(Date)..... Feby 6. 1919

(Signature)..... (Signature)

Reservations referred to at Para. 8.

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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. 724651 Rank PR Name Whittleton W
 Corps #2 DD. who was* Discharged
 On Feb 6 1919, to Feb 1 1919
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 1919
 to Feb 6 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....		
Advances by Cheques } No.			Reg'l. Pay..... 6 days at \$... 1.10	6	60
Assigned Pay and Sep'n Allee. No.			Field Allow..... days at \$.....c.....		
Other charges <u>A.P. Feb Eng.</u>	15	-	Separation Allowance* (Monthly).....		
Payment on transfer or discharge No. <u>90117</u>	96	60	Other Allowances*..... <u>60</u>	35	-
Bal. Cr. (to be paid by the new unit).....			Other Credits*..... <u>WS 24</u>	70	-
Total	111	60	Bal. Dr. (to be deducted by new unit).....		
			Total	111	60

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 Pay for the month of 9 Feb. 1919 (to) Assignee M^{rs} C. Gaze
 and Sep'n Allee. for month of 1919 (Address) CPM Eng. Waterloo House
Blayhall Suffolk Eng

(†) 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..... No
- (3) cause of discharge..... authority D035
- (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 5/2/19
 Place Toronto

[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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY MASTER CERTIFICATE

This form is to be used for the purpose of certifying the amount of pay and allowances payable to members of the Canadian Contingent Expeditionary Force.

Name of member: _____
Rank: _____
Service number: _____
Date of issue: _____

Particulars	Amount
Pay	
Allowances	
Gratuities	
Other	
Total	

On Transfer of an Officer
The amount of pay and allowances payable to an officer on transfer is determined by the rank and service number of the officer at the date of transfer.

On Transfer of a Soldier
The amount of pay and allowances payable to a soldier on transfer is determined by the rank and service number of the soldier at the date of transfer.

COPY
PAYMASTER, No. 2, CANADIAN EXPEDITIONARY FORCE

This certificate is valid for the purpose of certifying the amount of pay and allowances payable to members of the Canadian Contingent Expeditionary Force. It is issued by the Paymaster and is subject to the provisions of the regulations governing the payment of pay and allowances to members of the force.

Casualty Form—Active Service.

Regiment or Corps 12th Res Bn
 Rank Pte Surname Whittleton Christian Name W. William
 Religion C of E Age on Enlistment 32 years 6 months.
 Enlisted (a) Dec 1st /15 Terms of Service (a) Dozw Service reckons from (a) Dec 1st /15
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) Civil: - Gun Labourer
 or Corps Trade and Rate

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked... <u>England</u>	<u>31.7.16</u>	<u>✓</u>
<u>29.3.17</u>	<u>12th</u>	<u>Attached to 12th Res Bn from 124th Bn.</u>	<u>East Prussia</u>	<u>29.3.17</u>	<u>Part II 81</u>
<u>3.5.17</u>	<u>O.C. 12th Res. Bn. C.E.F.</u>	<u>Transferred to 3rd Bn France</u>	<u>EAST SANDLING</u>	<u>MAY 3 1917</u>	<u>Part II 112</u>
<u>8.12.16</u>	<u>O.C. 109th Bn</u>	<u>S.O.S trans to 124th Bn</u>	<u>Witley</u>	<u>8.12.16</u>	<u>PTO. 343</u>
<u>9.12.16</u>	<u>O.C. 124</u>	<u>S.O.S from 109th Bn</u>	<u>✓</u>	<u>✓</u>	<u>265</u>
<u>29.3.17</u>	<u>124th Bn</u>	<u>S.O.S to 12th Res Bn</u>	<u>Witley</u>	<u>29.3.17</u>	<u>✓ 83</u>

CERTIFIED CORRECT.
 23 MAY 1917
 CASUALTY LONDON

(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) Signaller, Shoeing-Smith, &c.

W. Whittleton [P.T.O.]
 FOR LT: COL: VC RECORDS, C.O.

724651 Pte. Whitleton. W.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents
Date	From whom received				
4.5.17	C. B. D.	ARRIVED C. B. D.	FRANCE	4.5.17	N. R. D.
					PART II ORDERS No. 53. D/L 14. 5.17
	C. B. D.	LEFT C. B. D. FOR			N. R. D.
12.5.17	O. C. BN	ARRIVED 3rd BN.	FIELD	9.5.17	B. 213 D. 574 d/l 16/17
15.9.17	do.	To Hospital.		11.9.17	B 213. D C. S. 601
11.9.17	18th T. Am.	Shell Gas (W) Admin.		11.9.17	8412
13.9.17	6. C. G. S.	do. Admin. 12.9.17 to 27.9.17		13.9.17	8438
13.9.17	7th Genl.	do.		Admin. 13.9.17	8868
21.9.17	do.	do.	To 6 Con. Dep.	21.9.17	W 3091/A 251. LEUT. S.M.F.
21.9.17	6 Con. Dep.	do.	Admin.	21.9.17	A/466
23.9.17	do.	do.	To 5 Con. Dep.	23.9.17	A. 1351
23.9.17	5 Con. Dep.	do.	Admin.	23.9.17	A 811.
6.11.17	do.	do.	Disch to Base "Fit"	5.11.17	Letter K. 1. 16. 27966.
6.11.17	18th B. E.	To on S. A.		6.11.17	W.R. 192
25.11.17	do.	Left Am. C. & R. P.		25.11.17	W.R. 256
25.11.17	8th C. P.	For. CAN. CORPS REINF. CAMP		25.11.17	W.R. 71
19.3.18	do.	LEFT FOR UNIT		19.3.18	W.R.
23.3.18	3RD CAN. BN	JOINED UNIT		19.3.18	B 213.
20.4.18	do.	TO HOSPITAL		14.4.18	"
16.4.18	11. C. P. Am.	Ent. Debility Admin. 15.4.18.			E. 5031.
16.4.18	12. C. P. Am.	do. Admin. 15.4.18. to 7.6.18.		15.4.18.	E. 5743.

No. XI, C.G.H. Moore Barracks.

.....1918

Requisition

Report

Date 14-9-18

Colour

Clear amber.

Reg. No. 72465-1

3

S.G.

1024

Name P. Whittleton

Reaction

acid.

Unit 3rd Can. B Coy

Sugar

neg.

Ward 8

Albumen

neg.

Diagnosis chno. urin

Microscopic

normal

Exam. Req. Alb. and microscopic.

W. H. Gardiner
Capt.

Thames Capt

.....Capt. CAMS. C.1/c.Lab.,

No. 100-10-11

100-10-11

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8

No. 100-10-11

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100-10-11

No. 100-10-11

Reserved for M.H.C.

Regt. No. 724651 Rank PTE Surname WHITTLETON Christian Name WILLIAM
 Unit or Corps—(a) Overseas from United Kingdom 3rd BATT (b) in United Kingdom 10th C.O.R.D
 Born at—Town HICKLING County or Province NORFOLK Country ENGLAND
 Date of Birth—Day 4th Month MAY Year 1882 Age 36 yrs. 6 months.
 Joined at LINDSAY Date 10th DEC 1915
 Former trade or occupation LABOURER
 Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 4 1/2 Colour of eyes BLUE
 Signature of Soldier (for identification purposes) Wm Whittleton

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

ADHERENT SCAR FLEXOR TENDONS RT. WRIST,

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G. S. wound</u>	<u>C.E.F. FRANCE</u>	<u>29/14.</u>
(ii.) As to Group (b) above.	<u>—</u>		
(iii.) As to Group (c) above.	<u>—</u>		

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

5. MEDICAL HISTORY.

This man was wounded C.E.F. France
 29. Remove small fragments of shell case from
 Rt forearm four inches above wrist joint ~~from~~
 flesh surface. Wound sealed with adhesive
 gear. He has had been treated since.
 The man states he has had headache
 frequently and pain in back and leg (Myalgia)
 in damp weather for the last few weeks - viz since
 early Nov. 1914
 Jy 1912 -
 H. S. M. D. M. D. M. D.

6. PRESENT CONDITION.

There is a small scar 4 inches
 above the Rt wrist on the flexor aspect of Rt forearm.
 Scar 2 inches long. It is slightly adherent to
 flexor tendons but does not prevent full
 flexion or extension. There is considerable
 weakness of Rt hand as present. No nerve
 lesion. Cardio-Vasc, Respiratory, Uro-genital
 & Nervous systems normal. Special
 senses normal.

The man complains of weakness of
 Rt hand, Myalgias pain in back and
 leg and frequent headache. His vision is
 good.

7. OPERATION. (i) Was one performed?

Yes Sept 1914. Remove F. B.
 Rt forearm

(iii) Was one advised and declined?

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

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

No.

(ii) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? *Bi*
(state category)

(b) Invalid to Canada?

(c) Discharge from the Service
as permanently unfit?

Date of Report..... 25/11/1914

Signed..... W. J. Grant
Officer in medical charge

Station..... Artillery Eng

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

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

Dated at Station, on 1914

*Delete if inapplicable.

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? *No*
Aggravated? *No* }
(b) Misconduct of the Soldier { Caused? *No*
Aggravated? *No* }

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

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *all*

15. Permanency of the Disability due to Service estimated next above in (14).
(i) Is it permanent? *No*
(ii) If not permanent, what is its probable minimum duration (in months)? *two months*

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

17. Can the former trade or occupation be resumed? *yes*

18. REMARKS:— *Auth a G. 49083. 11-11-18*

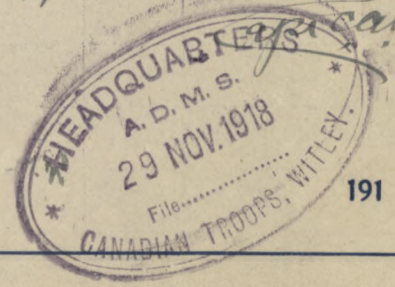
19. RECOMMENDATION:—
(a) Fit for duty? (state category) *B4*
(b) Invalid to Canada? *No*
(c) Discharge from Service as permanently unfit? *No*

Date of Board *28/11/18*

Station *Witley*

Signatures of the Board } *Robert Noel Clarke* President.
Gas. L. Hammond

Approved _____
Dated at *Witley* Station
M.O. HEADQUARTERS DETAILS, WITLEY, STATION



Remarks.

Yesterday.

No.

R.

Detail.

Patients in Division at
8 a.m. this morning.

Recommended for transfer
to Hospital.

329

Total Patients at Reveille.

Admissions from Other Hp's.

Admissions " " Div's.

Transfers to Hospital.

Transfers to Other Div's.

329

329	

724651

F.I.C.A.C. Hospital,
Coedon Camp, Bathill-on-Sea,

Mr Whittaker W.

14.10.18. 1918.

This is to certify that I have this day examined the marginally named man, and find him free from Venereal, Skin, Other Infectious Diseases, and Vermin.

[Handwritten Signature]

No. 2 DISTRICT DEPOT

"SCOTIAN" 15-1-19

EXHIBITION

1017

AUDITOR *W.M.* PAYMASTER *b6*

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

REGT. No. 724651

RANK

Pte. *W*

NAME (IN FULL)

WHITTLETON, W.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					3rd Bn.	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				1-12-15	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				15.00	DATE EFFECTIVE	
ADDRESS					Mrs. C. Gaze	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Waterloo House,		402 Church St. Toronto
					Blaxhall, Suffolk, England		252 Gerard St. E.
					STOP PAYMENT FORM	EFFECTIVE	Toronto 28.5-1919
					ASSIGNED PAY		
					RENDERED, DATE		
					DISCHARGED	PLACE DATE	REASON AUTHORITY
					Toronto	6/2/19	M. U. 0035

W.S.G. form complete

Continued in England.

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	\$	C.	\$	
Balance from previous account				5894														
31.12.18	✓	\$1.10		5894	1861	10/12/18		2920										
				5894	1881	31/12/18		973										
						6/1/19		487										
						13/1/19		500										
						13/1/19		3000										
1.1.19	31	1.10	3410	4610			8861		1124			1986		7880		1986		
												15		4610				
Feb 6	6	1.10	660	1116			9017	9660				1500		1116				
3 years				350				Mar 6	221742	70 00				70 00		280 00		
				W.S.G.				Apr 2	280632	70 00				140 00		210 00		
				420 00				Feb 6		70 00				210 00		210 00		
								May 6	286563	70 00				280 00		140 00		
								June 2	378150	70 00				350 00		70 00		
								July 2	235575	70 00				420 00		600 00		
				420						420				420				

T.O.S. 3/1/18 D.O. 20
SUBS. 16/1 TO 30/1 D.O. 20

1st W. S. G. Paid by #2 D. D.
W. S. G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY

A.R. 77

31-1-19

WHITTLETON. Pte. William. #724651. #2 District Depot.

Chest well formed, Right shoulder about 1" lower than left.

There is a rigidity of chest and poor expansion.

Min.

Maximum Measurements:- $32\frac{1}{4}$ "

Max. " $33\frac{1}{2}$ "

Impaired resonance over upper right chest.

Breath sounds are quiet throughout, No adventitious sounds elicited.

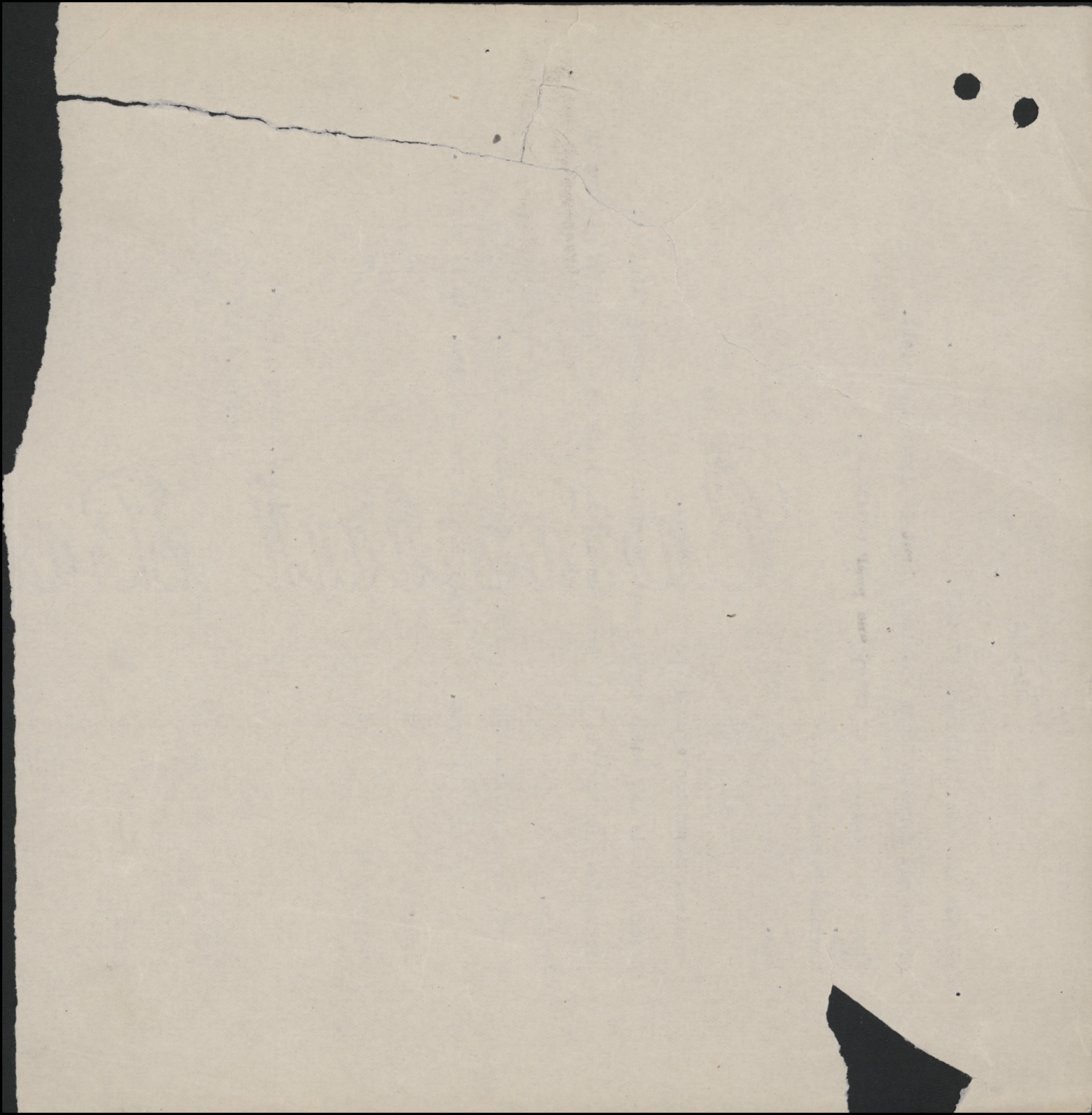
Diagnosis:- Bronchitis with symptoms and no signs as a result of gassing in France.

Heart, No enlargement. No murmurs, Not above Category C3".

	At rest.	After $1\frac{1}{2}$ minutes exercise.	in $1\frac{1}{2}$ minutes.
Pulse	90	114	90
Respiration	22	26	22

(Sgd) H.J. Kinsey., Capt.

Jan. 31st. 1919.



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 Exhibition Camp, Toronto DATE Jan. 30th, 1919

1. 1 (a) Unit #2 District Depot (b) Regimental No. 724651 (c) Rank Pte
 (d) Surname WHITTLETON (e) Christian name WILLIAM
 (f) Home address 402 Church St. Toronto.
 (g) Next of Kin Mrs. Caroline Gaze (h) Relationship Sister
 (i) Address of Next of Kin Waterloo House Blexhall, Tunstall R.S.O. Suffolk England.
2. Age last birthday 36 Date of birth 1882. May 4th.
3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont (b) Date 1-12-15
4. Personal description:
 (a) Height 5' 4 1/2" (b) Weight 138 (c) Complexion Fair
(stripped)
 (d) Colour of hair D. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
2 vaccination scars left arm.
5. Former trade or occupation Farm Labourer.

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 3	Days 62
---	-------------------	-------------------

	PERIODS	
	From	To
109th. Battalion		
Canada	<u>1-12-15</u>	<u>31-7-16</u>
England	<u>31-7-16</u>	<u>3-5-17</u>
France or other theatres of War	<u>3-5-17</u>	<u>8-9-18</u>
<u>England and Canada</u>	<u>8-9-18</u>	<u>To date</u>

7. Original disease, or injury (1) Gas poisoning, (2) G.S.W. right wrist.
 (a) Date of origin (1) Sept. 10/17 (2) Sept. 2/18 (b) Place of origin (1) (2) France.
 (c) Cause (1) Chlorine Gas. (2) Shrapnel.

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.)

(1) Partial loss of function of Respiratory System.

(2) Partial loss of function of Integumentary and Muscular systems.

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.)

(1) Objective:- See specialist's report.

(2) Subjective:- Has had cough for about a year, raises no sputum. No loss of weight. Can walk only about two miles with full pack on after which he becomes short of breath.

(2) Objective:- Scar 1 1/2" x 1/2" on palmar surface of right fore-arm beginning 2" above wrist joint. Scar is adherent to deeper tissues especially to flexor tendon of middle finger. No limitation of movement of any of parts, No weakness of grasp.

Subjective:- Scar is painful when man tries to work hand, such as in carrying heavy weights or in grasping anything with all his strength.

(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 albumen or sugar (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no yes 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

No piles, Varicose veins, varicocele or goitre. Has a chronic nasal condition for some years. No service aggravation. See special report.

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

(1) Gassed in France in Sept. 1917, 8 days in Hospital, 6 weeks Convalescent, started to cough after that. For periods of two or three weeks he will not cough at all. Had frequent "colds" in civil life with coughing.

(2) Sept. 2, 1918. Hit by shrapnel in right fore-arm, In Hospital and convalescent home about 4 months, Has not returned to duty since. Man says condition of r. ft. fore-arm and wrist has not improved in last 2 months.

10. (b) 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.)

Typhoid in 1911. Full recovery. Tenallitis in 1910 and in 1912

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

Scar 1 1/2" long on palmar side of right fore-arm, adherent to flexor tendons,

11. (a) Did the disabling condition have its origin before enlistment? (1) (2) 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.)

(1) (2) Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) (2) 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? (1) 6 months (2) permanent

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

M.H.D. shows treatment of wound of right wrist. No details.

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) Probably in 6 months, this interval recommended on account of chest condition.

17. Recommendations That he be placed in Category "CG"

D. J. MacDonell 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, William Whittleton, 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

William Whittleton Rank. Signature of invalid examined.

4
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.) yes
- (d) Temporarily unfit. (" D) (Yes or No.) no
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) no

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

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

That he be placed in Category "C3"

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.

Am. Fox President.

PLACE Exhibition Camp, Toronto

DATE Jan. 31st. 1919.

John J. Lee Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.

PLACE..... } Members

DATE.....

APPROVED BY [Signature]
Assistant Director of Medical Services.

APPROVED BY
Director-General of Medical Services.

DATE 3-2-19.

DATE.....