

904/2716  
OK. M. W.

2

# ATTESTATION PAPER.

No. 721008.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Wilson
- 1a. What are your Christian names?..... Harold Sahar
- 1b. What is your present address?..... French Falls Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Grand Lake Ont.
3. What is the name of your next-of-kin?..... George William Wilson
4. What is the address of your next-of-kin?..... P.O. French Falls Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... Dec 29<sup>th</sup> 1893
6. What is your Trade or Calling?..... Business Clerk
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, Harold S. Wilson, 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.

H. S. Wilson (Signature of Recruit)

Date Feb 26<sup>th</sup> 1916 Andrew L. Lumb (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold S. Wilson, 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.

H. S. Wilson (Signature of Recruit)

Date Feb 26<sup>th</sup> 1916 Andrew L. Lumb (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 Rendsey this 28<sup>th</sup> day of February 1916.

J. J. Mc (Signature of Justice)



Description of Harold Galan Wilson on Enlistment.

Apparent Age.....22.....years.....2.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5.....ft. 8 3/4.....ins.

Chest measurement { Girth when fully expanded.....34.....ins.  
Range of expansion.....3.....ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark Brown

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

*Scar on front of right shin  
Scar on palm of left hand.*

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Feb 28<sup>th</sup>.....1916.

Place.....Lindsay

*J. McCulloch*.....  
*H. Boyd*.....  
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.

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

.....(Signature of Officer)

Date.....FEB 28 1916.....1916.



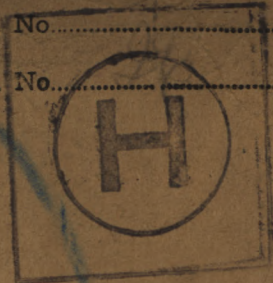
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- 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..... *2*



DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Name *Wilson Harold G.*

Regt. No. *724008*, Rank *Sgt.*

Corps *124th form 109th Bn.*

*Med. Unit.*

*Deceased*  
*29-12-59*

*Ret 29-12-59*



26943

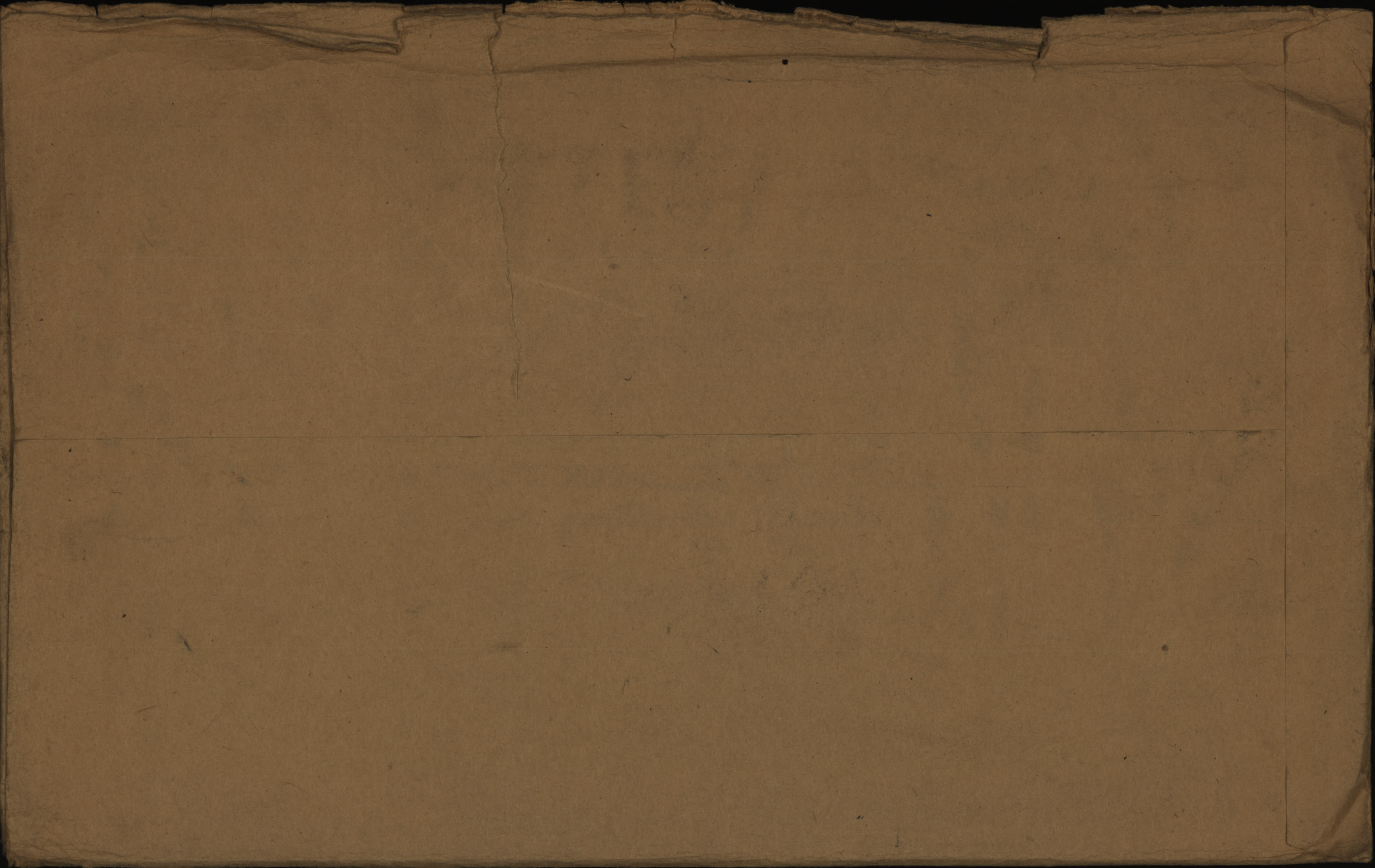
*A. K. B (122) ✓*

*WSP*  
*6-1*

*484188*

*25 = 6*  
*10 = 6*  
*5 = 6*  
*1*







12<sup>th</sup> / res

B

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Number... 724,008... Rank... A/Cpl...

Surname... WILSON...

Christian Name... Harold Gaham

Unit... 109<sup>th</sup> Bn Can Inf... Theatre of War... England

Date of Service... 31/7/16

Remarks...

Latest Address... ~~378 Wellesley St.~~

48 Berden Ave. Toronto Ont.

Roll No.

A page 403



NAME

REGT. No.

17  
RANK AND UNIT

8  
NEXT OF KIN

CABLE

NATURE OF CASUALTY

7  
NO.

DATE

S 33780 Det



REG'T L NO 724088

H. Q. FILE NO. 649-

NAME Wilson Harold Saban

RANK AND CORPS A/Cpl 109th Bn

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

No.

DATE

T 318

25-2-16

Sailed from Liverpool for Canada on the Hosp Ship "Esquibo" on the 19 Feb 1917. Sprained ankle



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
26	Mil. Trans. Farm Hill Farnham	6-8-16	Fractured Tibula
26	Mil. Bramshott	6-10-16	Fractured Tibula
32	Lozan. Conv. Bearwood Wokingham	8-11-16	" "
78 <sup>6</sup>	M. H. C. C. Toronto	16-3-17	Adm. Spadina M. H. Cl. II
101 <sup>6</sup>	" " " " "	9-4-17	Trans. Cl. to College M. H.
12	" " " " "	4-9/4/17	out-pat. Spadina
104	" " " " "	14-4-17	Spadina to College M. H.
102	" " " " "	1-4-17	Takw. Co. Strength Class 2
158	" " " " "	5-6-17	Std. of O. P. College June 5 <sup>th</sup> 1917 DC
316-51	M. H. C. C. Toronto	30-11-17	(College.) Discharged from His Majesty's Service Class III Good.



CANADIAN CONVALESCENT HOSPITAL  
AT

A. & D.  
CARD.

*Bear Wood, Wokingham, B. ks*

Regt. No. 724 008

A. & D. No. *L.Y. 5377*

Rank *Cpl*

Corps *109th BAm*

Name *Wilson*

*A.S.*

Age *21*

Religion *C.E.*

Service at Home *7/12*

„ „ Front *-*

Diagnosis *Grac Tibula (left.)*

Admitted *8 - NOV 1916* *M. A. Bramshott*

Discharged *19 FEB 1917* *Invalid Canada*

Place in Hospital *Out # - 11.*

M. H. Rec'd

(See Document Card)

Transferred

Results



CANADIAN CHEVALERIE HOSPITAL  
REMARKS: Camp Borden Aug 5<sup>th</sup> 1916  
Frencham Hill Mil Hosp - 6 -  
Bramshott Mil Hosp Oct 26 -  
Bearwood Nov 8 -

S. J. No Operation Healed

Pl. & Gb. Good

S. Rest









CARD No.

SURNAME.

*Wilson 649-W-6969.*

CHRISTIAN NAMES

*Harold. Gahan**Soldier. FOLL.**30-11-17-2*

REGL. No.

*724008*

RANK

*Lie. Cpl.*

UNIT

*109th**Batt. C. E.F.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Wilson, George William*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Fenelon Falls,  
Ont.*

COUNTRY OF BIRTH

*Canada Frontale Ont*

DATE

*Dec. 29-1893*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Feb. 28/16*

L. L. 90589.—M. &amp; D. 6312.

*Return to Canada per Esquibo**Feb. 19/17 (Auth. 2318) (Med. Unfit)**R/B. 5-3-17.*

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



MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Customs Clerk*

RELIGION

*C. of England.*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*2* MONTHS

HEIGHT

*5*

FEET

*8 3/4*

INCHES

CHEST MEASUREMENT

*31*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Dr Brown*

DISTINGUISHING MARKS

*Scar on front of right shin  
Scar on palm of left hand.*

MEDICAL EXAMINATION.

PLACE

*Lindsay Ont.*

DATE

*Feb. 28/16*

R. & O. 6084.

REGTL. NO.

120008

RANK

Pvt

NAME

Wilson Harold Gahan

COY.

A.

FOLIO

TAKEN ON FROM

Lindsay Co. Va

DATE

26.2.16

PARTICULARS

Single

PROMOTIONS OR APPOINTMENTS

1st Lt.

AUTHORITY

D.O. 218

DATE

5.8.16.

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

QUALIFICATIONS

VACCINATION

DRAFTED TO

REMARKS

STRUCK OFF



LEAVE

FROM

TO

NEXT OF KIN

Father) George William Wilson  
Lennox Falls Ontario

REMARKS



Surname

Christian Name or Names

Reg. No.

Wilson

H.

G.

724008

Rank

Unit

Co.

Troop

Batty.

A. Cpl.  
Hospital

109th Batt.

Date of Admission

Transferred

from H. Spenshan Farmham  
Bramshott. Hill

Hosp. 6.8.16

Hosp.

6.10.16

Wokingham Conval.

Hosp.

8.11.16

Hosp.

Diagnosis

Fract Fibula

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

el. 31. 10. 16 # 26

REMARKS

13. 11. 16 # 32.

A.M.D. 2 DEPT.

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

10/11



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



To Capt Webb -

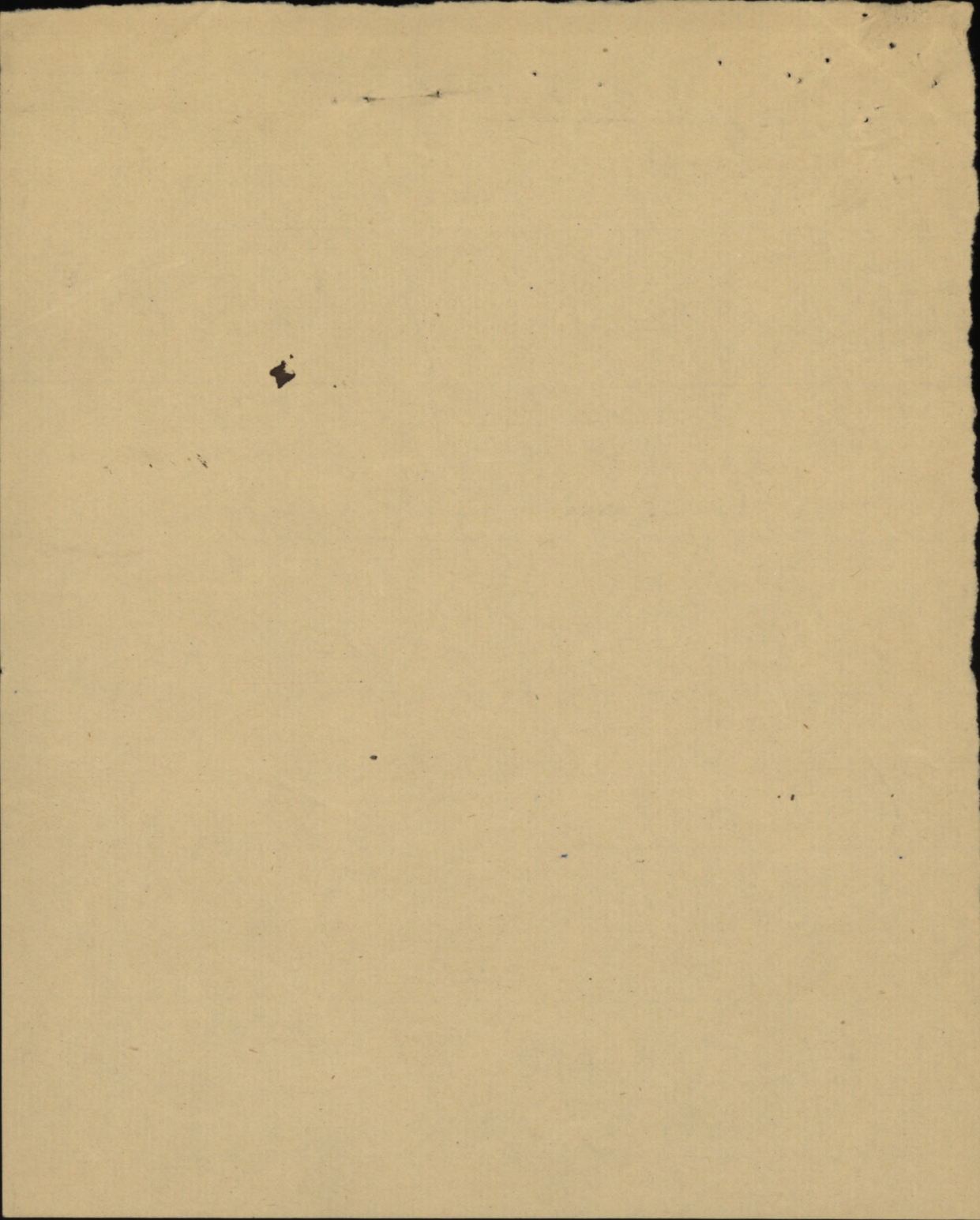
There is evidence of there  
having been a fracture of  
the fibula - just above  
malleolus. ~~and~~ (oblique)

J. D. Connell Capt -

Oct 28/16

X-Ray Report of Cpl Wilson







MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 58111.4 Year	Regimental No.	Rank.	Surname.	Christian Name.	
	724008.	Cpl.	Wilson	H. G.	C.E.
	Unit.		Age.	Service.	
	109th		21	7/19	

Station and Date. - 8 NOV 1916

Disease *Fract left lower. femur*

*Unit 2*

*Camp Borden. Aug 5th.*

*Trencham Hill Milty Hosp. 6th Aug.*

*Kramshott Milty Hosp. Oct 26th*

*Bearwood Nov 7th*

*S.T. No operation needed.*

*P.C. G.C. Good*

*S. Rest*

*Feb 19 17* *Invalided to Canada.*



*C. H. Wilson*

..... Captain,  
 Med. Off., Canadian Convalescent Hospital,  
 Bear Wood, Wokingham, Berks.



Station  
and Date.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

1/108  
T 08  
Year  
1916

Unit.

Age.

Service.

109<sup>th</sup>

"A"

21

5/12

Station and Date.

Disease

Fracture Left Fibula - Lower third on Aug 5<sup>th</sup> 1916

Branshott

Oct 26-1916

To be X rayed for confirmation of diagnosis. At Frensham Hill Mil. Hosp - since Aug 6 1916.

Good apposition; plaster cast applied.

Capt. D. A. Webb

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







724008

# ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

FP  
AUG 22 1917

Surname Wilson Christian Name Harold Gibson

Examined { on 27<sup>th</sup> day of February 1916  
at Lindsay  
Birthplace { City or Town Lindsay Falls  
County Ontario

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

Apparent age 22 years  
Trade or occupation Customs Clerk  
Height 5 Feet 8 3/4 Inches.  
Weight 119 Lbs.  
Chest measurement { Minimum 31 inches.  
Maximum expansion 34 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>30 JUN. 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm. Right None Left Two  
Number Two  
When Vaccinated last April 10<sup>th</sup> 1916

Date	Result	VACCINATIONS.
<u>10-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None  
(b) Slight defects but not sufficient to cause rejection None

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

Enlisted on 26<sup>th</sup> day of February 1916 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724008</u>		<u>26-2-16</u>
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

CANADIAN







Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number	Rank	Name and Corps of disabled soldier.
724008	Cpl.	Mulson Harold Gahan 109 03. C. 8. 7. 124 028

Previous Civilian Occupation.

Customs Clerk.

Cause of disability:-

Results of Potts fracture during service.

DEPT  
MILITIA & DEFENCE  
MAR 19 1917  
679 85-6969  
CANADA

Condition in detail which prevent the soldier earning a Full livelihood:-

Had "Fracture Left Tibia" at Camp Borden Aug 5. 16.  
Probably Potts fracture. Ankle can be flexed to Right  
Angle. Limited by tendon contraction. Ankle has lateral  
motion + tendency to Eversion. Can walk a mile,  
After that ankle plays out. Special boot to correct  
inversion would relieve condition

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

100% Permanent

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for "Military Service?" *Yes*

Would operation, special treatment or the use of appliances, etc., lessen incapacity. *Consistent Home Town*

Signature.

W. Dalpe Capt President.  
Attawley Kirkland Capt Members.  
G. R. Panton Capt

Station.

*Quincy*

Date

13/3/17

Approved.

Date

*Mar 13/17*

*W. H. Carson Major*  
Assistant Director Medical Service.

Date

*23.3.17*

*W. Arnold Capt*  
Director General Medical Service.

*See  
Dis 2.8.17  
4 8.17*



881 R

PROCEEDINGS OF THE BOARD OF MEDICAL EXAMINERS  
OF THE ARMY AND NAVY

Number of the Report of the Medical Officer: \_\_\_\_\_

Province, District, and Station: \_\_\_\_\_

Grade of disability: \_\_\_\_\_

In addition to the following special duties, the following will be performed: \_\_\_\_\_

Opinion of the Board

degree of incapacity (Mental or Physical): \_\_\_\_\_

Probable duration of incapacity: \_\_\_\_\_

Does it render him generally unfit for Military Service? \_\_\_\_\_

Will operation, special treatment or the use of appliances, etc., lessen incapacity? \_\_\_\_\_

Signature: \_\_\_\_\_

President: \_\_\_\_\_

Station: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Army Medical Service: \_\_\_\_\_



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

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

# Casualty Form—Active Service.

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

Regimental No. 24008 Rank Private Name Wilson Harold John

Enlisted (a) 26.2.16 Terms of Service (a) R. of W. Service reckons from (a) 26.2.16

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) Clerk.

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

		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		appointed A/Spl.	Osney	5-8-16	Part II orders 216
8-12-16	O.C. 109th Bn.	Transferred to 124th Bn.	Whitley	8-12-16	Capt. ADJUTANT 109th Overseas Battalion, C. E. F. D.O. Pt. II # 1643
20-11-16	O.C. 109	Reverts to Private	Witley	16-10-16	D.O. Pt. II 3253 Adjutant 109th Overseas Battalion, C. E. F.
7-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 Adjutant, 124th BATTALION C.E.F.
5.2.17	124th Bn.	Struck off strength of 124th Bn. on proceeding to Discharge Casualty Depot Folkestone	Witley Camp.	5.2.17	Part II Orders # 36 Adjutant 124th Bn.

(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				
		S.O.S. Med. Unit	Toronto	30 <sup>th</sup> 17	A.O. 649-W-6969 (folio 17)
					for Def R.



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

INSTRUCTIONS.

**DUPLICATE**

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724 008.....

(3) Full Name of Soldier Harold Gahan Wilson.....

(4) Place of Birth Iron dals ont......

(5) Are you married, or not? no.....

(6) If married, state,  
(a) Full name of your wife no.....

(b) Present Postal Address nil.....

(7) Are you a widower? nil.....

(8) Have you any children? no.....

If so, give number of boys and girls nil.....

Also their names and ages nil.....



(9) Is your Father alive? *yes*

If so, state name and address *George William Wilson*

(10) Is your Mother alive? *yes*

If so, state name and address *Mary Jane Wilson*

*London Falls Ont.*

(11) If your Mother is a widow *no*

Are you her sole support, or not? *no*

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

*nil*

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

*nil*

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

*nil*

(15) Are you insured? *no*

If so, in what Company? *nil*

Have you made arrangements for payment of your Insurance premium *nil*

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

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

Date *JUL 19 1916*



724008 pte Wilson H.G. 109th Batta C.E.F.

Will removed by Regt. Paymaster.

*H.G. Williamson*  
Paymaster, 109th Overseas Battalion, C.E.F. CAPT.  
*C.H.S.*

79429

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724008

Name H. G. Wilson

Unit 109th Bn. C. E. F.

Military Will.

In event of my death I hereby bequeath the whole of my property and effects to Geo. Wilson

Fenelon Falls

Ontario

Canada

*H.G. Williamson (witness)*

Signature H. G. Wilson

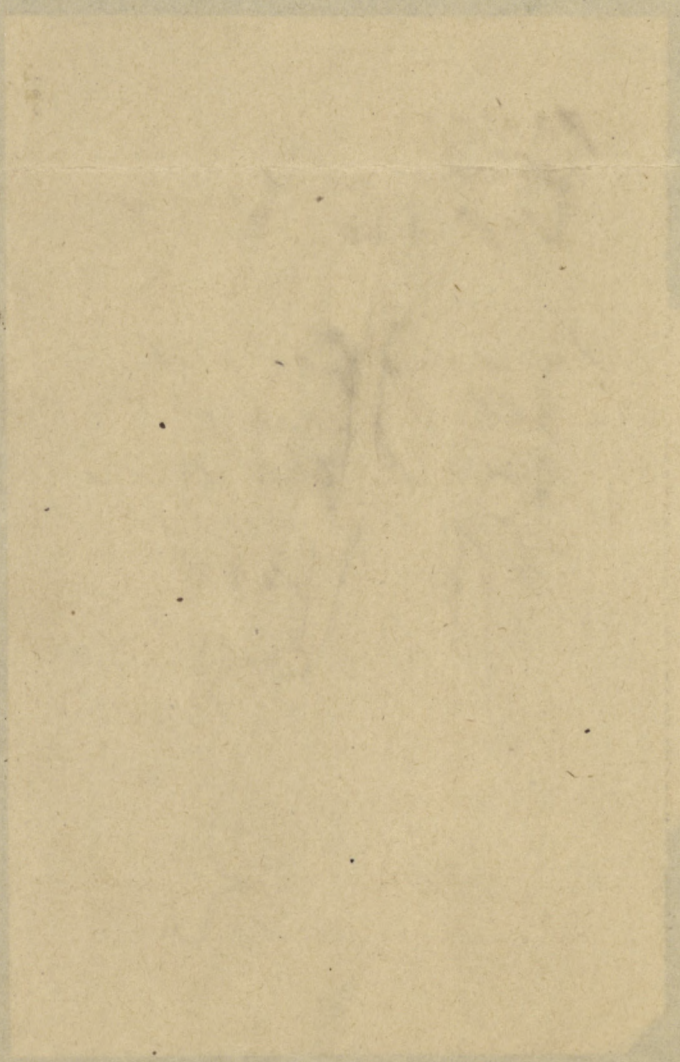
Rank and Regt. Corporal

Date Nov 2/16 109th Bn



12408 for the ... H. J. ...  
with ...

...





Name Pte H. G. Wilson

Fenelon Falls  
Name and address of next-of-kin

378 Wellesley St.  
Toronto Ont. *Sp C.M.C.*

Wri 90  
Regimental No. 774 008

Unit 109 bn

Date of enlistment

Place of

Married (yes or no) no

Date and place discharged P.L. letter Nov 9/17

Amount of pay assigned monthly \$

Reason for discharge Class III Pl. 508

To whom payable

Character on discharge DD-9/6  
Acct. Carried Forward

Job 5351-M. & D. 6890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
April	30	30	1	30	30	10	3	64 79								out-16-31-20-89	
								15	117 79	1701	117 79					117 79 out-1-9-20-208 In	
1 May	31	31	1-31	-31	31	10	3	10	34 10	14798	34 10					34 10 In May	
1 June	30	30	1-30	-30	30	10	3	-	33-	23153	33-					33	
1 July	31	31	1-31	-31	31	10	3	10	34 10	25659	34 10					34 10	
1 Aug	31	31	1-31	-31	31	10	3	10	52 80	86902957786	90					86 90	
1 Sept	30	30	1-30	-30	30	10	3	05	18 00	57 00	3420457 00					57 00	
1 Oct	31	31	1-31	-31	31	10	3	10	18 60	3270	373295270					5270	
1 Nov	30	30	1-30	-30	30	10	3	00	18 00								
									19 00	64 00	396 99	64 00					64 00 77 P.L.







Name Pte. H. G. Wilson

M. F. W. 41  
1 OM-7-16  
1772-39 889.

Regimental No. 724008

Name and address of next-of-kin

378 Wellerley St.  
Toronto, Ont.  
C.M.E.A.

Unit 109 Bn

Date of enlistment

Place of

Married (yes or no) No

Date and place discharged O. C. letter Nov 9/17

Amount of pay assigned monthly \$

Reason for discharge Class 122 P. C 508

To whom payable

Character on discharge 20, 0312

Accl. Brought Forward

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
<u>Dec.</u>														<u>6 - 6 00 5/10 75 6 00</u>	<u>6 00 ex Nov. subs. Dec. P.S.</u>







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*6. AD*

*019485-H-9*

Name **WILSON, HAROLD G.**  
Surname Christian Name

Regimental Number **724008** Rank **PTE.**

Address (in full) **48 ERNESCLIFFE APTS.,  
 WELLESLEY & SHERBOURNE STS.,  
 TORONTO, ONT.**

Unit **109th BN. C.E.F.**

Original Unit

District where paid **M.D. 2.**

Date of Discharge **30-11-17.**

P. D. P. Filing Number **13-360-2.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	6027	6-3-18	33 00	5908	6-4-18	33 00	5781	6-5-18	3410		100 10
										<i>4 86</i>	

Sus. W4

Remarks:

M. F. W. 127.  
 FORM-617.  
 1772 33-1140.















MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

84  
 M. F. W. 12.  
 50m.—4-16.  
 H. Q. 1772-39-819.

To Whom *Mrs. Geo. Wilson*  
 Address *Fenelon Falls.*  
*Ont.*

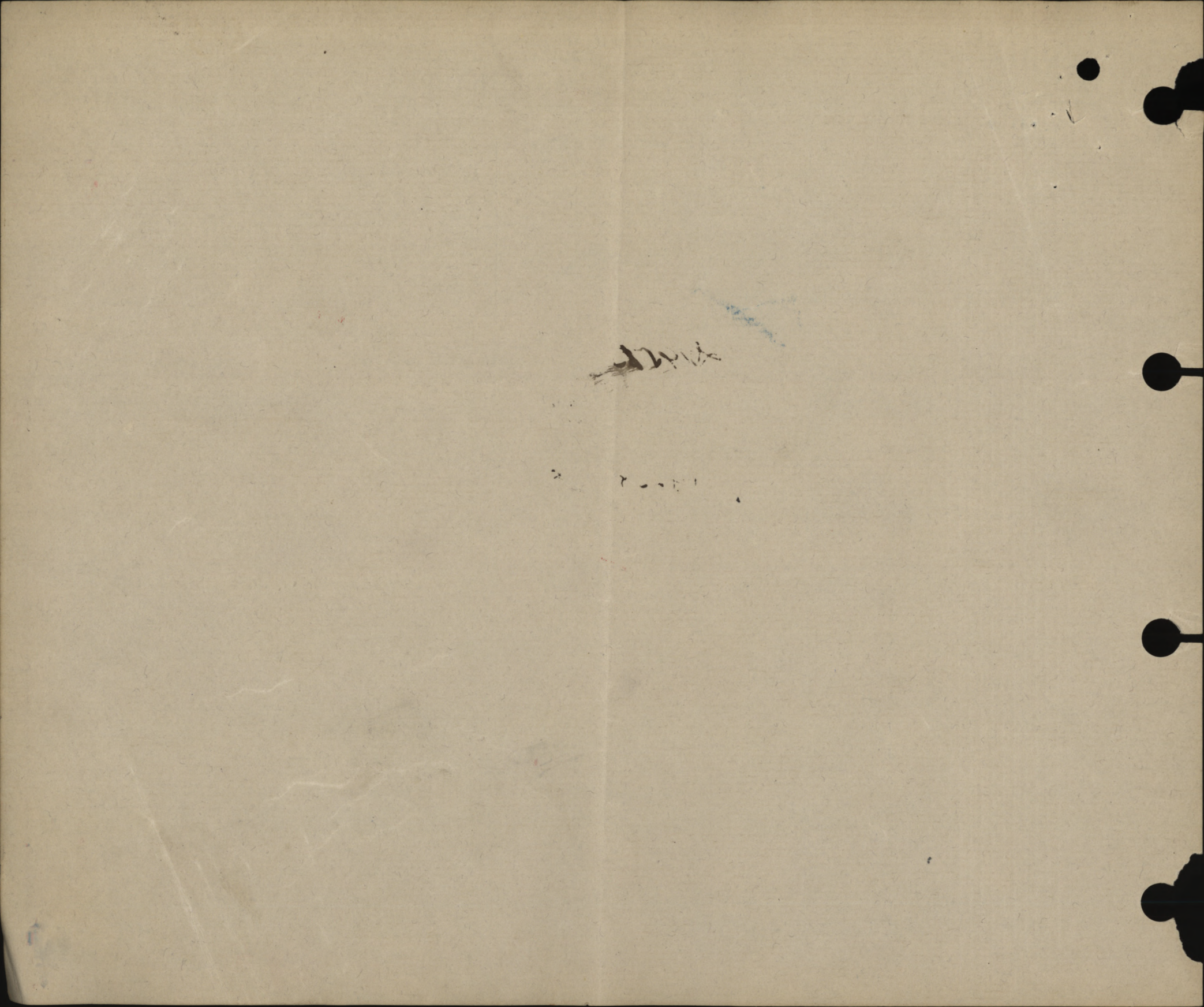
By Whom Assigned *Wilson, H. G.*  
 Regtl. No. *724008*  
 Rank *Cpl.*  
 Corps *109 Batt. "A" Co.*

Rate *15<sup>00</sup> per m.* **AUG 1 1916**

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments Feb 1 /17</i> <i>Discharged to Canada</i> <i>3M 27/10/15 C.O. 5/3/17</i>  <i>Orisk</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				







MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. Geo. Wilson*

Name of Soldier

*Wilson H. G.*

PAYMENTS.#

*724008.*

*Cpl.*

*109 Batt.*

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.00</i>	<i>AUG 1 1916</i>
April	1916			
May				<i>#15 refund request 7<sup>3</sup>/<sub>17</sub></i>
June				<i>J.L.</i>
July				<i>#15.00 rec'd by Capt. Longue 649-W-6969. 13-4-17 - H.M.A. 1917</i>
Aug.		<i>Y 15446</i>	<i>15</i>	
Sept.		<i>2019815</i>	<i>15</i>	
Oct.		<i>D24060</i>	<i>15</i>	
Nov.		<i>229681</i>	<i>15</i>	
Dec.		<i>R33907</i>	<i>15</i>	
Jan.	1917	<i>T42388</i>	<i>15</i>	<i>105.<sup>00</sup></i>
Feb.		<i>T 48342</i>	<i>10</i>	<i>Stop Feb. 1, 17</i>
March				<i>Pass for refund etc.</i>
April				<i>act closed ret'd Esquibo 19<sup>3</sup>/<sub>17</sub> J.K.</i>
May				<i>J.M. 6<sup>3</sup>/<sub>17</sub></i>
June				
July				
Aug.				
Sept.				
Oct.				<i>Drak</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



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.				



This space to be left blank for the Chelsea Number.

D

[Blank box for Chelsea Number]



June 7/17

80

Army Form B. 268.

### Proceedings on Discharge.

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

No. 724008. Army Rank Corporal

Name WILSON, Harold, G.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps \_\_\_\_\_  
Battalion, Battery, Company, Depot, &c. 124th Battalion. CEF  
(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 Nov. 30 - 1917 Invalided to Canada by authority of Medical Board

Place of discharge Toronto

DEPT. MILITARY & DEFENCE  
DEC 12 1917  
H.C. CANADA

1. Description at the time of discharge.

Age \_\_\_\_\_ years \_\_\_\_\_ months

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Trade \_\_\_\_\_

Intended place of residence { \_\_\_\_\_  
(To be given as fully as practicable)

Descriptive marks.



(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 \_\_\_\_\_

Physically Unfit.

(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 :—

To be filled in on the soldier quitting the Colours.

Deceased  
29-12-59

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\*

[Signature]

10-11-17  
27-12-17  
89



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

{ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) *See copy* \_\_\_\_\_ (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 *Nov 30<sup>th</sup>* (date) *1917*

(Place) *West Hill*

Signature *John Wilson*

(Date) *December 9<sup>th</sup>* 1917

*Officer in charge of Discharges*

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.)

---

*See copy*



R.C.

DEC 18 1917

LIST OF DISCHARGE  
DOCUMENTS.

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



Address :- Fenlon Falls Out  
 Next of Kin: Mother Mrs Geo Wilson same add.

**MEDICAL HISTORY OF AN INVALID.**

M. H. C. O. "D" UNIT  
 TORONTO, ONT.  
 JUN 15 1917  
 Wi-90

1. Station. *Cmctt.*  
 2. Regiment or Corps. *124-109 Batta*  
 3. Regimental No. and Rank. *Cpl. 724 008*  
 4. Name. *Wilson H.G.*  
 5. Age last Birthday. *23*  
 6. Enlisted on *27/2/16*  
 at *Rindsay*  
 7. Former trade or occupation. *Customs Clerk*  
 Date. *7/6/17*

8. General remarks on his:-  
 (a) Conduct. *good*  
 (b) Habits. *"*  
 (c) Temperance. *"*  
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT MILITIA & DEFENSE  
 JUN 22 1917  
 H.Q. CANADA

9. Service. Years. Days.

	PERIODS	
	FROM	To
<i>Canada</i>	<i>Feb 27/16</i>	<i>July 31/16</i>
<i>England</i>	<i>July 31/16</i>	<i>Feb 19/17</i>
<i>Canada</i>	<i>Feb 19/17</i>	<i>Discharge</i>

10. (a) Disease or disability. *Fracture of left tibia*  
 (b) Date of origin. *5/8/16*  
 (c) Place of origin. *Camp Bordon England*  
 (d) Cause. *Wrestling*

11. Present condition. (Most Important.)  
 (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)  
*Ankle appears normal but when wright is put on ifort the plantar arch is weak. Movement at ankle age. 120° age 7. 80°. medial & lateral movement 4/5 normal, Sensation in foot good. He has been supplied with a metal plate to support the arch. Walking naturally he can do a couple of miles on side walk without pain but rough ground or walking fast causes pain enough to make him stop at end of about 1/4 mile.*

12. (a) Is the disability the result of service or climate? *Service*  
 (b) Has it been aggravated by intemperance, vice or misconduct? *No*

*Yes*  
*\$10.00*  
*27.8.17*  
*1280*  
*238*



977  
11/11

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*Linear scar on thenar eminence of left thumb*

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

*off duty - no record of Court of inquiry being held.*

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*not applicable*

14. Treatment.

*Hospital - Splints - 6 weeks  
Tutal plat. Cmch. Toronto*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*not applicable*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*6 months*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

*yes 20%*

18. State if for discharge on account of unfitness for Service.

*yes.*

*R. F. Davidson R. Amc.*

Medical Officer by whom the case is brought forward.



OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. *Yes*

11. *Yes*

12. *Yes*

15. *Yes*

16. *Yes*

17. *Yes*

18. Is he unfit for Military Service. *Yes*

Recommendations: *That he be discharged with Compensation Category E. as no further treatment is necessary*

Signatures:—

*C. J. Conroy* President.

*Justus* Members.

Station. *Ciudad Toruato*

Date. *7 June 1917*

*J. D. London, Lt*

Date. *20.6.17*

*[Signature]* Assc. Director of Medical Services. *Capt.*

Approved.

Date.

Director-General of Medical Services.







Reserved for M.H.C.

Regt. No 724008 Rank Cpl Surname Wilson Christian Name Harold Cabam  
 Unit or Corps—(a) Overseas from United Kingdom..... (b) In United Kingdom—109th Bn  
 Born at—Town Irondale Ont. County or Province Ont Country Canada  
 Date of Birth—Day 29th Month Dec. Year 1893 Age 22 yrs. .... months.  
 Joined at Lindsay Ont. Date 27th Feb. 1916  
 Former Trade or Occupation Customs clerk  
 Permanent marks or peculiarities that will serve for future identification:—

Scar on palm of left hand from thumb to 3rd. finger

DEPT. MILITIA & DEFENCE  
 MAR 19 1917  
 H.C. 649-W-6969  
 CANADA

Height—feet 5 inches 10 Colour of eyes Brown

Signature of Soldier (for identification purposes).....

**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).

Sprained Ankle

Disabilities Group (b).

Disabilities Group (c).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Accident</u>	<u>Borden Camp</u>	<u>5th. Aug. 1916</u>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? No.

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

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

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

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

(i.) As to Group (a) above? Yes.

(ii.) As to Group (b) above?

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

*Handwritten notes:*  
 3  
 8  
 9  
 10



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

- (i.) While on duty? **No.**
- (ii.) While off duty? **No.**
- (iii.) Was a Court of Inquiry held? **No.**
- (iv.) Where? **Yes**
- (v.) When? **Nil.**
- (vi.) Opinion of the Court? **Nil.**

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.)

The patient was wrestling when his ankle was accidentally sprained and the left fibula fractured.

Frensham Hill M.H. 6th Aug to 22nd. Oct. Bramshott M.H. 22nd. Oct to 8th.

Nov. C.O.H. Bearwood 8th Nov. Massage.

No improvement.

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

The patients general health is good. The left ankle is swollen and stiff. & there is probably a Potts fracture. He walks on the inner side of the foot.

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

(ii.) If so, state what.

(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.

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

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **No.**
- (c) Invalid to Canada? **No.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report.....191

Signed *W.H. Crother Lt.*  
Officer in medical charge of case.

Station.....*Wokingham.*

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

*W. Woodhouse Major*

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

Dated at..... Station, on.....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.

No  
Part I (1) Says sprained ankle. Para. 7.  
says probable Potts fracture.

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

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

no

Aggravated?

no

(b) Misconduct of the Soldier

Caused?

no

Aggravated?

no

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

Not applicable

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

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

Not applicable.

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

(i.) Is it permanent?

(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.

Recommend XRay.

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.

Date of Board

Dec. 30th 1916.

Station

Boar Wood.

Signatures of the Board

G. H. H. Capt  
H. A. Craig Capt  
President.

Approved

Edmundell Captain C.L.M.C., A.D.M.S.  
for A.D.M.S., Canadians, London Area.

Dated at

Station

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

17 JAN 1917



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

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

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of  
the Board

\_\_\_\_\_  
President.



Temporary

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

MEDICAL HISTORY of

Surname Wilson Christian Name Harold Graham

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ...

Examined ... { on ... day of ... 191 , at ...

Declared Age ... years ... days.

Trade or Occupation ...

Height ... feet ... inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded ... inches. Range of Expansion ... inches.

Physical Development ...

Vaccination Marks { Arm ... Right ... Left ... Number ...

When Vaccinated ...

Vision ... { R.E.—V= ... L.E.—V= ...

(a) Marks indicating congenital peculiarities or previous disease ... (a) ...

(b) Slight defects but not sufficient to cause rejection ... (b) ...

Approved by (Signature) ... (Rank) ...

Medical Officer.

Enlisted ... { at ... on ... day of ... 191 .

Table with 2 columns: Corps. (109th) and Regtl. No. (724008)

Transferred to ...

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

(Signature) ... (Rank) ...







List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

~~Invaliated to Canada~~  
 While wrestling at Borden Camp Aug 5/16. ankle  
 was sprained & L fibula fractured accidentally.  
 Frensham Hill Aug 6 to 22<sup>nd</sup> October. Braunschott  
 Oct 22 to 8<sup>th</sup> Nov thence Bearwood. Massage.  
 Gen health good. L ankle is swollen & stiff  
 there is prob. a Potts fract. Recommend XRay exam.

*H. D. [Signature] Capt  
 C. D. [Signature]*







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

IMB.

## LAST PAY CERTIFICATE

AMENDED

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

Regimental No. 734008 Rank Pte. Name Wilson, H.O.

Corps. 709 Bn. "D" Unit MHC who was\* Discharged

On Nov. 30 1917, to Class III P.C. 508  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov. 1 1917  
 to Nov. 30 1917 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>39699</u> .....	<u>64</u>	<u>00</u>	Reg'tl Pay..... <u>30</u> days at \$ <u>1</u> c.....	<u>30</u>	<u>00</u>
Cheques } No.....			Field Allow. .... <u>30</u> days at \$..... c. <u>10</u>	<u>3</u>	<u>00</u>
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly).....		
Other charges.....			<u>Subs. Nov. 30 days @ 80¢</u> .....	<u>24</u>	<u>00</u>
Payment on transfer or discharge No. <u>51075</u> .....	<u>6</u>	<u>00</u>	Other Credits*..... <u>Clothing Allow.</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
<b>Total.....</b>	<b><u>70</u></b>	<b><u>00</u></b>	<b>Total.....</b>	<b><u>70</u></b>	<b><u>00</u></b>

\*Give particulars.

A monthly stoppage of \$ NIL (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of..... 191... }  
 { and Sep'n Allice. for month of..... 191... } (to) Assignee.....  
 (Address) 378 Well-sley St., Toronto, Ont.

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

### On Transfer of an Officer

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

#### REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted..... No.
- (3) cause of discharge..... Physically unfit..... authority..... O.C. Letter Nov. 9/17
- (4) authority for transfer..... D.O. 316

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 Jan. 8/18  
 Place Toronto, Ont.  
*Halcolm J. Cockburn*  
 PAYMASTER, M.H.C.G. "D" UNIT C.E.F. CAPTAIN Paymaster.

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



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

1916  
The following is a statement of the amount of the pay and gratuity to be paid to the holder of this certificate on the date of his departure from the service of the Canadian Contingent Expeditionary Force.  
Name: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Service No.: \_\_\_\_\_  
Date of departure: \_\_\_\_\_

Particulars	Amount
Pay for period from _____ to _____	£ _____
Gratuity	£ _____
Unexpended Allowance (Monthly)	£ _____
Other allowances	£ _____
Other Credits	£ _____
Less: Amount deducted by way of _____	£ _____
<b>Total</b>	<b>£ _____</b>

Monthly gratuity of £ \_\_\_\_\_ for the month of \_\_\_\_\_  
Pay for the month of \_\_\_\_\_  
Unexpended allowance for the month of \_\_\_\_\_  
Other allowances \_\_\_\_\_  
Other Credits \_\_\_\_\_  
Less: Amount deducted by way of \_\_\_\_\_  
Total amount to be paid: £ \_\_\_\_\_  
If there is an amount which has not been paid for period of account \_\_\_\_\_

On transfer of an Officer \_\_\_\_\_  
has been paid by Paymaster, Military District No. \_\_\_\_\_

REMARKS:  
(1) Date of departure \_\_\_\_\_  
(2) If a separation allowance has been submitted \_\_\_\_\_  
(3) Date of departure \_\_\_\_\_  
(4) Name of the paymaster \_\_\_\_\_  
The separation allowance and gratuity are paid as Cash and Index (M.V.W. 21) and to accompany the original Last Pay Certificate on arrival.  
The holder is advised that the statement of account and that it to be a correct record from the date of departure.  
The holder is advised that the statement of account and that it to be a correct record from the date of departure.  
The holder is advised that the statement of account and that it to be a correct record from the date of departure.

M.V.W. 21  
1916



Rank *1st Lt* Name **WILSON, Harold Gahan.** Reg'l No. **724008**  
 Unit **109th Battn.** If in perm. Corps, }  
 What Unit? }

Place and Date of Enlistment **Lindsay, 26th Feb. 1916.** Married or Single **Single**  
 Place of Birth **Irondale, Ont.**

Name and Address, Next-of-Kin **George William Wilson,**  
**P.O. Fenelon Falls, Ont. Canada.** Relationship **Father.**

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

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

*CCAC*  
*109th*

*ccac*  
N.E. R.B. No. *7747*  
File R.L.  
Category *Law MV*  
*R139*  
*8-49*  
*82/36*

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.				
5-8-16	109 <sup>th</sup> Bn	App <sup>nt</sup> Priv Corp.	Oxney	5-8-16	Pt II D.O. 218 & D.O. 285
6-8-16	do	Admtd to Hospital	Oxney Camp. Frensam	6-8-16	Pt II D.O. 219. C.L. 26. Fractured Fibula
31-10-16	do	Trans to Military Hospital	Bramshott	6-10-16	C.L. 26
13-11-16	do	Trans to Can. Con. Strop. Bearwood	Wokingham	8-11-16	C.L. 32 S-O. 323
20-11-16	do	Returns to Parents to meet Es/Establishment	Witley	16-10-16	Pt II D.O. 325
8.12.16	do.	S.O.S on tpf. to 124 <sup>th</sup> Bn	do.	8.12.16	343
11.12.16	do	S.O.S. to 109 <sup>th</sup>	"	"	267
20.1.17	"	S.O.S. to 109 <sup>th</sup>	"	20.1.17	20 Pt II D.O. 26
5-2-17	"	S.O.S to Disch. Depot. Folkestone	Witley	5-2-17.	Pt II D.O. 36.
30-1-17	ccac	S.O.S. by ccac.	Stantings	22-1-17	50
28-2-17	ccac	Proc. to Canada for Disch + is. S.O.S.	"	28-2-17	101



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.				
	Dis Dep	10 Gen Stone	M3 Toronto	5-3-17	HTV 217.















