

ATTESTATION PAPER.

A. B. Coy.
No. 725054

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Wilson*
- 1a. What are your Christian names?..... *John Henry*
- 1b. What is your present address?..... *106 Massey St Toronto*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Leeds, Yorkshire, Eng.*
- 3. What is the name of your next-of-kin?..... *Emily Fletcher*
- 4. What is the address of your next-of-kin?..... *Leeds, Yorkshire, Eng.*
- 4a. What is the relationship of your next-of-kin?..... *sister*
- 5. What is the date of your birth?..... *6th March 1894*
- 6. What is your Trade or Calling?..... *Farming No*
- 7. Are you married?.....
- 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, *John Henry 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.

Date *Dec 22nd* 1915. *John Henry Wilson* (Signature of Recruit)
Wm Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Henry 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.

Date *Dec 22nd* 1915. *John Henry Wilson* (Signature of Recruit)
Wm Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *23rd* day of *December* 1915.
[Signature] (Signature of Justice)

Description of John Henry Wilson on Enlistment.

Apparent Age.....18 years.....9 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. 23/4 ins.

Chest measurement. { Girth when fully expanded.....33 1/2 ins.
 Range of expansion.....2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Wk Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....December 22nd 1915.

Place.....London

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Henry 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.

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

Date.....JAN 10 1916 1916.

REGIMENTAL DOCUMENTS

NAME WILSON JOHN HENRY REGT. NO. 725054 UNIT 109th Bn H. Q. FILE NO. _____

3

M

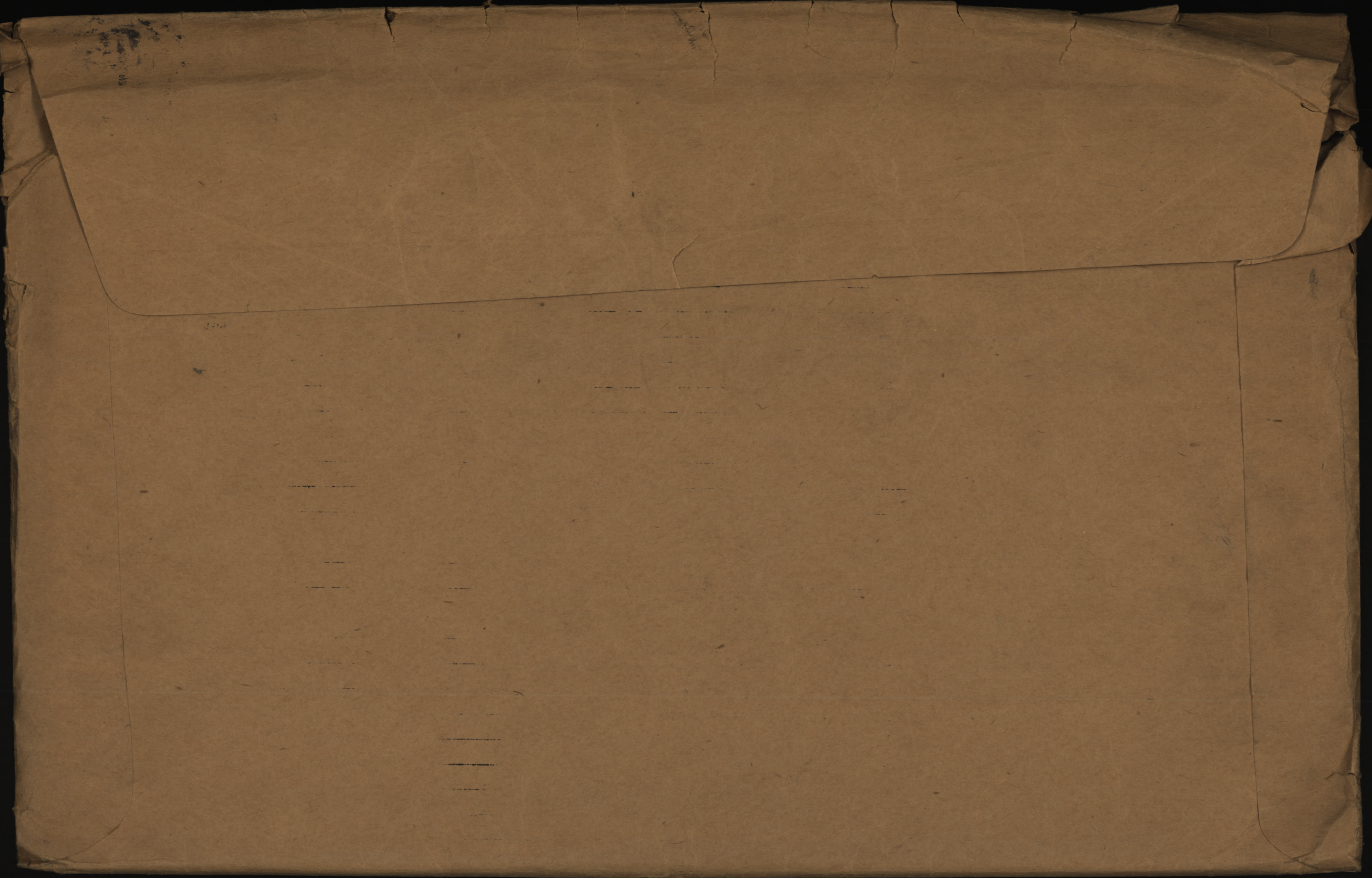
NON-EFFECTIVE BY
DEATH

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	38	M			Category
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	57				Category
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 A.F.W.					
misc					
1 B.R.					
1 A.F.W. 3104					
1 Granddard					
1 A.F.W.					
1 A.F.W. 3104					
1 A.F.W. 3104					
1 A.F.W. 3104					
1 A.F.W. 3104					

H

27639

39-11
17-11
9-11
2



(649-W-13601)

CARD NO.

SURNAME.

Wilson

CHRISTIAN NAMES

John Henry

REGL. NO.

725054

RANK

Pte.

*Sos - 25-7-19in B.I
5098 22/8/16
Max Concentration Camp*

UNIT

109th

Balt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fletcher, Emily.

RELATIONSHIP TO SOLDIER

Sister.

ADDRESS

Leeds, Yorkshire, Eng.

*Also notify Mrs. D. H. Scott, 1053 Dovercourt Rd Toronto
(Auth. Letter 4/12/17 (649-W-13601) Cont*

COUNTRY OF BIRTH

England, Leeds, Yorkshire

DATE

Mar 6th, 1897.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Dec. 23rd, 1915.

Sailed from Halifax Per S.S. Olympic 29/7/16

L. L. 90589.—M. & D. 6312

*W. 23.7.16. 488
38*

M. F. W. 22. 100m.—1.16. H. Q. 1772-39-839.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18 YEARS

9 MONTHS

HEIGHT

5 FEET

2 3/4 INCHES

CHEST MEASUREMENT

33 1/2 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 22nd, 1915.

7106-250m-7/2/17.

Name *Wilson* Rank *John**H. Henry*
*Pte*Reg. No. *725054*Unit *38th Bn*Next of Kin *Emily Fletcher, 48. Coar St., Roundhay Rd Leeds, Yorkshire*

Date	Movement	Place	Casualty	List No.	Notified N/K O/W	W.O. List
<i>30-10-17</i>	<i>3 Aust Field</i>	<i>Amk S.W. R. Hand</i>		<i>1352</i>	<i>6/11</i>	<i>6904</i>
<i>1-11-17</i>	<i>1 Aust Coy</i>	<i>H. Rancu</i>	<i>do</i>	<i>1358</i>		<i>15903</i>
<i>7-11-17</i>	<i>3. T. G. H. Oxford</i>		<i>do</i>	<i>1359</i>		<i>5286</i>
<i>10-11-17</i>	<i>Mil Coy H.</i>	<i>Epsom</i>	<i>do</i>	<i>1363</i>		<i>5684</i>
<i>10-11-17</i>	<i>Transp Coy</i>	<i>W. H. Epsom</i>	<i>do</i>	<i>1369</i>		<i>6264</i>
<i>9-12-17</i>	<i>Mil Coy H.</i>	<i>Epsom</i>	<i>do</i>	<i>1386</i>		<i>7979</i>
<i>14-12-17</i>	<i>Discharged</i>		<i>do</i>	<i>1396</i>		<i>2020</i>
<i>7-10-18</i>	<i>4th Bn</i>	<i>W. H. Epsom</i>		<i>1341</i>	<i>10/10</i>	<i>4634</i>
<i>13-10-18</i>	<i>1st Coy</i>	<i>W. H. Epsom</i>		<i>1344</i>	<i>10/10</i>	<i>48957</i>
<i>14-7-19</i>	<i>Discharged</i>		<i>do</i>	<i>13447</i>		<i>1760</i>
<i>14-2-19</i>	<i>Will proceed on 14/2/19 to 6th</i>	<i>Res Seaforth</i>				<i>1760</i>

No. 725054 RANK

Pvt

NAME

Wilson J.

28.

T. O. S. 20-12-15. UNIT

D. D. 28.22-12-15. 109th. Battalion.

M. D. U

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 20	1915. Dec 31	✓		
1916 Jan	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



NAME

Wilson John Henry

REG'T'L No.

725-054

RANK AND CORPS

Sgt 38th En Train 109th En

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS
No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
63129-11-1 (61-1)		adm to No 3 Aust fld. Aust. Oct. 30th. 1917. GSW right Hand also notify Mrs D H SCOTT 1053 Dovercourt Rd Toronto Ont-
23-5- G 620	13-10-18	adm 18 Gen H Dannes Camiers Oct-2 nd 1918 GSW 2 Leg
XL 2341		

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

256 ⁽³⁾	3 rd Aust. fld ambul.	30-10-17	3 & R Hand
258 ⁽⁴⁾	#1 Aust. Yew. Rowen	1-11-17.	" " " " (E.O. Regt)
359 ⁽¹⁾	3rd. South. Yew. Oxford.	7-11-17.	S.W.R. Hand. (" " " ")
B63	E. G. Wote R Surrey	10-11-17.	SW R. Hand
B69-3	Ex. " " (County of London) " " Epsom Surrey	15-11-17.	SW. R. Hand.
B86-2	Can Conne Wood Cpk. Epsom Surrey	9-12-17	SW. P. Hand ³¹⁻¹⁻¹⁷
B96 ⁽²⁾	Discharged	14-12-17	" " "
B344	16 Can Gen Corpung son	13-10-18	3 S & L Leg
B447.	Discharged	14-2-19	" " "

Convalescent Hospital

HOSPITAL.

A. & D.
CARD

AT

Woodcote Park, Epsom.

A. & D. No.

24341

PL. OF ACTION

RANK

725054

UNIT

38th Bn.

SICK OR
WOUNDED

NAME

Wilson J.H.

AGE

20

RELIGION

m

PLACE IN HOSPITAL

DIAGNOSIS

Sharp. Rt. hand (flesh)

ADMITTED

8 NOV 1917

FROM

3 D.G. Oxford

DISCHARGED

To

TRANSFERRED

Manor Way Epsom 14-11-17

SERVICE AT HOME

1 6/12

IN FIELD

10/12

RESULTS

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

(P.T.O.)

REMARKS.

10. 11. Wd. over 5th metacarpal open.
Needs dressing. N. D.
14. 11. Manor Wal.

G. O. Ireland
Capt.

Convalescent Hospital,
Woodcote Park, Epsom.

R.T.
HOSPITAL.

A. & D.
CARD

I

AT _____
A. & D. No. T26910 PL. OF ACTION _____

RANK 725054 Pte. UNIT 38. SICK OR WOUNDED _____

NAME Wilson J. H. AGE 20 RELIGION Meth.

PLACE IN HOSPITAL _____

DIAGNOSIS S. Straph. Rt. Hand. (Flesh)

ADMITTED 8 - DEC 1917 FROM Manor.

DISCHARGED 14.12.17. D I TO III C.C.D. Seaford.

TRANSFERRED _____

SERVICE AT HOME 16/12. IN FIELD 10/12.

RESULTS _____

REMARKS.

10.12.17.

D T .

Geo Ireland
Capt.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WILSON.
RANK

UNIT

J.H. Co.

TROOP

725054.
BATTY.

Pte.
HOSPITAL

E.O. 38.

DATE OF ADMISSION

3. Aust. F. Amb.

30-10-17.

1. 1 Aust. Gen. Rowen HOSP. 1-11-17

2. 3 Southern Rec. Oxford. HOSP 7. 11. 17.

3. Can. Conv. Epsom. HOSP. 10-11-17.

Manors Co. of London. War. HOSP. 15-11-17

DIAGNOSIS

S.W. Rt. Hand. ^{1st}

1

Gsw. L Leg.

2.

3

DISPOSITION

C.L. 7-11-17. A56(3)

9-11-17 A 58(4)

10-11-17 B 59.

15-11-17 B 63(3)

22-11-17 B 69(3)

12-12-17 B 86(2)

27-12-17 B 96(2)

10-10-18 A 341-3 ①

16.10.18 B 344. ①

18. 2. 19 B 477.

DATE

Dis - 14-12-17.

REMARKS

" 14. 2. 19.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

HOSPITAL

ADM.

1.	Can. Conr. Woodcote Park, Epsom 18. 9. Camiers	9-12-17. 2-10-18
2.	15. C 9 Oxington Kent	13. 10. 18
3.		
4.		
5.		
6.		
7.		

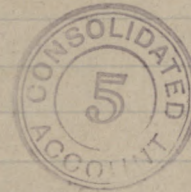
*Bank Account.*MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSM. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.*Credit of—*

To Whom *Manager. Head Office* By Whom Assigned *Wilson, J. H.*
 Address *Imperial Bank of Canada* Regtl. No. *725 054.*
Toronto. Ont. Rank *Pte.*
 Corps *109 Batt. "A" Co.*

Rate *15⁰⁰ per m.* **AUG 1 1916**

PAYMENTS

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





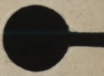
5

10

11

12

13



MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Imperial Bank of Canada

Credit of

Name of Soldier

Wilson, J. H.

PAYMENTS.

725054.

Pte.

109 Batt.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>Y 15449</i>	<i>15</i>	
Sept.		<i>E 18063</i>	<i>15</i>	
Oct.		<i>E. 23612</i>	<i>15</i>	
Nov.		<i>M 27649</i>	<i>15</i>	
Dec.		<i>S 33593</i>	<i>15</i>	
Jan.	1917	<i>942502</i>	<i>15</i>	
Feb.		<i>1 484501</i>	<i>15</i>	
March		<i>9 53831</i>	<i>15</i>	
April		<i>2 5658</i>	<i>15</i>	<i>15/20</i>
May		<i>2 12386</i>	<i>15</i>	
June		<i>1 20857</i>	<i>15</i>	<i>S</i>
July		<i>2612796126</i>	<i>15</i>	<i>26126 sand</i>
Aug.		<i>33400</i>	<i>15</i>	
Sept.		<i>W 42343</i>	<i>15</i>	
Oct.		<i>229189</i>	<i>15</i>	
Nov.		<i>7 54743</i>	<i>15</i>	
Dec.		<i>Y 61069</i>	<i>15</i>	<i>\$255.⁰⁰</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

also

PK

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.				

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Wilson, John Henry 725054
Dependent

Address 48 Carr St.
Leeds, Yorks.

Address

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
July 25	48440		18 7 8		Grat & p
31	58608		4 17 7		hpc
Aug 2	hpc	4 17 7			
	CL	4 - -			
Aug 14		86 6 -		71 18 4	
" 18	72969		14 7 8	57 10 8	2nd
Sept 11	94386		14 7 8	43 3 0	3 rd
Oct 15	120703		14 7 8	28 15 4	4 th
Nov 17	143911		14 7 8	14 7 8	5 th
Dec 10	150659		14 7 8	0	Final
		95 3 7	95 3 7		

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

M. F. W. 54.
1503a; 70-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 25054 Rank Private Name Wilson John Henry

Enlisted (a) 28.12.15 Terms of Service (a) O of W. Service reckons from (a) 28.12.15

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents.
Date	From whom received				

Embarked Canada

Halifax 24.7.16.

Disembarked England

Liverpool 31.7.16. ✓

O.C. 109th.

Proceeded overseas for service with 38th.Btn.

Witley

~~3-12-16~~ D.O.Pt.11 339 ✓

W. J. Wilson CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

CERTIFIED CORRECT.
4-12-16
12 DEC. 1916
CAN. RECORDS, LONDON.

6 12 16	C.B.D.	TAKEN on STRENGHT 38 th Havre	
7. 1. 17.	"	Left for Unit	FIELD
14. 1. 17.	"	Joined Unit <u>with Capt.</u>	FIELD
16 MAR 1917	"	Left for Unit	FIELD
17 MAR 1917	Unit	Joined Unit	FIELD

6 12 16	N. R.	<u>109th B. 13 12 16</u>
7. 1. 17.	N. R.	
9. 1. 17.	B. 213. DCS.	
16 MAR 1917	N. R. 35	
16 MAR 1917	B. 213. DCS. 103	

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
24.5.17.	38th	Sentenced to 27 days F.P.No.1.....18.5.17. for "Absent from 8.30 a.m.parade"		18.5.17.	B 2069 Pt.2.0.61,d-.5.61 17.
9.8.17.	38th	Absent without leave 8.30.p.m. 25.6.17. to 3.45.p.m. 5.7.17. (apprehended) In confinement awaiting trial 5.7.17. Tried and convicted by F.G.C.M. of "When on Active Service Deserting H.M.S." and sentenced to Death 25.7.17. Sentence commuted to 5 years Penal Servitude 2.8.17. auth: Genl, H.T.Horne, G.O.C., 1st Army For feits 11 days pay under R.W.			B2069 Part 2 Ords, 93 dated 30 SEP 17
"	"	Released under suspension of sentence act 2.8.17.		2.8.17.	ditto 30 SEP 17
3 NOV 17	38th.	Auth: G.O.C., 1st Army C.M.1/1687 d- 2.8.17. Wounded in Action Field		30 OCT 17	ditto 30 SEP 17
31.10.17	38th Lt	W Rt Hand - W - Adm 4 to 2005		30/10/17	A26/1277/9815
1.11.17	1st Lt Gen	Adm / Aust Gen		1.11.17	W3034/3203/51
5-11-17	"Grant'ly	WOUNDED and posted to East.Ont. Castle Reg.Depot, Seaford,		5-11-17	W3083-4263. Pt II Ord 104 d/12-11-17 Lieut. for Lt Col. A-A.G. Canadian Section, G.H.Q. - 3rd, Ech.
9.11.17	EOR	Adm. 3rd Southern Sea Hosp.	Oxford.	7.11.17	Ch.B.59 J.W.R.Hand.
14.11.17.	EOR &	Posted from 38th Bn.	Seaford.	7.11.17	Pt II 247 Ed.
					W. Moody - LIEUT. FOR LT: COL: 10 RECORDS, C.O.M.F. 7218 For O.C. 3rd Canadian Command Depot

7/2/18 DISCHARGED FROM 3RD C.C.D. Seaford TO 4th Res BN. PART II D. O. No. 7218
For O.C.
3rd Canadian Command Depot

*File in Envelope
J.M.
EOR*

Rank _____ Name **WILSON, John Henry.** ✓ Reg'l No. **725054** ✓
 Unit **109th Bn.** If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Lindsay, 22nd Dec 1915.** ✓ Place of Birth **Leeds, Yorkshire, Eng.**
 Name and Address, Next-of-Kin **Emily Fletcher. 48 Carr St.**
Roundskey Rd., Leeds, Yorkshire, England. ✓ Relationship **Sister.** ✓
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	<i>Att. B. 103 11.12.16 D.B.M.</i>
4.12.16	06109th Bn	S.O.S. on tfr. to 38th Bn	Whitley	4.12.16	<i>P.I. 20339</i>
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	<i>Field</i> Emsht	6.12.16	<i>P.I. 20339</i> 242.
30.9.17.	✓	<u>court-martial.</u> Absent without leave 8.30pm 25.6.17 to 3.45pm 5-7.17. In confinement awaiting trial 5-7.17 Tried & convicted by R.C.M. of Wm on Active Service Deserting H.M.S & sentenced to DEATH. 25.7.17 Sentence commuted to 5 YEARS PENAL SERVITUDE. 2-8-17. Auth. Gen. H. J. Harne G.C.C. 1st ARMY	} <i>Field</i>		<i>P.I. 20339</i>
30.9.17	✓	Forfeits 11 days pay under R.M. Sentenced to 5 yrs. penal servitude. Released under suspension of sentence act.			2.8.17

Report.		Rank	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
6.11.17	EOR.	3 rd Austro. Ld. Amblee	Field	30.10.17	Cl. A. 56. S.W.P. Hand
8.11.17	EOR.	No. 1. Austro. Geny Hosp.	Rouen	1.11.17	Cl. 9.58. "
9.11.17	EOR.	3 rd Southern Geny Hosp.	Oxford	7.11.17	Cl. B. 59 "
12.11.17	38 th Bn.	Wounded. posted to EOR. S.	Field	5.11.17	Pl. II 104. EOR. S. Pl. II 247. 17/11/17
14.11.17	EOR.	Trans. G. C. St. Woodcotepk	Epsom.	10.11.17	Cl. B. 63 S.W.P. Hand
24.11.17	EOR.	Trans. Manor County offn. War Hosp.	"	15.11.17	Cl. B. 69 "
11.12.17	EOR.	Trans. Geny. Geny. Hosp. Woodcotepk	"	9.12.17	Cl. B. 86 "
24.12.17	"	Des. do.	"	14.12.17	" 96 "
19.12.17	EOR. S.	Trans. to 3 rd C.C.D.	Pl. Seaford	14.12.17	Pl. II 282. 257d/21-12-17 7 th EOR. S. Pl. II
7.2.18	7 th Res Bn.	Posted from EOR. Dept. on reporting from 3 rd CCD	Pl. Seaford	7.2.18	" 32. 42d/11-2-18 7 th EOR. S. Pl. II 32d/7-2-18
16.2.18	6 th Res Bn.	Posted from 7 th Res Bn	Pl. Seaford	15.2.18	Pl. II 40 (7 th Res absorbed)
5.9.18	6 th Res Bn.	Posted to 38 th Bn. opas.	"	4.9.18	" 210. 86d/11-9-18 7 th EOR. S. Pl. II
10.10.18	EOR	Wounded	Field	2.10.18	Cl. A. 341. S.W. L. Leg 7 th EOR. S. Pl. II
19.10.18	EOR.	Posted from 38 th Bn. op. on adm to N. 15 C.S.H. Oxfington (Wounded)	Pl. Seaford	13.10.18	Pl. II 262. 107d/19-10-18
8.2.19	EOR.	W. Field. patient in N. 16 C.S.H. Oxfington. O.S.P. from 23.00.2-19 until 11.00.7-19 (5 days) awarded. Forfeits 5 days pay by P.A.A. Reg. Com.	" Seaford	8-1-19	Pl. II 33
15.2.19	6 th Res	Posted from EOR	Pl. "	14.2.19	" 36. 40d/17-2-19 7 th EOR. S. Pl. II

R 18 notified in 5 years PS. Release on Sup. on 2-3-19.

Rank _____ Name **WILSON, JOHN HENRY.** Reg'l No. **725054**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? }

Place and Date of Enlistment **Lindsay, 22nd Decr 1915** Place of Birth **Leeds, Yorks. England**
 Married or Single **Single**

Name and Address, Next-of-Kin **Emily Fletcher**
48 Carr St. Roundhay Rd Leeds, Yorks. England. Relationship **Sister**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No **16940**
 File R.L. _____
 Category _____

Discharge, Date and Place _____ Reason _____ Character _____

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>C/</i>					
<i>First page of Record filed in Envelope</i>					
25-2-19	EORD.	<i>Pr 35 d/8-2-19 is amended to "awarded. Forfeits 5 days pay under PTA Rep. Com.</i>	<i>Pt Seaford</i>	<i>—</i>	<i>Permanent Grade Pte Acting Rank NIL Pr 20046</i>
22-3-19	6 th Res Bn	<i>Reported absent</i>	" "	<i>28-2-19</i>	<i>Pr 265</i>
		<i>Returned 18.00. relch</i>	" "	<i>20-3-19</i>	"
		<i>on strength of 6th Res Bn Seaford.</i>			
29.3.19	6 th Res.	<i>awarded 28 days F.P. No. 2 for Onstaying leave from 23.59 28.2.19 until 18.00 - 20.3.19 (19 days 18 hrs.) Forfeits 20 days pay under PTA Rep.</i>	" "	<i>21.3.19</i>	<i>— 71.</i>
12.6.19	6 Res	<i>SOS on passing to 3rd Dy. Willey</i>	" "	<i>11-6-19</i>	<i>- 132</i>
16.6.19	Pr O.C.C.	<i>TOS paid relch to awarded</i>	<i>Willey</i>	<i>15-6-19</i>	<i>- 51</i>

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.				
16-6-19	E.O.R.D.	TOS for 6 Res.	Ple Witley	11-2-19	P17140
19-6-19	E.O.R.D.	SOS to P. Wing C.O. Witley.	"	15-6-19	-143
21-6-19	E.O.R.D.	Sentence of death (commuted to 5 years penal servitude and 25-7-17 suspended 2-8-17 is now remitted with effect from 10-6-19 (Auth AFW 3104 YAG 2a/2-W-1988) 10-6-19)		10-6-19	-165 R.G.
12-7-19	"R" Wing.	T.O.S. pending disch in UK.	Witley	10-7-19	-80 + Pt II 65d/12-7-19 of "P" Wing
2-8-19	" "	S.O.S. on disch in UK.	" "	25-7-19	-98 PM R and 2-8-19
				Disch in B.I. 26-7-19	
				Auth. W/R 924 - 2 B.B.D.	

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

Casualty Form—Active Service.

Unit, Regiment or Corps 38th Bn 109th Bn
 Regimental No. 725-254 Rank Pte Name Wilson, John Henry
C. E. F.
 Enlisted (a) 22.12.15 Terms of Service (a) DoF Service reckons from (a) 22.12.15
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

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				
7.2.18	G.O. 7th RESERVE BATTALION.	J. O. S. from EORP. on reporting from 3 rd C.C.H.	Seaford	7.2.18	P.T.O. 32.
16/2/18	OC. 6th Bn.	S.O.S. 7th Bn. & S.O.S. 6th Bn.	Seaford.	15/2/18	P.T.O. 40
5 SEP 1918 BN.	DRAFTED TO 38 th Bn.	SEAFORD.	SEP 4 1918	PART II No. 270
19.12.17	EORP	On comm 3 rd C.C.H.	Seaford.	14.12.17	P.T.O. #282 Y.P.I. #257 d/2 17
17.2.18	do	Cases of coming 3 rd C.C.H. & S.O.S. 7th Res Bn	do.	7.2.18	42 WSR

CERTIFIED CORRECT.
 DAN. RECORDS LONDON.

John Henry Wilson
 OFFICER IN CHARGE RECORDS 6th CAN RES BN
 FOR LT: COL: I/C RECORDS, C.O.M.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

125054.

Wilson J.H.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, 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 SEP 18	C.B.D.	TAKEN on STRENGHT 38 th		- 6 SEP 18	Do. 86 - 11 SEP 18
- 9 SEP 18	"	Left for Unit	FIELD	- 9 SEP 18	2749
- 9 SEP 18	<i>C.C.R.C.</i>	Joined Unit	FIELD	- 9 SEP 18	N.R.
10 SEP 18	"	Left for Unit	FIELD	10 SEP 18	N.R. 21572
14 SEP 18	Unit	Joined Unit	FIELD	10 SEP 18	B. 213.
6.10.18	46668	<i>arr 30/9 to 6 a.T.</i> <i>18 Gen</i> Wounded - Posted E. Out. Reg. Dep. Seaford.		1.10.18	2537.
2.10.18.	18 Gen.			2.10.18	W 6833
12.10.18.	"			12.10.18.	W3083-6231.
	Brighton		<i>J. Anderson</i>	12.10.18.	Do 107 - 19 OCT 18
					Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3 rd , Ech.
19.10.18.	<i>C.O.R.D.</i>	<i>posted from 38th Bn. of seas</i>	<i>Seaford.</i>	<i>13/16.</i>	<i>Of 20 262</i>
			<i>Drum</i>		Lieut. for Lt Col i/c Records, <i>0126</i>
15-2-19	<i>O.C. 6th Res.</i>	<i>J.O.S. on posting from E.O.R.D.</i>	<i>seaford</i>	14-2-19	<i>P.F. B.O. 36</i>
12-6-19	<i>Llo</i>	<i>S.O.S. on posting to #3 Regt'l. Depot Group, Witley.</i>	<i>Seaford</i>	11-6-14	<i>B.O. 132</i>
					<i>Wgm</i> Lieut. Officer i/c Records, 6th Can. Res. Bn.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—L
Part I.

(1) Substantive rank <i>PTE</i> *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname WILSON. (5) Christian Names JOHN HENRY. (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <div style="font-size: 2em; font-weight: bold; text-align: center; padding: 10px;">109th Bn.</div> (3) Regtl. No. <div style="font-size: 2em; font-weight: bold; text-align: center; padding: 10px;">9725054</div>
--	--

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)		
(19) Pivotal-man (f)	(20) Qualifications (g)	(Place)	(Date)
(22) Extended {		or (21) Corps trade and rate	(23) Re-engaged {
(24) Miscellaneous entries:—			

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeng-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/S
HWV(R1460)
W10416—P2151 100,000 3/19 HWV(R1460)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
4 12/16	OC 109 Bn	20339	Cor Eny. per HMT. 2810.		31.7/16	
13/12/18	38 Bn	T 242	SO5 on transfer to 38 th Bn.	Witley.	4 12/16.	
30/9/17	-	-93	T.O.S. " from 109 th Bn	Field.	6.12/16	
			Cont Martial.			
			AWL. 8.30pm. 25.6.17. to 3.45 P.M. 5.7.17.			
			In confinement awaiting trial 5.7.17.			
			Tried and convicted by F.G.C.M. of W.O.S. Deserting his Majesty's Service. and sentenced to DEATH 25/7/17.			
			Sentence commuted to 5 years Penal servitude 2/8/17.			
			Auth. Gen H T Home. & C.C. 1 st Army.			
			Forfeits 11 days pay under R.W.			
30/9/17.	38 Bn.	- 93.	Sentences to 5 yrs Penal Servitude.			
			Released under suspension of sentence act.			
			Auth. G O C 1 st Army.			
			C.M. 1/1678. d. 2/8/17.			
6.11.17.	EOR.	CLA. 56.	Adm 3 rd Aust Fld Amb. S.W.R. Ind.	Field.	30.10.17.	
8.11.17.	-	-- 58.	" 1 st " Gen Hosp.	Reims	1.11.17.	
9.11.17.	-	CLB. 59.	" 3 rd Southern Gen Hosp.	Oxford.	7.11.17.	
12.11.17.	38 Bn.	D/O 104.	Wounded posted to E.O.R.D.	Field.	5.11.17.	T EOR 20.247. d/14.11.17.
14.11.17	EOR.	CLB. 63.	Transf'd to C.H. Woodcote Park.	Epsom.	10.11.17.	
4.11.17	-	CLB. 69.	" " Major Co of Gen Hosp.	"	15.11.17.	

FIELD.

DISCHARGED IN ENGLAND.
K. B. & O. PAR. 392, SEC. XXV.
No. 2 Canadian Discharge Depot.

W. H. Hill
Officer Commanding
Capt. Hill

Nothing to be written in this margin.

2nd Lieut.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-L-
Part I.

(1)*Substantive rank *Acting rank (To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname	109 th Inf	225054
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin				Signature of Posting Officer
(18) Demobilizer (f)		(Place)		
(19) Pivotal-man (f)		(Date)		
(20) Qualifications (g)		or (21) Corps trade and rate		
(22) Extended			(23) Re-engaged	
(24) Miscellaneous entries:—				

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B.103/8
HWV(R1460)
3/19
100,000
P2151
W10416
6 28 19

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
11.12.17.	E.O.R.	CLB 86.	Transf'd Can Con. Hosp. Woodside Park	Epsom.	9.12.17.	
24.12.17.	—	CLB.96.	Dis do.	..	14/12/17.	
19.12.17	EORD.	5/0 282.	On Comd. to 3 rd C.C.D.	Seaford	14/12/17.	5 succo 80.257 d. 21.12.17.
7.2.19	7 th Res	— 32.	Posted from EORD. on reporting from 3 rd C.C.D.	..	7/2/18	9 EORD. PT 2. 42 d. 11.2.18.
16.2.18	6 Res	40	Posted from 7 th Res.	—	15/2/18	7 succo 32 d. 7.2.18
5.9.18	do.	— 210.	Posted to 35 th Co. O.S.	—	4.9.18.	(7 th Res. awarded 5 38 th 86 d. 11.9.18.
10.10.18	EOR	6LA.341.	Wounded. G. SW. L leg.	Field.	2.10.18.	
19.10.18	EORD.	5/0 262	Posted from 38 th Co on admn to 15 C G H. Orpington. (Wounded whilst a patient in No 16. 69 th Orpington. OSP from. 23.00.2.1.19. until 11.00. 7.1.19. (5 days). awarded forfeits 5 day pay by Reg. Cons.	Seaford.	13/10/18.	5 28 th Bn. 107. d. 19.10.18.
8.2.19.	EORD.	— 33.	Wounded. G. SW. L leg. whilst a patient in No 16. 69 th Orpington. OSP from. 23.00.2.1.19. until 11.00. 7.1.19. (5 days). awarded forfeits 5 day pay by Reg. Cons.	Seaford.	8.1.19.	
15/4/19.	6 Res.	— 36	Posted from EORD.	Seaford.	14/2/19.	5 EORD. 80 40 d. 17/2/19
25/2/19.	EORD.	— 46	PT 2 50 33 A. 8.2.19. is amended to read. " awarded. forfeits 5 days pay under Pt 2 Reg. Cons	"		
22.5.19	6 Res.	— 65	Reported absent.	..	28.2.19.	
	—	—	Returned 1800 rebt.	..	20.3.19	
29/3/19	—	— 71	Awarded 28 days P.P.A 2. for overstaying leave from 23.52. 21.2.19. until 8.00 20.3.19. 19 days 18 hours. Forfeits 20 days pay under Pt 2 Reg.	Seaford.	21.3.19.	

Nothing to be written in this margin.

Certified true copy.

Drummond
forfit/01
Lieut.
1/c Records.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WILSON J.H.
REGIMENT 6th. RES RANK PTE No. 725054

Date of Examination in England 25/4/19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
(a) In Canada
(b) In England YES
(c) In France

Signature of Dental Officer *L. ...*
Capt

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

Wilson

J H

REGIMENT

RANK

Pte.

No.

725054

Date of Examination in England

16/4/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

80

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Yes

Signature of Dental Officer

[Handwritten Signature]

J. H. Wilson

Wilson
P.C.

1871

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

DATE 1919.

Reg No. 72504 Rank .. Pvt Name Wilson J.A.
UNIT..... P. W. Coy.

WITHOUT GLASSES.

WITH GLASSES.
(As per prescription below)

SPH. CYL. AXIS.

69

Visual Acuity. Rt. 6/24 with

Visual Acuity. Lt. 6/6 with.

Category recommended is: - A

Glasses not ordered.

Original Disease or injury. Myopia R-eye

Date of origin. Adolescence

Place of origin.

Cause.

Present Disability. Defective vision R-eye

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS
..... BEEN CAUSED BY SERVICE. HAS..... BEEN AGGRAVATED BY
SERVICE.

For Long Board.

~~For Short Board.~~

J.P. Brammer
Captain, C.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

UNITED STATES DEPARTMENT OF JUSTICE

ALBANY, N.Y.

NOVEMBER 10, 1934

TO THE ATTORNEY GENERAL
WASHINGTON, D.C.

FROM THE DISTRICT ATTORNEY
ALBANY, N.Y.

RE: [Illegible]

NY

Very respectfully,
[Illegible Signature]

[Illegible Name]

[Illegible Title]

[Illegible Address]

[Illegible Address]

[Illegible Address]

[Illegible Address]

[Illegible Address]

[Illegible Address]

[Illegible]

UNITED STATES DEPARTMENT OF JUSTICE

ALBANY, N.Y.

NOVEMBER 10, 1934

TO THE ATTORNEY GENERAL

WASHINGTON, D.C.

FROM THE DISTRICT ATTORNEY
ALBANY, N.Y.

RE: [Illegible]

[Illegible]

MIL CNV HP.
WOODCOCK PK
EPSON.
MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

725454

Pte.

Wilson

G. H.

Unit.

Age.

Service.

Year

1917

38th Canadians

20 yrs.

18/12.

Station
and Date.

Disease

Manor War

G.S.V. (shrapnel) Right Hand

Woodcock Epson

Wounded by shrapnel 30 October 17

14-11-17.

Piece shrapnel passing through

myotome muscle. 7 inch wound only

suppurating in admission. 1 1/4 inch long.

7-12-17

Wound Healed.

Fit to return to Woodcock

B. J. Haube
S. Krause

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

Station
and Date.

NOSE, EYE, EAR & THROAT CLINIC

Witley... 21-7... 1919.

Reg. No. 725054 Rank Pte Name Wilson, H.

Unit R Wing

WITHOUT GLASSES

WITH GLASSES (AS PER PRESCRIPTION BELOW)

SPH

CYL

AXIS

VISUAL ACUITY, RIGHT. 6/24 with

VISUAL ACUITY, LEFT. 6/6 with

CATEGORY RECOMMENDED IS, - A

GLASSES NOT ORDERED.

ORIGINAL DISEASE OR INJURY,

DATE OF ORIGIN,

PLACE OF ORIGIN,

CAUSE,

PRESENT DISABILITY,

REMARKS,

Myopic astigmatism Pt.
adolescence

Defective Vision

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT, AND HAS.....^{not}

BEEN CAUSED BY SERVICE. HAS.....^{not}.....BEEN AGGRAVATED BY

SERVICE.

FOR LONG BOARD.

~~FOR SHORT BOARD.~~

J. Brance

.....
Capt., C.A.M.C.
Eye, and Ear Specialist.,
Witley Camp, Surrey.

WILSON GARD & COMPANY

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

WILSON GARD & COMPANY
1000 BROADWAY
NEW YORK

WILSON GARD & COMPANY

WILSON

GARD

& COMPANY

WILSON GARD & COMPANY

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WILSON GARD & COMPANY
1000 BROADWAY
NEW YORK

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

DUPLICATE

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725054.**

(3) Full Name of Soldier..... **John Henry Wilson.**

(4) Place of Birth..... **Leeds. Yorkshire. England.**

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

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

(b) Present Postal Address.....

(7) Are you a widower? **No.**

(8) Have you any children?

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

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.....**No.**.....

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.

.....**No.**.....

(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.

Sister. Mrs Fletcher. 48 Carr Street. Leeds. Yorks. Eng.

(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.

.....**No.**.....

(15) Are you insured?.....**Yes. 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.....**June 30th. 1916.**.....

.....
J. J. [Signature].....
.....**Lt. Col.**
O. G. 109th Overseas Battalion, C. E. F.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 725054 Rank pte Surname Wilson
(Given name in full)
John Henry
 Unit or Corps 6th Res. Birthplace Leeds, Yorkshire, Eng

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique Good Weight 120^{est} lbs. Height 5 ft. 3 in. Colour of Eyes Grey
 Nutrition Good
 Pulse Good
 Condition of arteries Good
 Vision Rt. Good Left Good
 Hearing (conversational voice) Rt. 21 ft.
 Left 27 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System Yes Respiratory System No
 Disturbance of Mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

G.S.W. Rt. Hand 30-10-17 - no disability
G.S.W. Left thigh 29-9-18 - no disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford.....(Overseas)
Date 22-4-19..... Signed J. J. O'Connell.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Capt O'Connell..... ✓

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
Date Signed L. H. Wilson..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

del

93.33

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: WILSON John Henry
EFFECTIVE DATE: 1-8-16		EFFECTIVE DATE: -		NUMBER: 725054
AMOUNT: 15 00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mar Imperial Bank Head Office Toronto Ont.				Rt.

UNIT AND TRANSFERS	
ORIGINAL UNIT: 109th Btn.	
DATE ACCOUNT FIRST OPENED: 1-8-16	
AUTHORITY	DATE EFFECTIVE

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2-4-19	2802	Q4005	4 10				
2-4-19	644	Seafood	4 57				
2-5-19	1724	Seafood	9 75				
1-9-16	672	P wing	24 33				

Sentence of death (Commuted to 5400 P.S.) and 26/7/19 swap 1/8/17 as now cancelled and effective from 1/7/19 120143 2/16/19 2020

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Balfour's								66 72		
Apr.	P.P.	33		C.A.P.				15			
				AR 191 15/4/18 6th Res	7301						
				✓ 304 26/4/18 ✓	243				74 99	12	
		33		AR 507 8/5/18 6 th Res	973			15			
May	G.P.	3110		C.A.P.	2920			15			
				21 days 3P2 27/5/18 Awk. Room 13/5							
				to 11:00 am 24/5/18 12 day Res. Box 15 24/6/18	3630				78 59	10 60	
		3410		C.A.P.	2920	3630		15			
June		33		AR 1692 26/6/18 6th Res	243			15	44 16	22 60	
July		3410		C.A.P.	243			15			
				21 days 3P2 26/7/18 Awk. Room 21/7/18							
				to 8:20 PM 25/7/18 4 day Res. Box 16 27/7/18	2750				35 76	22 60	
		3410		C.A.P.	2750			15			
Aug		3410		AR 3111 15/8/18 6th Res	243			15			
				✓ 306 25/8/18 ✓	243				50	35 50	
		3410		Q 1761 30/8/18 ✓	486			15			
Sept		33		AR 3939 3/9/18 ✓	243			15			
				C.A.P.							47 50
				AR 332 1/9/18 12th Res	357				61 75		
Oct		33		C.A.P.	625			15			
				6292 15/10/18 6th Res	487			15	45 48		
Nov		33		C.A.P.	487			15			
				4692 13/11/18	943						
Dec 1919		6820		4282 10/12/18	443						
Jan	2 m/2	101 30		2 m/2 C.A.P.	19 46			30	112 72		

Res pay independent from 1/4/15. 20 74

AR 191 15/4/18 6th Res 7301

✓ 304 26/4/18 ✓ 243

AR 507 8/5/18 6th Res 973

2920

3630

2920 3630

AR 1692 26/6/18 6th Res 243

243

2750

2750

AR 3111 15/8/18 6th Res 243

✓ 306 25/8/18 ✓ 243

Q 1761 30/8/18 ✓ 486

AR 3939 3/9/18 ✓ 243

AR 332 1/9/18 12th Res 357

625

6292 15/10/18 6th Res 487

487

4692 13/11/18 943

4282 10/12/18 443

19 46

NUMBER

725054

RANK

Pte

NAME

WILSON J. J.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Jan				found					112.72		
Feb				10198 27/12/18 Dwp	14.60						
Mar	2 m P.P.	64.90		38248 21.2.19 b.p.	48.67						
				8819 18.2.19 Seafnd	4.30						
				11949 29/1/19 b.p.	4.87						
				8849 20/2/19 "	9.43						
				Atk 2300 2/1/19 to 1100 7/1/19							
				Wp 5th P and 2 60000033 2/1/19		5.50					
				b AP 2 m				30.			
				28th PP no 2 21.3.19 Atk from					33.00		
				2359 28/2/19 to 1800 20/2/19 port	52.80						
		64.90		48th P and A 6 Res 50 71 29/3/19	85.17	58.30			41.5		
April		33.		Cap apr				30			
				G.A.P. may				15			
				G. 200 1/4/19 6 Res	4.19						
May		34.00		Atk 604 2/4/19	4.87						
				1140 8/5/19 6 Res	4.87						
		67.10		Cap	13.93				27.32		
June		33		AR 17nt 25/5 6 Res	9.73				60.32		
				v 6821 19/6 38th	24.33				49.00		
					34.06				11.26		
July	July Pay	33		Disch Aug 26/29 overcut		6.60			45.36		
		34.10		6 days pay					38.76		
				July AP				15	23.76		
						6.60					
								15			

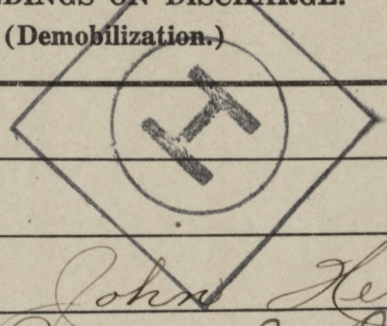
Sanction of death (counted to 5477 RS)
 and 25/1/17 emp: 2/3/17 as now
 remitted with effect from 10/6/17
 100 145 2/1/19 2000

4.15
 33.00
 37.15
 15.00
 22.15 Sed Wal
 4.87
 17.28
 4.18
 13.10 2PB Wal
 9.05
 W. Summell
 27-4-19
 27.32
 33.00
 60.32
 34.06
 15.00
 11.26
 60.32
 Cr Blue 11/26
 W. Summell
 21/6/19
 38.76
 23.76



5-2-34

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 725054

2. Rank Pte

3. Name Wilson John Henry

4. Unit 38th Batt. GORR.

5. Date of Discharge 25-7-19 Place 2nd C.D.D.

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England C.R.O. 5222)

7. Authority DB 23-7-19

8. Proposed Residence after Discharge
48 Carr Street off Carlton Hill
Leeds Yorks Eng

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. E. W. ? U.F.B 2079
J.H. Wilson
Signature of Soldier.

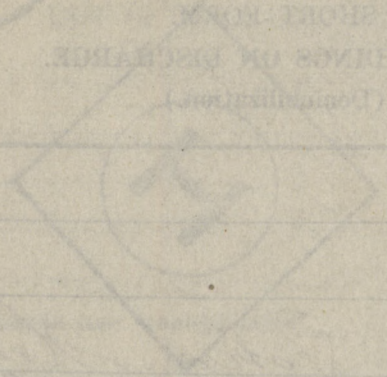
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place 25/7/19
Date LONDON

Signature [Signature] (O.C. Discharging Unit.)



SHORT FORM
PROCEEDINGS ON DISCHARGE
(Continuation)



1. No.	
2. Rank	
3. Name	
4. Post	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the undersigned place and date I received my discharge certificate No. 123456789	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Signature	
(O.C. Discharge Unit)	

LIST OF THE RANGE DOCUMENTS

MINN. FORM 1001	Attachment Form, Attachment
MINN. FORM 1002	or Particulars of Report
MINN. FORM 1003	Field Contact Sheet
MINN. FORM 1004	Casualty Form
MINN. FORM 1005	First Aid Certificate
MINN. FORM 1006	Certificate for missing documents and photographs
MINN. FORM 1007	Medical History Sheet
MINN. FORM 1008	Proceedings of Medical Board
MINN. FORM 1009	General History Sheet
MINN. FORM 1010	Medical Report
MINN. FORM 1011	Regimental Contact Sheet
MINN. FORM 1012	Company Contact Sheet

LIST OF DISCHARGE DOCUMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 11/16.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

OVERSEAS CONTINGENTS

*Bank Acct. W 7751
For Credit.*

RATE OF ASSIGNMENT

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

*X205 74
5K.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *725054.*

Rank *P.F.* Promoted Reverted Discharge

Soldier's Name *J. H. Wilson*

Battalion *109 Bn "A" Co.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Manager Head Office.*

Address *Imperial Bank of Canada*

Change of Address *Toronto Ont*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31</i>		✓	<i>255</i>	<i>255</i>
<i>Jan 18</i>	<i>K 70140</i>		<i>15</i>	<i>15</i>
<i>Feb 18</i>	<i>P 73486</i>	✓	<i>15</i>	<i>15</i>
<i>Mar</i>	<i>X 95719</i>		<i>15</i>	<i>15</i>
<i>Apr</i>	<i>X 7962</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>X 18027</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>T 26773</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>B 26927</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>V 41135</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>W 42361</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>K 55334</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>Q 61265</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>W 67349</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>R 70358</i>		<i>15</i>	<i>15</i>
<i>Feb.</i>	<i>X 75267</i>		<i>15</i>	<i>15</i>
<i>Mar.</i>	<i>O 82324</i>		<i>15</i>	<i>15</i>
<i>Apr.</i>	<i>V 3748</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>V 5558</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>W 11371</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>W 12454</i>		<i>15</i>	<i>15</i>
			<i>5210.00</i>	

019486 - J. 68 REMARKS

soldier applies for dis. in England as fable on file

acc closed 31-7-19

M. P. O. Rmd 121838 29⁷/₁₉ amcom

M. F. W. 128
4000-637-1772-80-1141
L. L. 22520-M. & D. 7888.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 4009-5-17-1772-89-1141
 L. L. 22220-M. & D. 7583.

Forms
I. 1237
12

Opn
Duty 14/2/19

Army Form I. 1237.

Ward 31 MEDICAL CASE SHEET.*

Bed 14

No. in Admission and Discharge Book. 77937 Year	Regimental No.	Rank.	Surname.	Christian Name.
	725054	Pte.	Wilson	J. H.
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL. ORPINGTON, KENT.	Unit.	Age.	Service.	
	38 Cans.	20	33/12	

Station and Date.	Disease
	G.I.W. Left Thigh
	Civil Occupation Farmer
	Mil. History enlisted Dec. '15.
	To England July '16. To France Dec. '16.
	Wounded Oct. '17. To England. Returned to France Sept. '18. and carried on till wounded by shrapnel in left thigh on Sept. 29.
	To C.C. (?) direct
	F.M.C. notes:—
	Trans. to #18 G.H. 2-10-18
	Entry wd. anterior aspect left thigh.
	Wd. excised. F.B. removed thru counter incision tract wiped out. flavine packs
	7-10-18 small bleeders in wd. ligated
	1 1/2 pts. normal saline subcutaneously.
	Evac. from France to #16 C.P.H. 12-10-18
18/11/18	Patient has three small superficial wounds in anter. medial surface of left thigh. Granulations healthy. Skin edges advancing well.
29/11/18	Transferred to Ward 38
6/12	Wounds doing well, <u>Therapeutically</u>
10-2-18	Wd. healed, Furough & only per near hear Capt Blair

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Station
and Date.

Ward C 18 General Hospital. No. of Bed 17 Date 2-10-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
725054	Wilson	38 Cdn.	thigh (L)

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


F.B. wd.
ant. aspect
thigh (L)
sketcher
Ravn

Signature of M.O.

Date

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

No. of Plate 7495

F.B. loc.  upper
inner thigh, Fairly superficial
Pt. supine

Signature of Radiographer

Date

Landes

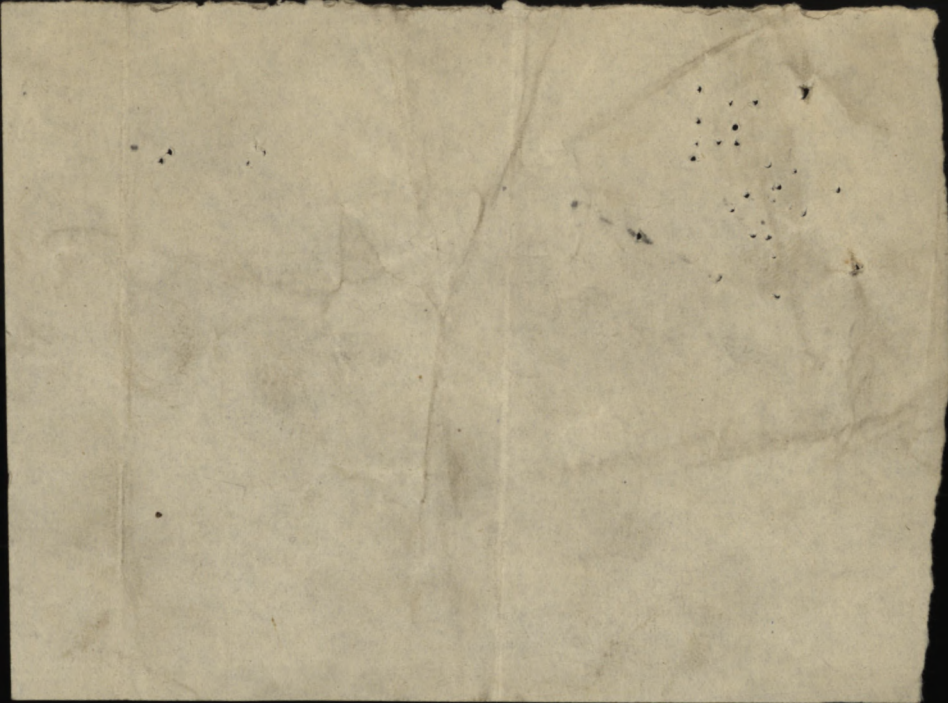


WdC

#17.

Wilson
grew through (4)
Removal F.B

EDR.



DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 7000 Rank Ser Name Wilson Unit 6000

Nominated for embarkation to Canada: Date 30 Nov 1918

<u>CREDIT.</u>		\$	¢	<u>DEBIT.</u>				\$	¢
BALANCE FORWARD				<u>CASH PAYMENTS:—</u>					
as at <u>30 Nov 1918</u>		<u>11</u>	<u>00</u>	Date	A.R. No.	Paying Unit	Amount		
<u>EARNINGS:—</u>				<u>OTHER CHARGES:—</u>					
From <u>17 Nov 1917</u> to <u>30 Nov 1918</u>				<u>WAR LOAN INSTALMENTS CHARGED:—</u>					
..... days at \$.....				<input checked="" type="checkbox"/> <u>ASSIGNED PAY</u> for period from..... to..... at \$..... per month in favour of:— Name..... Address..... Relationship.....					
..... days at \$.....				<input checked="" type="checkbox"/> <u>SEPARATION ALLOWANCE</u> , if any, in favour of same party as Assignment at \$..... per month					
..... days at \$.....				<input checked="" type="checkbox"/> <u>BALANCE DEBIT</u>					
<u>ANY OTHER CREDIT:—</u>				<input checked="" type="checkbox"/> <u>BALANCE CREDIT</u>					
Interest on Deferred Pay.....									

"VICTORY" WAR LOAN

Amount Subscribed - \$.....

Amount Paid - -

Balance due -

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....
(Signature of Soldier.)

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— (Strike out whichever inapplicable.)

Have been stopped. Effective..... 191..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY.....
 CHECKED BY.....
 Date..... 191.....

CERTIFIED CORRECT.....
 Capt.
 Lieut.

FOR BRIGADIER GENERAL
 PAYMASTER GENERAL, O.M.F.O.

LAST PAY CERTIFICATE

For use of the U.S. Army

Form 101
January 1967

Branch _____
Army _____

Name of recipient in block _____

CRIME

DEBT

FININGS

PAY CERTIFICATE

Signature of recipient _____

VICTORY R. LEAN	
Amount received	
Amount due	
Balance	

X. ...	
...	
...	

X. ...

Signature of recipient _____

Signature of recipient _____

Signature of recipient _____

Signature of recipient _____

Signature of recipient _____

To:-
Officer Commanding

Date. 25.6.1919

A Special ~~EAR~~^{ENT} report is required on the
undernoted of your formation. When it is received he should be
again paraded to the Lang Beard with the report in triplicate
attached to his Medical History Sheet.

The M.O. of your formation should arrange
for this examination direct with the Officer i/o Eye and Ear
Clinic Witley Camp.

Rank. 725054....

Number... PL.....

Name..... WILSON.....

[Signature]
for Officer i/o Medical Beards. *[Signature]*

A report is reported on the
 of your location. It is reported to have
 been made to the ... the report is ...
 ... to his ...
 ... the ...

Handwritten signature:
 ...

Original

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 Witley DATE 23/7/19

1. 1 (a) Unit BOARD (b) Regimental No. 725054 (c) Rank Plt
 (d) Surname WILSON (e) Christian name John Henry
 (f) Home address 48 Carr St Leeds, Yorks
 (g) Next of Kin Mrs. J. Fletcher (h) Relationship Sister
 (i) Address of Next of Kin 48 Carr St. Leeds, Yorks

2. Age last birthday 21 Date of birth 6/3/1898

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 22-12-15

4. Personal description:
 (a) Height 5' 2 3/4" (b) Weight 126 (c) Complexion Fair
(stripped)
 (d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar lower border rt. hand.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>213</u>

	PERIODS	
	From	To
Canada	<u>22-12-15</u>	<u>31-7-16</u>
England	<u>31-7-16</u>	<u>6-12-16</u>
France or other theatres of War	<u>6-12-16</u>	<u>7-11-17</u>

7. Original disease, or injury Myopic Astigmatism Rt.

(a) Date of origin Adolescence (b) Place of origin England
 (c) Cause do.

Plt L 25-7-19

C.R. B.P.C.
 REFERRED TO
 31 JUL 1919
 APPLIED TO

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.)

Defective Vision

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.)

Specialist's Report

Rt. V. 6/24

It. V. 6/6

E. glasses

6/12

6/6

*Capt. J. P. Bramsen
Witley Camp 21/7/19*

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

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

Condition dates from childhood. Has never worn glasses.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Rt Hand
S.W. 6/11/17 - Recovered.
S.W. Lt Thigh 10/10/18 - Recovered.

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

Large scars left thigh, no loss of muscle power.

11.—(a) Did the disabling condition have its origin before enlistment? *Yes*

(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.)

No.

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

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

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

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

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *Yes*
(If not, briefly state why)

17. Recommendations *n.g.*

Hallist Capt CMAC
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 *John Henry Wilson* 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.....

nil

wilson J H *No* Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes in conc

*original M.H.S. O.A.F.B 103 not available
auth. for Board Reg 14-1-48 of 13-1-19*

19. Is the invalid fit for

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

yes cat A

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.)

~~For discharge in U.K. auth. H.Q. CRO 5222~~
For discharge in U.K. auth. H.Q. CRO 5222

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.

[Signature]
Richard Capt

President.

PLACE *WITLEY CAMP, GURNEY*

DATE *23/7. 1919*

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

President

Members

APPROVED BY

[Signature]
Assistant Director of Medical Services.

DATE *23/7-19*

APPROVED BY
A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
Director-General of Medical Services.
24 JUL 1919
WITLEY SECTION.

"P" Wing I Group

T

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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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 Witley DATE June 26th 1919

1. 1 (a) Unit. 38th Bn (b) Regimental No. 725054 (c) Rank Pte
 (d) Surname Wilson (e) Christian name John Henry
 (f) Home address 1053 Dovercourt Rd Toronto Ont
 (g) Next of Kin Emily Fletcher (h) Relationship
 (i) Address of Next of Kin LEEDS. Yorkshire. Eng
 2. Age last birthday 22 Date of birth 6-3-97
 3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date 22-12-15
 4. Personal description:
 (a) Height..... (b) Weight..... (c) Complexion.....
 (d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.....

5. Former trade or occupation.....

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

	Years	Days
	<u>3</u>	<u>174</u>

	PERIODS	
	From	To
Canada.....	<u>20/12/15</u>	<u>15/6/16</u>
England.....	<u>15/6/16</u>	<u>20/11/16</u>
France or other theatres of War.....	<u>20/11/16</u>	<u>10/6/19</u>

7. Original disease, or injury.....

(a) Date of origin..... (b) Place of origin.....

(c) Cause.....

Disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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 peptic reasons; (d) Any other restrictions in choice of occupation.)

10.—(b) (Here give a description of the condition to or since the date of onset.)

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 9. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(c) (Here give a description of the condition to or since the date of onset.)

11.—(a) Did the condition exist at the time of the last examination?

(b) If so, describe the condition.

12. Was the condition caused by a refusal to accept military service?

The right to refuse military service is granted only to persons who are conscientious objectors. (If the answer to this question is Yes, give a brief description of the condition.)

13. What is the nature of the condition?

than one year.

14. Treatment received for the condition.

the invalid now any affection of the following systems, not described in Section 9 (a) above? (If the answer to any part is Yes, give a brief description of the present condition.)

us System..... Cardio-Vascular System..... Genito-Urinary System..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

15. Is further treatment required?

l Senses..... Respiratory System..... Integumentary System.....

stances of Mentality..... Digestive System..... Muscular System.....

is and Joint Systems..... Any other general condition.....

16. Can the condition be cured?

17. Recommendation.

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

(Sections 7, 8, and 9.)

I, the undersigned, certify that the above is a true and correct statement of the condition of the invalid at the date of the examination.

I complain in writing of the condition of the invalid.

Give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to enlistment, and not included in Section 10 (a).

18. D
n

Description of wounds, scars and deformities.

Does the disabling condition have its origin before enlistment?

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.)

19. Is

Is the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

20. It
(c)

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.)

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

21. It

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

Is 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)

and
no ch
8, 9
remar

Has the former trade or occupation been resumed? (If not, briefly state why)

PLACE

What are the conditions?

DATE

Medical Officer by whom the case is brought forward.

I,
it is r

Witne

STATEMENT OF THE INVALID

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

I have read and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

PLACE

Signature of invalid examined.

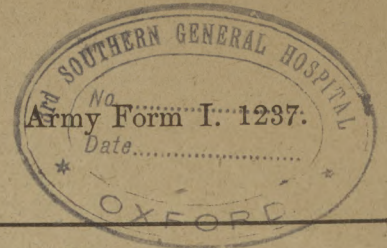
DATE

APPR

Rank.

Signature of invalid examined.

MIL CNV HP.
WOODCOCK PK
EPSOM.
MEDICAL CASE SHEET.*



No. in Admission and Discharge Book. CT 366 Year	Regimental No.	Rank.	Surname.	Christian Name.
	725054	PLC	Wilson	John. Penny
	Unit.	Age.	Service.	
	38th Cav	20	16/2.	

3rd Southern General Hospital, Oxford

Station and Date. 6 NOV. 1917	Disease
	J S R R band
	Wounded a 20/10/17 at Yper
	by shrapnel very superficial wtd.
	Ext. super R hand - doing
	well
9/11/17	Discharged
	Medical History sheet not yet received from OTC-Records.

MEDICAL HISTORY SHEET ORIGINAL

Name Wilson Christian Name John Henry

Examined on 22nd day of December 1915
 at Lindsay
 Birthplace { City or Town Leeds Yorkshire
 County England
 Apparent age 18 years
 Trade or occupation Farmer
 Height 5 Feet 2 ³/₄ Inches.
 Weight 105 Lbs.
 Chest measurement { Minimum 31 ¹/₂ inches.
 Maximum expansion 38 ¹/₂ inches.
 Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Five
 Number Five
 When Vaccinated last January 24 1916
 (a) Marks indicating congenital peculiarities or previous disease None

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

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

Date	Result	VACCINATIONS.
<u>24.1.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Slightly flat footed

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C.E.F.</u>	<u>725054</u>		<u>28.12.15.</u>
Transferred to.....	<u>38th Bn. 16th Pls. 38th Bn.</u>			<u>15/2/18.</u> <u>SEP 4 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.B.D. Report</u>	<u>1-2-18.</u> <u>4-4-18</u>	<u>Fit for Duty. A.</u>	<u>W. J. Donohue</u> PRESIDENT, STANDING MEDICAL BOARD

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.

C

John New

Christian Name

Wilson

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In general cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
S.S.G.H. Oxford		6	11	17	9	11	17	Shrap. w. r. hand.	3	Transferred to Epsom.	<i>[Signature]</i> CAPT. R.A.M.C.T. REGISTRAR, GRD S.G. HOSPITAL, OXFORD.
CANADIAN DIVISION, CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM		3	11	17	14	11	17	Shrap. r. hand	12	W.D. over 5th metacarpal open Needs Nursing N. H. 14/11/17 Wound War	<i>[Signature]</i> Capt. C.A.M. Registrar.
Wound War Epsom		14	11	17	8	DEC	1917	Shrapnel r. hand		Wound on inner side of hand. 7-12-17 - Wound healed Fit to return to Woodcote	<i>[Signature]</i> B. Newhe Epsom
McH Epsom		8	12	17	14	12	17	..	2	This now in good condition and fit for D.I.	<i>[Signature]</i> Go Ireland Capt. C.A.M.C No. 1 Division
1st Langley Hosp Orkington Kent.		17	10	18	14	12	19	..	174	Wound slow in healing but entirely healed Wound healed 10-2-19.	<i>[Signature]</i> Epsom

