

ATTESTATION PAPER.

A: "7" Coy  
"B" Coy  
No. 724579

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

ORIGINAL

- 1. What is your name?..... Percy James Wilson.
  - 2. In what Town, Township or Parish, and in what Country were you born?..... Brighton England.
  - 3. What is the name of your next-of-kin?..... Brother William Wilson.
  - 4. What is the address of your next-of-kin?..... P.O. Oakwood Ontario, Canada
  - 5. What is the date of your birth?..... 27th July 1894.
  - 6. What is your Trade or Calling?..... Farmer
  - 7. Are you married?..... No
  - 8. Are you willing to be vaccinated or re-vaccinated?..... & innoculated Yes
  - 9. Do you now belong to the Active Militia?..... No
  - 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. No
  - 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
- Percy James Wilson (Signature of Man.)  
R. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy James Wilson, do solemnly declare that the above answers made by me to the above questions 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 November 12<sup>th</sup> 1915. Percy James Wilson (Signature of Recruit)  
R. Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy James 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 November 12<sup>th</sup> 1915. Percy James Wilson (Signature of Recruit)  
R. Anderson (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 Lindsey this 12<sup>th</sup> day of November 1915.

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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



# Description of Percy James Wilson on Enlistment.

Apparent Age 21 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 7 1/2 ins.

*None*

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Brown

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

## 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 ..... November 6 1915.

Place ..... Lindsay

*[Signature]* Capt.  
*[Signature]* 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.

Percy James 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]* Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date ..... JAN 10 1916



4-10-6-8  
Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

AWM 124

MXN 394

Statenenson

Disch

6595-2

179-1

1a FW 3212-1  
1a ch  
AF 91237-2  
1m 4667  
1 card  
1 m 199

Name WILSON PERCY JAMES

Regt No 724579 Rank Private  
Corps 1st Dist Depot

28

1 Index Removed 7-1-18.  
Cards 1 Part II

1 Casualty  
Physically Impaired



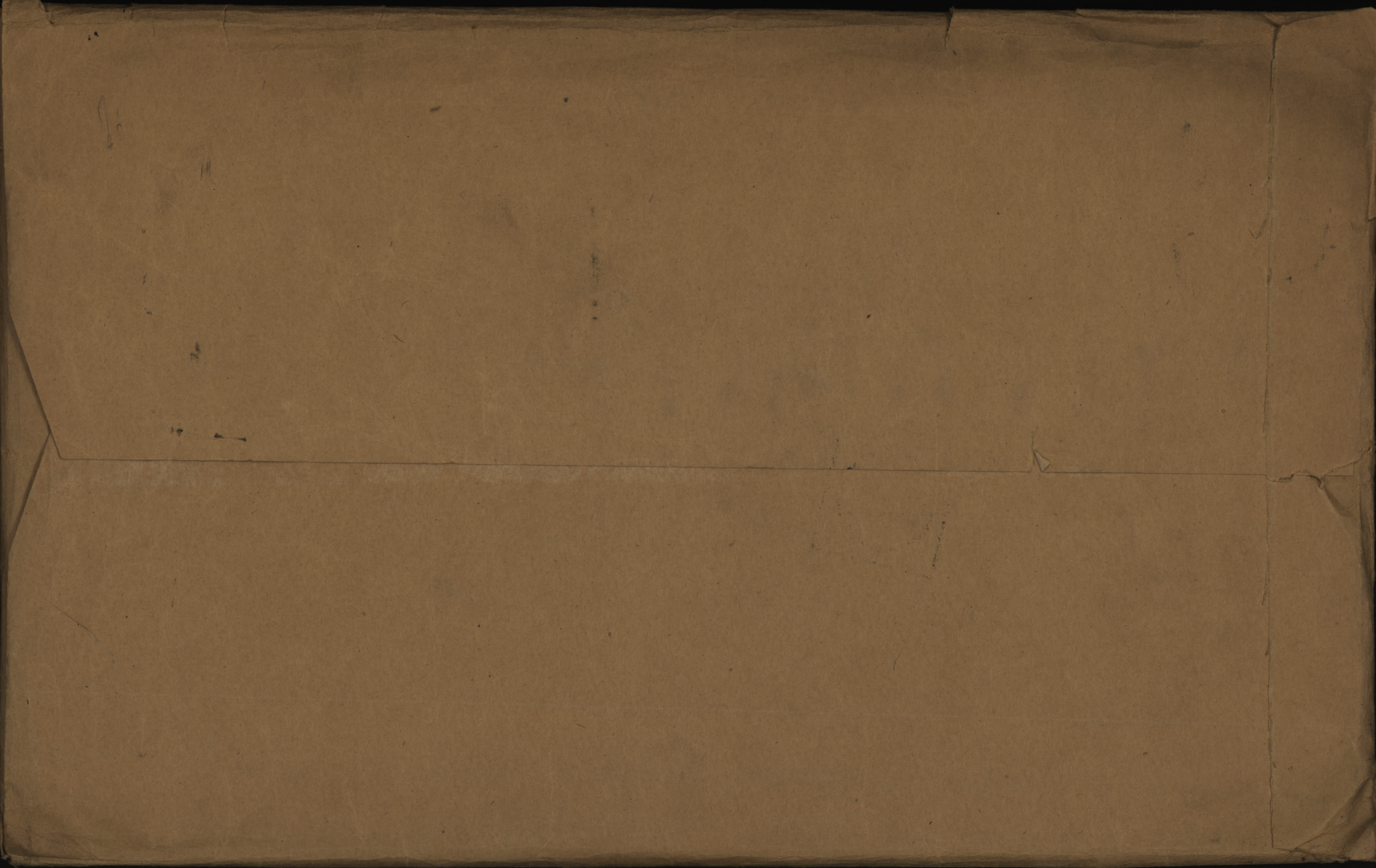
27976

484207

30-77  
19-77  
9-77

R. O. No.....  
H. Q. No.....  
Circular stamp with 'H' inside a triangle.







To be made out in duplicate.

H.Q. 5121-153

**DUPLICATE**

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 109th Battalion, C.E.F.

(2) Regimental Number..... 724379.

(3) Full Name of Soldier..... Roxy James Wilson.

Brighton Eng.

(4) Place of Birth.....

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

(6) If married, state,

(a) Full name of your wife..... Nil.

(b) Present Postal Address.....

(7) Are you a widower?..... no.

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

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.

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.

William Wilson.

Oakwood Ont., Can.

(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.

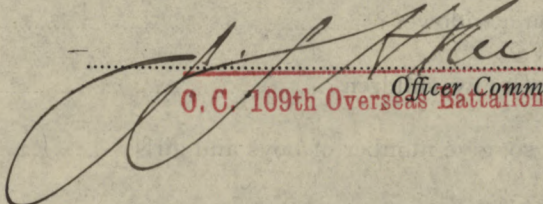
(15) Are you insured? Yes.

If so, in what Company? Manufactures Life

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

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

Date JUL - 8 1916

  
Lt. Col.  
O. C. 109th Overseas Battalion, C. I. F.  
Officer Commanding



HOSPITAL.

A. & D. No. \_\_\_\_\_ Ward IUnit 38 Sick or Wounded.Regtl. No. 721579 Pl. of Act'n \_\_\_\_\_Rank Pte Name Wilson P. J.Age 22 Religion C. C.Service Compl'd 1 1/2 Time with Field Force 1 1/2Diagnosis GLW ~~to~~ Back.Admitted 1 w/ Liverpool Discharged \_\_\_\_\_Transferred 1 w/ Liverpool 6.6.17

RECORD FURTHER REMARKS ON BACK.

16 MAY 1917



17. 2. 17 Sealed P.D. 3. 12.  
24. 3. 17 Pam in chest temp - 99. n.d.  
31. 5. 17 Temp. 99 + 100. Pam in up. chest, slight  
cough. Adv. for observation & hark.  
J.B. Suspect

*[Faint signature]*  
A. M. [unclear]  
[unclear]



Name **WILSON** Percy Rank **James** Pte.

Reg. No. **724579**

Unit **38th Battn.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
10-4	13 Stn. Hos. Brubogne	SW. Back. (slt)	A175	M2337	19-4	
14-4	1st Wtn. G. H. Fazakerley	L'pool. do		B171		
17-5	Can. Gen. H. Woodcote	Rok. Inverness. ditto		B192		
7-6	Ont. M. H. Orington	Rok. do - 4 suspected		B210		
12-10-17	Discharged			B335		724
	JWS					







*9010*  
*AD*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

*B*  
*V*

Number *724579* Rank *pti*

Surname *WILSON*

Christian Name *Percy James*

Unit *38th Bn Can Inf* Theatre of War *France*

Date of Service *6-12-16*

Remarks

Latest Address ~~*C/o H. Osbourne*~~

~~*Larnia Ont.*~~

Roll No. *B* 28 St. Patrick St., Lindsay,

Victoria Co.

Ont.

*Page 3563*



NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

MAY 12 1921

MAY

Recd

906500



No. 724579

RANK

Pte

NAME

Wilson W.

2

T. O. S.

UNIT

Transferred from 93rd Bn  
25-11-15. D. O. S. 25-11-15.

109th. Battalion

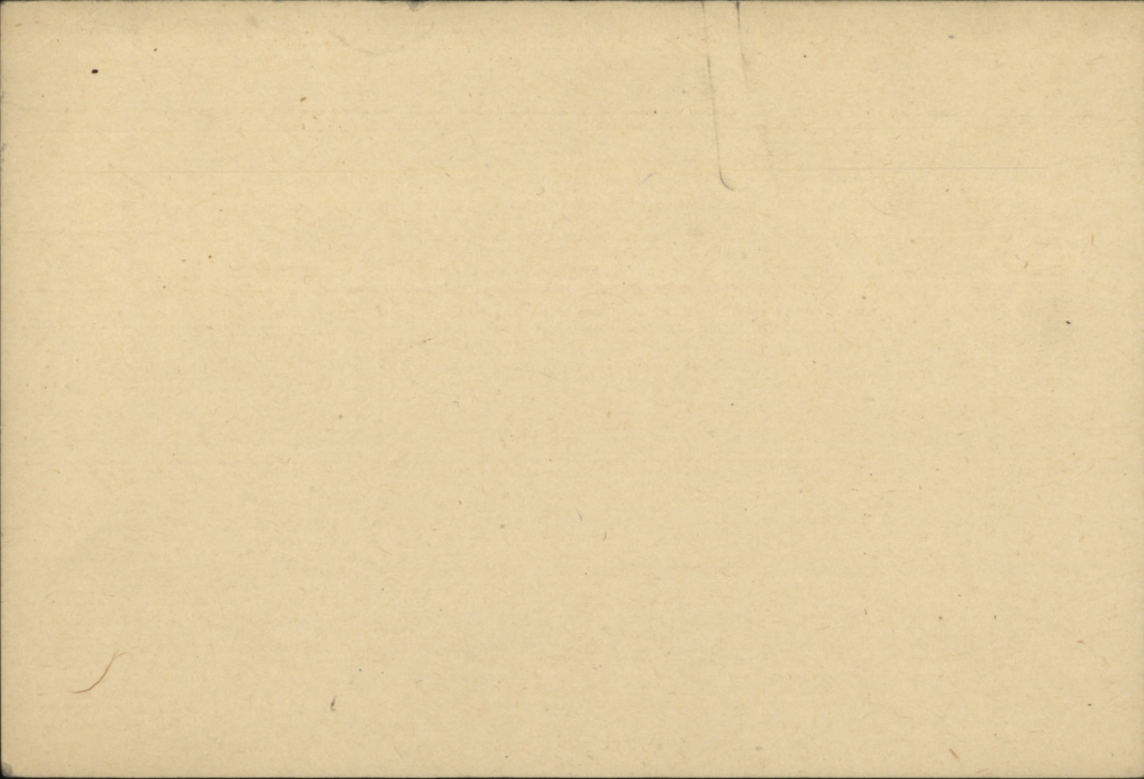
M. D.

13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov 30	✓	From L/Cpl. 25-11-15.	D. O. 26. 21-12-15.
	Dec.	✓		
1916. Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July	✓		

UNIT SAILED  
JUL 23 1916







No.

RANK

Pte

NAME

Wilson P. J.

T. O. S. 6-11-15

UNIT 93rd Battalion C. E. F.

D.O.# 12-12-11-15

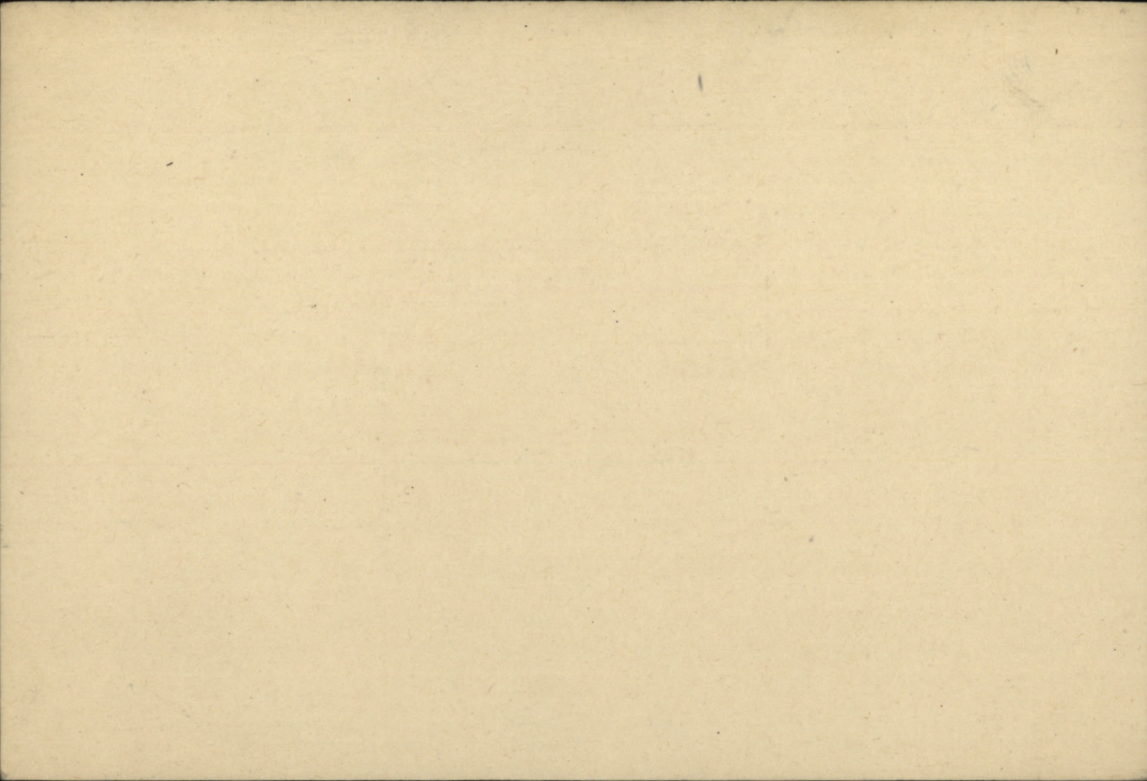
M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Nov. 6	1915- Nov. 24	✓	Late 45th Regt.	D.O.# 12-12-11-15

UNIT SAILED

JUL 15 1916







REGT'L NO 724579

H. Q. FILE NO. 649-

NAME Wilson Percy James

RANK AND CORPS Pte

38th Bn Cum 109th Bn

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

"b"

NATURE OF CASUALTY

m2337 18-4-17

Adm #13 Stat Hosp Boulogne  
April 10th 1917 GSW Back ✓



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A175	No 13 Stal. Boulogne	10-4-17	SW. Back All
B171	1st Western Gen. Hospital	14-4-17	SW Back
B192	Can Com Woodcote	17-5-17	.. .. L 20-6-17
D210	Brit Mil. Hosp. <sup>res. Epsom</sup> Drington Tent.	7-6-17	" " & susp. TB lung
B35	"Discharged"	12-10-17	SW Back. Susp. TB. B. J.



SURNAME.

*Hilson*

CARD No.

CHRISTIAN NAMES

*Percy James*

*S.O.S. Dis. 28-5-18 I  
FOLL.  
P. II 36 of 28-5-18 No. 2. D.T.*

REGL. No.

*724579*

RANK

*Pte.*

UNIT

*109th*

*Batt.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Hilson, William*

RELATIONSHIP TO SOLDIER

*Brother*

ADDRESS

*Oakwood, Ont.*

COUNTRY OF BIRTH

*England, Brighton, Ont.*

DATE

*July 27th, 1894.*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Nov. 12th, 1915.*

*Sailed from Halifax Per S.S. Olympic 23/7/16*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

21 YEARS

MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Nov. 6th, 1915.



Surname **Wilson** Christian Name or Names **P J** Reg. No. **724579**

Rank **Pte** Unit **38th Batt** Co. **(C.O. Reg.)** Troop  Batty.

Hospital **13 Sta Boulogne** Date of Admission **10-4-17**

Transferred **1st Western Gen Liverpool** Hosp. **14. 4. 17**

**Woodcote, Pk. Epsom** Hosp. **17. 5. 17.**

**Outbasis Mil.** Hosp. **7. 6. 17.**

Hosp.

Diagnosis **X S.W. Back slt. (S) & Debility R.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

**C.L. 19-4-17 A 175**

**" 25. 4. 17 B. 171**

**" 21. 5. 17. B. 192**

**" 12. 6. 17. B. 210.**

REMARKS

**Disch. 12. 10. 17.**

**C. of 13. 10. 17 B. 35 ✓**

**Confirmation of diag }  
in letter 22. 10. 17 } bored diag. x**

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, ONTARIO

Date MARCH 4, 1968

To  COPY FOR H.O. FILE

Attention of

NAME WILSON Percy J.

SERVICE 724579

C.P.C. No. 37707

NAVY

NUMBER WW1

W.V.A. No. 232851

ARMY X

R.C.A.F.

The DEPARTMENT has received information from

LETTER FROM MRS WILSON LINDSAY ONTARIO JANUARY 30, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JANUARY 18, 1968

Cause of Death \_\_\_\_\_

Place of Death NOT STATED

Name and Address of next of kin (if known) \_\_\_\_\_

Copies to: W.S.R.

V. I.

~~XPAY~~

~~D.O.~~

H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for

Chief, Central Registry



OFFICE OF THE ASSISTANT SECRETARY  
FOR VETERANS BENEFITS

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JULY 18, 1968

NO. 1000

Copies to: W.S.R.

V  
K  
K  
H.C.



3

M. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

*Amended*

LAST PAY CERTIFICATE

DEPT. OF MILITIA & DEFENCE  
No. 23  
JUN 16 1918  
C.E.F. 1916  
CANADA

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

Regimental No. *724579* Rank *ptt* Name *P. J. Wilson*

Corps *#2 sis sep* who was\* *discharged*

On *May 23* 191*8*, to.....

\*Insert "discharged" or "transferred."

NO. 2  
MILITARY DISTRICT  
JUN 12 1918  
*34111-522191*

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by Cheques } No.....			Regt'l Pay..... days at \$..... c.		
} No.....			Field Allow. .... days at \$..... c.		
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* .....		
Payment on transfer or discharge No. <i>23113</i>	<i>7</i>	<i>30</i>	Other Credits* <i>PM 25 Wi 161</i>	<i>7</i>	<i>30</i>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<i>7</i>	<i>30</i>	Total.....	<i>7</i>	<i>30</i>

\* Give particulars.

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

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

On Transfer of an Officer

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.....
- (3) cause of discharge..... authority *0035*
- (4) authority for transfer .....

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

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

Date *10/5/18*

Place *Toronto*

*L. W. Nurse*  
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.



508-17-6-18

81  
1919  
*[Signature]*

17-6

P.C. JUNE 7 1924

*[Faint mirrored text, likely bleed-through from the reverse side]*

65 00

*[Faint mirrored text, likely bleed-through from the reverse side]*

*[Faint mirrored text, likely bleed-through from the reverse side]*



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7 CT 550	424549.	Pte	Wilson	Pg.
Year	Unit.	Age.	Service. Field	
1914.	38 Canadians	22.	years 15/12.	4/12
Station and Date.	Disease	small jaw back		
HEMINGFORD ST. MIL. HOSPITAL	500 units	18/4/14	J.P.	
April 14	500 units	1st. heavy	J.P.	
May 15 <sup>th</sup>	Transferred Canadian military hospital Epson			

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







Corps 38<sup>th</sup> Can. Bn.

**CLINICAL CHART.**

(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital ORRINGTON, CAN.

No. 724579 Rank and Name Pte Wilson J.P.

Age 22 Service 19-12

Disease Tubercle of Lung. <sup>Suspect</sup> Date of admission June 6-1917 Date of discharge 12 10 17 Result 01

Dates of Observation	Days of Disease																													
	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
Temperature Fahrenheit	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	100	96	116	96	84	102	76	112	64	102	76	72	88	84	140	96	102	76	100	86	92	96	72	78	90	92	84	92	86	96
Respirations per Minute	22	22	22	20	20	18	22	18	20	18	20	20	20	20	20	18	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions per 24 hours																														

Signature [Handwritten Signature] in charge of case.



1850











# CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 38<sup>th</sup> Can Bn

Military Hospital \_\_\_\_\_

No. 724579

Rank and Name Pvt Wilson G. P.

Age 22

Service 19/12

Disease Acute Bronchitis

Date of admission 6-6-17.

Date of discharge 12 10 17

Result D 1

Dates of Observation

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	---	---	---	---	---	---	---	---	---	----	----	----

Days of Disease

Temperature Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

9 Stems 8 1/2 lbs

9 Stems 6 1/4 lbs



1

8











# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

M.D. 2  
No. 23

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

Regimental No. 724579 Rank Pte Name P.J. Wilson

Corps #2 District Depot who was\* Discharged

On May 23, 1918 191... to .....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1, 1918 191...  
to May 23, 1918 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay <u>23</u> days at \$ <u>1</u> c.....	<u>23</u>	
by } No.....			Field Allow. <u>23</u> days at \$ <u>10</u> c.....	<u>2</u>	<u>30</u>
Cheques } No.....			Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* .....		
Other charges .....			Other Credits* <u>Clothing</u> .....	<u>8</u>	
Payment on transfer or discharge No. <u>22230</u> .....	<u>66</u>	<u>30</u>	Bal. Dr. (to be deducted by new unit).....	<u>33</u>	
Balance Cr. (to be paid by the new unit).....			Total.....	<u>66</u>	<u>30</u>
Total.....	<u>66</u>	<u>30</u>	Total.....	<u>66</u>	<u>30</u>

\* Give particulars.

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

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

### On Transfer of an Officer

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..... authority..... D.O. 35
- (4) authority for transfer .....

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

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

Date 22/5/18.....

Place Toronto, Ont......

*L. W. Mose*  
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.



THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

RECEIVED AT THE UNIVERSITY OF CHICAGO LIBRARY

DATE RECEIVED: \_\_\_\_\_

BY: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

RE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*DLBm*

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

M. F. W. 54.  
180M. 10-15.  
H.Q. 1772-30-930.

# Casualty Form—Active Service.

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

Regimental No. 245/9 Rank Private Name Wilson Percy James  
E. F.

Enlisted (a) 12.11.15 Terms of Service (a) D of W Service reckons from (a) 12.11.15

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. 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	24.4.16	
	Disembarked England	Liverpool	31.4.16	

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

O.C. 109th.	Proceeded overseas for service with 38th Btn.	Witley	3-12-16	D.O. Pt 11. 339
-------------	---	--------	---------	-----------------

*W. J. Aslett*  
CAPTAIN,  
 ADJUTANT,  
 109th BATTALION CAN. INFANTRY

6 12 16	C.B.D.	TAKEN on STRENGHT 38th Havre		6 12 16	N. R. <i>PROB 242-13.12.16</i>
7. 1. 17.	"	Left for Unit FIELD		7. 1. 17.	N. R.
14. 1. 17.	"	Joined <i>4th Ent Coy</i> FIELD		9. 1. 17.	B. 213. DCS.
16 MAR 1917	"	Left for Unit FIELD		16 MAR 1917	N. R. 35
17 MAR 1917	Unit	Joined Unit FIELD		16 MAR 1917	B. 213. DCS. <i>103</i>

(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.]



724 579  
 Wilson  
 P. J.

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				
12. 7. 17	12. 7. 17	12. 7. 17	England	12. 7. 17	12. 7. 17
25. 4. 17	38 <sup>th</sup> Bn.	Adm. 1 <sup>st</sup> Westm Gun Hosp.	Liverpool	14. 4. 17	14. 4. 17
27. 4. 17	EOR.F.	Posted from 38 <sup>th</sup> Bn.	Seaford	14. 4. 17	14. 4. 17
15. 10. 17	EOR.D	In command to 3 <sup>rd</sup> C.C.D.	Seaford	15. 10. 17	15. 10. 17
E.S.					
<p>18/2/18 DISCHARGED FROM 3<sup>RD</sup> C. C. D. Seaford TO 6<sup>TH</sup> O. R. BN. PART II D. O. NO. 4.2.....79/2/18</p>					
19/2/18	EOR.D	In command to 3 <sup>rd</sup> C.C.D.	Seaford	19/2/18	19/2/18
2 FEB 1918					
<p>TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 43</p>					
<p>EMBARKED FOR CANADA FROM LIVERPOOL</p>					

to England.  
 P.S. St. Patrick's  
 posted to E. Ont. Reg. Dep. Seaford.  
 J. Mackenzie  
 Canadian Section, G. H. Q. - 3<sup>rd</sup>, Ech.  
 85 APR 1917  
 Lieut for Major A. A. G.  
 Lt. B. 171 S.W. Bae  
 146  
 217  
 LIEUT.  
 FOR LT: COL: I/O RECORDS, C.O.M.F.

Lieut. J. A. Dack  
 6<sup>th</sup> Canadian Command Depot  
 19/2/18  
 Adjutant  
 for Officer Commanding  
 East Ont. Regt'l Depot.  
 Lieut.-Col. Canadian Discharge Depot.  
 Lieut.-Col. Canadian Discharge Depot.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **724579** (Rank) **Private**

Name (in full) **WILSON Percy James** enlisted in

the **109th Bn**

CANADIAN EXPEDITIONARY FORCE at **Lindsay Ont** on the **18th**

day of **November** 19 **15**

HE served in **England and France**

and is now discharged from the service by reason of

**Physical Unfitness**

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age **23 yrs 10 mths**

Height **5' 7½'**

Complexion **Fair**

Eyes **Blue**

Hair **Brown**

Marks or Scars

**Scar L. Hand and Nose.**

**GSW. Shoulders.....12-4-17.**

*P. J. Wilson*

Signature of Soldier

*J. H. B. [unclear]*

Issuing Officer

Date of Discharge **23rd May 1918.**

Rank **Captain**

**For Lieut.-Colonel,**

**O.C. No. 2 District Depot.**

Signed at **Toronto, Ont.** this **23rd** day of **May** 19 **18**

in Military District No. **"2"**

File Reference No.

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



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. 724579 (Rank) Private Name WILSON. P. J.

Unit 109th Bn

Address on Discharge c-o N. Osbourne. Sarnia Ont.

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations .....NIL.....

Remarks Gold Stripe---One

Signed at Toronto. Ont. this 23rd day of May 19 18.

J. H. B. [Signature]

Name of Officer

*Uniform not to be worn after date of discharge unless written authority has been granted by the G. O. C. of district.*

Rank Captain,  
For Lieut.-Colonel,  
O.C. No. 2 District Depot.  
Appointment



**MEDICAL HISTORY SHEET.**

ORIGINAL

1244

Surname Wilson Christian Name Percy James

Examined { on 23<sup>rd</sup> day of October 1916  
 at Lindsay  
 Birthplace { City or Town Brighton  
 County England

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

Apparent age 31 years  
 Trade or occupation Farmer  
 Height 5 Feet 7 1/2 Inches.  
 Weight 118 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 36 inches.  
 Physical development Good  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		25 APR 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Two  
 Number Two  
 When Vaccinated last Jan'y 24 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>24-1-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Slightly flatfooted  
Pigeon breast

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 12<sup>th</sup> day of November 1915 at Lindsay

Corps.	REG'L NUMBER.	HABITS.	DATE.
<u>Overseas Conty</u> <u>45<sup>th</sup> Mchd Regt.</u>	<u>724579.</u>		<u>12</u> <u>8-11-15.</u>
<u>38th Bn.</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>31<sup>st</sup> C. C. D.</u>	<u>9-1-18.</u>	<u>Gen: Debility</u>	<u>Boarded Biii</u>
<u>Lindsay</u>	<u>17-2-18</u>	<u>"</u>	<u>Good Smith</u>
<u>Ravina Bks. Toronto</u>	<u>May 16<sup>th</sup>/18</u>	<u>Bronchitis &amp; Debility</u>	<u>Biii</u> <u>Major A.M.C.</u> <u>Pres: S.M.B.</u>

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

In Charge of Record  
 Lieut.-Col.  
 D. J. Smith

STANDING MEDICAL BOARD  
 Major A.M.C.  
 Pres: S.M.B.



Christian Name *Percy James*  
 Surname *Wilson*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<b>HEMINGFORD ST. MIL. HOSPITAL</b>											
<i>Birkenhead att. d. St. Western Gen Hospital</i>		14	4	17	15	5	17	<i>G.S.W. Back.</i>	32	<i>Epsom Canadian Conv. Hospital</i>	<i>[Signature]</i>
<i>MCH Epsom</i>		15	5	17	6	6	17	<i>do</i>		<i>Transferred to Orpington</i>	
<b>ONTARIO MILITARY HOSPITAL</b>											
<b>ORPINGTON, KENT.</b>		6	6	17	12	10	17	<i>G.S.W. Back. 129 Suspected TB.</i>		<i>Wound healed leaving no disability. lungs clear except for a little dullness at 4th apex. No rales. General Condition much improved.</i>	<i>[Signature] CAPT. C.A.M. "G" DIVISION.</i>

*Percy Capt  
C.A.M.*



724579 Pte. P.J. Wilson

Chest Report

Present Complaint.

1. Pain at right base anteriorly and precordial pains on deep inspiration.
2. Dyspnoea on slight exertion.
3. Cough worse in morning aggravated by damp weather.
4. Half ounce mucopurulent sputum daily.

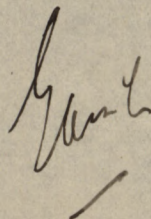
No history of haemoptysis. Father died of Pulmonary T.B. Brother once had Pul. T.B. 5 years ago- is still coughing. Has been subject to winter cough for past 12 years. Had cough in Eng. from Sept. 1916 to Dec. 1916, when he went to France. Cough became worse then. Invalided to Eng. 14/4/17 G.S.W. back. Cough still hung on in Eng. Boarded to Canada at Seaford 16/2/18 with Bronchitis, debility and interscapular pains, board stating that chest shows fine rales over left lung and roughened breathing over right, with 10 lbs. loss in weight. Sputum exam. sent to C.H.M. In Orpington Hospital from June to October for Observation as T.B. suspect, but not definitely diagnosed.

Temp. 99 Pulse 80 (p.m.).  
 D.P.H. 23/4/18 reports T.B. absent from sputum.  
 No def. dulness, No adventitious sounds in chest.  
 His debility is very definite.  
 He is equal to only lightest work for three months.  
 There is a slight Bronchitis but without physical signs.  
 Diagnosis :/ Debility and Bronchitis.  
 Recommendation. Discharge with suitable compensation.

10/5/18

Signed

J.H. Elliott.









724579 Plt. P. J. Wilson. Chest Report.

Temp. 99 Pulse 80 (Pm)

Sputa 23/4/181 up to TB. absent from sputum

No dullness, no adv. rds in chest

His debility is very definite

He should have to equal only to

lightest work for 3 months

There is a slight bronchitis

but without physical signs

J. Fleming

diag.

Debility & Bronchitis

15/5/18

Discharge is suitable ~~compensation~~

16



to the ...

the ...

the ...

the ...

the ...

the ...

the ...

the ...

the ...

the ...

the ...

the ...



1245-79. Pt. P. J. Wilson. Chest Report.

Present Complaint

1. Pain at right base anteriorly & pleural pains on deep inspiration.
2. Dyspnea on slight exertion.
3. Cough worse in am. aggravated by damp weather.
4. 3 or 4 mucopurulent sputum daily.

No history of haemoptysis.

Father died of pul. Tb. Brother once had pul. Tb. 5 yrs. ago - is still coughing.

Has been subject to winter cough for past 12 yrs.

Had cough in Eng. from Sept. 1916. to Dec. 1916 when he went to France. Cough became worse there. Invalided to Eng. 14/4/17 G.S.C. back. Cough still being over Eng.

Boarded to Canada at Seaford 16/2/18 with Bronchitis, Debility & intercostal pains, board stating that chest shows fine rales over left lung, grating breath over right with 10 lb loss in wt.

Sputum exam sent to C.H.L.  
In O'Connell's lungs from June to Oct for observation at the request but not definitely diagnosed.



2/2/14



724579 Pte. P.J. Wilson

Chest Report

Present Complaint.

1. Pain at right base anteriorly and precordial pains on deep inspiration.
2. Dyspnoea on slight exertion.
3. Cough worse in morning aggravated by damp weather.
4. Half ounce muco-purulent sputum daily.

No history of haemoptysis. Father died of Pulmonary T.B. Brother once had Pul. T.B. 5 years ago- is still coughing. Has been subject to winter cough for past 12 years. Had cough in Eng. from Sept. 1916 to Dec. 1916, when he went to France. Cough became worse then. Invalidated to Eng. 14/4/17 G.S.W. back. Cough still hung on in Eng. Boarded to Canada at Seaford 16/2/18 with Bronchitis, debility and interscapular pains, board stating that chest shows fine rales over left lung and roughened breathing over right, with 10 lbs. loss in weight. Sputum exam. sent to C.H.E. In Orpington Hospital from June to October for Observation as T.B. suspect, but not definitely diagnosed.

Temp. 99 Pulse 80 (p.m.).

D.P.H. 23/4/18 reports T.B. absent from sputum.

No def. dulness. No adventitious sounds in chest.

His debility is very definite.

He is equal to only lightest work for three months.

There is a slight Bronchitis but without physical signs.

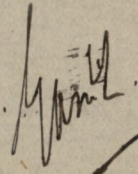
Diagnosis :/ Debility and Bronchitis.

Recommendation. Discharge with suitable compensation.

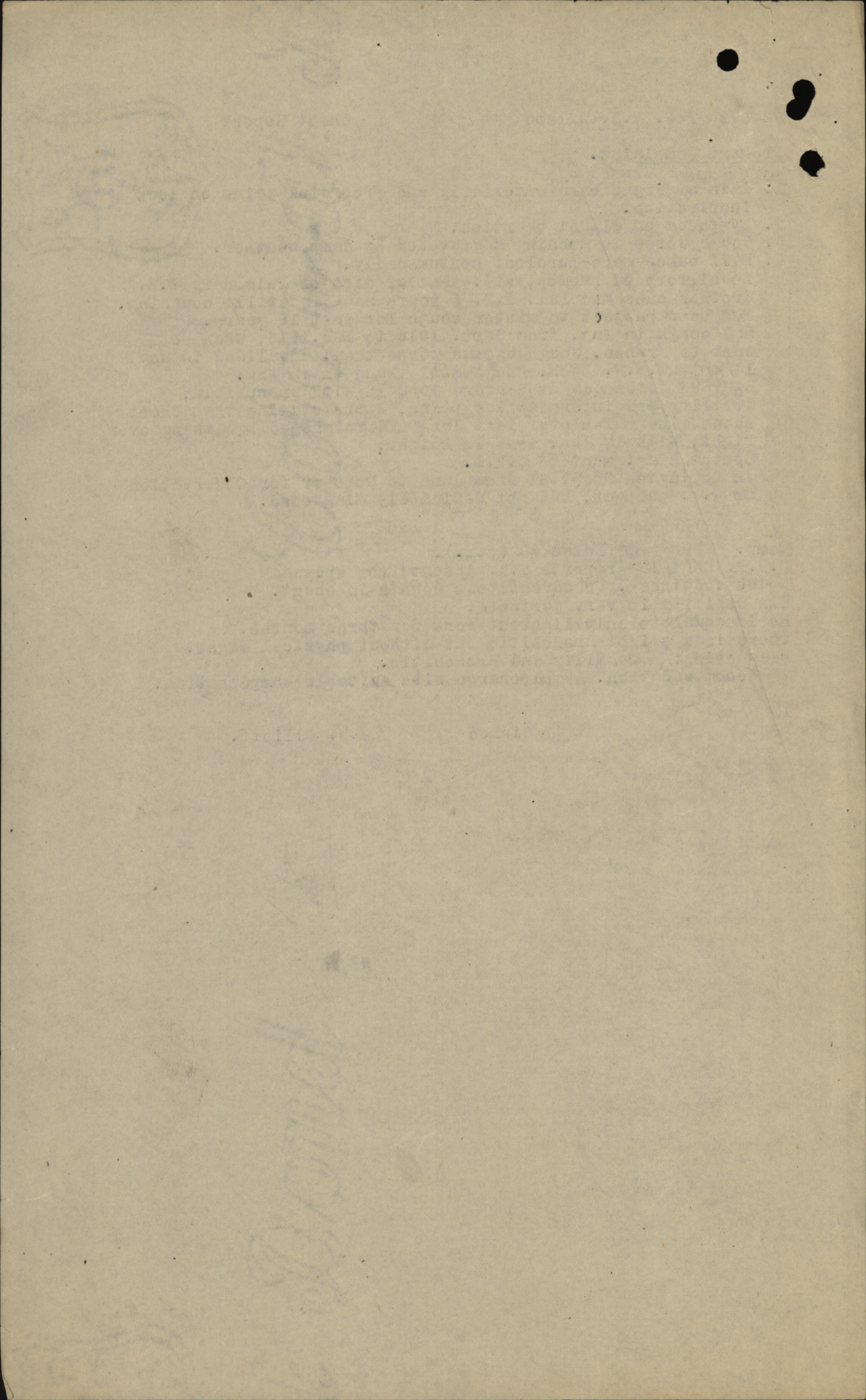
(10/5/18)

Signed

J.H. Elliott.









J.M. Rank \_\_\_\_\_ Name **WILSON, Percy James.** ✓ Reg'l No. **724579** ✓  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.** ✓  
 Place and Date of Enlistment **Lindsay, 12th Nov 1915.** ✓ Place of Birth **Brighton, England,** ✓  
 Name and Address, Next-of-Kin **William Wilson.** ✓  
**P.O., Oakwood, Ontario, Canada.** ✓ Relationship **Brother.** ✓  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

6494

N/E. R.B. No. <u>6577</u>
File R.L. _____
Category <u>Can of</u>

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	B 103 216 11-15-16 BLEN.
4.12.16	061094Bn	SOS on tfr. to 38 <sup>th</sup> Bn.	Whitley	4.12.16	Pr II 99339 P. I. 90.
13.12.16	38th Bn	T-O-S on tfr from 109th Bnsht	Field	6.12.16	242.
19.4.17	"	13 STAT HOSP	BOULOGNE	10.4.17	(L M) 75 SW BACK str
25.4.17	"	1 <sup>st</sup> WESTERN GEN HOSP WOUNDED	LIVERPOOL	14.4.17	" B/171
25.4.17	"	SOS TO EAST ONT REGT SEAFORD	FIELD	12.4.17	Pr II 47 v46 d 27.4.17 E ORD
21.5.17	"	TRANS C C HOSP WOODCOTE PARK	EPSOM	17.5.17	CL B/192
12.6.17	"	Trans to:- Ontario Mil Hosp.	Orpington	17.6.17	CL B 210 SW. Back and Susp. Sub. Lung.
12.10.17	EORC	Dischgd " "	"	13.10.17	CL B 35. "
16.10.17	3 <sup>rd</sup> C.C.P.	Attached for p. I.	p. Seaford	12.10.17	Pr II 20. 202. EORC. / St. 217 15/10/17



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.				
19-2-18	EOR Dep.	Ceases on Com <sup>2</sup> 3 <sup>rd</sup> CCD 4 in on Pt Seafoat Com <sup>2</sup> CCD Brackon pending Embark to Canada for discharge		19-2-18	PR 0050 93 <sup>rd</sup> CCD P 50 H2d/19-2-18
13.3.18	EOR Dep.	Ceases on Com <sup>2</sup> CCD 4505. on proceeding to Canada for disposal by A.G.)	Pt Seafoat	26.2.18	P. II-72



MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

OVERSEAS CONTINGENTS

Sheet No. 2. Manager - Bank of Commerce.

Credit 41 -

Name of Soldier Wilson, Percy James.

PAYMENTS. # 724579

Pte. 109 Batt.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 <sup>00</sup>	<b>AUG 1 1918</b>
April	1916			
May				
June				
July				
Aug.		Y 15453	15	
Sept.		E 19067	15	
Oct.		E, 23719	15	
Nov.		M 27757	15	
Dec.		S 33700	15	
Jan.	1917	U 41801	15	
Feb.		V 43716	15	
March		U 49433	15	
April		V 5513	15	15 (W)
May		V 12481	15	
June		U 18922	15	B.
July		R 26305	15	
Aug.		Q 33581	15	
Sept.		W 42518	15	
Oct.		Z 45398	15	
Nov.		L 54209	15	
Dec.		L 61012	15	\$255 <sup>00</sup>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Handwritten mark*

*Handwritten mark*



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.				



*Bank Account.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*Credit of—*

To Whom *Manager.*  
 Address *Bank of Commerce*  
*Lindsay,*  
*Ont.*

By Whom Assigned *Wilson, Percy James*  
 Regtl. No. *72 4579.*  
 Rank *Pte.*  
 Corps *109 Batt. "A" Co.*

Rate *15<sup>00</sup>*

**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				





21 100000



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

9679  
/ 192

Name **Wilson, P.J.**  
Surname

Christian Name

Regimental Number **724579**

Rank **pte**

Address (in full) **% N. Osborne, Sonya, Ont.**

Unit **109th Bn**

Original Unit

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

Date of Discharge

P. D. P. Filing Number **12-554-2**

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

L. L. 22573—M. & D. 3009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 100	9160	24-6-18	33 00	8753	24-6-18	34 10				33 00	67 10
661	pt 919066	28/2/19	70 00								
378A	sal 940572	15/3/19	70 00								

Remarks:

M. F. W. 127.  
60m - 6 17.  
1792-39-1140.







Name Pte. Wilson, P.J.

M. F. W. 41  
100M-1-18.  
1772-39-889.

*AM*

Regimental No. 724579

Name and address of next-of-kin

Unit

109 Bn

Date of enlistment

Place of

Married (yes or no)

No

Date and place discharged

Amount of pay assigned monthly \$ pd ruck

Reason for discharge

To whom payable

42 Sourthern Ave

Character on discharge

SPC

Down

*80  
2/10*

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					
<u>Feb 19</u>	<u>30</u>	<u>71</u>	<u>1</u>	<u>71</u>	<u>71</u>	<u>10</u>	<u>710</u>	<u>12</u>	<u>9010</u>	<u>20982</u>	<u>20</u>	<u>1313</u>	<u>D.O. 91.</u> <u>Sub. Mar. 19-Apr. 2.</u>	
										<u>21501</u>	<u>5697</u>			
<u>May 1</u>	<u>23</u>	<u>23</u>	<u>1</u>	<u>23</u>	<u>23</u>	<u>10</u>	<u>230</u>	<u>8</u>	<u>3330</u>	<u>22230</u>	<u>66301</u>	<u>33</u>	<u>5180</u> <u>dis 20 35</u>	
<u>June</u>										<u>730</u>	<u>730</u>		<u>credit</u> <u>pm 25 lvi 161</u> <u>22/5/18</u>	
										<u>23113</u>	<u>930</u>			



















724579 Pte Wilson Percy James. A.P. 15<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT			
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE						NO.	DATE	
			333	30					1610	34940					4869	1460	2614	150	739	43	109	97.			Nil					
May 21	1		1	10						110																				
June 20	20		22	00						22 00								15	15									To. Epsom Pat. 21.6.17 ar.		
"	10		11	00						11		996	245			974														
July 31	31		34	10						34 10								15	15											
Aug 31	31		34	10						34 10		905	17/5			973			15	24	73									
Sept 20	20		22							22								15	15											
"	10		11	-						11																				
			468	60					1610	48470																				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. RED. PAY	ALLG. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. RED. PAY	ALLG. ENG.
1917									151 20																
Oct.	31 19		34 10	Asst. Pay					15																
Nov	P.P.		34 10	53200 ar 649 17/17 Exp. Pat.	4 87				15																
Dec	1		34 10	Can ar	4 87				15																
				AR 703 8.8.17 Ont Mid Hoop	4 87				15																
				AR 900 6	4 86				15																
				AR 609 13.6.17	4 86				15																
				AR 1667 29.11.17 3rd CCD.	9 73				15																
				C.O.P.					15																
Jan	P.P.		34 10	ar	19 46				30																
				AR 788 20.12.17 3rd CCD	2 07				15																
				AR 801 21.10.17 3rd CCD	4 87				15																
				AR 1431 29.10.17 3rd CCD	9 73				15																
				AR 822 12.10.17 3rd CCD	4 86				15																
				AR 1566 14.11.17 3rd CCD	4 86				15																
Feb	P.P. 1-18		19 80	Can P	14 60				15																
				AR 2078 16-118	9 73				15																
				AR 331 30.11.18	4 87				15																
				AR 145 18.2.18	2 43				15																
Mar	22 12/17 22/17 30 202 1/17 3668		19 80	24005	38 93				15																
				298. 18/18. 3668	57				15																
				AR 751 9/9/17 Orp	4 87				15																
July			1 50	Spl. P.M.	5 44				15																
					23 89				15																

A 3 M. FORM RECORDED 1/3/18  
 DISCHARGED TO CASH 1/12/18  
 PAY BOOK VERIFIED 1/12/18  
 BAL. 16.62 L.P.C. REN'G. 1/12/18  
 AUTHY. A. 113.179. 18.2.1911  
 Checked: [Signature]  
 Suppl. L.P.C. 10/4/18  
 C. Bal. 23.90  
 Checked: [Signature]



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

*Bank account credit*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *72 4579*

Rank *Rtc* Promoted Reverted Discharge

Soldier's Name *Perry James Wilson*

Battalion *109 Batts* *A. Co*

Beneficiary

Relationship

Address

Name *Manager Bank of Commerce*

Address *Friday Ave*

Change of Address

1

2

3

4

*4.12.23  
SIX*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>	<i>✓</i>	<i>255</i>	<i>255</i>	<i>..... A/c Closed 31-3-18</i>
<i>Jan 18</i>	<i>72266K</i>		<i>15</i>	<i>15</i>	<i>\$300 Ret'd per Canada</i>
<i>Feb 18</i>	<i>73600 P</i>		<i>15</i>	<i>15</i>	<i>Date 21/3/18 F.X. 25/3/18</i>
<i>Mar</i>	<i>95841 X</i>		<i>15</i>	<i>15</i>	<i>..... Clerk G. Y. Beaman</i>
			<i>300</i>	<i>300</i>	<i>MP #2</i>

M. F. W. 128  
400M-617-172-39-1141  
I. L. 22320-M. & D. 7483.

*MP #2 Bond  
4/8 25/3/18*







1. L.P.C. issued, date... 18-2-18 .....
2. Authority... A & B 179 .....
3. Discharged to... Canada .....
4. Pay Book verified... #8 20-2-18 .....
5. Balance shown on L.P.C. \$... 16.60 .....
6. Balance shown in Ledger Sheet \$... 60.96 .....
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date	Unit & particulars of entry.	Amount	
			Debit	Credit
<del>751</del>	<del>5-9-17</del>	<del>Cornington</del>	<del>4</del>	<del>87</del>
<del>2038</del>	<del>14-1-18</del>	<del>Seaford</del>	<del>9</del>	<del>73</del>
<del>2331</del>	<del>30-1-18</del>	<del>do</del>	<del>4</del>	<del>87</del>
<del>2445</del>	<del>18-2-18</del>	<del>do</del>	<del>24</del>	<del>33</del>
<del>29005</del>	<del>18-2-18</del>	<del>3rd rd do</del>	<del>5</del>	<del>1</del>
Net Difference			<u>44.36</u>	<u>44.36</u>

8. Assigned Pay cancelled  
A.3.M. Forms rendered... 1-3-18 .....
- or 9. Separation Allowance and  
Assigned Pay continued  
to dependent in England  
and transferred to Accounts  
Branch for payment.....

Certified correct..... [Signature] ..... Officer i/c  
Group. B







Regt. No., Rank and Name 724579 Pte Wilson P.T. Corps 3rd Coy

Disease \_\_\_\_\_ Hospital \_\_\_\_\_

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

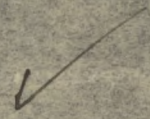
Please carry out an examination of the accompanying specimen of Sputum  
with special regard to T.B.

Date 26.10.17. \_\_\_\_\_

O. i/c \_\_\_\_\_ Ward. \_\_\_\_\_

**LABORATORY REPORT.**

*T Bac - negative*



*[Handwritten signature]*



Date of Examination \_\_\_\_\_

*Chd ...*

O. i/c Laboratory.

*C*





*Pte. Wilson P.T.*

PROCESSED BY THE POST OFFICE

NOV 10

NOV 10

NOV 10 1891



DW San OR 26<sup>2</sup>/<sub>8</sub> 20K

PROCEEDINGS OF A MEDICAL BOARD.

Dated at JAN 9 1918

No. 724579 Rank PTE Name WILSON P J

Local Unit 3rd CCD Overseas Unit 38th BATTN Age 23

Examination held at 3rd CCD Seaford

DISABILITY. Overseas—Local. (scratch one out)

GENERAL DEBILITY SHORTNESS OF BREATH

PRESENT CONDITION.

In France 4 1/2  
Complaint -

Shortness of breath  
General weakness  
unable to carry on general training  
+ carry pack on account of GSW  
over spine

Exam - General appearance poor  
Respir - Harsh breathing throughout  
PR 110 at rest  
GSW over 7th dorsal vertebra

BOARD RECOMMENDS:-

B III not likely to improve in 6 months

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:-

Genl Smith Capt. President.

Members

Mr. H. Taylor capt.  
A. W. Smith Capt.

APPROVED

Dated at Seaford 10-1-1918 Elizabeth Dowling M.D. Comm.



# PROCEEDINGS OF A MEDICAL BOARD

..... Dated at JAN 11 1948

..... No. 1 Rank 1st Lt Name WILSON, F. T.

..... Local Unit 1st Lt Overseas Unit 1st Lt Age 32

..... Examination held at 1st Lt

DISABILITY  
 Overseas—Local  
 (attach one out)

## PRESENT CONDITION

## BOARD RECOMMENDS—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures—

..... President

..... Members

APPROVED

..... Dated at JAN 11 1948



This space to be for numbers

# Proceedings on Discharge.

DEPT  
MILITARY DEFENCE  
JUN -6 1918  
H.Q. CANADA

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

No. <b>724579</b>	
Rank <b>Private</b>	
Surname <b>WILSON</b>	
Christian Name <b>Percy James</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>#2 Dis Depot (109th Bn) (3rd CCD)</b>	
Date of Discharge <b>23rd May 1918.</b>	
Place of Discharge <b>Tor onto. Ont.</b>	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>	
Age <b>23</b> years <b>10</b> months.	Descriptive Marks  <b>Scar L. Hand and Nose.</b> <b>GSW Shoulders</b>
Height <b>5</b> feet <b>7½</b> inches.	
Complexion <b>Fair</b>	
Eyes <b>Blue</b>	
Hair <b>Brown</b>	
Trade <b>Farmer</b>	
Intended place of residence } <b>c-o N Osbourne</b> <b>Sarnia Ont</b> <small>(To be given as fully as practicable.)</small>	
<b>2. The above-named man is discharged in consequence of</b>  <b>Physical Unfitness</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	<b>3. Conduct and character while in the service have been, according to the records, etc.</b>  <i>Very Good etc</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>  <b>a Farmer</b>

M. F. B. 218.

100M.-1-17.  
H. Q. 1772-39-113.

(OVER)



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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) Toronto, Ont.

(Date) 23rd May 1918.

Commanding H. S. Beecher Captain,

For Lieut.-Colonel,

O. C. No. 2 District Depot.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto, Ont. P. J. Wilson (Signature of Soldier.)

(Date) 23rd May 1918. H. S. Beecher (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) 2 years 192 days.

Total 2 years 192 days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.

(Date) 23rd May 1918.

(Signature) H. S. Beecher Captain,

For Lieut.-Colonel,

O. C. No. 2 District Depot.



**Reservations referred to at Para. 8.**

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

**List of Discharge Documents.**

<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge, B. 218.</p>	<p>Reg. Conduct Sheet, Militia form B. 202.</p> <p>Conduct Sheet, B. 203a.   Squadron   Battery   Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of each having been prepared).</p>	<p>Copies of Convictions, by C.P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313.</p> <p>Medical Report for Invalids* B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cert.   D. 817.</p> <p>*Only if discharged "Medically unfit."</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



508 6-8-18

377

81-9-11  
p 236

JUN 6 1918

Reservations referred to at Part 8.  
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

# MEDICAL HISTORY OF AN INVALID

STATION Ravina Bks. Toronto DATE Apr. 8th. 1918

1. (a) Unit #2 District Depot (b) Regimental No. 724579 (c) Rank Pte  
(d) Surname WILSON (e) Christian name PERCY JAMES.

2. Age last birthday 23 Date of birth July 27th. 1894

3. Enlisted at Lindsay Ont on November 6th 1915.

4. Personal description:—

(a) Height 5' 7½" (b) Weight 132 (c) Complexion Fair  
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Scars on back of left hand 1 left side of nose, one on back of shoulder blade.

5. Address after discharge (for the use of the Board of Pension Commissioners.)  
c/o Norman Osburne Sonya Ont.

6. Former trade or occupation Farmer

7. (a) Service

NO. 2 MILITARY DISTRICT	
MAY 22 1918	
34-111-522	
ears 2	Days 5 months

	PERIODS	
	From	To
109th Bn.	Nov. 6th. 1915	Dec. 1916
38th. Bn.	Dec. 1916	Apr. 1917
#2 D.D. Bn.	Apr. 1917	To date

(b) Has he been Overseas? Yes France

8. Present disease or disability (use authorized nomenclature if possible). Bronchitis with debility

(a) Date of origin 1908 (b) Place of origin England

(c) Cause\* Contraction of cold subsequent development of Bronchitis

9. Present condition. Debility dated from April. 1917  
(Important, to be a full description of the present disabling condition or conditions).

**Subjective;—** Cough worse in morning. Slight during the day with variable amount at night. Some nights cough keeps man awake. On other nights no interruption of sleep by cough. Appetite capricious and variable. Has lost weight but is gaining weight now.

**Objective;—** See special report on chest. States Debility and Bronchitis. No T.B. in sputum. Pulse 74 sitting, 96 after 50 yard run, returning to 74 in 4 minutes. Pulse of low tension at rest, after exercise volume markedly increased, but there is <sup>an</sup> irregularity noted with a missed beat occurring once in every 6. Respirations 22 sitting, 228 after above

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(Continued on page 4)



10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Vaccination marks on e (Left arm)

Scar 1/2" by 3/8" over 7th dorsal vertebrae in mid spinal line. Not adherent, not painful, not tender to pressure (Gunshot wound)

No disability. from same. No Myalgia

Scar 1/2" by 1/2" left side nose near centre. Non adherent, Not tender Not painful. Slight scar 1/2 size 5¢ piece. Dorsum of hand (Left). Not adherent not painful. not tender

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? Off duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes yes No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months (Improvement in that without time.)

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

No treatment for Bronchitis or Debility.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

19. Can the former trade or occupation be resumed? yes (Yes in some capacities)

20. Recommendations

DISCHARGE (see special report)

A. Mellyan M.D. Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

F.J. Wilson.

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Pte F.J. Wilson Signature of soldier examined.



### OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment~~
- (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).

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

That he be placed in Category "E" and be discharged as physically unfit.

W. J. McLean Major. President.  
 G. M. Lutz Capt. }  
 W. J. Clarke Capt. } Members.

STATION Ravina Barracks, Toronto.

DATE May 16th. 1918.

APPROVED BY

DATE 20/5/18

APPROVED BY

DATE \_\_\_\_\_

*[Signature]*  
 Assistant Director of Medical Services.

Director-General of Medical Services.



exercise. Heart normal in size and no murmurs. Nervous system negative. Urine ~~Negative~~ Specific Gravity 1024, acid reaction. No sugar No albumen.

All other systems are normal.

Incapacity is due to partial loss of function of Respiratory system due to Bronchitis and general weakness from debility.

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

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN  
**MEDICAL HISTORY OF AN INVALID**

STATION Ravina Bks. Toronto DATE Apr. 8th. 1918

1. (a) Unit #2 District Depot (b) Regimental No. 724579 (c) Rank Pte  
(d) Surname WILSON (e) Christian name PERCY JAMES.

2. Age last birthday 23 Date of birth July 27th. 1894

3. Enlisted at Lindsay Ont on November 6th 1915.

4. Personal description :-

(a) Height 5' 7 1/2" (b) Weight 132 (c) Complexion Fair  
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

Scars on back of left hand 1 left side of nose, one on back of shoulder blade.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

c/o Norman Osburne Sonya Ont.

6. Former trade or occupation Farmer

7. (a) Service

Years	Days
<u>2</u>	<u>5 months</u>

PERIODS

	From	To
<u>109th Bn.</u>	<u>Nov. 6th. 1915</u>	<u>Dec. 1916</u>
<u>38th. Bn.</u>	<u>Dec. 1916</u>	<u>Apr. 1917</u>
<u>#2 D.D. Bn.</u>	<u>Apr. 1917</u>	<u>To date</u>

(b) Has he been Overseas? Yes France

8. Present disease or disability (use authorized nomenclature if possible). Bronchitis with debility

(a) Date of origin 1908 (b) Place of origin England

(c) Cause\* Contraction of cold subsequent development of Bronchitis

Debility dates from April. 1917 \* (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

**Subjective; -** Cough worse in morning. Slight during the day with variable amount at night. Some nights cough keeps man awakw. On other nights no interruption of sleep by cough. Appetite capricious and variable. Has lost weight but is gaining weight now.

**Objective; -** See special report on chest. States Debility and Bronchitis. No T.B. in sputum. Pulse 74 sitting, 96 after 50 yard run, returning to 74 in 4 minutes. Pulse of low tension at rest, after exercise volume markedly increased, but there is <sup>an</sup> irregularity noted with a missed beat occurring once in every 6. Respirations 22 sitting, 28 after above

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(Continued on page 4)



10. History;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Vaccination marks on e (left arm)

Scar 3/4" by 3/8" over 7th dorsal vertebrae in Mid spinal line. Not adherent. not painful, not tender to pressure (Gunshot wound)

No disability. from same.No Myalgia

Scar 1/2" by 1/4" left side nose near centre.Non adherant. Not tender Not painful. Slight scar 1/2 size 5¢ piece. Dorsum of hand (Left).Not adherent not painful. not tender

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? Off duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes. Yes No. (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months. (Improvement without time.)

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

No treatment for Bronchitis or Debility.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

19. Can the former trade or occupation be resumed? yes (Yes in some capacities)

20. Recommendations

DISCHARGE (see special report)

Almelyan M D Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned P.J.Wilson. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Pte P. J. Wilson Signature of soldier examined.



# OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

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

That he be placed in Category "E" and be discharged as physically unfit.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

W.T. McLean Major. President.  
 E.A. Lutz Capt. }  
 W. Melank Capt. } Members.

STATION Ravina Barracks, Toronto.

DATE May 16th, 1918.

APPROVED BY

DATE

*[Signature]*

*[Signature]*  
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.



exercise. Heart normal in size and no murmurs, Nervous system negative  
Urine ~~Negative~~ Specific Gravity 1024, acid reaction. No sugar No  
albumen.

All other systems are normal.

Incapacity is due to partial loss of function of Respiratory system  
due to Bronchitis and general weakness from debility.

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

**INSTRUCTIONS**

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at JAN 9 1918

No. 724579 Rank PTe Name WILSON B J

Local Unit 3rd CCD Overseas Unit 38th BATTN Age 23

Examination held at 3rd CCD Seaford

DISABILITY.  
Overseas—Local  
(scratch one out)

GENERAL DEBILITY  
SHORTNESS OF BREATH

PRESENT CONDITION.

In France by  
Complaint -

Shortness of breath  
General weakness  
unable to carry on General Training  
heavy pack on account of GSW  
over spine

Exam - General appearance poor  
Respir - Harsh breathing throughout  
PR 110 at rest -  
GSW over 7th dorsal vertebra

BOARD RECOMMENDS:— B III not likely to improve in  
6 months

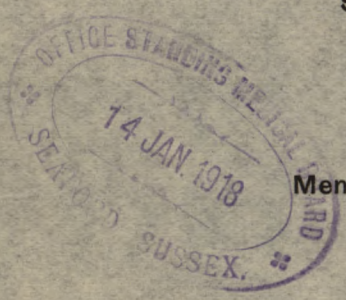
- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

Genl Smith Capt. .....President.

Wm H. Taylor Capt. .....

W. F. Smith Capt. .....



Members

APPROVED

Dated at Seaford 10-7-1918 Elizabeth Douglas Moxham  
For A.D.M.S.



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at London 1916

No. 100 Rank Major Name W. J. ...

Local Unit ... Overseas Unit ... Age ...

Examination held at ...

DISABILITY.  
 Overseas—Local.  
 (separate one out)

## PRESENT CONDITION.

*[Faint handwritten notes and signatures in the 'PRESENT CONDITION' section]*

## BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

President.....

Members.....

APPROVED

Dated at London 1916

For A.D.M.S.

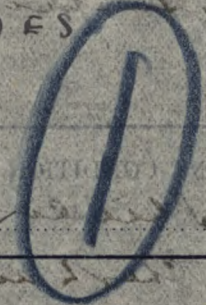


Reserved for M.H.C.

Regt. No. 724579 Rank Pte Surname WILSON Christian Name PERCY JAMES  
 Unit or Corps—(a) Overseas from United Kingdom 38<sup>th</sup> Bn (b) In United Kingdom E.O.R.D.  
 Born at—Town BRIGHTON County or Province SUSSEX Country ENGLAND  
 Date of Birth—Day 27<sup>th</sup> Month JULY Year 1894 Age 23 yrs. 5 months.  
 Joined at LINDSAY ONT. Date 12<sup>th</sup> NOV. 1915  
 Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification—  
SCAR ON LEFT SIDE OF NOSE  
SCAR ON BACK LEFT HAND  
SCAR BETWEEN SHOULDER BLADES

Height—feet 5 inches 7 1/2 Colour of eyes BLUE  
 Signature of Soldier (for identification purposes) Percy James Wilson



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) SHORTNESS OF BREATH
- Disabilities Group (b) GENERAL WEAKNESS
- Disabilities Group (c) PAIN BETWEEN SHOULDER BLADES

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>BRONCHITIS</u>	<u>ENGLAND</u>	<u>JUNE 1917</u>
(ii.) As to Group (b) above.	<u>DEBILITY</u>	<u>ENGLAND</u>	<u>JUNE 1917</u>
(iii.) As to Group (c) above.	<u>G.S.W.</u>	<u>FRANCE</u>	<u>APRIL 9-1917</u>

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

4. Is the disability due to disease contracted or injuries received while on Active Service—  
 (i.) As to Group (a) above? YES  
 (ii.) As to Group (b) above? YES  
 (iii.) As to Group (c) above? YES



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

(i.) While on duty? **YES** (ii.) While off duty? **NO**  
(iii.) Was a Court of Inquiry held? **NO** (iv.) Where? **—** (v.) When? **—**  
(vi.) Opinion of the Court? **—**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

**G. S. W. over 7<sup>th</sup> Dorsal vertebrae - In Hospital France 5 days - Transferred to England (Newington Hospital) In Hospital England 14-4-17 to 6-6-17 - In England Hospital from 6-6-17 to 12-17 for observation. T.B. suspected but not definitely diagnosed**

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

**Chief complaints of shortness of breath, pains in chest and cough. His chest shows fine rales over left lung, and Roentgen breathing over right lung. Weighed 135 pounds in Canada - now weighs about 125 pounds - Does not look in good health. Pulse. Seated 80 - on exercise 95 and irregular. Other systems normal**

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.

**one tooth back upper molar removed in Canada**

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

Date of Report **Feb 16** 1918

Signed **M.A. Cook**  
Officer in medical charge of case.

Station **Seaport Hospital**

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

**F. X. Graham** Capt. Officer i/c Hospital (Strike out one of these.)  
S.M.O. Brigade

Dated at **Seaport** Station, on **Feb 16** 1918

\* Delete if inapplicable.



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

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

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

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

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

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

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?  
(Estimate at none,  $\frac{1}{5}$ ,  $\frac{2}{5}$ ,  $\frac{3}{5}$ ,  $\frac{4}{5}$ , or all.)  
*not applicable*

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

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

18. Remarks.

19. Recommendation :—(a) Fit for duty? *no*  
(b) Fit for base duty? *yo B III not +*  
(c) Invalid to Canada? *no*  
(d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

Date of Board *17-2-18*

Station *Beaford*

Approved

Dated at *Seaford, Sussex*

Signatures of the Board.  
*Ullwace Capt. President.*  
*immuloh*  
*ggullies capt*  
*T. J. Gibben*  
A.D.M.S.  
Station *for A.D.M.S. Commission* 191



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 \_\_\_\_\_ 1918

Members of the Board:—

\_\_\_\_\_

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

1. *Not applicable*

2. *Not applicable*

3. *Not applicable*

4. *Not applicable*

5. *Not applicable*

6. *Not applicable*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 1918

\_\_\_\_\_  
President.  
\_\_\_\_\_  
Signatures of the Board



REFER TO FILE.

In reply please quote No. **107524**  
and date of letter

THE CANADIAN DISCHARGE DEPOT,  
BUXTON.

2

**STATEMENT ON DISCHARGE.**

STATEMENT OF...Name Wilson P.G.  
Reg. No. 724579 Rank pet  
Unit 38th Batt  
Place Buxton Date 28/2/18

To OFFICER i/c, EMBARKATION, at \_\_\_\_\_

I hereby request my Discharge in \_\_\_\_\_

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon, opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT  
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature Percy James Wilson  
Rank \_\_\_\_\_

Witnesses { J. Phillips Lt  
(Adjutant, C.D.D., Buxton).  
J. Alderley Sr O.C.  
(O.C., C.D.D. Buxton).

**N.B.**—This statement will be prepared in duplicate, and disposed of as follows:—  
ORIGINAL—To be forwarded with Discharge Documents.  
DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.



REFER TO FILE

In reply, please quote the  
and date of letter  
107224

THE CANADIAN DISCHARGE DEPOT

BUXTON

# STATEMENT ON DISCHARGE

STATEMENT OF NAME

Reg. No.

Unit

Place

Rank

Date

NO OFFICER'S SEPARATION AT

I hereby request my Discharge in

I desire to make the following remarks on the understanding that this statement may be produced as evidence in any subsequent inquiry in regard to the following matters:

CLOTHING

FOOD AND TREATMENT  
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton. I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature

Rank

*[Handwritten signature]*

(Official stamp and text)

U.S. - This statement will be prepared in duplicate and disposed of as follows:  
ORIGINAL - To be forwarded with Discharge Documents  
DELETED - To be filed for reference in the (C) (Canadian Discharge  
Book BUXTON

Indicate the categories of requests  
concerning it and fill in notes



# CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

75  
B.10

Corps 38th Can Bn.

Military Hospital \_\_\_\_\_

No. 724579

Rank and Name Pte Wilson P. J.

Age 22

Service 19/12

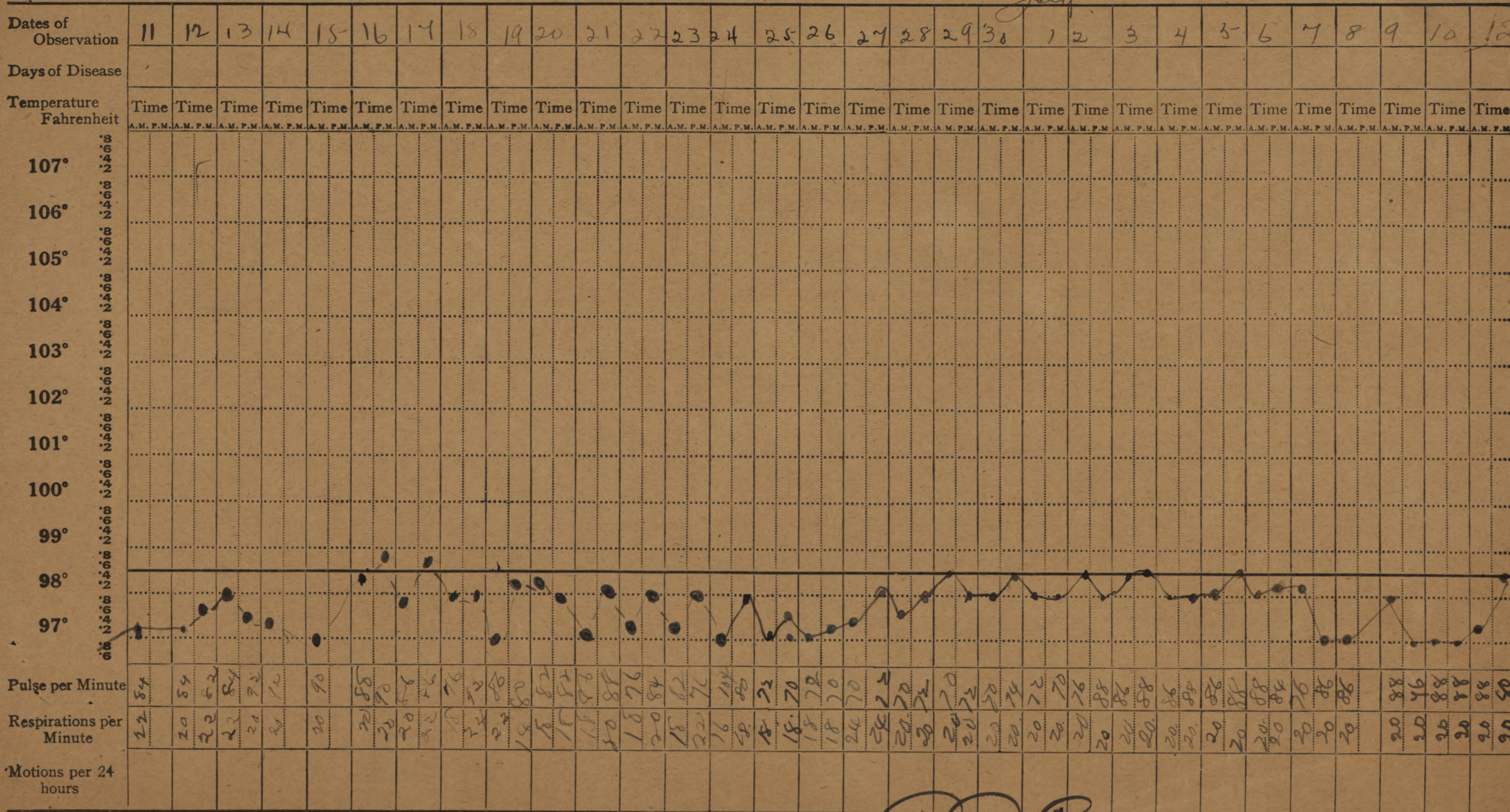
Disease Tubercle of Lung.

Suspect.

Date of admission June 6th 1917

Date of discharge 12 10 17

Result D 1



Signature [Handwritten Signature] in charge of case.







Mr. W. Wilson  
Oakwood, Ontario } Brother  
Canada

Ward 19 15 10

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 2 T 2030 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.	
	724579	Pte	Wilson	P	J.
Station and Date. Orpington June 6th 1917	Unit. 38th Can Bn.		Age. 22	Service. 19/12	
	Disease <u>Tubercle of Lung, Suspect</u>				
	Complaint: Cough, - sputa chiefly in morning, shortness of breath on exertion; loss of weight, weakness.				
	Father died of consumption in 1908; mother died at childbirth.				
	Was farmed at Louisa, Ont.; enlisted Nov. 6/15 at Lindsay; to Eng <sup>l</sup> Aug 1/16; had colds rarely in Canada never of great duration; to France Dec 6/16; at Vimy Ridge, shrapnel wound Apr. 9, in back; to 13th Hosp. Boulogne Apr 10 to 13; to Birkenhead 1 month; to Epsom 3 wks; to O.M.H.				
12.6.17	Cough began about 6 weeks after landing in France and has had occasional freedom from it. Did not spit blood after being wounded - BP. 120 - 90				
	Heart normal. (Examined by Col. Radoff) Lungs " " "				
	Crepitations over lower left lobe, with interrupted breathing - no symptoms to suggest T.B.				
	Scar about 6 <sup>th</sup> dorsal vertebra; no sign of wound of exit.				
9-6-17	Spec sputum - negative for Tubercle Bacilli				
11-6-17	Urinalysis - amber. acid - sp. 1030. albu. Sug <sup>o</sup> .				

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



Station  
and Date.

15-6-17.

X Ray Report. 7 marked. Piece of metal  
 $\frac{1}{2} \times \frac{1}{2}$  posterior to the interspace between the  
8<sup>th</sup> + 9<sup>th</sup> ribs close to the vertebral articulation  
and in from the posterior mark about  $\frac{1}{4}$  inch

18-6-17

Weight 127 lbs.

25-6-17.

Weight 126 $\frac{1}{2}$  lbs

21-6-17.

Sputum Examination - Negative to T.B.

22-6-17

Lungs clear - nothing abnormal to note -

22-6-17

Sputum Negative to Tuberculosis

27/6/17

Definite pleuritic rub on ausc. & palp. Rt base  
from best heard part. from 6<sup>th</sup> to 10 rib part axillary line.  
Diff. of percussion note over <sup>4 days duration.</sup> infraclav. fossa  
with restricted movement in this area.

Complains of pain at lower chest on long inspiration,  
not severe - to bed & side strapped

20/7/17

Diminished expansion lower left base marked in front  
Sullness right axilla & back to middle of scapula - over  
the 6-7 diminished but not absent - B.S. diminished  
Mottly, H. L. McCrae

Lt Col McCrae.

18.9.17

General cond at good. Rt shoulder  
Gorner. Rt Scapula more prominent  
Vocal F. about equal at bases.  
very little difference in percussion  
and auscultation. Lower border of  
~~right~~ lung is not fixed. Some dullness  
at rt. apex. No rales heard. Expirations  
a little prolonged. Whispered voice  
distinctly altered.

27.9.17

Analysis. Ant. - Ant. - Exp. 1000. Album. 2.5 gms  
Suggest sending to Command Depot  
General Cond. - fair.

4.10.17.

Word slip sent to registrar's office. P. Leary Capt  
C. M. C.

3.10.17.



724579 Pte Wilson P. J. 109th Batta CEF  
Will Removed by Regt Paymaster

*J. J. Williams* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

79433

C O N Osbourne  
Sarnia  
Ont

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724579

Name Pte Percy J Wilson

Unit 109 Batta: C.E.F.

Military Will.

In the event of my Death I  
give the whole of my property  
and effects to my sister

Miss Florence Wilson  
do Miss Harvey  
20 Tudor Rd  
Upper Norwood  
London S.E.

*W. J. Williams*  
~~W. J. Williams~~ Cap

O. G. "A" Coy. 109th. Bn. C.E.F.

Signature Percy James Wilson

Rank and Regt. Pte 724579 A

Date Oct 10/10/16







Reserved for M.H.C.

Regt. No. **724579** Rank **Pte.** Surname **Wilson** Christian Name **Percy James**  
 Unit or Corps—(a) Overseas from United Kingdom **38th Bn.** (b) In United Kingdom **E.O.R.D.**  
 Born at—Town **Brighton** County or Province **Sussex** Country **England**  
 Date of Birth—Day **27th** Month **July** Year **1894** Age **25** yrs **5** months.  
 Joined at **Lindsay, Ont.** Date **12th Nov. 1915**  
 Former Trade or Occupation **Farmer**  
 Permanent marks or peculiarities that will serve for future identification:  
**Scar on left side nose**  
**Scar on back left hand.**  
**Scar between shoulder blades.**  
**S.O.S. (Discharged) No.2 District Depot,** **25**  
 Part **II**, C.O. No. **5**  
**18**  
 Height—feet **5** inches **7 $\frac{1}{2}$**  Colour of eyes **Blue**  
 Signature of Soldier (for identification purposes) **Percy James Wilson.**

**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) **shortness of breath.**
- Disabilities Group (b) **General weakness.**
- Disabilities Group (c) **Pain between shoulder blades.**

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.	<b>Bronchitis</b>	<b>England</b>	<b>June 1917</b>
(ii.) As to Group (b) above.	<b>Debility</b>	<b>England</b>	<b>June 1917</b>
(iii.) As to Group (c) above.	<b>G.S.W.</b>	<b>France</b>	<b>April 9, 1917.</b>

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

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

- (i.) As to Group (a) above? **Yes**
- (ii.) As to Group (b) above? **Yes**
- (iii.) As to Group (c) above? **Yes**



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

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

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

G.S.W. ober 7th Dorsal Vertebrae. In hospital, France, 5 days.  
 Transferred to England (Hemingford Hospital) In Hospital England  
 14-4-17 to 6-6-17  
 In Orpington Hospital from 6 June to Oct. 12-17 for observation  
 T.B. suspected but not definitely diagnosed.

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

Still complains of shortness of breath, pains in chest and cough.  
 His chest shows - Fine rales over left lung and roughened  
 breathing over right lung.  
 Weighed 135 pounds in Canada, now weighs about 125 pounds.  
 Does not look in good health.  
 Pulse, seated 80 - on exercise 95 and irregular. Other systems normal

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

(ii.) If so, state what. **-**

(iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe. **One tooth back upper molar removed in Canada.**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **Yes, Bill not likely to improve**

(c) Invalid to Canada? **No**

(d) Discharge from the Service as permanently unfit? **No**

Date of Report..... **Feb. 16** 191**8**

Signed..... **W.A. Clark, Capt, CAMC.**

Station..... **Seaford, Sussex.**

Officer in medical charge of case.

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

**T.F. Graham, Capt.**

( Officer in Hospital ) Strike out one  
( S.M.O. Brigade ) of these.

Dated at..... **Seaford** Station, on..... **Feb. 16** 191**8**

\* Delete if inapplicable.



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

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

11. Is the disability fully indicated in Part I. (1)? **yes.**  
If not, indicate it.
- 
12. Is the cause of the disability fully indicated in Part I. (2)? **yes.**  
If not, indicate it.
- 
13. Was the disability caused or aggravated by—
- |                               |   |                        |   |  |                        |
|-------------------------------|---|------------------------|---|--|------------------------|
| (a) Negligence of the Soldier | { | Caused? <b>no.</b>     | { |  | Caused? <b>no.</b>     |
|                               |   | Aggravated? <b>no.</b> |   |  | Aggravated? <b>no.</b> |
- (b) Misconduct of the Soldier
- 
14. **THE ENTIRE DISABILITY.**—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)  
**not applicable.**
- 
15. **THE PENSIONABLE DISABILITY.**—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?  
(Estimate at none,  $\frac{1}{8}$ ,  $\frac{2}{8}$ ,  $\frac{3}{8}$ ,  $\frac{4}{8}$ , or all.)  
**not applicable.**
- 
16. **Permanency of the Pensionable Disability** estimated next above in (15).  
(i.) Is it permanent?  
(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.

19. Recommendation :—(a) Fit for duty? **no.**
- (b) Fit for base duty? **yes, Bill. not likely to be raised in 6 months.**
- (c) Invalid to Canada? **no.**
- (d) Discharge from service as permanently unfit? **no.**
- Classification for the Military Hospitals Commission.

Date of Board **17-2-18.**

Station **Seaford.**

Approved **17-2-18.**

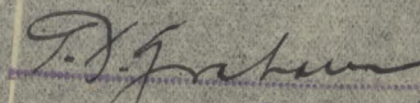
Dated at **Seaford, Sussex.**

Sgd. (Signatures of the Board.)

**N.C. Wallace. Capt. CAMC. President.**  
**J. McKee. Capt.**  
**J.Z. Gillies. Capt.**

A.D.M.S.

Station

  
**Captain. S.A. 191**  
 for A.D. of S., Seaford.

APPROVED



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 :—

\_\_\_\_\_

\_\_\_\_\_



Chairman for the  
Military Pensions  
Committee

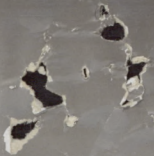
Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

*[Handwritten signature]*

Signatures of  
the Board

President.





H

9



Ontario Military Hospital.

Ward. 19  
Plate No. L  $\frac{B}{733}$  Stereo. AP  
Name. Wilson P. Pte  
Reg. No. 724579  
Age. 12th. 4th Div.  
Unit. 38th Canadians  
Part. Chest  
Date. June 14th, 1917

REPORT:

Piece of metal  $\frac{1}{2}$ " x  $\frac{1}{2}$ " posterior to the interspace between the 8th and 9th ribs close to the vertebral articulation, and from posterior mark about  $\frac{1}{4}$ ".

733 Plate

Wilson P-19







