

1563

A. Coy.

ATTESTATION PAPER

No. 724588

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *William Henry Winans*
2. In what Town, Township, or Parish, and in what Country were you born? *Penville, Ontario*
3. What is the name of your next-of-kin? *Wife - Louise Winans*
4. What is the address of your next-of-kin? *158 Elm St. - Toronto Ont Canada*
5. What is the date of your birth? *8th April 1880*
6. What is your trade or calling? *Salesman*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated? *or inoculated* *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*



Wm H. Winans (Signature of Man.)

F. H. Godson Capt. (Signature of Witness.)

ADJUTANT

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

109th Overseas Battalion, C. E. F.

I, *William Henry Winans*, 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.

Wm H. Winans (Signature of Recruit.)

Date *25th Nov* 1915 *F. H. Godson* Capt. (Signature of Witness.)

ADJUTANT

OATH TO BE TAKEN BY MAN ON ATTESTATION.

109th Overseas Battalion, C. E. F.

I, *William Henry Winans*, 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.

Wm H. Winans (Signature of Recruit.)

Date *25th Nov* 1915 *F. H. Godson* Capt. (Signature of Witness.)

ADJUTANT

CERTIFICATE OF MAGISTRATE.

109th Overseas Battalion, C. E. F.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Lindsay* this *20th* day of *December* 1915

[Signature] (Signature of Justice.)

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

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

DESCRIPTION OF William Henry Wiggins ON ENLISTMENT.

Apparent Age 35 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 3 $\frac{3}{4}$ ins.

Chest measurement { Girth when fully expanded 34 $\frac{1}{2}$ ins.
Range of expansion 3 $\frac{1}{2}$ ins.

Scar on right cheek

Complexion Dark

Eyes Hazel

Hair Black

Religious Denominations { Church of England
Presbyterian Presby
Methodist
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 25 1915

Place Lindsay

J. M. C. [Signature] Capt.
H. C. Boyd Medical Officer
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

Date DEC 29 1915 1915 [Signature] Lt. Col. (Signature of Officer.)
O. C. 109th Overseas Battalion, C. E. F.

REGIMENTAL DOCUMENTS

NAME

WINANS *WILLIAM Henry*

REGT. NO.

724588

UNIT

109

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 A.F.W. 3997

1 G.S.C. 132

1 M.F.W. 192

1 D.M.S. - 1375

1 A.F.O. - 348

1 S.A.C. - 5009A

1 M.F.W. 69

1 B. 1119

1 R. 1227

1 Ind Card

Place and by - W-1581-644-1581-4

29000

(H)

1
2-9
2-9
7-9
1



CARD NO. 2

SURNAME. *Hinans,*

CHRISTIAN NAMES *William Henry.*

REGL. NO. *724588*

RANK *Otc.*

S.O.S. Div. 24-3-192MM.
FOLL. *DO. 80 of 21-3-19 20.8.*

UNIT *109th*

Balk.

FORMER CORPS *mil.*

NEXT OF KIN.

NAMES IN FULL *Hinans, Mrs. Louise*

RELATIONSHIP TO SOLDIER *Wife.*

ADDRESS *158 Elm St., Toronto, Ont.*

CHANGE OF ADDRESS



COUNTRY OF BIRTH *Canada, Penville, Ont.* DATE *Apr. 8th, 1880.*

PLACE OF ATTESTATION *Lindsay, Ont.* DATE *Nov. 20th, 1915.*

Sailed from Halifax per S.S. Olympic 23/7/16



MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Salesman.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

35 YEARS

6 MONTHS

HEIGHT

5 FEET

5 3/4 INCHES

CHEST MEASUREMENT

34 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Dark

EYES

Hazel

HAIR

Black.

DISTINGUISHING MARKS

Scar on right cheek.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Nov. 25th, 1915.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
------	----------	-------	----------	----------	-----------------	-----------

MAN

R

NAME

Winans, W. N.

REG'T'L No.

724588

RANK AND CORPS

Pte 3rd Lab. Bn.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

1567

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

260

Rep. from Base Adm. to hosp 20-6-17


Debility

468

Rep from Base Re Unit 5-7-17

"

No. 724588 RANK *Plt*NAME *Winant W. St.*T. O. S. 25-11-15. UNIT *109th. Battalion.*
D. O. B. 26-11-15.M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov 25</i>	<i>1915. Nov 25</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

UNIT SAILED

JUL 23 1916



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number

724 588

Rank

Corpl

Surname

WINANS

Christian Name

William Henry

Unit

C.P.I.

Theatre of War

France

Date of Service

4/4/17

Remarks

Latest Address

158

Hallam St
Toronto

Roll No.

B. Page 3667

Out



pac

B

V

AUG 9 1921

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

NATURE OF CASUALTY

CABLE

NO.

DATE

29935-007

9a

Name L/I. WINANS, Henry William Rank Cpl Regtl. No. 724588

Fyle Depot 24-Wi-489

Original unit Present unit C.R.T. M. or S. Age 38 Religion Pres. Ref. H.Q.

Port, ship and date of arrival St. John Scotian 1-3-19

Next of kin Wife Louise Winans, 158 Elm St. Toronto, Ont.



Address on leave Same

Address on discharge Same 158 Hallam St. Toronto Ont.

Transportation issued No Date Character on discharge No

Previous occupation Saleman Date and place of enlistment Lindsay Dec. 26/15

Diagnosis Defective Vision Date of Medical Boards 19 3 19

Date.	Remarks.	Pt. 2 Order No.
	TOS 19-2-9 Posted to CaSCO (ExCamp) 1-3-19	
	leave with subs from 3-3-19 to 17-3-19	64
24-3-19	SOS DISCHARGED "MED. UNFIT" entitled to 185 days WSG	80

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

Date.

Remarks

Pl. Order No.

1567

Surname *Winans* Christian Name or Names *W. H.* Reg. No. *724588.*
 Rank *Sgt* Unit *3rd Labour* Co. Troop Batty.
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Debility. No

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CA 10. 7.17. A60.
27. 7.17 A68

R.F.B adm to Hosp.
REMARKS
R.F.B Rej Unit

20 6.17.
5. 7.17

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.

CANADIAN EXPEDITIONARY FORCE.

M. D. 2
 M.F.W. 44.
 1133 (D.P. 250M-12-18)
 1772-39-903.

LAST PAY CERTIFICATE

No. 56

Regimental No. 724 588 Rank. cpl Name M. D. Minans
 (Surname first)
 Unit No. 2 District Depot. who was* **DISCHARGED**
 On MAR 24 1919, to 191, to 191
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mar 1 to MAR 24 1919 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	23.06	
Regimental Pay <u>mf</u> days at \$ <u>1.20</u>		78.80
Field Allowance days at \$ <u>c.</u>		
Separation Allowance		
Clothing Allowance		35
Post Discharge Pay		100
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>159479</u>	30	
*Other Charges <u>sd opd mch.</u>	6.75	
Balance on transfer or on discharge, cheque No. <u>159478</u>	103.81	
Total	163.80	163.80

*Give particulars.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

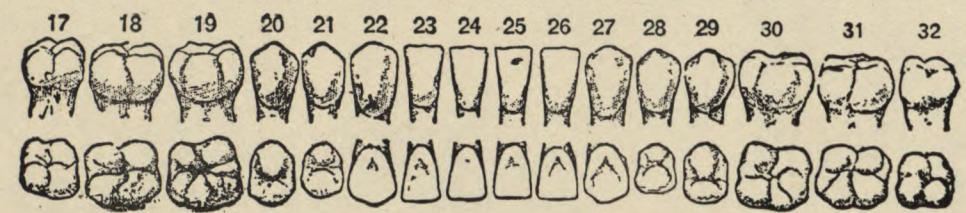
Canadian Printing and Stationery Services, London

1567
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WILKINS WILLIAM HENRY MD. 2

REGIMENT 11th C.R.I. RANK Cpl No. 724588

Date of Examination in England 20/1/19 Date of Examination in France _____



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

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

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7 9

2. EXTRACTIONS 14

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England No
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

11th C.A. 7
CPI
VANISH HAWKINSON
JAN 28

11/11/55

A. Y.
11

No

724588

1563

MEDICAL HISTORY SHEET ORIGINAL

Surname Wmans Christian Name William Henry

Examined { on 26th day of November 1915
at Lindsay
Birthplace { City or Town Renville
County Ontario

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

Apparent age 35 years
Trade or occupation Salesman
Height 5 Feet 3 3/4 Inches.
Weight 122 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 34 1/2 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right Two Left None
Number Two
When Vaccinated last January 24th 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
(Left eye weak)

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>30/5/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>4/6/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 25th day of November 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn</u> <u>C. E. F.</u>	<u>724588</u>		<u>25.11.15.</u>
Transferred to..	<u>3rd Can Lt Bn</u>			<u>28.1.17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Br. Cairns Cor. Max 9/19 Defective Vision 7th Colt's March Capt

Bramshott Camp, Hants. 3/11/16 Defective vision Permanently unfit for C.O.C.

APPROVED. Stewart Major 2.12.16 Defective Vision Medical Board, Bramshott.

Branshott Camp, Hants. 2 DEC. 1916 Major D. A. D. M. S. for A. B. M. S., Canadian Troops, Bramshott Camp Medical Board, Bramshott.

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.

EYE REPORT.
Exhibition Camp, Toronto, Ont.,

1567

DATE Mar. 19th 1919.

NAME WINANS RANK Cpl NUMBER 724588 UNIT 255 spot AGE 40

HISTORY M.H.S. states left eye weak Had to do a great deal of night work - saddlery -

SYMPTOMS
GLASSES WORN

OBJECTIVE EXAMINATION

External Appearance

O D normal slight lateral spasmodic movements
O S normal to to at times

Retinoscopy and Ophthalmometer

O D +1.50
O S +2.00
+2.25

Ophthalmoscope

Fundus Lens Cornea

Macular region left slightly hazy

SUBJECTIVE EXAMINATION

	Before	SPH.	CYL.	AX.	After
O D	20/40	+ 1.25			20/30
O S	20/120				not improved

PRESBYOPIA

GLASSES PRESCRIBED

O D
O S

REMARKS: a Right Hyperopia
b Right Hyperopic astigmatism a Prior to enlistment
c Left amblyopia c Prior to enlistment
 CATEGORY AS TO EYES: A c Aggravated by service
(degree very slight)

[Signature]

WILL BE USED

EXHIBITION COMPANY, TORONTO, CAN.

NO.

UNIT

NUMBER

NAME

NAME

ADDRESS

SYMBOLS

CLASSIFICATION

RECURRING EXAMINATION

EXHIBITION

O D

O S

RETINOSCOPY AND OPTICOMETER

O D

O S

OPTICOMETER

EXHIBITION

NO.

UNIT

RECURRING EXAMINATION

EXHIBITION

NO.

UNIT

NAME

O D

NO.

UNIT

EXHIBITION

EXHIBITION

O D

O S

EXHIBITION

EXHIBITION

1567
121306

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724588 Rank Plt Name Bramshott 1916
WINANS WH
Local Unit Quar, Duty Br Overseas Unit _____ Age 36

Examination held at Bramshott, Hants.

DISABILITY. Defective Vision

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Operational report
R.V. 2/15
L.V. 6/36

Board recommends:

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty. — BII
5. Discharge.

Signatures:

Members { C. P. Campbell Pres.
[Signature]

Approved.

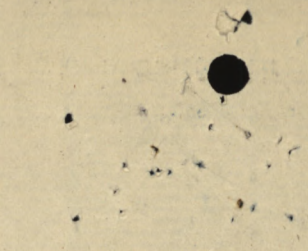
Bramshott 2.12 1916.

for A.D.M.S.
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD BRANSHOTT



THEY HAVE

BRANSHOTT

BRANSHOTT

BRANSHOTT

BRANSHOTT
BRANSHOTT
BRANSHOTT

1569

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Cpl. Name Winans Surname William H.
 Unit or Corps 109 Bn C.R.E. (If a soldier) Regtl. No. 724588
 Born at Newmarket Ont CANADA on, date April 8 1890
 Signature (for identification) [Signature] Henry Winans

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no.
 Weight 132 lbs. Slight defective vision left eye not sufficient
 Height 5 ft. 5 ins. to lower category and prior to enlistment.

2. **NUTRITION AND DIATHESIS** Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM** normal

4. **RESPIRATORY SYSTEM.** normal

5. **HEART** normal
 Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM** Good.

8. **GENITO-URINARY SYSTEM** normal
 Urinalysis—s.g. ? 1.020 Reaction ? acid Albumen ? nil Sugar ? nil

9. **SKIN, MIDDLE EAR, EYE** or any other part? normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kimel Park Hospital Signed [Signature] M.O.
 Date Jan 27/19 Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the service

of an Officer fit for general service or a Soldier fit for duty

Rank: Major
Name: W. W. ...
Signature: W. W. ...

The examination is to be made by the following Officer:

1. PHYSIQUE
Weight: ...
Height: ...

2. NUTRITION AND DIETETICS

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Abnormal Sounds:

Abnormal Beat:

Pulse Rate:

6. ARTERIES - and peripheral

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

9. SKIN, MIDDLE EAR, EYE

10. ...

11. ...

Signature: ...
Date: ...

MEMORANDUM.From Eye Department
209 Cav. for HOSP

To

1563

Date 24. 1. 1919

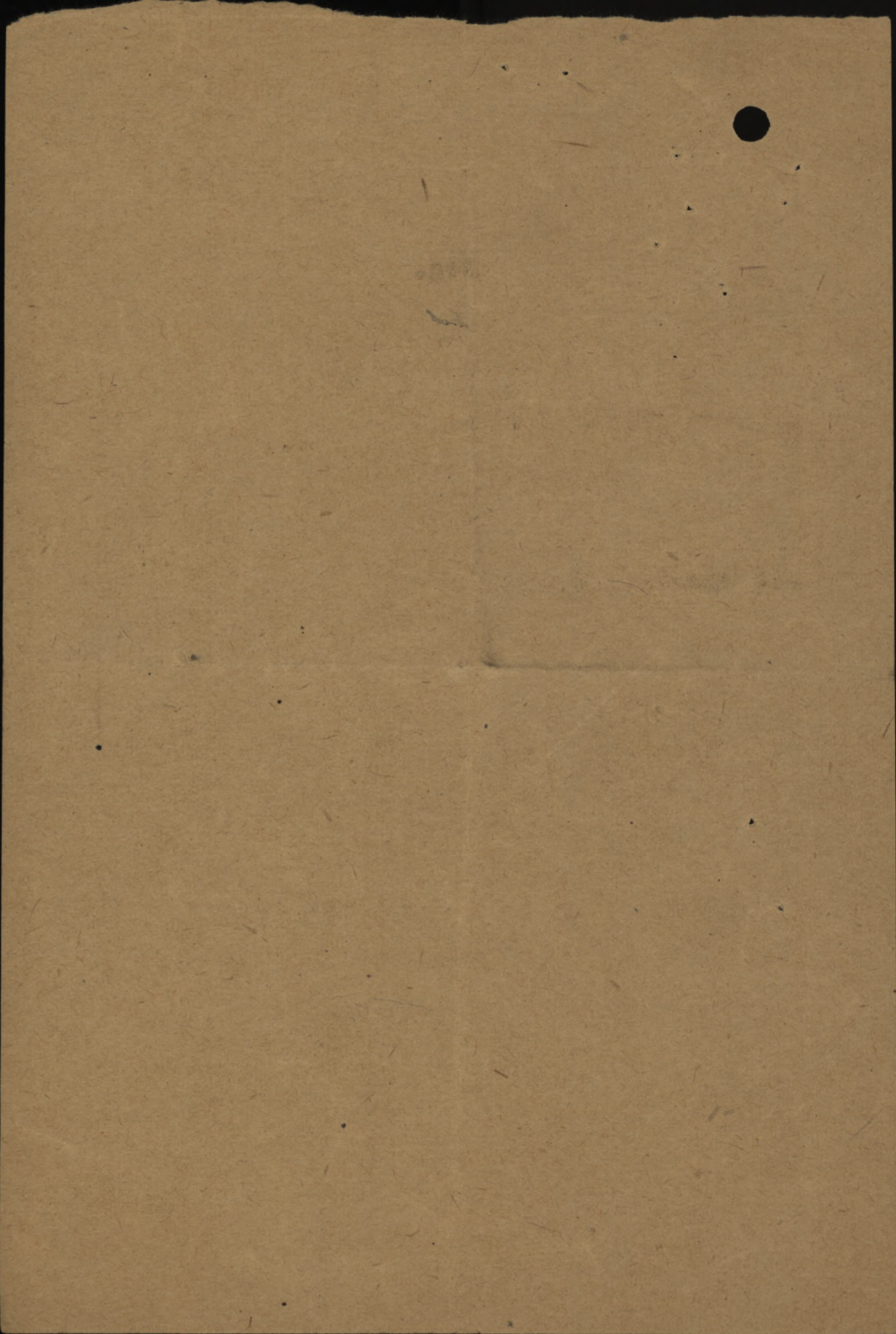
724588 Pl Winans W.H. 11² CRT

Eye Examination

Right eye 6/6.

Left eye 6/18.

P. H. Smith
Capt. C.A.M.C.



1567



War Service Badge.
Class W
No. 724588 issued

This space to be for numbers.

Proceedings on Discharge.

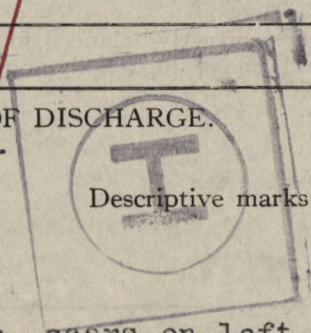
25-4-32

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

B

No.	724588
Rank	Cpl.
Surname	WINANS. WILLIAM HENRY
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	109th Bn. (#2 D.D.)
Date of discharge	March 24th, 1919
Place of discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	38 years months.
Height	5 feet 3 1/2 inches.
Complexion	Dark
Eyes	Hazel
Hair	Black
Trade	Salesman
Intended place of residence	158 Hallam St., Toronto, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
Authority for discharge.....D.O.....D.D.#2..Pt.,11..#80.....	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

*W. H. Winans
158 Hallam St.
Toronto, Ont.*



Vacc. scars on left arm



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

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

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

6. Medals and Decorations.....



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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... TORONTO, ONT. *Henry Duman* (Signature of Soldier.)

(Date)..... March 24th 1919 *D. Thompson* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place)..... TORONTO, ONT.

(Signature)..... *H. Sergeant Capt*

(Date)..... March 24th, 1919

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

J.M.

Rank

Name WINANS, William Henry.

1567

Reg'l No. 724588

R-122

Unit 109th Bn.

If in perm. Corps, }
What Unit? }

Married or Single Married. ✓

Place and Date of Enlistment Lindsay, 25th Nov 1915. ✓

Place of Birth Penville, Ontario.

Name and Address, Next-of-Kin Louise Winans. ✓

158 Elm St, Toronto, Ont, Canada. ✓

Relationship Wife. ✓

N/E, R.B. No. 16921
File R.L.
Category CW O/K

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Cpl.

Character

SR 1330179

H. W. & V., Ltd. 1165-16.

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.	Report.	Place.	Date.	REMARKS.
		Arrived in England per H. M. T. 2810		31-7-16	
16. 11. 16	O.C. 109 th	S.O.S. to C.C.A. attached to 9 th Coy D.B. Battalion	Witley	6-11-16	Pt II D.O. 321
23. 11. 16	C.C.A.	105 th Coy London G.D.B. for P.B.S.	Hastings	7. 11. 16	— 517
20 11. 16	Gen. D. Bn.	att to Gen D. Bn for B.W.D.R.G.P. Bramshott	Bramshott	7. 11. 16	— 6.
<i>The 5th Bn will be now known as the Gen D Bn. B' Shott. R.O 785. 13th.</i>					
18. 1. 17	G.C.A. 6	Ceased to be att to G.D. Bn and on Comd. to 3 rd Labour Bn for B.N. etc	Hastings	2-12-16	Pt II B.O. 22.
6. 2. 17	G.D. Bn.	leaves to be att. to G.D. Bn and att. to 3 rd Labour Bn	B' Shott.	2 12 16.	9 th D.O 32
29-1-17	3 rd Labour.	105. from C.C.A.	B' Shott.	28-1-17	Pt II D.O. 1. C.C.A. 105
9-2-17	do	Att ^d Gen D Bn	do	9-2-17	— — 11. Tr 1047.

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B. 103 CHECKED 25 APR. 1917

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.				
10-4-17	3rd Lab	I.O. from 19th Res.	Field.	4-4-17	PT II 15.
10-7-17	---	Reported from Base adm to Hosp.	---	20-6-17	Co. A. 60. Debility.
27-7-17	---	Rejoined Unit.	---	5-7-17	Co. A. 68
25 II 17	3 Lab	New Designation	11th Bn Rlyvy Tp	PII C. 70	
14-1-18	116 B.T.	Awarded one Good Conduct Badge	Spr. Field	25-11-17	Act. 2.
4-3-18	Lo	App'd L/Cpl	Spr.	16-2-18	Act. 15
27-3-18	Lo	App'd A/Cpl with pay 4 cpl	do	12-3-18	Act. 22.
20-7-18	Lo	Confirmed in rank of Cpl A/Cpl	do	12-3-18	Act. 76.
31-12-18	"	Posted to C.P. & D	apt.	28-12-18	~ 136
3-1-19	Comp Bde.	Attached.	"	Boston, 29-12-18	- 3
28-1-19	"E.R.A."	S.O.S. to M.D. 2. Kimmel Pr	"	"	24-1-19 - 28.
28-2-19	MD 2	S.O.S. to Canada	"	Phyl	19-2-19 - 46.



1569 J2019

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

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

Casualty Form—Active Service.

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

Regimental No. 24588 Rank Private Name Winnans William Henry

Enlisted (a) 25-11-15 Terms of Service (a) O of War Service reckons from (a) 25-11-15

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) Salesman



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.	
16.11.16.	oe1091	Disembarked England	Liverpool	31.7.16.	32.1.
		Transferred to C.C.A. Band attached to 51 st Bn			26 Pk II 320
		The Unit, known as the 51st Battalion will be designated "The Garrison Duty Battalion" (Authority Bramshott Divisional Order No. 785, dated 13-11-16.)			Adj. W. J. Henderson Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
		J. G. Henderson Lt. Colonel, & Adj. for Lieut. Col. Commanding. "The Garrison Duty Battalion." (Bramshott, Hants.)			
29 28-1-17	3rd. C. L. B. C.C.A.	Taken on strength	Bramshott	28-1-17	Part 11 D O I
31-3-17	3rd. C. L. B.	Proceeded overseas for service with 3rd. C. L. B.	Bramshott.	3/4/17	With to the Brig. Hd. Qtr Q 647 31-3-17

ccac. Pt 20# 47.

(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.]

724588 Pte Winans, W. A.
1567

CERTIFIED CORRECT
MAY 1917
CAN. RECORDS
LOW

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.
--------	---	-------	------	--

23.11.16 29.1.17	6.6.9.6 JOS rowmond GOR.	Hastings	7.11.16	Pt 20 # 517. LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
---------------------	-----------------------------	----------	---------	--

O. C. C. B. D.	Landed in France. Taken on strength 52nd ^{2nd} Cdn. Bn.	Nom. Roll d/4/4/17 Pt II D.O. 5d/10/4/17		
- do - O.C. 52nd Bn.	Left for Unit. Arrived Unit for duty	11/4/17 13/4/17	Nom. Roll d/ B. 213 d/15/4/17	

23-6-17	Ab 2nd Lab	To Hosp	Debility	20-6-17	B 213	Obd 19
14-7-17	"	Rejoined Unit	from Hosp	5-7-17	B 213	Obd 23
24-6-17	987a	M. U. O	ad 987a	20-6-17	W 3034	201770
6-7-17	30 ORS	"	To duty	29-6-17	a36/65052	Obd 24

The designation 3rd. Cdn Lab Bn
will in future be 11th Bn Cdn.
Ry Troops A Gs A-51-2 M-1
d-21/Nov 17 DO No i d25 Nov 17

6 1/4	Obtm	Awarded 1. Yb Badge	25 11/17	B213	Rt1 Do 2d/4/18
23 2/8	"	apptd Lt Col to complete Estab.	16 2/18	"	Rt1 Do 15d/4/18
16 3/8	"	apptd Lt Col with pay to complete Estab	12 3/18	"	Rt1 Do 22d/2/27/18

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Casualty Form - Active Service.

1563

Regiment or Corps 11th Am. B Coy

Rank A/Bpl Surname Winans Christian Name W A

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
13-7-18	Obtm	Granted 14 dys leave to Eng		11 ⁷ / ₁₈	B213. Do 4/6/2018
13-7-18	Do	Confirmed as Corporal		17 ² / ₁₈	" Do 4/6/2018
14-8-18	Do	Ret'd from leave		26 ⁷ / ₁₈	"
29.12.18	C. G. B. A.	Transferred to England			in 920
		reported to C.A.S. Dep. Witley		30/1/18	in 0. 136
					2/19/18.
					has B. Hatwell
3-1-19	J.R.T.D. T.S.S. from Staples		Bordon	2-1-19	B.S.P. No 3

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

1567

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

M. F. W. 54. (A. F. B. 103.)

359M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 7245-88 Rank Cpl Name Winans W. H.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>24/3/19</u>		<u>S.O.S. (Discharged) No. 2 District Depot</u> <u>Part II, D.O. No. 80</u> <i>Wm. H. Winans</i>			



O. C. Discharge Sections,
No. 2 District Depot

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

1567

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724588 (Rank) Cpl.

Name (in full) WINANS, WILLIAM HENRY enlisted in
the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 25th
day of November 19 15

HE served in England and France

and is now discharged from the service by reason of Medically Unfit

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

Age 38 yrs.

Marks or Scars

Height 5' 3 1/2"

Vacc. scars on left arm

Complexion Dark

Eyes Hazel

Hair Black

Wm Henry Winans

Signature of Soldier

John Smith

Issuing Officer

Date of Discharge March 24th, 1919

U.C. No. 6 Rank Depot

Appointment

Signed at Toronto, Ont. this 24th day of March 19 19

in Military District No. MAR 2 1919

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. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

DUPLICATE

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *109th Bn. CEF*

(2) Regimental Number..... *724588*

(3) Full Name of Soldier..... *Kinans William Henry*

(4) Place of Birth..... *Penville Ont. Can.*

(5) Are you married, or not?..... *married*

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

(b) Present Postal Address..... *15-8 Hallam St.
Toronto Ont. Can.*

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

(8) Have you any children?..... *yes*

If so, give number of boys and girls..... *2 boys & 2 girls*

Also their names and ages.....

<i>Ross Kinans</i>	<i>10 yrs</i>
<i>Cecil Kinans</i>	<i>9 do</i>
<i>Pearl Kinans</i>	<i>7 do</i>
<i>Jean Kinans</i>	<i>6 do</i>



(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?..... no

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

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

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

(15) Are you insured?..... yes
If so, in what Company?..... City Toronto
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 July 19/16

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



1371

SEPARATION ALLOWANCE

Name

Louis Winaus

Name of Soldier

Winaus William Henry

Address

~~*158 Eden St*~~
158 Hallam St. Toronto Ont.

Regtl. No.

7th 588

Rank

Pte.

Corps

109th Batt'n

Relation to Soldier

wife, child or mother

wife

To what Corps belonging

when called out

PAYMENTS

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





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Louise Winans,*
 Address *158 Hallam St.*
Toronto, Ont.

By Whom Assigned *Winans, W. H.*

Regtl. No. *724588.*

Rank *Pte.*

Corps *109 Batt. "B" Co.*

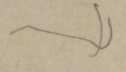
Rate *20⁰⁰ per m.* **AUG 1 1916**

2 M. 28 ⁸/₁₆ ex. 4 ¹⁰/₁₆ 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				



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W

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

*Louis Wuians**wife*

Name of Soldier.

Wuians William Henry

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 4444	40	40 K 4444 cancelled per address 1-6-16
May		S 4993	20	20 S 4993 Reissued 26/6/16
June		F 1164	40	Mailed 5-6-16.
July		Q 9232	20	20.
July		J 1182	20	20
Aug.		Z 12899	20	20
Sept.		C 18159	20	20
Oct.		H 20360	20	20
Nov.		Z 23942	20	20
Dec.		O 27402	20	20
Jan.	1917	V 30095	20	20
Feb.		P 33963	20	20
March		Q 37251	20	20
April		S 3270	20	20
May		P 6588	20	20
June		P 9880	20	20
July		Y 13562 P 13235	20	20 P 13235 cancelled
Aug.		D 17765	20	20
Sept.		H 19478	20	20
Oct.		Y 21379 O 21730	20	20 O 21730 Cancel Rewrite
Nov.		D 26045	20	20
Dec.		G 27556	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

BE-WRITE

360 ↑

440⁰⁰

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Louise Winans

OVERSEAS CONTINGENTS

PAYMENTS. #

Name of Soldier

Winans. W. H.

L. L. Job 310.—Req. 6374.

724588.

Pte

109 Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 ⁰⁰	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		Y 15461	20	
Sept.		F 20008	20	
Oct. ✓		F 24618	20	
Nov.		D 99313	20	
Dec.		F 33654	20	
Jan.	1917	W 37572	20	
Feb.		W 44312	20	
March		U 49743	20	
April		W 5684	20	20 P
May		W 12545	20	
June		V 19247	20	S
July		S 2684	20	
Aug.		J 33956	20	
Sept.		X 40244	20	
Oct.		A 23395	20	
Nov.		E 49960	20	
Dec.		P 62856	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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340^e

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.				

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1. 8. 16.	EFFECTIVE DATE:-	
AMOUNT:-	20 00	AMOUNT:-	

NAME:- *WINANS William Henry*
NUMBER:- *724588*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Louise Winans (Wife)
158 Elm Street
Toronto, Ont.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Ad. 22.</i>	<i>27/3/18</i>	<i>12.3.18. Capt.</i>
<i>No 76</i>	<i>20-7-18</i>	<i>12-3-18. Conf. Capt.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/1/18	2	Supp.	466				
3/1/18	1	Comp.	1460	<i>Belger Pol.</i>			<i>6954</i>
7/1/18	1	do	1977	<i>do</i>			<i>2094</i>
4/1/18	1	do	4360				

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109th Bn.*

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			<i>11th CR</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>110</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Sic to Canada. 1/2/19.* *Borden N/P. 15.1.19. "A.P. 2."*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Apr</i>	<i>C.P.</i>	<i>3600</i>		<i>52- 1/4/18 " CR 2</i>	<i>535</i>			<i>20</i>	<i>10098</i>		
				<i>138- 15/4/18 " CR 3</i>	<i>535</i>						
				<i>245- 30/4/18 (18) "</i>	<i>446</i>						
<i>May</i>	<i>C.P.</i>	<i>3600</i>		<i>248- 16/5 (17) "</i>	<i>446</i>			<i>20</i>	<i>10926</i>		
				<i>428- 28/5 (19) "</i>	<i>446</i>			<i>20</i>			
					<i>892</i>						
<i>June</i>	<i>C.P.</i>	<i>3600</i>		<i>533 13/6 (13) " R.T.</i>	<i>446</i>			<i>20</i>	<i>11634</i>		
				<i>599 28/6 (14) "</i>	<i>446</i>			<i>20</i>			
					<i>892</i>						
<i>July</i>	<i>C.P.</i>	<i>3720</i>		<i>17713 20/7/18 (2) London</i>	<i>487</i>			<i>20</i>	<i>2701</i>		
				<i>703- 15/7/18 (3) " CR 3</i>	<i>446</i>						
				<i>1202- 18/7 (7) "</i>	<i>9733</i>						
				<i>18810- 20/7 (7) L.C.P.</i>	<i>487</i>						
					<i>11123</i>			<i>20</i>			
<i>Aug</i>	<i>do</i>	<i>3720</i>		<i>924 10/8 (9) " R.T.</i>	<i>446</i>			<i>20</i>	<i>3029</i>		
				<i>1022- 28/8 (19) "</i>	<i>446</i>						
					<i>892</i>			<i>20</i>			
<i>Sept</i>	<i>do</i>	<i>3600</i>		<i>C.O.P.</i>				<i>20</i>			
				<i>1113- 10/9 (3) "</i>	<i>446</i>						
				<i>1227 28/9 (14) "</i>	<i>446</i>				<i>3737</i>		
					<i>892</i>			<i>20</i>			
<i>Oct</i>	<i>do</i>	<i>3720</i>		<i>C.A.P.</i>				<i>20</i>	<i>5457</i>		
				<i>1336- 10/10 (24) "</i>	<i>466</i>				<i>4991</i>		
				<i>1435 28/10 (38) "</i>	<i>466</i>				<i>4525</i>		
					<i>932</i>			<i>20</i>			

Forward

NUMBER

724588.

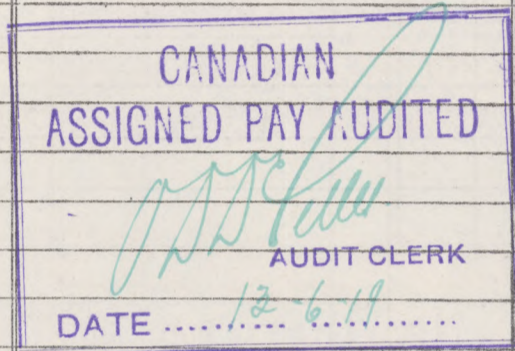
RANK

Capt

NAME

WINGLER W. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1/11/18	Pay'd to Pay.	36		✓ C a P.	✓			20	45.25 61.25		
				1549 W.H. (2) 11 P.	7.46						
				164. 28/11 (31) "	13.99						
Dec	✓	37.40		C a P.	✓			20			
				1821. 10/12 (52) "	4.66						
Jan	✓	37.20 110.40		C a P. 7/11/19	✓ 76.11			20 60	69.54		
				2220 31/19. C R a	9	14.60					
				2468 C R a 17/	19	4.89					
				9448 C R a 29/12	24	4.66					
				C P 32 London 1/1/20	29	19.44					
				415 Rely. 4/2 (6)	66	9.43			16.21		
					53.53						
				S.O.S. to Canada. S.L. 18	18/2/19.						



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THIS FORM IS FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION..... Ex. Camp...... DATE Mar. 19-19......

1. 1 (a) Unit No. 2. D. D...... (b) Regimental No. 724588..... (c) Rank Cpl......
 (d) Surname WINANS..... (e) Christian name Wm. H......
 (f) Home address 158 Hellam St., Toronto......
 (g) Next of Kin Mrs. Louisa Winans...... (h) Relationship Wife......
 (i) Address of Next of Kin 158 Hellam St., Toronto......

2. Age last birthday 39..... Date of birth Apr. 18-79......

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay...... (b) Date Nov. 25-15......

4. Personal description:

(a) Height 5ft. 3 1/2 in...... (b) Weight 126...... (c) Complexion Dark......
(stripped)
 (d) Colour of hair Black...... (e) Colour of eyes hazel...... (f) Identification marks, Scars, etc.

5. Former trade or occupation..... Salesman......

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

	Years	Days
	<u>3</u>	<u>104</u>

	PERIODS	
	From	To
<u>109th Bn.</u>		
Canada.....	<u>Nov. 25-15.</u>	<u>July 31-16.</u>
England.....	<u>July 31-16.</u>	<u>Apr. 4-17.</u>
France or other theatres of War.....	<u>Apr. 4-17.</u>	<u>Dec. 31-18.</u>
<u>England and Canada.</u>	<u>Dec. 31-18.</u>	<u>to date.</u>

7. Original disease, or injury..... Defective vision......

(a) Date of origin Pre-enlistment...... (b) Place of origin Canada......
 (c) Cause Night work......

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8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Impaired function of eyes.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective and Subjective. See special report.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System.....No..... Genito-Urinary System.....No.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No.....

Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....

Osseous and Joint Systems.....No..... Any other general condition.....No.....

No hernia, varicocele, varicose veins, haemorrhoids or goitre.

Urine—negative.

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

See special report.

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

Neg.

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

1 scar, right forearm.

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

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

See special report.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A & B. Bo.

The regimental documents will be referred to.

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

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

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

None.

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

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

17. Recommendations

Cat. B. 2.

W. E. Brown Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ^{Cpl.} ~~Sis.~~ Winans, W?H? have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *CMO*

W. H. Winans Rank.
Signature of invalid examined.

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OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

~~Returned to duty in Cat. B. 2.~~

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Ludice Kajane President.
W. J. Shand Capt } Members

PLACE Ex. Camp, Toronto.

DATE March 19-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....President
 PLACE.....
 DATE..... } Members

APPROVED BY APPROVED BY
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE MAR 20 1919 DATE.....
 CAPT-
 FOR A. D. M. S. M. D. 2

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30.	
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24/6/18

8232

RATE OF ASSIGNMENT

20			
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W

1-12-17
P.C. 3257
1-9-18
P.C. 2763
M.O. 41594

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 724588
 Rank Pte Promoted Reverted Discharge
 Soldier's Name W H Winans
 Battalion 109 Battrn B Coy
 Beneficiary Mrs. Louise Winans
 Relationship wife
 Address MFW 118/18

Name Louise Winans (wife)
 Address 158 Hallam St Toronto Ont
 Change of Address
 1
 2
 3
 4

pub 22/11/18 finh.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec-31		440	340	780	-
Jan-1	R 70901	30	20	50	
Feb-1	G 67006	25	20	45	
Mar	Y 90206	25	20	45	✓
Apr	X 8405	25	20	45	✓
May	X 18496	25	20	45	✓
June	T 27235	25	20	45	✓
July	B 27390	25	20	45	✓
Aug	V 41602	25	20	45	✓
Sept	W 42840	25	20	45	✓
Oct	K 55807	25	20	45	✓
Nov	Q 61732	25	20	45	✓
Dec	P 64391	45	20	65	✓
1919					
Jan	R 70777	30	20	50	✓
Feb	X 75652	30	20	50	✓
Mar	Q 82675	30	20	50	✓

19509-N-21

M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 2230-M. & D. 7483.

f 55
 A/c Closed 31-3-19
 Ret'd per. Scotlan
 Date 2-3-19. M.F.W. 167. 4-3-19
 Clerk. W. M. Phillips
 M. O. 2. M.R.O 60632. OK 5th 1919

CANADIAN
 ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE 13/6/19

