

ORIGINAL  
JUN - 6 1916

109<sup>th</sup> Original

ATTESTATION PAPER.

No. 24304

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

1. What is your surname? Wood
- 1a. What are your Christian names? Hilliard
- 1b. What is your present address? Minden out Can
2. In what Town, Township or Parish, and in what Country were you born? Port Hope out. Can
3. What is the name of your next-of-kin? Mrs Louisa Wood
4. What is the address of your next-of-kin? Minden out. Canada
- 4a. What is the relationship of your next-of-kin? mother
5. What is the date of your birth? Sept 1st 1896.
6. What is your Trade or Calling? farmer
7. Are you married? no.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? no  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hilliard Wood, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

JUN 6 1916 Hilliard Wood (Signature of Recruit)  
Date ~~AUG 16 1916~~ 191 C. A. King (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hilliard Wood, 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.

JUN 6 1916 Hilliard Wood (Signature of Recruit)  
Date ~~AUG 16 1916~~ 191 C. A. King (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 Corney Camp this AUG 16 1916 day of 1916.  
[Signature] (Signature of Justice)

9.3

Description of Hilliard Wood on Enlistment.

Apparent Age.....20.....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 3/4.....ins.

*Spot under left eye  
Scar under chin.*

Chest measurement { Girth when fully expanded.....32.....ins.  
 Range of expansion.....3.....ins.

Complexion.....Tan.....

Eyes.....Blue.....

Hair.....Light Brown.....

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Aug. 16<sup>th</sup>.....1916.....H. B. Boyd, Capt......

Place.....Benny Camp, Bordon, England......No. 10<sup>th</sup> Batt......  
 Medical Officer.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Hilliard Wood.....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)  
 OFFICER COMMANDING,  
 Date.....AUG 16 1916.....191.....109TH BATTALION CAN. INFANTRY.

REGIMENTAL DOCUMENTS

NAME

*Wood Hilliard*

REGT. NO.

*724304* UNIT

H. Q. FILE NO.



CONTENTS

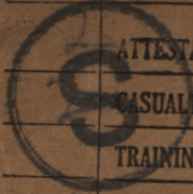
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY



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

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

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

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

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

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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)

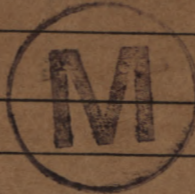
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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)

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



DEATH

Category

DISCHARGE

Category

DESERTION

31554



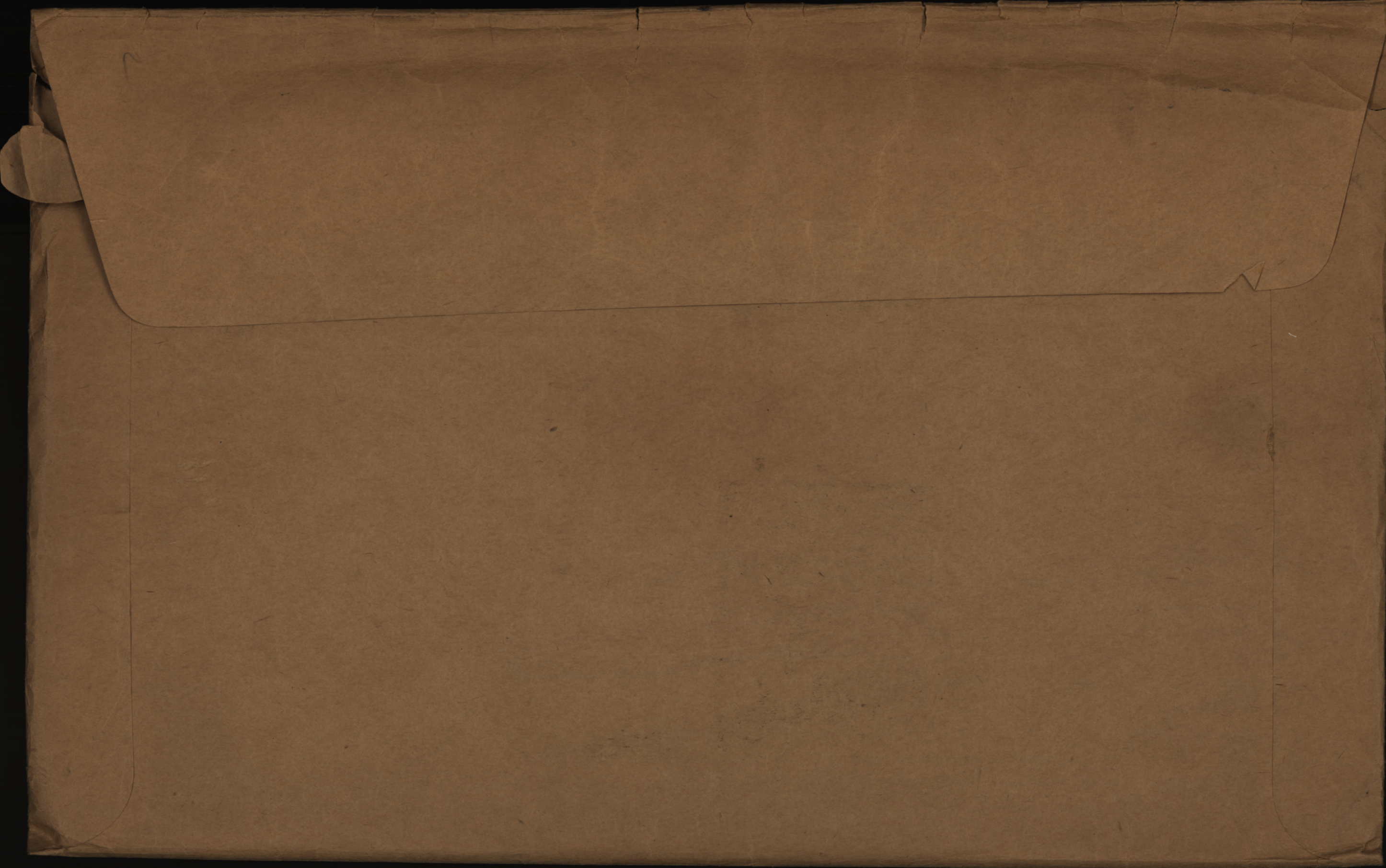
4

~~23-13~~

~~15-13~~

~~11-13~~

*MX 11-12-28 JAS*



<sup>11/19/18</sup>  
SURNAME.

Wood,

CARD NO.

A

CHRISTIAN NAMES

Williard

FOLL.

REGL. No.

724304

RANK

Pte

UNIT

109<sup>th</sup>

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wood, Mrs. Louisa

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Minden, Ont.

COUNTRY OF BIRTH

Canada, Port Hope, Ont.

DATE

Sept. 1st, 1896.

PLACE OF ATTESTATION

Oxney Camp, Eng.

DATE

Aug. 16<sup>th</sup> 1916

Sailed from Halifax Per



S.S. Olympic 23/7/16 <sup>188</sup> 38.

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*20* YEARS

— MONTHS

HEIGHT

*5* FEET

*7 3/4* INCHES

CHEST MEASUREMENT

*32* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Lt. brown*

DISTINGUISHING MARKS

*Spot under left eye,  
Scar under chin.*

MEDICAL EXAMINATION.

PLACE

*Grey Camp.*

DATE

*Aug. 16<sup>th</sup> 1916.*

*Present Address, Minden, Ont.*

649-W-19548.  
Wood Hilliard, Pte. #724304-C.E.F. 21<sup>st</sup> Bu.

Medals

& Dec. (mother) Mrs. L. Wood,  
Mindon, Ont.

P.&S. (mother) ditto

(Serial No 764227)

Mem. Cross. (mother) ditto

Scroll Desp. DEC 31 1920 eqn. No. 7264

Plague Desp. NOV 2 1919 Reqn. No. 14477

not eligible for 14-15 Star

8 " " " "

8 " " " "

V.M.G. 103  
B.W.M.G.

B. JAS

5-26

M. 6.35231 DEC 7 - 1920





Convalescent Hospital,  
Woodcote Park, Epsom

HOSPITAL.

A. & D.  
CARD

10

AT .....  
 A. & D. No. *14823* PL. OF ACTION .....  
 RANK *Pvt* REG. No. *724304* UNIT *21 Bn.* SICK OR WOUNDED .....  
 NAME *Wood H.* AGE *19* RELIGION *C.C.* .....  
 PLACE IN HOSPITAL .....  
 DIAGNOSIS *Diphtheria Conv.* .....  
 ADMITTED *6-3-18* FROM *21st Bn. Manchester* .....  
 DISCHARGED *2-15-18* TO *6th Bn. Seaforth* .....  
 TRANSFERRED .....  
 SERVICE AT HOME *2 yrs.* IN FIELD *12/12* .....  
 RESULTS .....

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

REMARKS.

7.3.18 Patient feels fine in every way was on leave.  
When he contracted syphilis & immediately reported  
sick thro had full course of treat. A. C. C.

J. H. Carpenter  
M.D.

NAME

Wood Willard

REGT'L. No.

724304

RANK AND CORPS

Plt 21<sup>st</sup> Bn form 109<sup>th</sup> Bn

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Noft

Mrs Louisa Wood

(Mother)

Munden Ont.

4-5-18  
420361  
4699 3-11-18Killed in action Oct-11<sup>th</sup> 1918

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 496	13 Gen Boulogne	16 4 17	J C Y L Foot-
A 505	1 Conv Depot "	26 4 17	" " "
A 505	3 Large Rest-Camp	29-4-17	" " "
C 80	2 <sup>nd</sup> to Gen Manchester	29-11-17	Not Stated
C 152	Inf Conv & Coli Pt.	7 3 18	U. D. S.
C 210	Discharged	15-5-18	" " "





Name *Wood*

Rank

*Pvt*

Reg. No. *724304*

Unit *21<sup>st</sup> Batta*

~~COY~~ *21 BATT.*

Next of Kin

*Mrs. Wood, Menden*  
*Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>29-11-17</i>	<i>2<sup>nd</sup> B. G. H. Brunchester</i>	<i>Fort Sayer</i>	<i>C80</i>			<i>7301</i>
<i>7-3-18</i>	<i>Phil Bay N. Epsom</i>	<i>do</i>	<i>C152</i>			<i>13887</i>
<i>13-5-18</i>	<i>Discharged</i>	<i>do</i>	<i>C270</i>			<i>549</i>
<i>11-10</i>	<i><u>KILLED IN ACTION</u></i>			<i>0361</i>		
	<i>71 O. 90 of 30. 10. 18</i>				<i>664 4664</i>	





*was*

*B*  
*V*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

*was*  
Number

*724304*

Rank

*Pte.*

Surname

*WOOD*

Christian Name

*William*

Unit

*21 Bn Can Inf*

Theatre of War

*France*

Date of Service

*25-10-16*

Remarks

*mother*

Latest Address

*Mrs L Wood*

*Miner's Ont.*

Roll No.

*B. Page 3402.*

G.A. 6001 Resp. MAY 11 1920

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

NO.

DATE

Surname **Wood.** Christian Name or Names **H.** Reg. No. **724304.**  
 Rank **Pte.** Unit **21st. Bn.** Co. **E. O.** Troop **Depot.** Batty. **(21<sup>st</sup> Bn)**  
 Hospital **13. Gen. Boulogne.** Date of Admission **18-4-17.**  
 Transferred **1. Cour D. Biogue** Hosp. **26. 4. 17**  
**2nd W of Manchester** Hosp. **29. 17. 17**  
**Cowal. Woodcote Pl. Olsom** Hosp. **7. 3. 18**  
 Hosp.

Diagnosis **ICT. lt. foot.**  
 (1) **Rw**  
 Later Diagnosis (if changed) **V.D.S. ~~rw~~**  
 (2)  
 (3)

Additional Diagnosis: if more than one state present  
**R.I.B. Killed in Action. 11. 10. 18 a.s.**

DISPOSITION Date  
**Dis #3 large Rest. camp 29.4.17**

**.L. 25-4-17. A.496.**  
**3.5.17. A502**  
**- 7.5.17. A505**  
**6. 12. 17. 680**  
**9. 3. 18. @152**  
**22-5-18 @210**  
**2-11-18 @3610**

REMARKS  
**Dis. 15-5-18**  
**A.M.D. 2 DEPT.**  
**Beh. of D.G.M.S. Q.M.F.C. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



R.T.B. 103 CHECKED  
 10 SEP 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.					
15-7-18	6 <sup>th</sup> Res Bn.	Granted I.G.C. Badge	Pvt	Seaford	6-6-18	PT#00165
5-9-18	"	Posted to 21 <sup>st</sup> Bn. overseas	Pvt	"	4-9-18	"210 PT# 69d/12-9-18
2-11-18	EOR	Reported from Base Killed in action		Field	11-10-18	CLA.361
30-10-18	21 <sup>st</sup> Bn	Killed in action	Pvt	Field	11-10-18	PT#0090







Sheet No. 1.

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

M. F. W. 54.

150M. 10-15  
H.Q. 1772-30-920.

# Casualty Form—Active Service.

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

Regimental No. 24304 Rank Private Name Wood Edward Hilliard

Enlisted (a) 6.6.16 Terms of Service (a) D of W Service reckons from (a) 6.6.16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Warmer

CERTIFIED CORRECT.

12 OCT. 1916

CAN. RECORDS LONDON

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36., or other official documents.
Date	From whom received			
	Embarked Canada	Halifax	24.7.16	
	Disembarked England	Liverpool	31.7.16	✓
	Transferred for Overseas Service with <u>21st. Batt'n</u> OCT 5 1916			
	C.B.D.	Arrived & Taken on Strength		<u>Capt.</u> <u>D.O. Pt. No. 279</u> <u>109th Overseas Battalion, C.E.F.</u>
	Do.	left for unit.	C.B.D. en route.	Pt. II. 0.58. 9.10.16. N.R. 20-10-16 <u>W. Hilliard</u> CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
	21st BATTALION	Joined unit.	21st BATTALION	B. 213. 27/10.
	C.B.D.	Taken on from Boulogne "A"	C.B.D.	N.R. 3/5.
	13 General	S.C.S. left foot Adm.	13 General	W. 3034.
	Do.	Transferred to	1 Con. Dep.	Do
	1 Con. Dep.	Admitted	1 Con. Dep.	Do
	Do.	Transferred to	3 Rest Camp	Do.
	C.B.D.	Left to join unit	En route	Do.
	19/5	at duty from hospital	Field	N.R. 19/5.
	21st Bn	Proceeded on Course	Do	B-213.
	25/8		Do	B213

(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.



34987

52919

94

Woods, H. Pte. 724304 21st Battalion,

Will detached by Paymaster, 109th Batt'n, C.E.F.

H. J. Williamson (Capt)  
Pm 109th Batt'n C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724304

Name Pte Woods H

Unit 109th Batt.

Military Will.

I H woods reg no 724304  
serving in the 109th CEF  
do hereby revoke all former  
wills by me made and  
declare this to be my last will  
I bequeath all my real  
estate and personal  
belongings to my mother  
Louisa Wood.

R. Sandcock  
(witness)

Signature Pte H Wood

Rank and Regt. 109th Batt

Date 5th 2nd.

ESTATES BRANCH

FEB 4 1919

MILITIA DEPT.

CANADIAN.  
20 JAN 1919

Original tel

# FORM OF WILL.

I, Williard Wood. (Name in full)  
 Regimental Number 724304 serving in 21<sup>st</sup> Battalion  
 of the Canadian Expeditionary Force, do hereby revoke all former Wills  
 by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Louisa Wood  
Minden Ontario  
Canada. } Name & Address  
 of person or  
 persons to whom  
 it is to go.

absolutely, and my personal estate I bequeath to

Mrs Louisa Wood.  
Minden Ontario  
Canada. } Name & Address  
 of person or  
 persons to receive  
 personal estate\*  
 (see note).

In Witness whereof I have hereunto set my hand

this 31<sup>st</sup> day of Dec A.D. 1916.

Williard Wood Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

ESTATES BRANCH

FEB 4 1919

MILITIA DEPT.

Name of Witness D. A. Thomas  
 Address of Witness 21<sup>st</sup> Can Battalion  
 Occupation of Witness Private Orderly Room Clerk  
 Name of Witness E. Coakburn  
 Address of Witness 21<sup>st</sup> Canadian Battn  
 Occupation of Witness Soldier

FORM OF WILL

(Name in full) \_\_\_\_\_

Residence \_\_\_\_\_

of the Province of \_\_\_\_\_

do hereby make and declare this to be my last Will

inasmuch as I am of legal age and

Name of Executor

\_\_\_\_\_

of the Province of \_\_\_\_\_

do hereby name \_\_\_\_\_

as my Executor

and my personal estate I bequeath to

Name of Legatee

\_\_\_\_\_

of the Province of \_\_\_\_\_

Personal estate

(See note)

In Witness whereof I have hereunto set my hand

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

\_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 191\_\_\_\_

\_\_\_\_\_

Surname Wood Christian Name Hilliard

*IV*  
 Examined on 16<sup>th</sup> day of June 1916  
 at Osney Camp, Boston Coy.  
 Birthplace { City or Town Port Hope  
 County Durham  
 Apparent age 20  
 Trade or occupation Farmer  
 Height 5 Feet 7 3/4 Inches.  
 Weight 143 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 3 inches.  
 Physical development Well made  
 Small-Pox Marks nil  
 Vaccination Marks { Arm Right Left  
 Number 1  
 When Vaccinated last June 6<sup>th</sup> 16  
 (a) Marks indicating congenital peculiarities or previous disease Spot under left eye  
Scar under chin  
 (b) Slight defects but not sufficient to cause rejection

Approved by H. B. Boyd, Capt.  
 Rank Det. 101<sup>st</sup> Bata. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		5 - DEC 1917 M.O.
<u>7/3/18</u>		<u>YAG</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7-28</u>		
<u>22-9-16</u>	<u>Good</u>	<u>H. B. Boyd</u> M.O.
<u>22-5-17</u>	<u>TA B</u>	<u>R. B. 42-18.</u> M.O.
<u>12-4-18</u>		
<u>8-5-18</u>	<u>TA B</u>	<u>orja.</u> M.O.

Enlisted on 6<sup>th</sup> day of June 1916 at Maude's Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn.</u>			
Transferred to.. ..	<u>21st Bn</u> <u>21st Bn</u>	<u>724304</u>		<u>4 SEP 1918</u>

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

STATION.	DATE.	DISEASE.	RESULT.

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

**CANADIAN**





MEDICAL CASE SHEET.\*

IV

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank

Surname.

Christian Name.

724304 Pte Wood D

Year

Unit.

Age.

Service.

1918

21. Can Bn

19

2 yrs.

Station  
and Date

Disease

Syphilis

7-8-18.

Patient feels fine in every way. Was on leave when he contracted syphilis immediately reported sick. Has had the full course of treatment. A. J.A. Carpenter Capt.

MANADIAN DIVISION,  
CONVALESCENT HOSPITAL,  
WOODCOTE PARK, EPPS

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



Forms  
I. 1237  
12

Medical Officer:

Leave from France expires 5-12-11

Army Form I. 1237.

Whether U.K. or Expeditionary Force:  
(If latter, state which).

Folkestone

MEDICAL CASE SHEET.\*

Ward:

No. in Admission and Discharge 7/DAC 1918	Regimental No.	Rank.	Surname.	Christian Name.
	724304	plc	Wood	Hilbard
	Unit.	Age.	Service.	
	21 Canadians Sf.	20	1 <sup>5</sup> / <sub>12</sub> 1 <sup>2</sup> / <sub>12</sub>	

Station and Date.	Disease
New Bridge St 29-12-17	Syphilis
	Date of Onset
	Originally admitted 29-11-17 UKC 334 Gonorrhoea.
Transfer Class.	Syphilis supervened 29-12-17

29 DEC 1917	KHARS 3 HG 5.00	Blood Test Neg.	Batch No 214.
2 JAN 1918	KHARS 3		710
5 JAN 1918	KHARS 3 HG 7.00		
12 JAN 1918	HG 7.00		
19 JAN 1918	KHARS 4 HG 7.00		
26 JAN 1918	KHARS 5 HG 7.00		
2.2.18.			
9.2.18.	KHARS 5 HG 7.00		
16.2.18.	KHARS 5 HG 7.00		
18.2.18.		Blood Test Negative.	
27.2.18		Discharged Hospital Class I	a 2 Black Lent Band.
6.3.18.		Transferred to Woodcote Park Epsom.	

Next of kin:	Mother: - Minden, Ontario, Canada	Antitetanus Inoc <sup>n</sup> .	
		Units.	Date.

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

Station  
and Date.

MEDICAL CASE SHEET.\*

*11*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>724304.</i>	<i>Pvt.</i>	<i>Wood.</i>	<i>11</i>
Year	Unit.		Age.	Service.
	<i>21st Bu.</i>		<i>19.</i>	<i>2 yrs.</i>
Station and Date.	Disease			
<i>J. 3.18.</i>	<i>Syphilis.</i>			
<div style="border: 1px solid black; padding: 2px; width: fit-content;">         CONYERS HOSPITAL,          Woodgate Park, Epsom.       </div>	<i>Patient feels fine in every way was on leave when contracted Syphilis &amp; immediately reported sick &amp; has had full course of treatment. A Caligony test blood. Oct. 18. 18.</i>			
	<i>Inoc. 12.4.18 8.5.18 Compld.</i>			
	Empty space for further medical notes			

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



## MILITIA AND DEFENCE

## ASSIGNED PAY

M. F. W. 12.

50m.—6-16.

H. Q. 1772-39-819.

## OVERSEAS CONTINGENTS

*Widowed Mother*To Whom *Mrs. Louisa Wood*By Whom Assigned *Wood. Hilliard*Address *Miner*Regtl. No. *724304*Rank *pte*Corps *109. 13m*Rate *15<sup>00</sup> Oct. 1, 16.**Cable 3146. 22/11/16 (22/11/16) 2014<sup>10</sup> 26808 8/1/17.*

## 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				







## SEPARATION ALLOWANCE

Name *Mrs. Louisa Wood*Name of Soldier *Wood, Hilliard.*

Address

*Minden  
Ontario  
Canada*

Regtl. No.

*724304.*

Rank

*Pte.*

Corps

*109th. Batten.*

Relation to Soldier

*"Widowed"*

To what Corps belonging

wife, child or mother

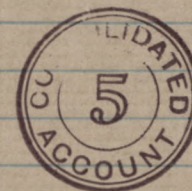
*"Mother"*

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				





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Louisa Wood.  
(Assignee)

Name of Soldier

Wood. Hilliard

L. L. Job 5470—Req. 6888.

PAYMENTS.  
Wid. Mother

724304. pte 109. Bu.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 <sup>00</sup>	Oct. 1/16
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P 29175	30	30. Nov & Dec
Dec.		H 35043	15	15 Future
Jan.	1917	I 41976	15	✓
Feb.		P 47330	15	
March		V 52014	15	
April		Y 5449	15	15 H
May		V 12666	15	
June		X 18709	15	S
July		Q 26246	15	
Aug.		M 36208	15	
Sept.		N 41100	15	
Oct.		A 23789	15	
Nov.		Z 52464	15	
Dec.		R 41782	15	225 <sup>00</sup> RW
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				

1-3-16 6-6-16

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

SEPARATION ALLOWANCE

Sheet No. 2. Mrs. Louisa Wood "Wid. Mother" Name of Soldier Wood, Williard  
OVERSEAS CONTINGENTS  
PAYMENTS.

L. L. Job 4503.-Req. 6832.

Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		L 22108	160	160 (F-24210 cancelled) m.f. 10-11-10
Nov.		<del>F24210</del>	<del>20</del>	<del>20</del> Paid overpaid 64 <sup>00</sup> / <sub>100</sub> owing
Dec.			x x x	to amount date of settlement
Jan.	1917	⊕	x x x	see no. cheque till Feb. m.f. 10-11-16
Feb.			x x x	
March		R 37160	36	36 R
April		T 2944	20	20
May		Q 6504	20	20 qd
June		Q 10169	20	20 p
July		Q 13498	20	20 ↑
Aug.		Q 16932	20	20 ↑
Sept.		I 19513	20	20 ⊕
Oct.		P 22128	20	20 m
Nov.		E 26139	20	20 m
Dec.		Q 28972	20	20 m
Jan.	1918			376 <sup>00</sup> RW
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

*100*

Register No. *DW 1013*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *1970-5-H-385*

Regt'l No. *724304* Name *Viliard Wood*  
(Christian Name) (Surname)  
Unit *21 Bn.* Rank *Pte.* Date of enlistment.....  
Date of casualty *11-10-18* B.P.C. File No. *89340*  
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Louisa Wood* Relationship *W. Mother*  
Address *Minden*  
*Ontario*

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-89-1473

*Emb*

Amount of Special Pension Bonus \$ *Nil* Abstracted by *M. Ross*

Eligible for Gratuity ..... \$ *—*  
Less amount of Special Pension Bonus paid..... \$ .....  
Less Debit Balance of S. A. or A.P..... \$ .....  
Total deductions \$ .....  
Balance due \$ *—*

Cheque No..... Date issued.....

REMARKS: *ineligible as W.S.G. was paid*

Clerk *J.C. Pottinger*

Audited by  
Date .....

*"Noted 12/8/20  
De 17*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

LL 589C1—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

Remarks:

M. F. W. 127  
 300M-1-19  
 1772-39-1140



MARRIED OR SINGLE  
 PLACE OF BIRTH  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 724301 RANK Pte NAME Wood N.  
 IF IN PERM. CORPS WHAT UNIT UNIT 109th Bn TRANSFERRED TO 21st Bn DATE 5/10/16 AUTHORITY 50279  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO GORD DATE 1/1/18 AUTHORITY 267  
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE Oct 1st 1916  
 PAYABLE TO Mrs Louise Wood Menden Ont RELATIONSHIP Mother  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *Atwood*

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		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT											
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE
1916																																							
Aug 31	31	1.00	31		31	10	310									6160	9570	33	8/16																	Enlisted 50279 June 56 days @ \$10.61 50			
Sep 30	30		30		30		3									33	64	31/8	15/16																				
Oct 5	5		5		5		50									550							15														50279 Transferred 21st Bn 5/10/16		
" 6-31	26		26		26		260									13420																							
Nov 30	30		30		30		3									2860																							
Dec 31	31		31		31		3 10									33			1763 7/11	988 2/10	C.O. Hrv.																		
																3410							15																
1917			1530																																				
Jan 31	10		3410													3410							15																
Feb 28	✓		3080													3080							15																
Mar 31	✓		3410													3410							15																
Apr 30	✓		33													33							15	70															
May 31			3410													3410							15																
June 30			33													33							15																
			36740													6160							135																
																4414																							

C1

Enlisted 50279 June 56 days @ \$10.61 50  
 50279 Transferred 21st Bn 5/10/16  
 Issue on pay 4/1/16  
 QMS Chgs Jan - Mar 17







*Erac. 15/5/19*

**SYPHILIS CASE-SHEET.**

Regtl. No. *724 304* Rank and Name *Pr. Wood N.* Corps *21st. Canadians.*

Placed on Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_ No. in Register \_\_\_\_\_

Disease contracted at *London.* Primary sore appeared on (date) *Apr. /17.*

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Large superf. abrasion with pink margin on glans.*

Lymphatic glands

Skin (nature and distribution of rash)

Mucous membranes

Other symptoms *Gonorrhoea*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum— { Method employed (original or modification)

Wassermann reaction { Result (positive or negative)

Station \_\_\_\_\_ Date \_\_\_\_\_

Signature of M.O. *A L Black*

*Lieut-Rame*

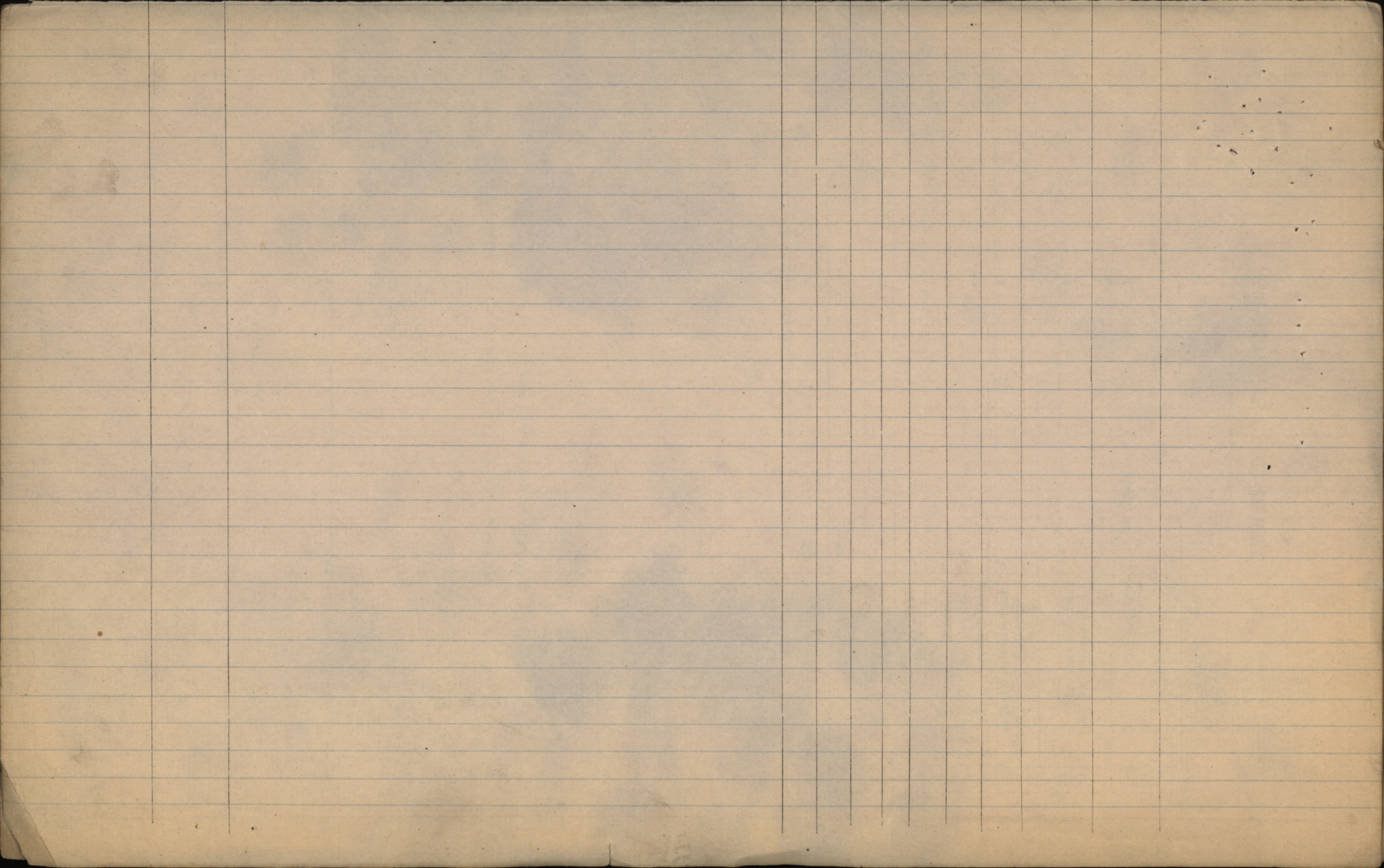
**2nd Western General Hospital,  
New Bridge Street, Manchester.**

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_









Forms  
I. 1237  
12

Medical Officer:

LEAVE FROM FRANCE EXPIRES 5-12-17  
MEDICAL CASE SHEET.\*

Army Form I. 1237.

Whether U.K. or Expeditionary Force:

Folkestone

Ward:

B3.C8

Has return ticket

No. in  
Admission  
and  
Discharge  
Book.

U.K.C.  
334

Regimental No.

Rank.

Surname.

Christian Name.

724304

Pte

Wood

Hilliard

Unit.

Age.

Service.

Year

1917

21 Canadians, D Co.

20

15 1/2 1/2

Station  
and Date.

Disease

Gonorrhoea  
Supervening disease: Syphilis

RECEPTION ROOM

Date of Onset

29.11.17

ADMIT to

New Bridge St.

2nd WESTERN GENERAL HOSPITAL,  
MANCHESTER.

R. W. Wynne

Transfer Class.

29.11.17

Gusrgci

9.12.17

Gus cells hcc extra cell. Epi cells.

28.12.17 Discharged  
New disease supervening

Next of kin:

Mother: Minden  
Ontario  
Canada

Antitetanus Inoc<sup>n</sup>.

Units.

Date.

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

Station  
and Date.

Date of Enlistment

6/6/16

MILITIA AND DEFENCE

Date of Assignment

Oct 1-1916

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

# W

8988

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	12.17		

RATE OF ASSIGNMENT

15			
----	--	--	--

P.O. 3257

PARTICULARS OF SEPARATION ALLOWANCE

No. 724304  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Hilbard Wood  
 Battalion 109 Battr.  
 Beneficiary Mrs. Louisa Wood  
 Relationship widowed mother  
 Address 7197-254/228 22-11-18

PARTICULARS OF ASSIGNMENT

Name Louisa Wood (wid mother)  
 Address Minden Ont.  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A ✓	Amount A/P ✓	Total ✓
Dec 31.17		376 00	275 00	601 00
Jan 18	X 72576	30	15	45 ✓
Feb.	I 67557	25	15	40 ✓
March	X 90877	25	15	40 ✓
Apr	X 9074	25	15	40 ✓
May	X 19219	25	15	40 ✓
June	V 23032	25	15	40 ✓
July	B 28096	25	15	40 ✓
Aug	X 34947	25	15	40 ✓
Sept	X 43595	25	15	40 ✓
Oct	K 56564	25	15	40 ✓
Nov	S 57014	25	15	40 ✓
		<u>606</u>	<u>390</u>	<u>1046</u>
		<u>631</u>	<u>375</u>	<u>1006</u>

19703-E-48

REMARKS

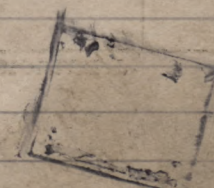
KILLED IN ACTION }  
 DIED OF WOUNDS } DATE 1.1-10-18  
 C. L. No. 252-90.3 DATE 4-11-18  
 M. R. O. 17229 TO DESTROY RENDERED 7-11-18  
 B. P. G. FORM 1 & C. F. X. COMPLETED ON FILE  
19703-E-48  
 CLERK J. J. Fough DATE 7-11-18

E. J. Hill 22714 @.  
90 closed 31-10-18 ruling P.A. B 12/1/18  
x C.C.O. 7260 16/1/18 chk 557014 came 21-11-18

a.c.o. 11750 adj. increase S.A. for Sept. Cont + 7  
1916. P.C. 2753. W.P. 20-3-19 ok 28

Mar P 1817 10 ✓ m. 25/3/19

M. F. W. 128  
 4000-6-17-1772-38-141  
 L. L. 22520-M. & D. 1588.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22230-M. & D. 7993.