

"A" Coy.

# ATTESTATION PAPER.

No. 224593

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *William Yeomans.*
2. In what Town, Township or Parish, and in what Country were you born?..... *North Hampton, Eng.*
3. What is the name of your next-of-kin?..... *Mrs. Lily Yeomans (Mother)*
4. What is the address of your next-of-kin?..... *53 Baggot St. Kingston, Ont.*
5. What is the date of your birth?..... *July 18<sup>th</sup> 1893*
6. What is your Trade or Calling?..... *Labour*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated?..... *or inoculated* *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?.. *2 years in 41<sup>st</sup> Regt. Brockville*  
If so, state particulars of former Service. *5 mos. in 14<sup>th</sup> Regt. P.M.O.R. Guard*
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*

*W<sup>m</sup> Yeomans* (Signature of Man.)  
*J. C. D. Dutton* (Signature of Witness.)  
*Capt.*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Yeomans*, 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 *Nov. 11<sup>th</sup>* 1915. *W<sup>m</sup> Yeomans* (Signature of Recruit)  
*J. C. D. Dutton* (Signature of Witness)  
*Capt.*

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Yeomans*, 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 *Nov. 11<sup>th</sup>* 1915. *W<sup>m</sup> Yeomans* (Signature of Recruit)  
*J. C. D. Dutton* (Signature of Witness)  
*Capt.*

## 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 fully entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Lindsay* this *4<sup>th</sup>* day of *November* 1915.

*J. C. D. Dutton* (Signature of Justice)  
*Capt.*

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

*J. C. D. Dutton* Lt. Col. (Approving Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

# Description of *William Yeoman* on Enlistment.

Apparent Age *22* years *3* 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* ins.

Chest measurement: (Girth when fully expanded *35* ins.)  
Range of expansion *3* ins.

Complexion *Sun*

Eyes *Brown*

Hair *Brown*

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

*Appendix A*

## 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 *Nov. 11* 191*5*

Place *Kingston Ont.*

*A. J. Hayes*  
*Capt AMC*  
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.

*William Yeoman* 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 *JAN 10 1916* 191*6* *A. J. Hayes* Lt. Col. (Signature of Officer)  
C. C. 109th Overseas Battalion, C. E. F.

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.....

38

Name Yeomans, Wm.  
 Regt. No. 724 93 Rank pte.  
 Corps 109th Sn.

Med. Unfit.

R. O. No.....  
H. Q. No.....

Index Card.....  
 Casualty Card.....  
 Non-Effective Card.....  
 Part II Order Card.....  
 Change of Address Card.....  
 Honour & Award Card.....

00689

30-26  
 17-26  
 9-26

a. J. B. 122-1  
 m. J. W. 39a-1  
 1-a 88

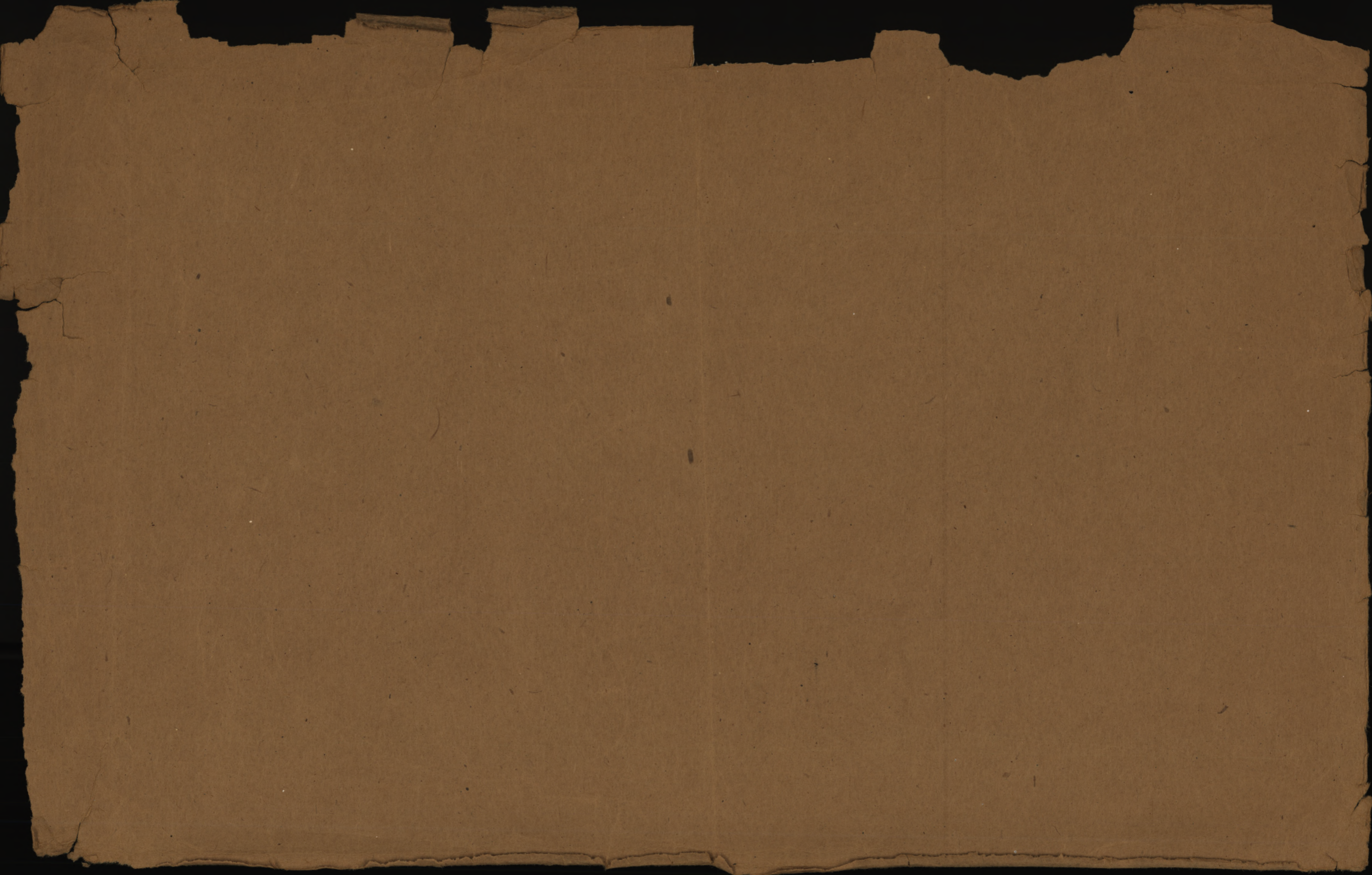
1 card  
 1149-1  
 915067-1



# 10636

Received  
 14-9-41

484380



724593

I.D. number  
No. d'identification

YEOMANS

Surname  
Nom de famille

William

Given names  
Prénoms

DECEASED

14-9-61.

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

10, 636.

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**



*Handwritten initials*

~~R~~  
~~X~~

Number 724593 Rank Plt

Surname YEOMANS

Christian Name William

Unit 38<sup>th</sup> Bn Can Inf Theatre of War France

Date of Service 6-12-14

Remarks

Latest Address ~~Kingston Ont~~

*Page 2938*

~~17 Quebec St~~

Roll No. B

Mill St., Port Hope, Durham Co., Ont.

F I D C O

927477 23 sent

AUG 30 1921



SURNAME.

*Yeomans,*

CHRISTIAN NAMES

*William*

REGL. NO.

*724593*

RANK

*Pte.*

UNIT

*109th*

*Batt*

FORMER CORPS

*41st Regt, 14th Regt.*

NEXT OF KIN.

NAMES IN FULL

*Yeomans, Mrs. Lily.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*53 Bagot St., Kingston, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*England, North Hampton*

DATE

*July 18th, 1893.*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Nov. 4th, 1915.*

*Sailed from Halifax*

*Per S.S. Olympic 23/7/16*

CARD NO.

*S.O.S. Dis. 8-5-18.  
Pte. 19. FOLL. 3-5-18.  
3 Dist Dep. 3*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Yes  
Laborer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

22 YEARS

3 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Appendix Scar.

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

Nov. 11th, 1915.

REGT'L NO 724593

H. Q. FILE NO. 649-

NAME Yeomans WilliamRANK AND CORPS Pte 38th Bn (Form 109th Bn)

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

6.M240820-4-17Adm to 32 Stat Hosp Wimereux  
April 11th 1917 GSW R elbow ✓

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a. 176.	no 32. Stat. Ho Wmiceux	11-4-17	G.S.W. R. Elbow
D 169	2nd Southern Gen Bristol	15-4-17	" " " "
B 147	Can Comd. Bearwood	13-9-17	Gsw R. Elbow
B 563	Can Comd. Wdctz PLY <sup>Wark</sup> Epsom	3-11-17	Gsw R. Elbow
B 97-2.	mil. "discharged"	"Surrey" 17-12-17	Gsw. R. Elbow. <sup>89-11-17</sup>

B. 7521

REG. NO. 724593 NAME *Yeoman*

(SURNAME FIRST)

RANK *Pvt.* CORPS *38th Gen. Co. 1st Div.*

AGE 23 SERVICE *Branch 61239*

NAME OF HOSPITAL *Dunn's Mil.* PLACE *Kingston*

DATE OF ADMISSION *20.2.18*

DISEASE *U.S.W. Rt. Elbow*

DISCHARGE  *May 4, 18*

OPERATION

DISCHARGED TO DUTY *Yes*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



Name **YEOMANS** Rank **Pte.**

Reg. No. **724593**

Unit **38th Battn.** <sup>William</sup>

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
11-4	32 Stn.Hos.Wimereux.	GSW.R.Elbow.	A176.	M2408.	20-4	
15-4	2nd Stn.G.H.Bristol.	do	B169			
13-9-17	Can. Can. S. Beardwood	Wokingham	do	B314		2033
3-11-17	Mil Coy. H. Epsom.	do	do	B56		4974
17-12-17	Discharged	do	do	B97		2057
	8 W/S					





Registrar, Canadian Convalescent Hospital,  
HOSPITAL.  
 Bear Wood, Wokingham, Berks.

**A. & D.  
 CARD**

AT \_\_\_\_\_

A. & D. No. 72 9837 PL. OF ACTION 724593RANK 2nd Lt UNIT 38th Bn AM SICK OR WOUNDEDNAME Peomans W AGE 22 RELIGION CEPLACE IN HOSPITAL hut 9.DIAGNOSIS Bullet wd Rt Elbow. & W. slightADMITTED 12 SEP 1917 FROM 2nd S.G. Bristol

DISCHARGED \_\_\_\_\_ TO \_\_\_\_\_

TRANSFERRED 2 - NOV 1917 Epsom. 6SERVICE AT HOME 16 IN FIELD 12

RESULTS \_\_\_\_\_

REMARKS.

Convalescent Hospital

HOSPITAL.

A. & D.  
CARD

123426 AT Woods Park, Epsom. 111  
 A. & D. No. \_\_\_\_\_ PL. OF ACTION \_\_\_\_\_  
 RANK 724593 Pte UNIT 38th Bn. SICK OR WOUNDED  
 NAME Yeomans W AGE 23 RELIGION CE  
 PLACE IN HOSPITAL \_\_\_\_\_  
 DIAGNOSIS GSW Rt. Elbow flesh  
 ADMITTED 2 NOV 17 FROM Bearwood CCA  
 DISCHARGED Bur 17.12.17 TO P.O.R.D. Seaford  
 TRANSFERRED \_\_\_\_\_  
 SERVICE AT HOME 2 1/2 IN FIELD 6/12  
 RESULTS \_\_\_\_\_

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

(P.T.O.)

REMARKS.

Bullet pierced the fleshy part of arm just above  
interdial condyle of humerus. injuring ulnar nerve.  
Sensation absent on inside of hand & has fairly good power  
in muscles supplied by that nerve.  
Has considerable degree of myopia. P.D. 11.  
10-12-17 B III.

J. H. Kemp  
Capt.

No. 724593 RANK Pte

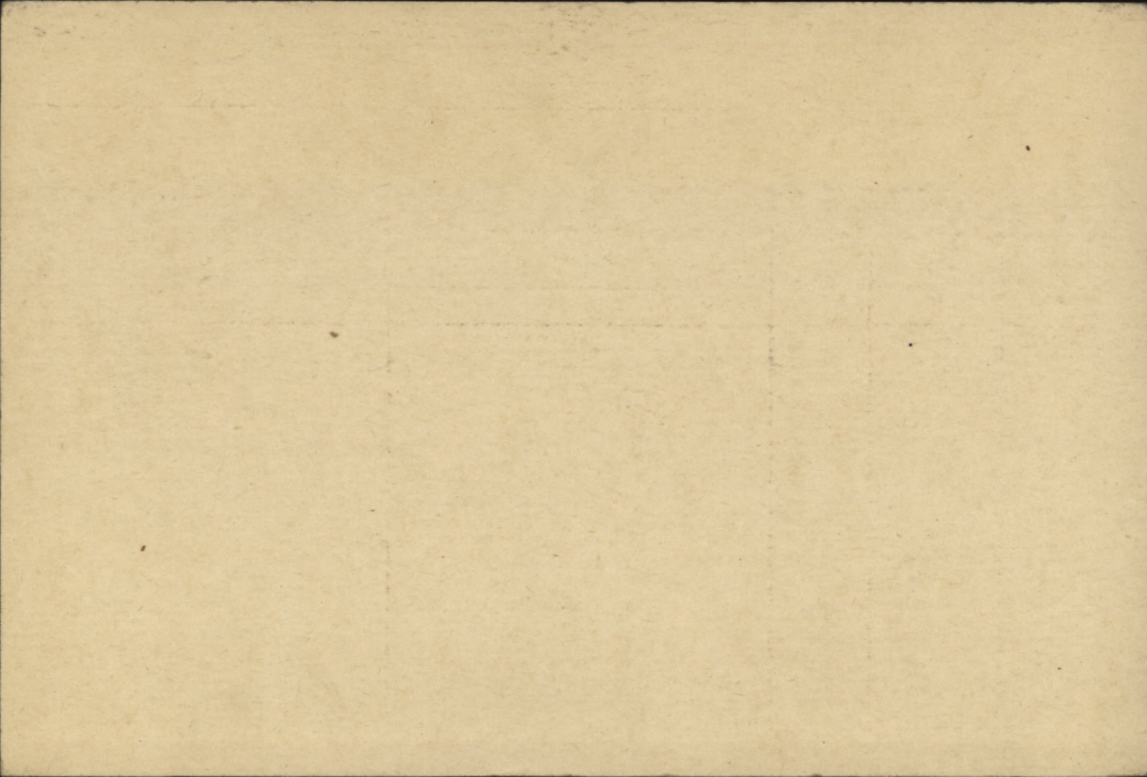
NAME Yeomans. W.

T. O. S.

UNIT # 3 Special Service Coy

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1918	1918	u	<del>on. P.O. not on payroll</del> transfd to 6 Unit M.H.C.	DoS 70726-2-18.



No 724592  
3.

RANK

Pte

NAME

Yomanus. W.

T. O. S.

UNIT

Transferred from 14th Regt.  
24-11-15 - D. C. 7. 27-11-15.

109th. Battalion.

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
Nov. 24	Nov 30	✓		
	Dec.			
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916





Surname **Yeomans** Christian Name or Names **W** Reg. No. **724593**  
Rank **Pte** Unit **38th Batt** Co. **E. O. R.** Troop  Batty.

Hospital **32 Sta Wimereux** Date of Admission **11-4-17**  
**2 S. Gen Bristol** Transferred **Hosp.** **15-4-17**

*Bearwood Wokingham* Hosp. **13-9-17**  
*Can. Conv. Woodcote Pk.* Hosp. **3-11-17**  
Hosp.

**G.S.W. rt Elbow** *av.*

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

*Dis 17-12-17* Date

DISPOSITION

**C.L. 20-4-17 A 176**  
**23-4-17 B 169**  
*19-9-17 B 14.*

REMARKS

*7-11-17 B 56-2.*  
*28-12-17 B 94 (2)*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 724593 (Rank) Private

Name (in full) Yeoman William enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Kingston on the

day of \_\_\_\_\_ 19\_\_\_\_

HE served in Canada England France

and is now discharged from the service by reason of \_\_\_\_\_

Being Medically Unfit.

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

Age 29 years

Height 5 feet 8 inches

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars \_\_\_\_\_

Signature of Soldier \_\_\_\_\_

W. H. Scott Capt. & Adj.

Issuing Officer. S

Rank \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Appointment \_\_\_\_\_

Signed at Kingston this 3 day of May 1918

in Military District No. \_\_\_\_\_

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. 724599 Rank Private Name Moeman Van

Unit No 3 District Depot

Address on Discharge Kingston Ont

Character and Conduct - Very Good -

Former Occupation Shoemaker

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks This form is not signed by man as form 39A was not available at time of his discharge

Signed at Kingston this 3<sup>rd</sup> day of May 19 18

W. J. Scott Capt. & Adj.  
Name of Officer No. 3

Rank

Appointment

724593 Pte Yeomans W. 109th Bn C&F

Will Removed by Regt Paymaster

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

79489

Perforated sheet for Will from Pay Book of Reg.  
No. 724593  
Name Pte W<sup>m</sup> Yeomans  
Unit 109th Bn.

Military Will.

In the event of my Death  
I give the whole of my property  
and effects to My Mother  
Mrs J Yeomans care the  
Post Office Kingston Ont  
Canada

Pte W<sup>m</sup> Yeomans  
No 724593.

A boy 109th Bn C.E.F.

Witness

*W. J. Hamer*  
O. Pte 'A' Coy. 109th. Bn. C.E.F.  
Signature Pte W<sup>m</sup> Yeomans

Rank and Regt. 109th Bn C E F

Date October 10<sup>th</sup> 16.

PUBLIC ARCHIVES RECORDS CENTRE

OCT 27 1961

OTTAWA, ONT., CANADA

*[Handwritten flourish]*

*[Handwritten signature]*

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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 24593 Rank Private Name Geomans William

Enlisted (a) 24.11.15 Terms of Service (a) D of W. Service reckons from (a) 24.11.15 ENCL

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } APR 21 1920

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Labourer CANADA

Report Date	From whom received	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.
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CERTIFIED CORRECT.  
2 DEC. 1916  
CAN. RECORDS LONDON

		Embarked Canada	Halifax	24.7.16	649 Y-538
		Disembarked England	Liverpool	31.7.16	
-17-16	O.C. 109th.	Proceeded overseas for service with 38th.Btn.	Witley	4-12-16	D.O.Pt.11 339 AW Bellus Capt. ADJUTANT 109th Overseas Battalion C.E.F.

6.12.16.	C.B.D.	TAKEN on STRENGHT 38th Havre		6.12.16.	N. R. P.I.D. 242-d 13.12.16.
7.1.17.	"	Left for Unit FIELD		7.1.17.	N. R.
14.1.17.	4th Entbn.	Joined 4th Entbn. FIELD		9.1.17	B. 213. DCS.
8.3.17.	"	Sentenced to 14 Days P.O. #1. for "Absent from 7.15 am working party 5.3.17." FIELD		5.3.17.	00069 P.I.D. 0.31.d. 13.3.17.
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. 163
11.4.17.	32 Staty.	Geo. R. Elbow. 32 Staty.		11.4.17.	W3034/253.
14.4.17.	"	In. wounded and posted to 32nd Reg Depo Bedford. 14.4.17.			W3087/4195 T. Princeps Henriette P.T.O.

(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.

**Casualty Form - Active Service**

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				
5-7-17	<i>2nd Bn.</i>	<i>Adm. Sheldon Aid Hosp.</i>	<i>Deal</i>	<i>1-7-17</i>	<i>cf. B. 378. G.S.M.P. Reg. Co.</i>
8-7-17	<i>Co. R.D.</i>	<i>Passed from 2nd Bn.</i>	<i>Seaford</i>	<i>11-17</i>	<i>Rt. II Do. 118.</i>
21.12.17	<i>cc. Co. R.D.</i>	<i>Sick furlough 10 days</i>	<i>Seaford</i>	<i>17.12.17</i>	<i>Rt. II Do. 284</i>
29.12.17	<i>cc. Co. R.D.</i>	<i>Detailed to Depot Coy.</i>	<i>Seaford</i>	<i>29.12.17</i>	<i>Rt. II Do. 292</i>
11.1.18	<i>cc. Co. R.D.</i>	<i>On command to C.D. Buxton</i>	<i>Seaford</i>	<i>10.1.18</i>	<i>Rt. II Do. 11</i>
JAN 1 1 1918		TAKEN ON STRENGTH C.D.D, BUXTON	Pt. 11	ORDER No. 9.	<i>J. W. Lock, Lt.</i> Commanding Canadian Lieut.-Col. Discharge Depot.
3 1 JAN 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
3/5/18	3 D.D.	S.O.S. as medically unfit. May 3 <sup>rd</sup> 1918.	Kingston		<i>J. W. Lock, Lt.</i> Commanding Canadian Lieut.-Col. Discharge Depot.
					<i>C. J. Peterson</i> CAPTAIN District Record Officer, M.D. 3

In the case of a man who has re-embarked for or enlisted into Section D, Army Reserve, particulars of such re-embarkment or enlistment will be entered in the original 'Service Record' etc., also special distinctions in technical Corps duties.



**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 OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number ..... **724593** .....

(3) Full Name of Soldier ..... **William Yromans** .....

(4) Place of Birth ..... **Northampton Eng.** .....

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

(6) If married, state,

(a) Full name of your wife ..... **nil** .....

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

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

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

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

Also their names and ages ..... **nil** .....

(9) Is your Father alive? *yes*  
If so, state name and address *Livi ysomans*

(10) Is your Mother alive? *yes*  
If so, state name and address *Lilli ysomans*

*53 Baggott Street Kingston ant*

(11) If your Mother is a widow *no*  
Are you her sole support, or not? *no*

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

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

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

(15) Are you insured? *no*  
If so, in what Company? *nil*  
Have you made arrangements for payment of your Insurance premium *nil*

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

Date *July 11/16*

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

QUADRUPPLICATE LAST PAY CERTIFICATE

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

Regimental No. 724593 Rank Pte. Name Yeomans, Wm.

Corps. 109th Battalion who was\* Discharged

On May 3rd 1918, to Category "E"

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1918 to May 3rd 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... <u>3</u> days at \$..... <u>1</u>	<u>3</u>	<u>00</u>
by } No.....			Field Allow. .... <u>3</u> days at \$..... c. <u>10</u>		<u>30</u>
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clothing</u>	<u>8</u>	<u>00</u>
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No. <u>1333</u>	<u>11</u>	<u>30</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....			Total.....	<u>11</u>	<u>30</u>
Total.....	<u>11</u>	<u>30</u>	Total.....	<u>11</u>	<u>30</u>

\* Give particulars.

A monthly stoppage of \$ NIL (†) 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 Nov. 11th, 1915

(2) if married and if a Separation Allowance Card has been submitted. No

(3) cause of discharge..... authority 3MD 88-Y-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 May 2nd, 1918

Place Kingston, Ont.

*W. Peters*

CAPTAIN

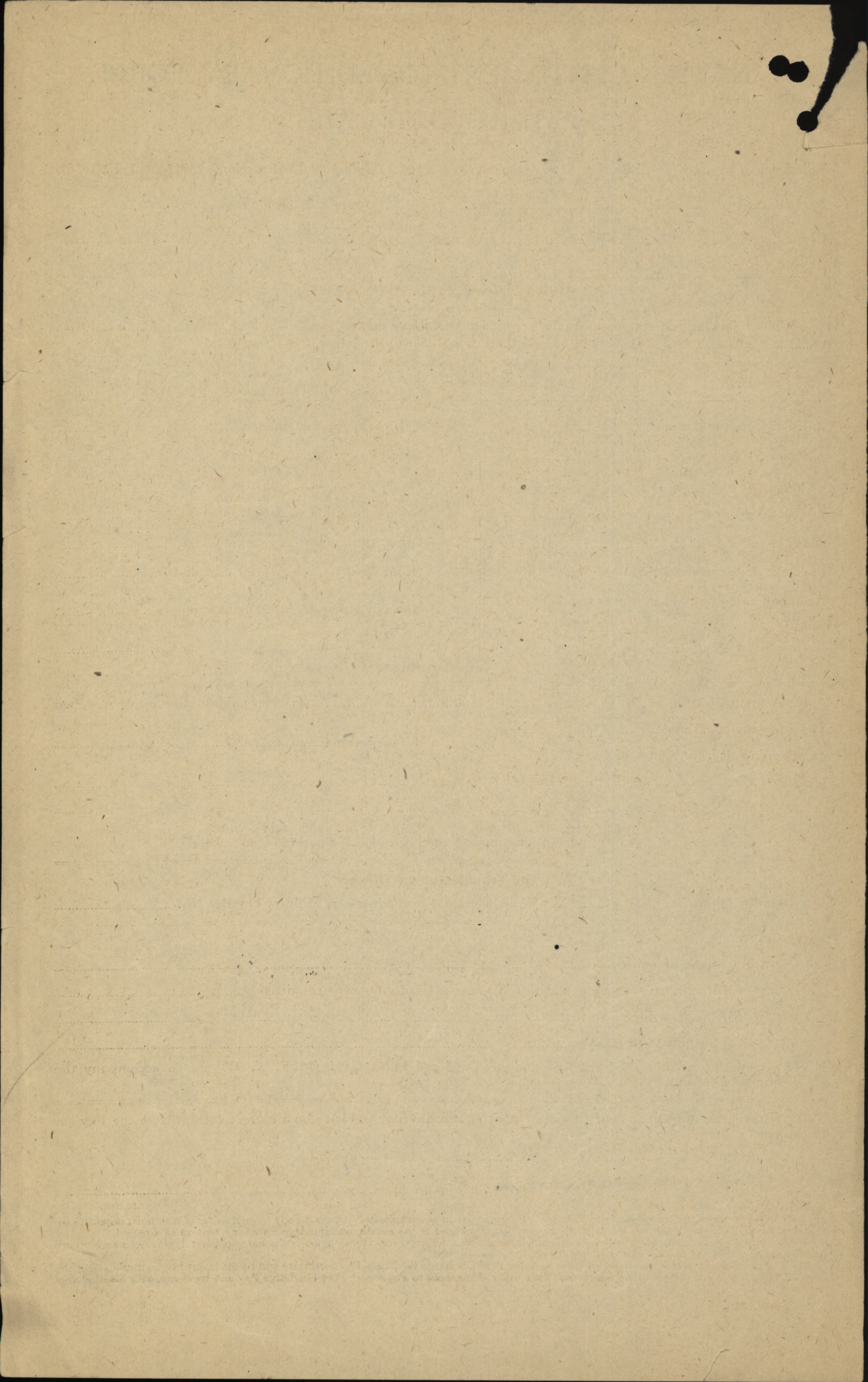
PAYMASTER, NO. 3 DISTRICT DEPOT

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.

cheque #1333 attached



J.M. Rank Name YEOMANS, William. ✓ Reg'l No. 724593 ✓  
 Unit 109th Bn. If in perm. Corps, } Married or Single Single. ✓  
 What Unit? }  
 Place and Date of Enlistment Lindsay, 11th Nov 1915. ✓ Place of Birth Northampton, Eng. ✓  
 Name and Address, Next-of-Kin Mrs Lily Yeomans. ✓  
 53 Bagot St, Kingston, Ont, Canada. ✓ Relationship Mother. ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 6230  
 File R.L. ....  
 Category Can. M.

Discharge, Date and Place

Reason

Character

H. W. &amp; 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	<i>OT. P. 10, 12, 16</i> <i>Allen</i>
4.12.16	06109th Bn	S/O on tfr. to 38th Bn	Witley	4.12.16	<i>Pt 20 339</i>
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	<del>Bmsht</del>	6.12.16	<i>Pt 242</i>
20.4.17	- do -	No 32 STAT HOSP	WIMEREUX	11.4.17	<i>CH 176 GSW R ELBOW</i>
23.4.17	- do -	2ND SOUTHERN GEN HOSP	BRISTOL	15.4.17	<i>" B/169 " "</i>
26.4.17	E ORD	TOS ON ADM TO HOSP ENG	SEAFORD	15.4.17	<i>Pt 45 (18 d 28.4.17 38th Bn)</i>
18.9.17	E OR	Trans: C. B. H. Beau Wood	Wokingham	13.9.17	<i>H. B. 14 G.S.M.P. Elbow</i>
6.11.17	E OR	Trans. C. B. H. Woodcote Pk	Epsom.	3.11.17	<i>H. B. 56 "</i>
<i>C</i> 27.12.17	"	Dis " do.	do.	17.12.17	<i>" 97 "</i>
11-1-18	E OR Dp.	on Com? CDD Basilton pending Emb. for return to Canada for discharge	<i>Pt</i> Seaford	10-1-18	<i>Pt 20 11</i>

Date.	Report. From whom received.	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.
12-2-18	EOR Dep.	Ceases on Com <sup>d</sup> & SOS on being returned to Canada for disposal by Ady General	Pt Depot	31-1-18	PR 2043
Dis Depot	For Duty		M.D. 3 Hingham	9/2/18	MR 442.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

3126/63

19819-W-2

Name **Yeomans, Wm.**  
Surname

Christian Name

Regimental Number **724593**

Rank

Pte.

Address (in full)

**7 Quebec St.**

Unit **109th Bn.**

**Kingston, Ont.**

Original Unit

District where paid **M.D.3**

Date of Discharge **3-5-18**

P. D. P. Filing Number **7-117-3**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2302	6-5-18	33 00	2224	7-6-18	33 00	1988	6-7-18	34 10		100 10
	<del>2181 184 46790 2579 90 00</del>										

M. F. W. 127.  
50M-617.  
1772 39-1140.

Remarks:

Dec'n No 2126/62 W. S. G. File No 1989/4/3  
 Award..... days at \$ 70.<sup>00</sup> per <sup>ms</sup> day \$ 350.00  
 S. A..... months at \$ ..... per mo. \$ ..... \$  
 Less P. D. P. Credited \$ 100.10  
 \$  
 \$  
 Less further debit balance \$  
 Net due paid as below \$ 249.90

TO SOLDIER TO DEPENDENT						
0	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	2181	46790	90.00			
2	2614A	444497	140.00			
3	<del>446</del>					
4	1996	446805	39.90			
5						
6						
	Total		249.90	Total		

22-3-19

23-4-19

1.5.19

7 Quebec St  
 Kingston  
 Ont

GEN'L AUDITOR  
 Posting checked by  
*[Signature]*  
 Date 20-10-79

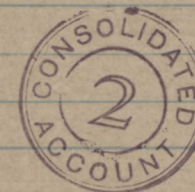
*[Handwritten mark]*

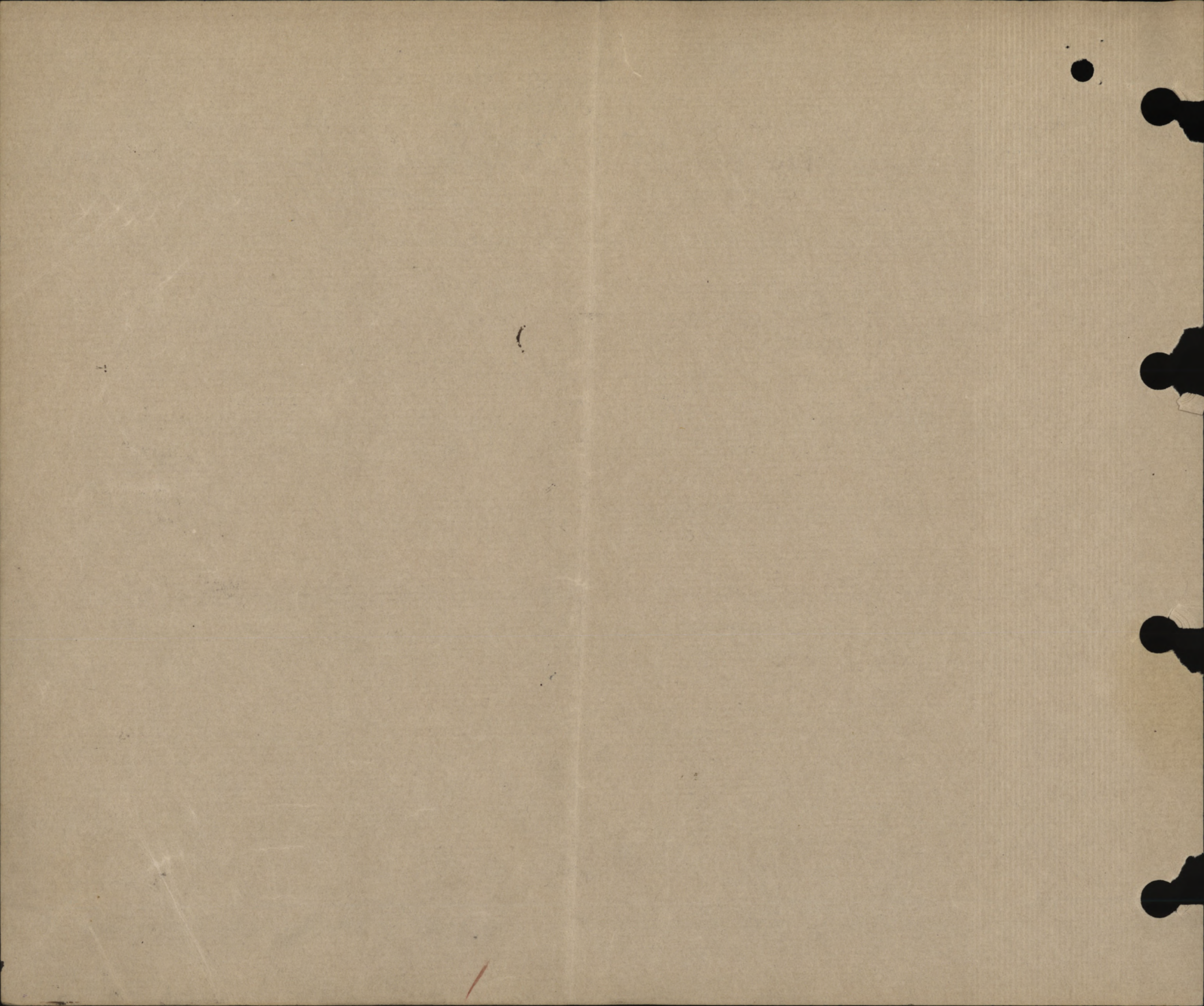


MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Lilly Yeomans* <sup>(Mother)</sup> By Whom Assigned *Yeomans, W.*  
 Address *53 Bagot St.* Regtl. No. *724596* (*725592*)  
*Kingston Ont.* Rank *Pte.*  
 Corps *109. Bn.*  
 Rate *15.00* <sup>April 12/17</sup> ~~Aug. 1/16~~  
~~Auth. Hurlay 28/1/16~~ <sup>28/1/16</sup> PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>0 27m 28/17</i> <i>8/15 15/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

*Mrs. Lily Yeoumas*

PAYMENTS.

Name of Soldier

*Yeoumas. W.*

*724593.*

*pte.*

*109. Bu.*

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>15. <del>Aug 1/16</del> 08/15/16 in April 1917</i>
May				
June				
July				
Aug.				} 30 2
Sept.				
Oct.				
Nov.		<i>P29177</i>	<i>60</i>	
Dec.		<i>Y35016</i>	<i>15</i>	<i>15 future.</i>
Jan.	1917	<i>N42903</i>	<i>15</i>	
Feb.		<i>Y48044</i>	<i>15</i>	
March		<i>B54431</i>	<i>15</i>	
April		<i>D6013</i>	<i>15</i>	<i>15</i>
May	<i>15/15</i>	<i>W14010</i>	<i>15</i>	<i>15. May of future J.F.B. 15/17</i>
June		<i>R19387</i>	<i>15</i>	<i>B.</i>
July		<i>625899</i>	<i>15</i>	
Aug.		<i>D533924</i>	<i>15</i>	
Sept.		<i>H408870</i>	<i>15</i>	
Oct.		<i>X46093</i>	<i>15</i>	
Nov.		<i>V52621</i>	<i>15</i>	
Dec.		<i>L64424</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*130  
65  
195  
60  
255*

*\$ 255.00*

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.				



724593 Pte Neomans W. AP 15

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
May 31	1	10	33330					1910	35240					4866	1721	2322	150	1710	25019	9621								
			110						110												9731							
June 30	30	33							33								15		15		11531							
July 31	31	3410							3410								15		15		13441							
Aug 31	31	3410							3410								15		15		15351							
Sept 30	30	33							33								15		15		17151							
			46860					1910	45770								210	1710										

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	REF. SER. PAY ENG.
Oct									17151	
Nov	31-10-17	3410		AP Camp			15	19061		
Dec		33		CDP			15			
Jan		3410		CDP			15	22971		
		6710		CDP			30	22591		
		1370		CDP			15			
	8.17.17 to 27.17-10 days		730	CDP					22559	22771
	NO 204. 31.17			CDP					730	2050
	AR 45438			CDP						2289
	AR 51 Epsom 16/12/17		32	CDP						730
	AR 6401 5-12-17 Epsom		97800	CDP						23289
	AR 7042 20-11-17 Wok.		487	CDP						10011
	AR 796 18-9-17 "		244	CDP						13278
	AR 4170 5-11-17 Epsom		972	CDP						
	AR 871 3-10-17 Clewley		244	CDP						
	AR 962 16-10-17 "		244	CDP						
	AR 6837 17-12-17 Epsom		487	CDP						
	11841 28-9-17 Wok		1946	CDP						
	AR 18372 19/1/18 Buxton End		487	CDP						
	18817 21/1/18		2433	CDP						10390
	AR 362 9/1/18 EOR 28		1946	CDP						8444
	Sp DN		8444	CDP						nil

A 3 M. FORM REN'D *Supp* EFFEC. *12/18*  
 DISCHARGED TO *Canada* DATE *12/18*  
 PAY BOOK VERIFIED *Contract from*  
 by BAL. 106.63 L.P.C. REN'D *12/18*  
 AUTH. *16.1.1928 of 1917 1/12/18*

*Camp in Canada*  
 (Thanked *Bridgman*)  
 23-1-18 *Supp* P. issue *P.P.P.*  
 Cr. Bal. 106.31 *Bridgman*  
 31-1-18 *Supp* P. issue *1/18*  
 Cr. bal. 113.61 *Bridgman*

Jehylis  
 Jane

24-1-19

This space to be for numbers

# Proceedings on Discharge.

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

No. <b>Y24593.</b>	
Rank <b>Pte.</b>	
Surname <b>Yeomans</b>	
Christian Name <b>W.</b> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <b>109th Batt.</b>	
Date of Discharge <b>3-5-18</b>	
Place of Discharge <b>Rungsten. Out.</b>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <b>23</b> years..... months.	Descriptive Marks <b>g.g.w. right-ellor. Scad across abdomen.</b>
Height <b>5</b> feet..... inches.	
Complexion <b>fair.</b>	
Eyes <b>Blue.</b>	
Hair <b>fair</b>	
Trade <b>Shoemaker.</b>	
Intended place of residence <b>Rungsten Out.</b> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <b>medically unfit for further service</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.	3. Conduct and character while in the service have been, according to the records, etc. <b>Very good.</b>
	<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>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <b>Shoemaker</b>

M. F. B. 218.  
100M.-1-17.  
H. Q. 1772-39-113.

(OVER)

wsq comp 28-1-19 ms.

E. R. J.

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) Kingston.....

J. J. Birdsall Lt.-Col. ....

(Date) 3-5-18.....

O. C. District Depot No. 3.  
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.

(Place) Kingston Out. New York (Signature of Soldier.)

(Date) April 29/18. H. G. Griffin (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 169 days.

Total 2 years 169 days.

11. Confirmation of Discharge.

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

(Place) Kingston.....

(Signature) J. J. Birdsall Lt.-Col. ....

(Date) 3-5-18.....

O. C. District Depot No. 3.



**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.

*Paid up to date March 1918*

<p>Attestation Paper, Militia Form B. 232</p> <p>Proceedings on Discharge, B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p> <p>Station, Battery, Company  <i>Company</i></p>
<p>In the case of recruits who are rejected on full 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 such having been prepared)</p>	<p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 213</p> <p>Medical Report for Invalid, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Cert. D. 877</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.

*Very good*

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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }                  Battery } Conduct Sheet, " B. 263a.                  Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on                  Transfer and Last Pay Cer-                  tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</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="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*

## CASE HISTORY SHEET.

No. 724593 Rank Pte. Name Yeomans Wm. Age 23  
 Unit 38th Bn. CEF Completed years of service Since 11th Nov. 1915. 6 months  
 Date of admission 20th Feb. 1918. Date of discharge 3rd May 1918. <sup>4th</sup> in France  
 Diagnosis G.S.W. rt. elbow, & defective vision. Place of origin France & England.

CONDITION ON ADMISSION AND PROGRESS OF CASE Man enlisted 11th Nov. 1915. went to England July 1916. to France Dec. 1916. Was wounded April 1918. by bullet passing the inner portion of right elbow. Extension of fingers of right hand impossible by active movements, but can be forcibly extended, painful to patient. Thumb normal. Sensation impaired over Ulnar side of palm & Hypothenareminence. Supination & pronation of forearm - normal. Flexion & extension of elbow limited. Epicritic sensation lost over dorsal and palmar surfaces of ring & little finger. Grip - 20% normal. Hand tires easily. No evidence of drop wrist. Man has Myopia and wears glasses for accomodation.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT X ray, massage. Passive movements for extension of fingers, rt.

(Especially any specific or special form.) hand.

CONDITION ON DISCHARGE General condition good. Glasses worn are correct.

(and disposal made of case.) Movements at elbow joint normal. Man can now carry a small pail of water 40 feet. Hand is getting stronger, but fingers are still flexed 60% normal, from the proximal interphalangeal articulation.

Date May 14th/1918.

L.N. Armstrong. Captain A.M.C.  
 Medical Officer i/c case.

*B. 7521*

CASE HISTORY SHEET

MEDICAL CASE SHEET\*

No. in Admission and Discharge Book. <i>29837</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
Station and Date.	Disease			
	<i>724593.</i>	<i>Pte</i>	<i>Jeomans</i>	<i>W.</i>
		<i>38th</i>		<i>27</i>
				<i>20/12</i>
<i>Aug 9</i>	<i>Bullet Rt. Elbow. flesh w<sup>d</sup> slight injury</i>			
	<i>Aust. Hosp. Boulogne</i>			
	<i>2<sup>nd</sup> South Br. Bristol</i>			
	<i>Bear Wood</i>			
	<i>April 9<sup>th</sup> 1917</i>			
	<i>11<sup>th</sup> 1917</i>			
	<i>15<sup>th</sup> 1917</i>			
	<i>Sept 12<sup>th</sup> 1917</i>			
	<i>P.C. Wound healed. Ulnar paralysis right hand. Movement - good but hand weak. G.C. fair. T.P.T.</i>			
<i>13/9/17.</i>	<i>Bullet wound through inner aspect of nerve just above elbow joint. Movements of elbow &amp; wrist good. Some ulnar paresthesia. Electric treatment &amp; massage. Wound healed. G.C. good</i>			
<i>17/9/17.</i>	<i>Continuing treatment. Urinalysis</i>			
<i>24/9/17.</i>	<i>Continuing treatment.</i>			
<i>9/10/17.</i>	<i>Cont. treatment.</i>			
<i>15/10/17.</i>	<i>Continuing treatment.</i>			
<i>29.10.17.</i>	<i>Canada Board. <i>C. J. B.</i></i>			

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

Station  
and Date.

# CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 38<sup>d</sup> Canadians

Military Hospital 2nd Southern

No. 724593 Rank and Name Plt Yloman

Age 22 Service 1 6/12

Disease G.S.W R elbow Date of admission 15-4-17 Date of discharge 12.9.17 Result \_\_\_\_\_

Dates of Observation	April 1917.																													
	15 16 17 18 19 20																													
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
	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.	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	84	76	78	96	88	96																								
Respirations per Minute	20	20	20	20	22	16																								
per 24						1																								

In charge of case.





**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
F.C.V. 191. 1917	724593	Pli	Yeomans	W.
1917	109 Regt.	38 <sup>th</sup> Canadian	Age.	Service. 1 <sup>6</sup> / <sub>12</sub>
Station and Date. 15. 4. 17 Southwood	Disease	S.W. Arm N. Ulnar Palsy	XII	Severe
		9.4.17.	Ving.	
		bleam in front of elbow. will Col. Clarke please see.		
Apr 16	560 Private Tolman Antitoxan		A.R. Short	Sub C
18	Hutchinson's teeth chiefly, upper incisors, 1 on <sup>ly</sup> jaw			
23	Lesion of ulnar nerve - not complete - advise waiting			
3/7/17	Recovering well			
34/8/17	" "			
12 9.17	Slight improvement:			
<del>24</del>				
At walk				
<b>DATE OF DISCHARGE:-</b>				
12. 9. 17				
<b>DESTINATION:-</b>				
Wokingham				

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

Station  
and Date.

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 soldier 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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 Q.M.H. Kingston, Ont. DATE 12th April 1918.

1. 1 (a) Unit 38th Bn. C.E.F. (b) Regimental No. 724593 (c) Rank Pte.  
 (d) Surname Yeoman (e) Christian name Wm.

2. Age last birthday 24 Date of birth 18th July 1893

3. Enlisted at Kingston. on 11th Nov. 1915.

4. Personal description:—

(a) Height 5' 8" (b) Weight 128 (c) Complexion Fair  
 (d) Colour of hair lt. brown. (e) Colour of eyes Blue (f) Identification marks

Appendectomy scar. 2 G.S.Wds. above internal condyle right elbow.

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

7 Quebec St., Kingston, Ont.

6. Former trade or occupation Shoemaker.

7. (a) Service	Years	Days
		<u>2</u>

7. (a) Service	PERIODS	
	From	To
<u>109 Bn. C.E.F.</u>	<u>11 Nov. 1915</u>	<u>Dec. 1916</u>
<u>38 Bn. C.E.F.</u>	<u>Dec. 1916</u>	<u>Date.</u>

(b) Has he been overseas? in France. 8. Original disease or disability 1. Bullet wound 1 1/2"

above internal condyle right arm. 2. Defective vision.

(a) Date of origin 1. 9 Apr./17. 2. 1911. (b) Place of origin 1. Vimy. 2. In England.

(c) Cause\* 1. ~~Sniper~~ Snipers bullet. 2. Not applicable.

(d) Present disease or disability 1. Effects of G.S.Wd. right arm. 2. Defective vision.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Man carries the four fingers of right hand flexed 60% and cannot extend them more than 50% normal. Fingers can be extended to normal by passive movements but causes pain when flexor tendons are stretched. Thumb normal. Sensation impaired, Ulnar side of palm and Hypothenar eminence. Supination & Pronation normal. Epicritic sensation lost over dorsal and palmar surfaces of ring & little fingers. (P.T.O.)

M. F. B. 227.

9. Present condition.—(Continued.)

Grip of right hand 30% normal. Man can carry small pail of water 10-15 yards, before hand becomes tired. No ~~spasmodic~~ symptoms of drop wrist. X ray report - No bony lesion.

(2) Man wears glasses for correction of Myopia.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous.....Yes.....Digestive.....Yes.....Respiratory.....Yes.....Cardiac.....Yes.....  
Genito-Urinary.....Yes.....Skin, Middle Ear, Eye or any other part.....

Specialist's report on eyes:- Myopia. Right Vision -  $\frac{4}{200}$  :  $\frac{20}{40}$  - 11.D  
Left Vision -  $\frac{4}{200}$  :  $\frac{20}{30}$  - 11. D. J.I.

Glasses worn are correct. No eye disability.

10. History: (a) of Condition referred to in "a" section 9.

Man received snipers bullet 9th April 1917, bullet entering 1 1/2" above and 1" external to internal condyle right arm. Exit of bullet at same level, but 1/2" toward dorsal side of the internal condyle, causing injury to

(b) 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.

Ulnar nerve. Forearm & hand well nourished and sensation otherwise normal. Large vaccination scar left arm.

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

(1) Not applicable. (2) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

(1) Not applicable. (2) Not applicable.

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?.....

1 & 2, probably permanent.

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

Hospitals in France & England.

Queen's Military Hospital, since 19th Feb. 1918.

## OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?  
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? No.  
(If not, briefly state why.)

17. Recommendations That man be discharged from the service as physically unfit.

*L. Armstrong* **Captain, M.C.**  
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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Wm. Yeoman 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

*Wm Yeoman*  
Signature of soldier examinee.

## 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 criticized.

Yes.

19. Is the soldier fit for

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

Yes.

20. It is certified that the soldier

- (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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

*Discharged due to service MC.*

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Kingston.

DATE... April 16/1918.

*Joseph Capone* President.  
*E. C. MacCallum* Members.  
*Sm. Assistant Carl A. Mc*

APPROVED BY

APPROVED BY

*A. C. ...* Captain A. M. C.  
Assistant Director of Medical Services.  
For A. D. M. S. M. District No. 3.

Director-General of Medical Services.

DATE APR 18 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, Wm. Yeoman. 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.

PLACE.....

DATE.....

President.

Members.

724593

# ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

F.C.T. 1915

11/2/1915

Surname Jeomans Christian Name William

Examined on 11 day of November 1915  
at Kington  
Birthplace { City or Town Northampton  
County England

Approved by S. J. Reyes  
Rank Capt-Med M.O.

Apparent age 32 years  
Trade or occupation Laborer

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>APR 31 1920</u> 19 <u>APR</u> 1917
		<u>CANADA</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 Feet 7 1/2 Inches. M.O.

Weight 121 Lbs. M.O.

Chest measurement { Minimum 32 inches. M.O.  
Maximum expansion 3 inches. M.O.

Physical development Fair M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right None Left Five  
Number 0 Five

Date	Result	VACCINATIONS.
<u>25-1-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 25 1916  
(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection  
18/4/16 good J. McCulloch M.O.  
25/4/16 good J. McCulloch M.O.  
2/5/16 good J. McCulloch M.O.  
TAB 32 1916 J. McCulloch M.O.

Enlisted on 11 day of November 1915 at Kington

JOINED ON ENLISTMENT	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109th Bn</u>	<u>724593</u>		<u>11-11-15</u>
Transferred to.....	<u>88th Bn</u>		<u>88-9-35</u>	

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Eporn</u>	<u>10/12/17</u>	<u>Weakness of muscles supplied by ulnar nerve myopia</u>	<u>Smith Capt</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

THE MEDICAL BOARD OF THE CANADIAN ARMY...  
In Charge of Records  
Genesee Dentistry

Surname *Yeoman* Christian Name *William*

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				
2nd S. G. Bristol		15	4	17	12	9	17	S.W. arm. (R.)	151	Wound recovering	<i>Atwater</i>
<i>Bean Wood</i>		12	9	17				Bullett right & elbow.		Wound healed. G. C. fair. Movement of elbow & wrist good Transfer to Epsom	<i>C. O. Hewitt Capt.</i>
<i>My. C. A.</i>	<i>Epsom</i>	2	11	17				"		Bullett pierced the fleshy point of arm just above internal condyle of humerus injuring ulnar nerve. Sensation absent on inside of hand. Has fairly good power in muscles supplied by this nerve. Has considerable degree of myopia measured Sp. by white line Boarded out. B <sup>III</sup>	<i>P. Keay Capt. Lamb</i>

A. B. I. APR 26

APR 29 1892

B. G.



# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 soldier 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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 C.M.H. Kingston, Ont. DATE 12th April 1918.

1. 1 (a) Unit 38th Bn. C.E.F. (b) Regimental No. 724593 (c) Rank Pte.  
(d) Surname Yeoman (e) Christian name William

2. Age last birthday 24 Date of birth 18th July 1893

3. Enlisted at Kingston on 11th Nov. 1915

4. Personal description:—

(a) Height 5' 8" (b) Weight 128 (c) Complexion Fair  
(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks  
Appendectomy scar. 2. G.S. Wd. above internal condyle right elbow.

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

7 Quebec Street, Kingston, Ont.

6. Former trade or occupation Shoemaker.

7. (a) Service	Years	Days
	PERIODS	
	From	To
<u>109th. Bn. C.E.F.</u>	<u>11th Nov. 1915</u>	<u>Dec. 1916.</u>
<u>38th. " C.E.F.</u>	<u>Dec. 1916.</u>	<u>Date</u>

(b) Has he been overseas? Yes. 6 Mos. in France 8. Original disease or disability 1. Bullet wound 1 1/2" above internal condyle right arm. 2. Defective vision.

(a) Date of origin 9 Apr. /17. 2. 1911 (b) Place of origin 1. Vimy. 2. in England.

(c) Cause\* 1. Snipers bullet. 2. Not applicable.

(d) Present disease or disability 1. Effects of G.S. Wd. right arm. 2. Defective vision.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Man carries the four fingers of his right hand flexed 60% and cannot extend them more than 50% normal. Fingers can be extended to normal by passive movement but causes pain when flexor tendons are stretched.

9. Present condition.—(Continued.)

Thumb normal. Sensation impaired. Ulnar side of palm and Hypothenar eminence. Supination and Pronation normal. Epicritic sensation lost over dorsal and palmar surfaces of ring and grip of hand 30% normal. Man can carry small pail water 10-15 yards, before hand becomes tired. No symptoms of drop wrist. X-Ray Report:- No bony lesion. (2) Man wears glasses for correction of Myopia.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous..... Yes..... Digestive..... Yes..... Respiratory..... Yes..... Cardiac..... Yes.  
Genito-Urinary..... Yes..... Skin, Middle Ear, Eye or any other part.....

Specialist's report on eyes:- Myopia. Right Vision-4 : 20 -11.D.  
Left Vision<sup>200</sup>/<sub>4</sub> : 20 -11.D.J.I.  
200 30

Glasses worn are correct. No eye disability.

10. History: (a) of Condition referred to in "a" section 9.

Man received snipers bullet 9th April 1917, bullet entering 1 1/2" above and 1" external to internal condyle right arm. Exit of bullet at same level, but 1/2" toward dorsal side of the internal condyle, causing injury to Ulnar nerve. Forearm and hand well nourished and sensation otherwise normal. Large vaccination scar left arm.

(b) 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.

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

(1) Not applicable. (2) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) Not applicable. (2) Not applicable.

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? 1&2 Probably permanent.

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

Hospitals in France and England.  
Queen's Military Hospital since 19th Feb. 1918.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why.)

17. Recommendations That this man be discharged from the service as physically unfit.

(Sgd.) L.N. Armstrong, Capt. AMC
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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Wm. Yeoman, 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...

(Sgd.) Wm. Yeoman.
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

YES.

19. Is the soldier fit for

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

20. It is certified that the soldier

(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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

(Sgd.) Wm. Gibson, Capt. AMC. President.

(Sgd.) E.C.D. MacCallum, Capt. AMC.

(Sgd.) S.M. Asselstine, Capt. AMC.

PLACE... Kingston, Ont.,

DATE... April 15/1918.

Members.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

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.

President.

PLACE

Members.

DATE

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

*Apr. 1/17*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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

*H 21 2y 2  
Jm*

### PARTICULARS OF SEPARATION ALLOWANCE

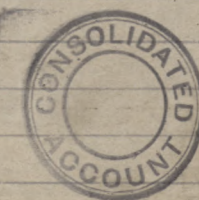
No. *724593 (725593)*  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *W. Yeomans*  
 Battalion *109 Battrn.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

*(Mother)*  
 Name *Lilly Yeomans*  
 Address *7 Quebec St.  
Kingston Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>		<i>255<sup>00</sup></i>	<i>255<sup>00</sup></i>	
<i>Jan 19</i>	<i>M 73092</i>		<i>15.</i>	<i>15.</i>	
<i>Feb 18</i>	<i>V 73108</i>		<i>15.</i>	<i>15.</i>	
			<i>285.</i>	<i>285.</i>	
					<i>MRO 2<sup>B</sup> rendered 22/18</i>
					<i>..... A/c Closed 28-2-18.</i>
					<i>Ret'd per O. Lympie.</i>
					<i>Date 14-2-18, F.X. ... A/c 285.<sup>00</sup> S/A Nil.</i>
					<i>..... Clerk W. Kent</i>
					<i>22/18</i>

M. F. W. 128  
400M-5-17-1772-80-1141  
L. L. 22320-M. & D. 7993.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.  
400M-41V-1172-38-1141  
L. L. 2320-M. & D. 7693.