

Unit 109th.Btn.C.E.F. Rank Lieut. Name Henry, Clarence Alexander.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Henry
- (b) What are your Christian Names? Clarence Alexander
2. (a) Where were you born? (State place and country) Orono, Ont.
- (b) What is your present address? 187 Bethune St. Peterborough, Ont.
3. What is the date of your birth? 18th. January, 1888.
4. What is (a) the name of your next-of-kin? Mrs. W. W. Henry.
- (b) the address of your next-of-kin? 187 Bethune St., Peterborough, Ont.
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Electrician
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 45th. Victoria Regt.
9. State particulars of any former Military Service. 4 yrs 46th. Durham Regt.
1 yr 34th. South Ont. Regt.
8 yrs 45th Victoria Regt.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.
15 Months Canadian Engineers (Halifax)

The undersigned hereby declares that the above answers made by him to the above questions are true.

C. A. Henry Lieut. (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 25th 1916

Place Sunday Oct

*Insert here "fit" or "unfit"

J. McCull
Medical Officer.
109th Overseas Battalion, C. E. F.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

[Handwritten signature]

QUESTIONS TO BE ANSWERED BY OFFICER

(Lawyer)

[Faint, mostly illegible text, likely questions to be answered by the officer]

[Handwritten signature]

QUESTIONS OF MEDICAL EXAMINATION

[Faint, mostly illegible text, likely questions of medical examination]

NAME Henry Clarence Alexander REGT. NO. 1st UNIT 1st H. Q. FILE NO. 10067

(S)

(M)

DEATH
Category
(H)

DISCHARGE
Category

DESERTION

(H)

2
2-31
2-31

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

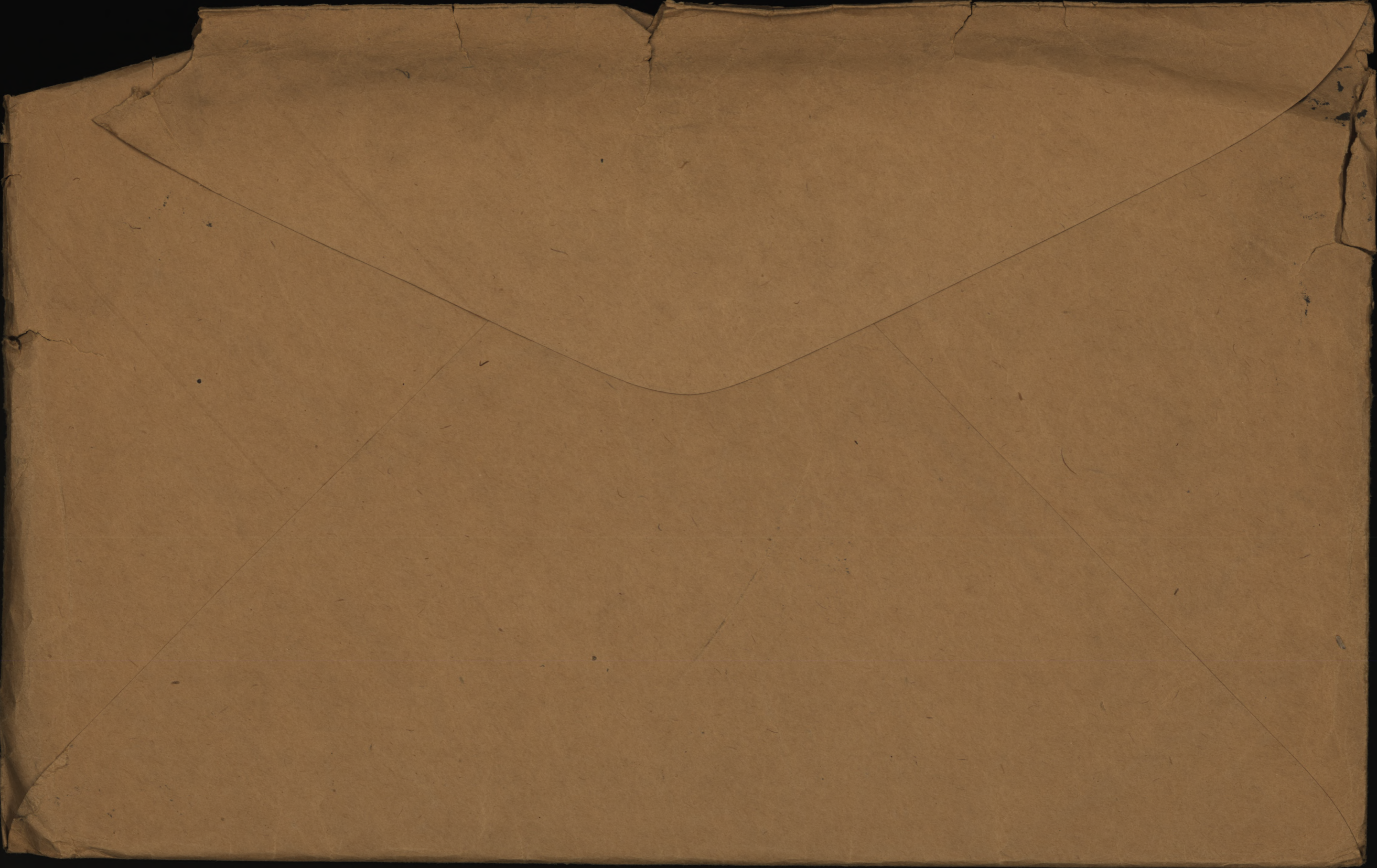
DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

- 3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 9 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- 3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
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- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 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)

1 cap card
 1 W.S.B.
 1 R. 149
 1 20 ent cert
 3 Disp cert
 1 m 2067
 PE



Number.....

Rank *LIEUT.*

Surname.....

HENRY.

Christian Name.....

CLARENCE ALEXANDER.

Units.....

Theatre of War *FRANCE.*

Date of Service.....

22.3.18

Remarks.....

Latest Address.....

*187 Bethune Street,
Peterboro, Ont.*

Roll No.

2, Page 18244

200m.-6-21.

C.A.S.C.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. JAN 15 1923
REGN. NO. 48.13938

No.

RANK

Lieut.

NAME

Henry C.

A.

T. O. S. 9-1-16

UNIT

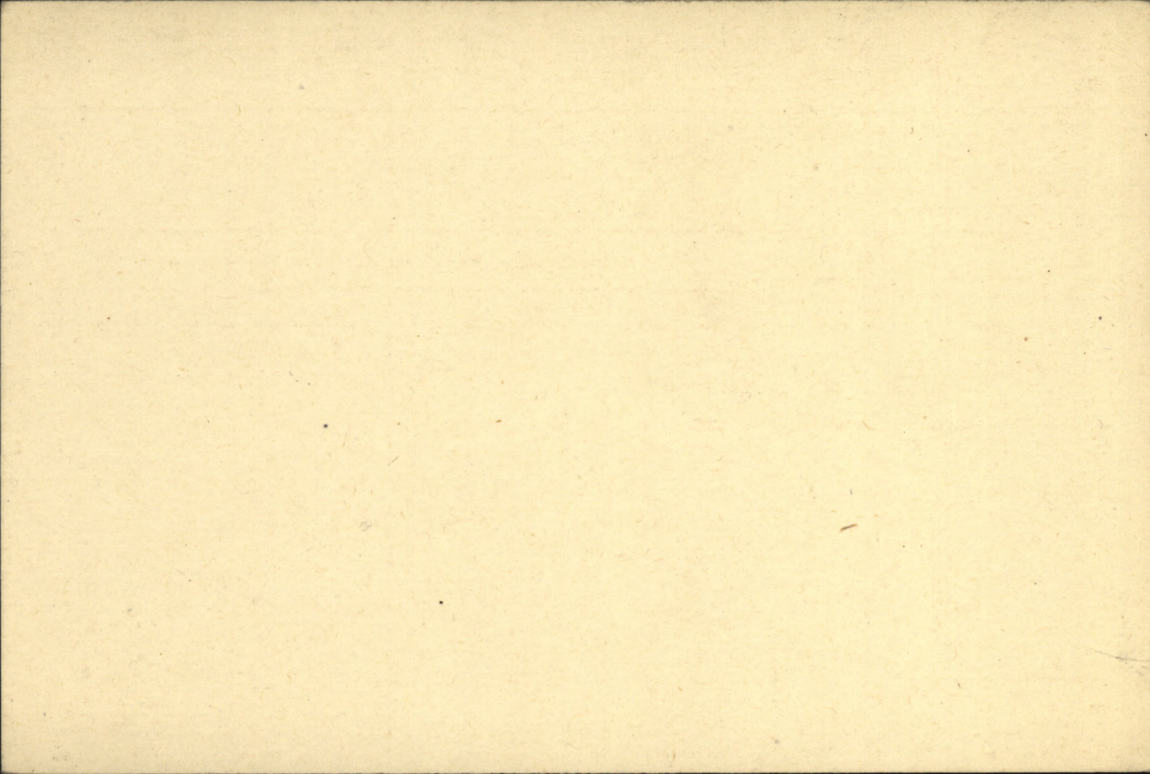
109th. Battalion

D. O. S. 26-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 9	1916 Jan 31	✓	Proc. App. 9-1-16.	D. O. S. 26-1-16
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



Name **HENRY** Rank **Lieut.**

Reg. No.

Unit *Clarence Alexander*
1 Can.Div.M.T.CoNext of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
18-5	1/2nd North Midland Field Ambulance (30447) GSW Head			989	10/18	24/5/18
18-5	Discharged to duty		-			
23-2-19	<i>14 Str No Signe</i>	<i>(30447)</i>				

NAME

Henry Clarence Alexander

REGT'L. No.

H/O FILE NO 649

RANK AND CORPS

Lieut C. A. S. C. (form 109th Bn)FOLLOWS
No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

n. of K

4-2

0487

23-5-18

Mrs. W. W. Henry (mother)
187 Bethune St. Peterboro. Ont.

21.2.989

23-5-18

Adm. 1st North Midland Fld. Amb.
Cambridge ret. to regt. duty May18th 1918. Gsw Ghead.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1225 (1)

14 Stat. Boulogne

23.2.19

Nephthemia

8373-1

CARD NO.

SURNAME. *Henry*

CHRISTIAN NAMES *Clarence, Alexander.*

FOLL.

REGL. NO. RANK *Lieut.*

UNIT ~~109th.~~ *C.A.S.C.*

Bn.

6487-23-5-18

FORMER CORPS *46th. Regt. (4 yrs) 34th. Regt. (1 yr) 45th. Regt. (8 yrs) Can. Engrs. (15 mo)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Henry, Mrs. W. W.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *187 Bethune St., Peterboro, Ont.*

COUNTRY OF BIRTH *Canada, Arons, Ont.*

DATE *Jan. 18th. 1888.*

PLACE OF ATTESTATION

DATE

Sailed from Halifax 23/2/16 per S.S. "Olympic"

Sailed Per. S. S. Olympic. July 23rd 1916.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Electrician

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Apr. 25th. 1916

Present address: 187 Bethune St. Peterboro, Ont.

Surname. Christian Name.
HENRY C. A.
Rank. Unit.
Lieut. 1st.Div.M.T.Coy.

Date of admission. -
1/2nd.North Midland Field Ambulance. 18-5-18
(Admitted & Discharged to Duty)
14 Sta. Boulogne 23-2-19.

Transferred Hosp.
..... Hosp.
..... Hosp.
..... Hosp.

Diagnosis. G.S.W.Head.
Diphtheria. *al*

Later diagnosis.
.....
.....
.....

Disposition. Disch.to Duty:-18-5-18
23-5-18 989. Date.
27-2-19 1225.

C.L. Remarks.
C.L.
C.L.
C.L.
C.L.
C.L.
C.L.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Surname

Christian Name

Reg. No.

HENRY

C. A.

Rank

Unit

Lieut.

1st.C.D.M.T.Co.

MEDICAL BOARD held at

Date

Serial No.

(1) **London Area**

5-4-19

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Diphtheria.

Disposition Recommended

(1) **Fit for General service.**

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

260
 CERTIFIED CORRECT
 2 APR 1918
 CANADIAN RECORD OFFICE

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

U.S. Class A
Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.)
 250M.—1-16.
 H. Q. 1772-39-920.

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

Regimental No. _____ Rank Lieut. Name Herry (Clarence) Alexander

Enlisted (a) 25/4/16 Terms of Service (a) D of War Service reckons from (a) 25/4/16 23.7.16

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) (c) Electrician

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	27.4.16	
	Disembarked England		Liverpool	31.4.16	
Oct. 27	Transferred to C.A.S.C.		Bramshott	27/10/16	D.O. Pt II 304. 30-10-16.
	Transferred to C.A.S.C. T.D. Shorncliffe.			11-11-16.	
	Auth. D.D. of S & T. London.	<i>George Stephenson</i>			
		Lieut & Adj. C.A.S.C. Bramshott.			<i>AW Alexander Capt.</i> ADJUTANT 109th Overseas Battalion, C.E.F.
11/11/16	O.C.—C.A.S.C.—T.D.	208 from BASL, Bramshott	SHORNCLIFFE.	10/11/16	Part II order 316
MAY 14 1917	O.C.—C.A.S.C.—T.D.	SOS on posting to BASL-DD	SHORNCLIFFE.	MAY 14 1917	Part II No 134 a <i>AW Alexander</i> O.C.—C.A.S.C.—T.D.
MAY 15 1917	O.C.—C.A.S.C.—T.D.	208 from BASL-TD	SHORNCLIFFE.	MAY 14 1917	Part II No 1
22-3-18	Case R+DD	SOS on proceeding overseas	do	22-3-18	Part II -69 On do B Army <i>Herry</i> R+DD

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B, 213, Army Form A, 36, or other official documents.
Date	From whom received				
27.3.18	Moves papers of asc. affairs	Having arrived from England is 2. Cls. class pool.	Field.	24.3.18	Form List No 842 PHD 37 d/ 31.3.18
20.3.18	O.C. 3rd. Army sub Post	Attached 3rd Cn A.S.P.	"	27.3.18	B.210. - SMTO. Cn Corps HT. 14 A/25.3.18. B.II.41 A/9.4.18.
20.4.18	O.C. 1st Cdn M.T. Coy	leaves to be att to 3rd Cdn Army S.P.K.	"	14.4.18	B.213a. A.S. Cdn. 7-1-191 d/ 8.4.18. QM & S.M. ACC 19908 d/ 24.4.18
"	"	Posted to 1st Cdn Div M.T. Coy. Asb. as Rmfrct	"	14.4.18	Mobile (I) 290-292. PHD 53 d/ 25.18
20-4-18.	No. 1 Cdn Div M.T. Coy.	Taken on strength of Unit from R.A.S.C Pool.	"	15/4/18.	B.213a. Y.A. 240-292. Pt 2 Ord. 1 d/ 1-5-18
21-5-18.	G.H.Q.	Wounded (at duty)	"	18/5/18.	D.C.S. No 1357. R & R. B57 Pt 2 Ord. 8 d/ 30-5-18.
18-5-18.	1 Corp Post Div. 1/2 N. Mid F/A.	G.S.W. Head. Remained at duty	"	18-5-18.	A36 F.3135
21-9-18	Unit	Granted 14 days leave to Londonderry Ireland	"	16-9-18	A.F.B. 213 d/ Dt. II. 052 d/ 3-10-18
5-10-18	Do	Rejoined from leave	Field	30.9.18	B.213a
18.2.19	30 F.A.	Consulter	To 80 C.C.S.	18.2.19	N. 7739. P.O. 14 d/ 1919
23.2.19.	14th Stn Hq	Depethering	adm.	23.2.19	N. 8374
26-3-19.	aaq.	Granted sick leave to UK from 18-3-19 to 5-4-19.	"	16-4.	egno A.F.A. 48 Ref No KE 4029 2/2 P.O. 25 d/ 1919

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	Case 02	T65 from Case 02	Witley	24-5-19	Pt 2-122
22-8-19	Case 222	Appointed Adjutant C.A.S.C. 27-27-19. 18-8-19 Vice Capt Risher & SR. 508. 1st. 2/27/19 (Auth. CO 2412. 4/5-8-19)	Witley	20-8-19	Pt 2-192 <i>W. H. Hurry</i> Lieut. & Adjutant, C.A.S.C., Witley.
9.10.19	do.	S.O.S. on transfer to 1st. C.O.D. Buxton	do.	9.10.19	Pt 2, 232. <i>W. H. Hurry</i> Lieut. & Adjutant, C.A.S.C., Witley.
28/11/19					

CANADA FOR CANADA
 FOR MAJOR GENERAL
 ADJUTANT GENERAL, CANADIANS

W. H. Hurry

Plts in British, No 11.19

Casualty Form - Active Service.

Regiment or Corps
 Rank Lieut Surname Henry Christian Name C. A.
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked ...		
<p><i>Proceeded to England whilst on leave 8-4-19. (date of expiration of leave.)</i></p>					
					<p><i>P.2027</i> <i>Awarards</i> <i>War</i> for Lt. Col., A.A.G., Canadian Section</p>
8-4-19	P.A.S.P., W.D.	J. or D. Army 1st P. W. S. Co. (Auth. A.G. to 18-4-1909, d. 5-4-19)	Witley.	7-4-19	P.S. 8-83
29-4-19	W.D.	S. of S. by posting P.A.S.P., Corp W. H. D. Blomford			P.S. 8-100 W. S. H. L. and S.

(a) In the case of a man who has re-engaged for, or entered into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered in the appropriate column of this form. (b) See Army Form B. 103, Part B, 103, P.T.O.

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.....
109 Batt.

(2) Regimental Number.....
✓

(3) Full Name of Soldier.....*Clarence Alexandria Henry*
187 Bethune St. Peterboro Ont.

(4) Place of Birth.....*Orono Ont.*

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

(6) If married, state,
 (a) Full name of your wife.....*✓*
✓
 (b) Present Postal Address.....*✓*
✓

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

(8) Have you any children?.....*no*
 If so, give number of boys and girls.....*✓*
 Also their names and ages.....*✓*
✓

- (9) Is your Father alive? Yes
 If so, state name and address W W. Henry 187 Bethune St.
- (10) Is your Mother alive? Yes
 If so, state name and address Fannie Henry 187 Bethune St.
Peterboro Ont.
- (11) If your Mother is a widow ✓
 Are you her sole support, or not? ✓
- (12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
✓
✓
- (13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
✓
✓
✓
- (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
✓
- (15) Are you insured? No
 If so, in what Company? ✓
 Have you made arrangements for payment of your Insurance premium.....
 If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 13/16

R. Anderson Major
 5000 109th Overseas Battalion, C. E. F.
 Officer Commanding.

C. A. S. C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

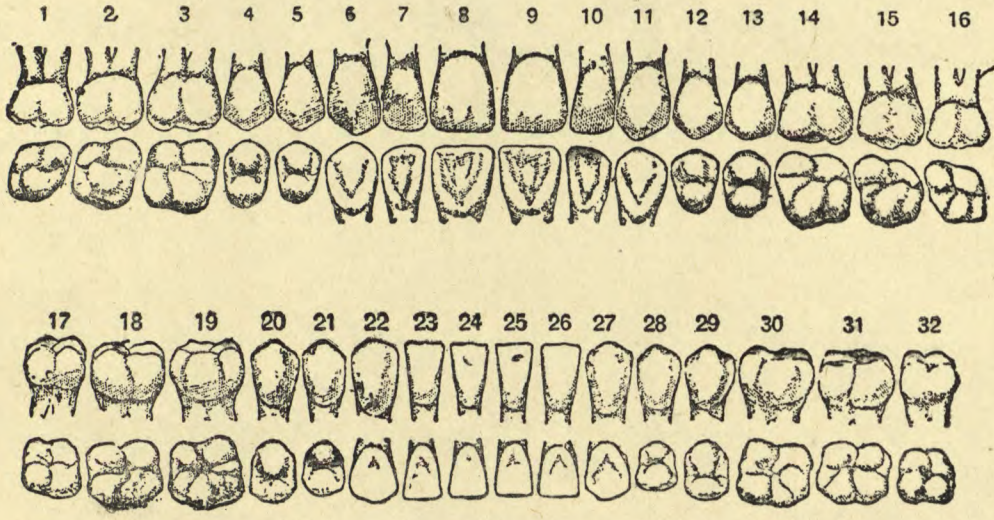
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) *HENRY Clarence Alexander*
REGIMENT *C. A. S. C.* RANK *Lieut.* No. *—*

Date of Examination in England *21/8/19* Date of Examination in France *—*

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



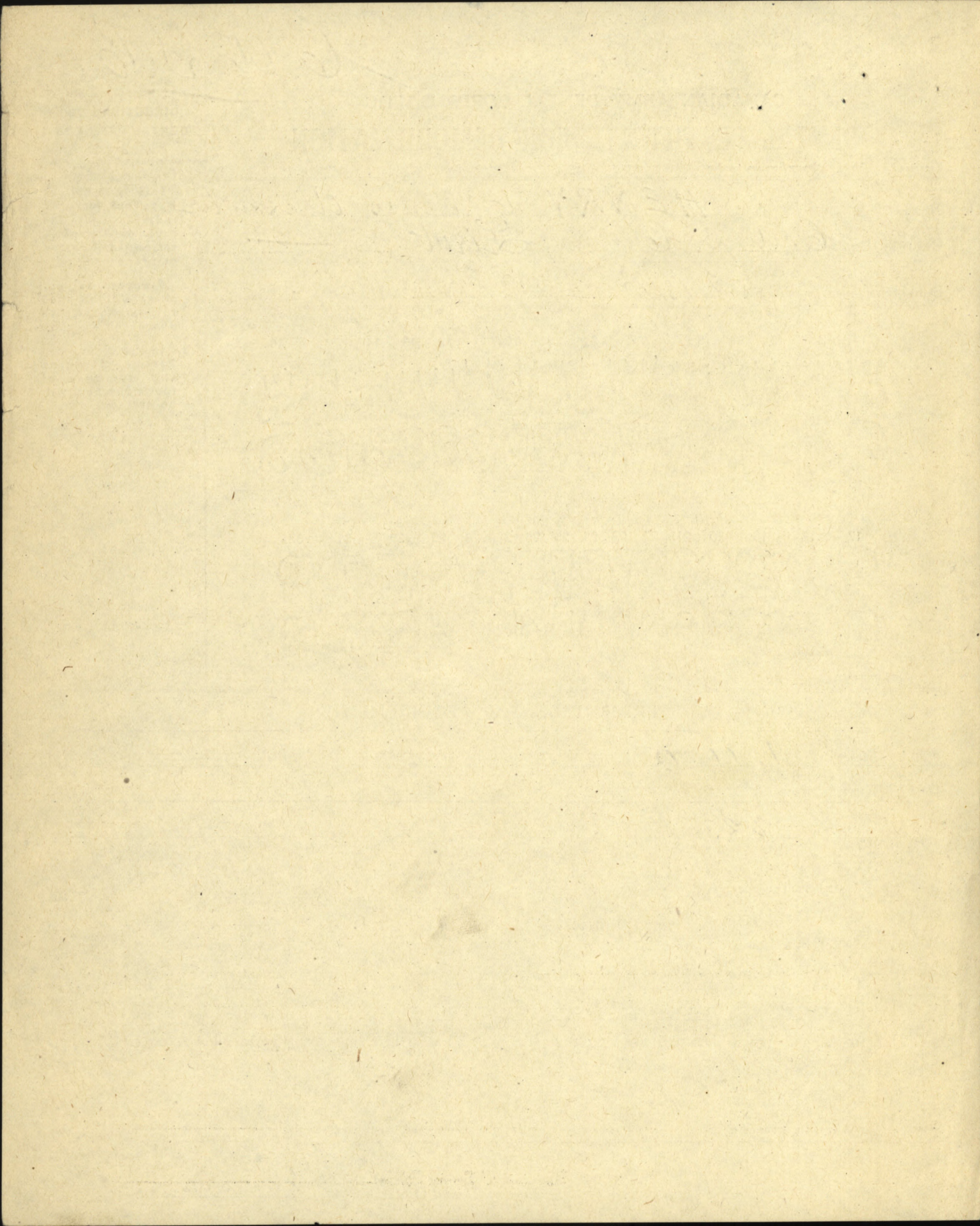
PRESENT DENTAL REQUIREMENTS

1. FILLINGS *1. 11. 15*
2. EXTRACTIONS
3. CROWNS *32*
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? *No*

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

Signature of Dental Officer *[Signature]*



Original

MEDICAL HISTORY SHEET.

Surname Henry Christian Name Clarence Alexander

Examined { on 25 day of April 1916
at Lindsay
Birthplace { City or Town Lindsay
County Ontario

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

Apparent age 28 years
Trade or occupation Electrician
Height 5 Feet 7 1/2 Inches.
Weight 155 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 37 inches.

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

Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right None Left None
Number None

Date.	Result.	VACCINATIONS.
<u>12-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 12th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3-10-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>9-10-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>15-10-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 25 day of April 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.F.F.</u>	<u>Lieut.</u>		<u>25-4-16.</u>
Transferred to				

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.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Boulogne Base

Date 11/3/19

1. Rank and Name Lt Henry C.A.

2. Unit 1/Can.M.T.Coy.

3. Age 33 4. Total Service 20 yr War Service { (a) at home 1 1/2
(b) abroad 3 yr

5. Address c/o Agent General for Ontario, 163 Strand London WC

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Diphtheria

7. Date of origin of disability 17/2/19

8. Place of origin of disability Hoy

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Incubated from attack, now
free from infection

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No
(b) in the service? Yes

11. Was it attributable to military service? yes
If so, to what specific military conditions is it attributed? infectious

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? _____

If so, by what specific military conditions? _____

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? NO

14. What is the officer's present condition? still unfit for
duty

The Board recommends 3 weeks Sick Leave to U.K.

15. To what degree is the officer disabled at the present time? 50
 (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent? NO

17. If not permanent, how soon is re-examination recommended? _____ months.

18. Is it necessary that the officer should be re-examined by the same Board? NO

19. What treatment is the officer receiving, and where, and from whom? None

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? NO

21. Does the officer require the constant attendance of another person? NO

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service NO 3 weeks

B.—Fit for service in a garrison or labour unit abroad _____

C.—Fit for home service :—

(i) Active duty with troops NO 3 weeks

(ii) Sedentary employment only _____

D.—For admission to a command depot _____

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital _____

(ii) In an officers' hospital _____

F.—Permanently unfit for any further military service _____

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 907 of 1918 been complied with? _____

H. D. Strand H. Thursfield Maj. RAMC TF President.
 Colonel A.M.S. H. P. Hugo Capt. RAMC TF
 DDMS Boulogne Base } Members.

Approved
Amistraspa Capt-
Bry General
Base Commandant

C. A. S. B.

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

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

No. _____ Rank Lieut Surname HENRY
(Given name in full)

Unit or Corps C. A. S. B. Birthplace Blairmont, Alexander
Ontario, Ont. - Can.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 8 ft. in. Colour of Eyes Hazel

Nutrition Good

Pulse 72 reg

Condition of arteries Good

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

Diphtheria 17.2.19 Stay Belgium Recovery

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witby Camp (Overseas)

Date 27th, VIII, 19

Signed A.R. Edward M.O.

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

Signature A. G. Henry Lind

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Henry* *Co*
Surname Christian Name

Regimental Number

Rank *Lieut.*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge *26-11-19*

P. D. P. Filing Number

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

L.L. 53961—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		

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

Remarks:

File No. 8449-6-10

WAR SERVICE GRATUITY.

Register No. Ca 11696

Reg. No. Leut.
 Name Henry La
 Address Saving a/c
Bank of Commerce
Petersboro ont

Dependent _____
 Address _____

Pay Soldier \$ 409⁰⁰

Pay Dependent \$ _____

Days _____ Rate _____ Due 549⁰⁰
 Less P.D.P. credited Check on Eng 140⁰⁰
 Less further Dr. Bal. _____
 or overpayment. _____
 Net 409⁰⁰

Clerk J. Harve

R. 134
 W. 1-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>10¹/₂₀</u>	<u>50776</u>	<u>547622</u>	<u>409⁰⁰</u>	<u>14¹/₂₀</u>	1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date 10/1/20

Alvans
10¹/₂₀

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to HENRY Clarence Alexander

ment.

Dependent

Address Savings Account Bank of Commerce
Peterboro Branch Peterboro Ont.

Address

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
see 9	Graty.	112 16 2 ✓			
- 9	OP Pda		28 15 4 ✗		
" 15	C.A.		84 0 10 ✓	o/o. ✓	
		112 16 2 ✓	112 16 2 ✓		
					OP Pda, 27 ¹¹ / ₁₉ to 31 ¹² / ₁₉ PM

FILE NO.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to
Address
Service No.

Name
Service No.
Grade
Pay Station



ASSIGNED PAY.

UNIT.

RANK

NAME OF

RATE OF P. AND A.

Beneficiary

cast

Pay

Leu

Address

F.A.

Amount \$

Messing

Separation Allowance Issued. Yes or No.....

*Retires in B.I. Letter
Rating appx of Adj 9%*

DATE	PARTICULARS	CK. NO.	CR.	DR.
<i>1919</i>	<i>Nov 28</i>	<i>712</i>		
	<i>Subst 1-26th 19</i>			
	<i>Paid for 27th 19 - 31st 19. Retired 26th 19.</i>			<i>140</i>
	<i>Dr. Balance transferred to W.G. 10 37</i>		<i>140</i>	
	<i>1/24 19 W.D. G. Clearance Certificate - Issues Dr.</i>			<i>140</i>

UNIT.	RANK.	NAME.
NAME OF	RATE OF P. AND A.	DATE AUTHORITY
6ast6	Leut S	
Pay		Name Henry
F.A.		Initials S A
Messing		Bank of Montreal

Retires in B.I. Letter Amns 26th/19
 Rating appx of Adj. 9th/19

CK. NO.	CR.	DR.	ASSIGNED PAY. PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
712					O.P.A. P.O.A. 27 th /19 - 31 st /19	
712		140			\$140 ⁰⁰	
712	140				Transf to W.S.G. Branch	
712		140 ⁰⁰			* 10-13-8 \$52 ⁰⁰	

712
 712
 712
 712

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

RATE OF P. AND A.

DATE

Beneficiary

Pay

Address

F.A.

Messing

Amount \$

Separation Allowance Issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
------	-------------	---------	-----	-----	-----------------------------------

RANK.

NAME.

E OF P. AND A.

DATE AUTHORITY

Name *Henry, Lunt*

Initials *BL*

Bank

ssing

NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
TO BE INITIALED BY P.M. IN EVERY CASE

INITIALS

ASSIGNED PAY.

UNIT.

NAME OF

DATE

Beneficiary

C. A. S. C.

Address

8 11

Amount. \$

Separation Allowance issued. Yes or No.....

Add 0

DATE	PARTICULARS	CHK.
1918		
Apr. 17 26	Pay R.	Bank 119
May 25	Pay R	Bank 26
June 26	June Pay R	Bank 415
July 24	Pay R	Bank 562
Aug 20 23	Pay R	Bank 42
Sept 18 24	Pay R	Bank 91
Oct 11 19 21	off clothing above 4114 of 1918 & 4-4-0 list 2 Oct Gen'l Vo	
	Pay R	Bank 104
	add Outfit allse	
Nov 19	Pay Nov (R) + Addt F A p. 12 ¹ / ₁₈ - 31 ¹ / ₁₈	Bank 10 Bank 126
Dec 12 20	Dec Pay R.	Bank 137
Jan 20 24	Jan Pay R.	Bank 155
Feb 15 24	Feb Pay R.	Bank 170

DATE	AUTHORITY	RANK.	mess. DATE	AUTHORITY	NAME. L. 27
b.	$ \begin{array}{r} \text{Pay. } \$2. \\ \text{F. A. } .60 \\ \text{mess. } 1. \\ \hline 3.60 \end{array} $	Lieut.	31 ⁷ / ₁₆	D.P.O. 1225. C.T.D. 7 ⁸ / ₁₆	Name Henry Initials C.A. Bank of Montreal.

Add Outfit Allow 1 ⁸/₁₈

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	108					
chk 1191		108		0		
"	111 60					
chk 2645		111 60		0		
	108					
chk 4158		108		0		
	111 60					
chk 5625		111 60		0		
	111 60					
chk 4204		111 60		0		
	108					
chk 9162		108		0		
Gen'l V 164		20 44				
	111 60					
chk 10403		91 16		0		
	100					
chk 10830		100		0		
	100 140					
chk 12605		140		0		
	124					
chk 13759		124		0		
	124					
chk 15558		124		0		
	112					
chk 17077		112		0		

Forward

ASSIGNED PAY.

UNIT.

RANK.

Beneficiary	UNIT.	DATE	AUTHORITY	RANK.	DATE	AUTHORITY
	<i>C.A.S.B.</i>	<i>2⁰⁰/₄</i>		<i>Lieut.</i>		
Address		<i>1⁰⁰/₄</i>		<i>Capt</i>	<i>10⁸/₁₉</i>	<i>C.A.S.B.</i>
Amount. \$		<i>1⁰⁰/₄</i>				
Separation Allowance issued. Yes or No.....		<i>50</i>	<i>Capt</i>			
		<i>4⁵⁰/₄</i>		<i>Leave in D.L.</i>	<i>26¹¹/₁₉</i>	<i>det</i>
				<i>Reling appn of Adj 9¹⁰/₁₉</i>		

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE
<i>1919</i>						
<i>March 19</i>	<i>Pt Forward</i>		<i>Nil</i>			<i>Nil</i>
<i>24</i>	<i>Pay R.</i>		<i>124</i>			
	<i>Bank</i>	<i>18660</i>		<i>124</i>		
<i>Apr. 25</i>	<i>Pay R.</i>		<i>120</i>			
	<i>Bank</i>	<i>1131</i>		<i>120</i>		
<i>May 26</i>	<i>Pay R</i>		<i>124</i>			
	<i>Bank</i>			<i>124</i>		
<i>June 24</i>	<i>Pay R</i>		<i>120</i>			
	<i>Bank</i>			<i>120</i>		
<i>July 23</i>	<i>Pay R. July-August</i>		<i>248</i>			
	<i>9 m Rept. - Cap 13¹/₁₉, 16¹/₁₉ List 111 July 12 1529</i>			<i>3 16</i>		
	<i>Bank</i>			<i>244 84</i>		
<i>Aug 11</i>	<i>and outst allic 3¹/₁₉ 18¹/₁₉ 216</i>		<i>100</i>			<i>62 100</i>
<i>Sept 4¹/₁₉</i>	<i>"</i>			<i>100</i>		
<i>Oct 15</i>	<i>Adpts pay for 10⁸/₁₉ to 31⁸/₁₉ 22 days @ 50 cents 7-14926.</i>		<i>11</i>			<i>Cr. 11</i>
<i>20</i>	<i>Balance Pra to 30⁹/₁₉.</i>	<i>Bank</i>	<i>395</i>	<i>146</i>		
	<i>Pra 1⁹/₁₉ - 31¹⁰/₁₉.</i>			<i>274 50</i>		
<i>24</i>	<i>Sick leave 15³/₁₉ - 5⁴/₁₉</i>		<i>312</i>			
<i>28</i>	<i>Blc Pra to 31¹⁰/₁₉.</i>	<i>Bank</i>	<i>561</i>	<i>139 50</i>		
<i>30</i>	<i>Sick 5-9¹⁰/₁₉</i>		<i>426</i>			
<i>31</i>	<i>" 10-31¹⁰/₁₉</i>		<i>439</i>			
<i>Nov 8</i>	<i>as half of Nov Pra</i>	<i>Bank</i>		<i>67 50</i>		
<i>15</i>	<i>Advance Pra to 31¹⁰/₁₉.</i>	<i>Bank</i>		<i>165 50</i>		
	<i>Pay Nov (R)</i>		<i>120</i>			
	<i>Pay Dec (R)</i>		<i>124</i>			
<i>24</i>	<i>Overpaid Adpts rates from 10¹⁰/₁₉ - 31¹⁰/₁₉ Reling appn as Adj 9¹⁰/₁₉ 20 92</i>			<i>11</i>		

RANK.

NAME.

DATE AUTHORITY

Lieut.
Capt

10⁸/₁₉ C. 283.

Name Henry
Initials H.A.

Bank of Montreal

trans in D. L. 26¹¹/₁₉ date Aug. 26¹¹/₁₉
Capt of Adj 9¹⁰/₁₉

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

del

124

120

124

120

3 16

244 84

100

146

139 50

67 50

165 50

11

62/100

Ce. 11

67 11

trans to Can

R. P. 31¹¹/₁₉ Willey

of 28¹¹/₁₉ Dep

28¹¹/₁₉ Dep as usual

to be cancelled

L 2-3-2 10⁵⁰

L 2-1-1 10⁰⁰

L 9-0-10 44⁰⁰

Trans: Aug. 9-10-19.
to come for 10¹⁰/₁₉ 21¹⁰/₁₉ 25¹⁰/₁₉ 27¹⁰/₁₉

Trans to Canada

C. P. 31¹²/₁₉ 27¹²/₁₉ 28¹²/₁₉ 29¹²/₁₉ 30¹²/₁₉ 31¹²/₁₉

of 27¹¹/₁₉ 31¹¹/₁₉ 1410⁰⁰

to W.S. G. H. ch

ASSIGNED PAY.

UNIT.

NAME OF DATE

Beneficiary

Carl G. D.

Address

S.cliffe.

19

Amount. \$

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. N
<i>Apl 23</i>	<i>April Pay R.</i>	
<i>" 30</i>		<i>Bank 230</i>
<i>May 22</i>	<i>May Pay R.</i>	
<i>" 26</i>		<i>Bank 602</i>
<i>June 19</i>	<i>June Pay R.</i>	
<i>" 26</i>		<i>Bank 799</i>
<i>July 20</i>	<i>July Pay R.</i>	
<i>" 26</i>		<i>Bank 1307</i>
<i>Aug 18</i>	<i>Pay R.</i>	
<i>" 26</i>		<i>Bank 1736</i>
	<i>Rations 1-31⁷/17.</i>	<i>1058</i>
<i>Sep 18</i>	<i>Travallow 19-30⁸/17</i>	<i>570</i>
<i>" 19</i>	<i>Pay R.</i>	
		<i>Bank 2181</i>
<i>" 27</i>	<i>Rations 1-31⁸/17.</i>	<i>563</i>
<i>Oct 6</i>	<i>Travallow 17-19⁹/17.</i>	<i>630</i>
<i>Dec. 23</i>	<i>Pay R.</i>	
		<i>Bank 2628</i>
<i>Nov 5</i>	<i>Rations 1-30⁹/17 (less 4 dys)</i>	<i>8162</i>
<i>Nov 15</i>	<i>Pay R.</i>	
<i>" 24</i>		<i>Bank 3067</i>
<i>Dec. 11</i>	<i>Pay R.</i>	
<i>" 17</i>		<i>Bank 3509</i>
<i>"</i>	<i>Rations 1-19¹⁰/17 (less 2 dys)</i>	<i>1035</i>
<i>"</i>	<i>Do 1-31¹⁰/17 (less 2 dys)</i>	<i>1040</i>

DATE	AUTHORITY	RANK.	<i>Mess</i> DATE	AUTHORITY	NAME.
		<i>Lieut</i>	<i>31 7/10</i>	<i>0.1225</i>	Name <i>Henry</i>
				<i>6.2.0 7 8/16</i>	Initials <i>b. W</i>
					Bank <i>of Montreal</i>

1917-18

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialled by P.M. in every case.	INITIALS
<i>mk 3010</i>	<i>108</i>	<i>108</i>		<i>00</i>		
<i>mk 6029</i>	<i>111 60</i>	<i>111 60</i>		<i>00</i>		
<i>mk 7999</i>	<i>108</i>	<i>108</i>		<i>00</i>		
<i>mk 13071</i>	<i>111 60</i>	<i>111 60</i>		<i>00</i>		
<i>mk 17361</i>	<i>111 60</i>	<i>111 60</i>		<i>00</i>		
<i>mk 21814</i>	<i>108</i>	<i>108</i>		<i>00</i>	<i>12-1-4</i>	
<i>mk 26282</i>	<i>111 60</i>	<i>111 60</i>		<i>00</i>	<i>18-6</i>	<i>4 50</i>
<i>mk 30676</i>	<i>108</i>	<i>108</i>		<i>00</i>	<i>12-1-4</i>	
<i>mk 35096</i>	<i>111 60</i>	<i>111 60</i>		<i>00</i>	<i>1-10-0</i>	<i>7 30</i>
<i>mk 10359</i>					<i>1-14-8</i>	
<i>mk 10401</i>					<i>1-2-8</i>	
					<i>1-18-8</i>	

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

DATE

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

cash

*Pay. 2.00
Wa. 60
Pres. 1.00
\$3.60*

Lieut.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
------	-------------	---------	-----	-----	-----------------------------

<i>1918</i>	<i>Jan. Bala fud</i>				
<i>14</i>	<i>Pay. R.</i>		<i>111 60</i>		
<i>14</i>	<i>Bank</i>	<i>39425</i>		<i>111 60</i>	
<i>Feb 16</i>	<i>Pay. R.</i>		<i>100 80</i>		
<i>13</i>	<i>Bank</i>	<i>40979</i>		<i>100 80</i>	
<i>13</i>	<i>Pay. R.</i>		<i>111 60</i>		
<i>13</i>	<i>Adv. \$10</i>			<i>48 67</i>	
<i>13</i>	<i>Bank</i>	<i>41817</i>		<i>62 93</i>	
<i>13</i>	<i>Bank</i>	<i>42598</i>			

AUTHORITY 200 60 100 5.60	RANK.	DATE	AUTHORITY	NAME.
	<i>Lieut.</i>			Name <i>Henry</i> Initials <i>H.A.</i> Bank <i>of Montreal</i>

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
			<i>nil</i>		
<i>11</i>	<i>60</i>		<i>✓</i>		
	<i>111</i>	<i>60</i>	<i>✓</i>		
<i>00</i>	<i>80</i>		<i>✓</i>		
	<i>100</i>	<i>80</i>	<i>✓</i>		
<i>11</i>	<i>60</i>				
	<i>48</i>	<i>67</i>			
	<i>62</i>	<i>93</i>	<i>✓</i>		

ASSIGNED PAY.

UNIT.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

109th Bn.
Ca. 10.

DATE

1916

PARTICULARS

1916-17

CHK. NO.

CR.

Aug 16 Cred Bal 31⁷/₁₆ Bank

18 Pay Aug (R) mess 32/7/16.

112.60

40.60

28 Bank

Sept 19 Pay Sept. (R.)

108

26 Bank

Oct. 19 Pay Oct. (R.)

111.60

26 Bank.

Nov 20 Nov Pay R. <

108

27 Bank

Dec 13 Dec Pay R.

111.60

18

Bank

1917
Jan 22 Jan Pay R.

111.60

26

Bank 19288

Feb 15 Feby Pay R.

100.80

" 22

Bank 21930

Mch 20 March Pay R.

111.60

" 28

Bank 24822

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

^{in 600.}
DATE

AUTHORITY

109th Bn.
C.A. Lt.

Lieut.

31-7-16.

From Canada

Name

Henry, C.A.

Initials

H.R.O. #1225 C.F.D.

Bank

of Montreal.

d/7-8-16.

Serial No.....

Particulars

Ck. No.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS.

6. Bank
mess 32/7/16.

112 60

4060

4060

11260

~~0~~

108

108

~~0~~

11160

11160

~~0~~

108

108

~~0~~

11160

Bank

11160

~~0~~

11160

Bank 19288

11160

~~0~~

100.80

Bank 21930

100.80

~~0~~

11160

Bank 24822

11160

~~0~~

Transferred from
Ledger 15.

To " 9.
Mar. / 16/.

Occupational Group $\frac{D}{13}$
in personal area

H 309

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH

OF THE
CANADIAN EXPEDITIONARY FORCE

7-9-43
O.K.

P



1. RANK

Lieut

2. NAME

Henry - Clarence Alexander

3. UNIT

C.F.S. 6

4. DATE STRUCK OFF STRENGTH

PLACE

5. REASON

DEMobilisation

6. AUTHORITY

7. PROPOSED RESIDENCE

1874 Bethune Street

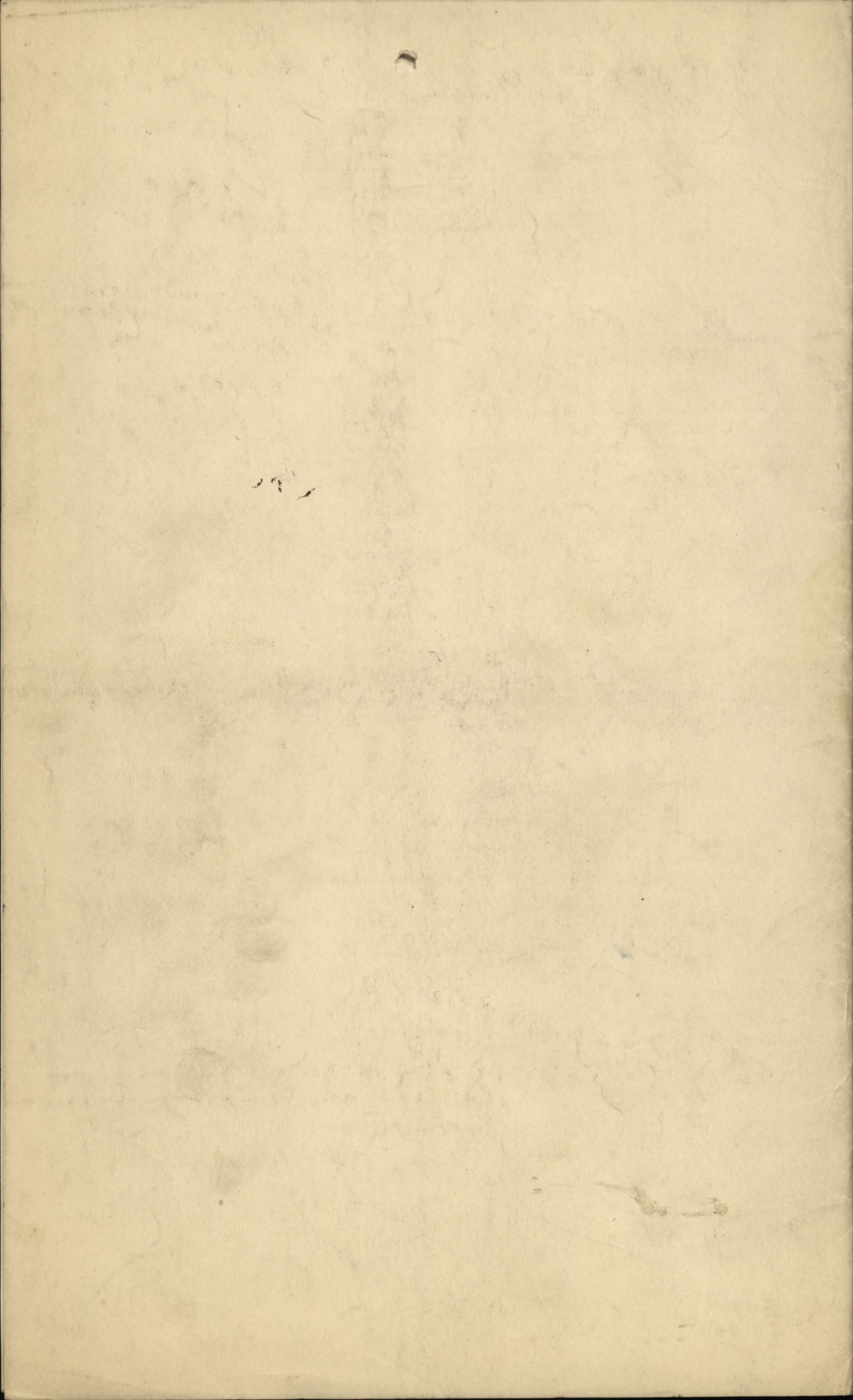
Teterboro's
Ontario

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.



Checked
15-2-22



PROCEEDINGS OF AN OFFICER OR NURSING SISTER
 STRUCK OFF STRENGTH
 ON THE
 CANADIAN EXPEDITIONARY FORCE

1 RANK

2 NAME

3 UNIT

4 DATE STRUCK OFF STRENGTH

PLACE

5 REASON

6 AUTHORITY

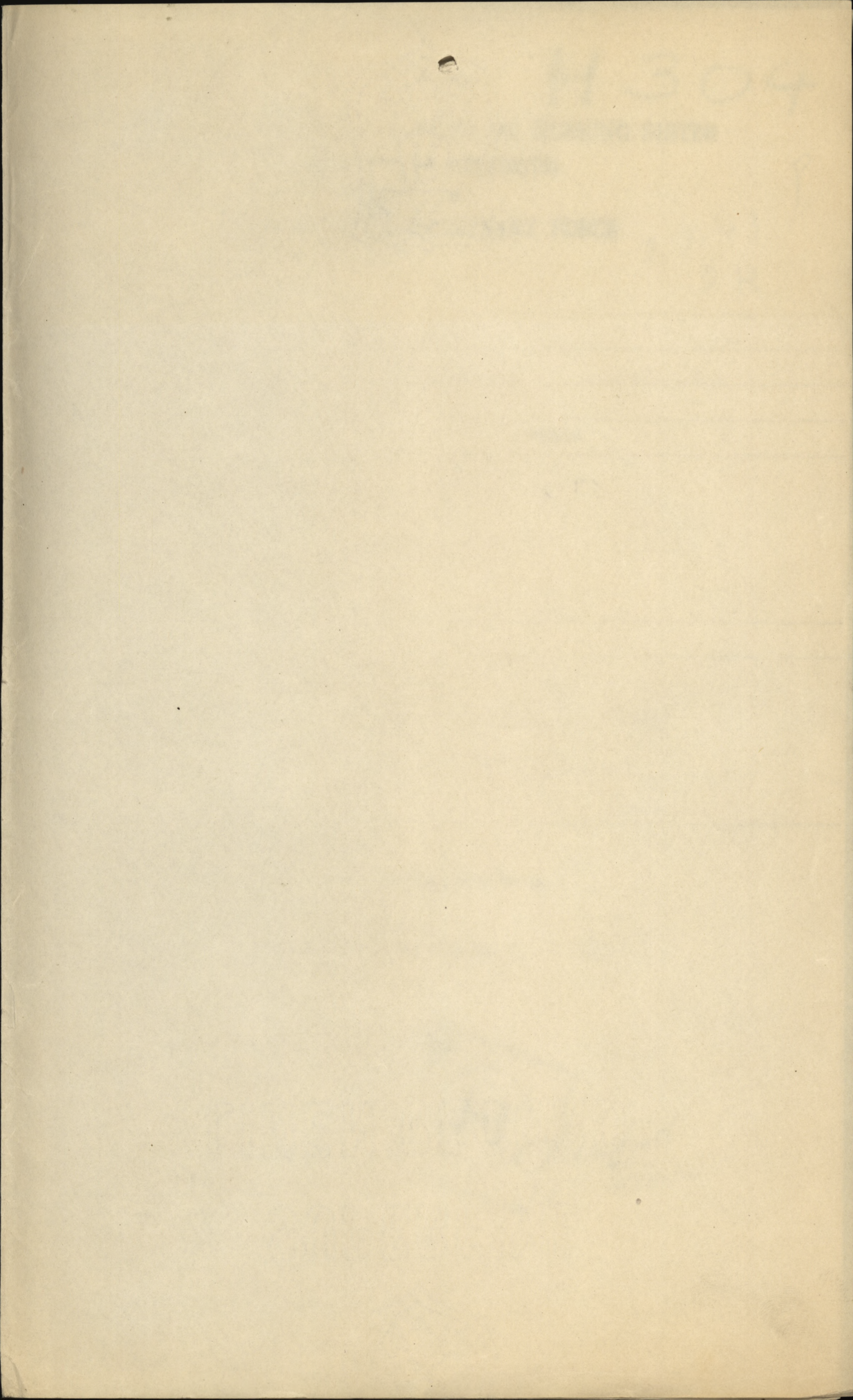
7 PROPOSED RESIDENCE

The folder should contain the following documents:

1. Declaration Paper, M. F. W. 21, or Attestation Paper, M. F. W. 22.
2. Canadian Form, A. F. B. 103 or M. F. W. 24.
3. Medical History Sheet, M. F. B. 318 or A. F. B. 178.
4. Proceedings of Medical Board, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 463.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.



1917



ET.

Rank and Name

HENRY, Clarence Alexander

Lieut.

Regimental No.

Name and Address of Next-of-Kin

Mother.

Unit 109th Battn.

Mrs, W.W. Henry.

Date of enlistment

187, Bethune St, Peterboro,

Place of birth Orono, Ontario, Canada.

Ontario, Canada.

No) No.

Date and place of discharge

Force

Reason for discharge

Character on discharge



AR C.A.S.C.T.D 1-1-17
do 1-4-17
do 30-4-17

LEFT CANADA 23-7-16



From 109th
to base Brampton
S. C. A. C. T. D

appointments

CAN ARM SER OPS

Date	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
24.10.16	dk Bram.	Transferred to Lt S. C. Bramstott		24.10.16	L.O. 581. Prod. 257. C.A.S.C.T.D
9.11.16	Lt S. C. to Bramstott	109. Am. Co. Lt S. C. Bram. Trans. S.O.S. having proceeded to Stoueliff		10-11-16 11.11.16	Ro. 754 (Bram) Pt. II ord. 316 (C.A.S.C.T.D) Prod. 267
26.3.18	Hqs C.A.S.C.	As on proc of seas from Res & D Depot		22.3.18	Ro 601948
31.3.18	C.A.S.C. Pool	1.O.S. having arr from Eng as reinforcements		24.3.18	1/2 of 37
9-4-18	do	1st 3 Can Arm Sub Park for duty		27.3.18	1/2 of 41
1.5-18	ICDMTC	2.O.S. from Case Pool		14.4.18 15.4.18	" 53. 1/2 of 1.
23-5-18	A.M.S.	Adm Discharged 1/2 North Midland field ambulance		18-5-18	Q 989 & SW Head. NR
3.10.18	ICDMTCoy	Fronted 14 days leave of Abs. to Ireland		16.9.18	Prod 52.
27-2-19.	Arms.	Adm. 14. Stat: Hosp: Boulogne.		23-2-19.	C.L 1225. Diphtheria
31-3-19.	1st Dist H Coy	Granted Sick Leave to 9.4.15-3-19 to		5-4-19.	Pt II Ord: 25.
9-4-19.	do	Now having reported from leave is presumed to have reported to C.A.S.C. Coyn Depot with leave			Pt II Ord 27.
8-4-19.	C.A.S.C.D.D.	T.O.S. on posting from 1st C. M. & T. Coy.		7-4-19.	Pt II Ord: 83.

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				
29-4-19	C.A.S.C. Duty Depot	S.O.S. on posting to C.A.S.C. Blandford	Corps Depot	30-4-19	PT 5-100.
8-5-19	Corps Depot	T.O.S. from C.A.S.C. Witley		1-5-19	PT 5-110.
26-5-19	C.A.S.C. Duty Depot	T.O.S. on posting from Corps Depot		24-5-19	PT 5-122. Co 2519.
12-6-19	C.A.S.C. Corps Depot	Having proc: is S.O.S. to C.A.S.C. Depot Witley		19-5-19	PT 5-140. OK
5-8-19	<i>No case</i>	<i>appd adyt case Duty Dep. Vic. Capt. Ricles</i>		10-8-19	<i>eg. 2412. bds 6/11/19. 2412-19</i>
15-12-19	<i>W.O.</i>	<i>Relates in the British Isles</i>		26-11-19	<i>London Gazette 31689</i>
	25518	<i>R.R.S.</i>		26.11.19	<i>AMS 84709 26/11/19</i>

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Eng. DATE 5-IV-19

1. 1 (a) Unit 1st C.O.M. I. Co (b) Regimental No. (c) Rank LIEUT.
 (d) Surname HENRY (e) Christian name CLARENCE ALEXANDER
 (f) Home address 187 Bethune St. Peterboro, Ontario.
 (g) Next of Kin Mrs W. W. Henry (h) Relationship Mother
 (i) Address of Next of Kin 187 Bethune St. Peterboro, Ontario.

2. Age last birthday 31 Date of birth 18-1-88

3. Enlistment, or Appointment (if an Officer) (a) Place Peterboro (b) Date 24-VIII-14

4. Personal description:
 (a) Height 5' 18" (b) Weight 169 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes blue (f) Identification marks, Scars, etc.
Scar, volar surface, left wrist

5. Former trade or occupation Electrician

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>4</u>	<u>224</u>

	PERIODS	
	From	To
(Statement)		
Canada	<u>24-8-14</u>	<u>22-7-16</u>
England	<u>15-3-19-to date</u>	<u>31-7-16</u>
France or other theatres of War	<u>22-3-18</u>	<u>15-3-19</u>

7. Original disease, or injury DIPHTHERIA

(a) Date of origin 17-2-19 (b) Place of origin Huy, Belgium
 (c) Cause Infection

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

(NIL)

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

Objective findings - negative.

He has no complaints.

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

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

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

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

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

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

No documents at hand.
He states he was taken ill, 17-2-19.
was admitted to 50 CCS, 18-2-19.
" " " 14 Stat. Hosp. 23-2-19
was boarded 11-3-19.
leave was granted 15-3-19.
arrived in Britain 15-3-19.

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

He states he has had no other illness since childhood, and he had a slight yellow scalp, 18-5-18.

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

Scars, notes surface, left wrist

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

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

N.A.

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

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? N.A.

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

He states 8000 units antitetanine were administered at the CCS.

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

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

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

NA

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, C. A. Henry, 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

N.A.

C. A. Henry Lieut. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

It does concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

"A" Auth. for Board - A.M.D.S./22-2-1/H of 5-4-19

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

PLACE *13 Bensus St. W.*

DATE *5 April 1919.*

Harold Buck A/President.
Major came.

Ladueca } Members
Major came

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....

DATE.....

APPROVED BY.....

APPROVED BY.....

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

I concur in the findings of the Board of Medical Officers here recorded.

Captain D.A.M.S. for Canadians.

MILITIA SERVICE

MES

September 11th, 1940.

STATEMENT OF SERVICE

CANADIAN EXPEDITIONARY FORCE

Of Clarence Alexander HENRY Applicant for registration in the Army Officers' Emergency Reserve for appointment to a Temporary Commission.

- 1. Date and place of birth:- 18-1-88, Orono, Ontario.
- 2. Unit appointed to or enlisted in:- 109th Battalion.
- 3. Date and place of appointment or enlistment:- 9-1-16 Lindsay, Ont. No. or Rank - Lieut.
- 4. Theatre of Service:- France
- 5. Unit in Theatre of War:- C.A.S.C.
- 6. Hospitalization:-

<u>Admitted</u>	<u>Discharged</u>	<u>Nature of Casualty.</u>
18-2-19	15-3-19	Diphtheria.
Wounded, remained at duty, 18-5-18, "G.S.W. Head".		
- 7. Date and reason of Discharge:- 26-11-19, Retired in British Isles.
- 8. Honours and Awards:- ---
- 9. Highest rank held:- Lieutenant.
- 10. Nature of Service:- Satisfactory.

CERTIFIED CORRECT
FROM RECORDS

(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

UNITED STATES

September 11th, 1918.

1918

TREATMENT OF SERVICE

CASUALTY EXCHANGE NO. 38

Commissioner of War, War Department, Washington, D.C.
In the case of the late Captain Alexander H. ...
to a Temporary Commission.

1. Date and place of birth: 18-1-88, Orono, Ontario.
2. Unit assigned to at enlistment: 100th Battalion.
3. Date and place of appointment or enlistment: 9-1-18, Lindsay, Ont.
4. Theatre of Service: France.
5. Unit in Theatre of War: U.S.A.
6. Hospitalization: Hospital of Casualty.
7. Date and reason of discharge: 12-11-18, Retired in British Colonies.
8. Honors and awards: ---
9. Highest rank held: Lieutenant.
10. Name of Service: Artillery.

GENERAL COMMENTS
FROM RECORDS

Lt. A. H. ...
Division 2, ...
for Adjutant-General.

A. H. ...

