

Unit 109th Overseas Bn. C.E.F. Rank Capt. Name J. W. Lancaster

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL



manuscript

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Lancaster
- (b) What are your Christian Names? Eric William
2. (a) Where were you born? (State place and country) Boisjournel Ont. Canada
- (b) What is your present address? 5-97 Charlotte St. Peterboro
3. What is the date of your birth? May 8th 1879
4. What is (a) the name of your next-of-kin? Emmie Jane Lancaster
- (b) the address of your next-of-kin? 5-97 Charlotte St. Peterboro Ont.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Contractor & Builder
6. What is your religion? Church of England
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 Ont. Regt.
9. State particulars of any former Military Service. 18 yrs. 45th Ont. Regt.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

J. W. Lancaster (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 Apr 20 1916

Place Lindsay

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

*Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICERS



[Faint, mostly illegible text and handwritten notes covering the middle section of the page.]

CERTIFICATE OF MEDICAL EXAMINATION

[Faint, mostly illegible text and handwritten notes covering the bottom section of the page.]

Approved
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Name *LANCASTER VIVIAN W M*

Regt. No. Rank *Capt.*

Corps *1st DB E & B*

Demoted

*KCD 2/1/20
Ret 22-1-20*

Cert 16-9-19

05067

12/1/20

407278



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *254*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Purch* Parchment Certificate..... *1*
- Medical Report for Invalids..... *1*
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1*

MOW 129 — *1*
Dental — *1*
M 30 64 — *1*
Doc 14 — *2*

cas card 1
P card 1

43

NAME

Lancaster J. W.

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS

Capt. E. O. R. D.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Proceeding to Com. Per. S. S. Justicia
From Liverpool 7-12-1917.
Res. of A. G. J.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



Number..... Rank *CAPT*

Surname..... *LANCASTER*

Christian Name..... *VIVIAN WILLIAM*

Unit..... Theatre of War..... *ENGLAND*

Date of Service..... *23. 7. 16*..... *7. 12. 17*

Remarks..... *Gen. Del.*

Latest Address..... ~~*597 Charlotte St*~~

Peterboro

Roll No. *a*

Ont.

DESP MAY 15 1922

REGN. NO. *S.S. 33226*

24

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.....

Capt.

(3) Full Name of Soldier.....

Eric William Lancaster

(4) Place of Birth.....

Beaconsfield Ont. Canada

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

Yes

(6) If married, state,

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

Ann Jane Lancaster

(b) Present Postal Address.....

5-97 Charlotte St. Petugas
Ont. Canada

(7) Are you a widower?.....

No

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

Yes

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

3 boys

Also their names and ages.....

Harold Eric Lancaster age 9 yrs

George William John Lancaster " 5 "

Marion Scott Lancaster " 2 "

(9) Is your Father alive? *Yes* *John Lamb Lancaster*
If so, state name and address *Bobcaygeon Ont. Canada*

(10) Is your Mother alive? *Yes* *Mother, Clara Lancaster*
If so, state name and address *Bobcaygeon Ont. Canada*

(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.
My wife is drawing separation allowance

(15) Are you insured? *Yes*
If so, in what Company? *Confederation, Manafalung & Prudential*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *10/7/14*

J. A. Hill Lt. Col.
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE



PRE-3-4

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Captain.....

(Name in full).....Vivian William LANCASTER.....

Enlisted in.....109th Battalion.....

~~CANADIAN EXPEDITIONARY FORCE, on the~~.....

~~day of~~.....1916..... AND WAS APPOINTED to COMMISSIONED RANK

in.....109th Battalion.....

CANADIAN EXPEDITIONARY FORCE on the.....Twentieth..... day

of.....April..... 1916...

He SERVED in CANADA, and ENGLAND.....

in the 109th Battalion.....

and was STRUCK OFF THE STRENGTH on the.....Twenty-sixth..... day

of.....December..... 1917 by reason of.....Surplus to Requirements.....

Dated at Ottawa, this.....Twenty-ninth..... day

of.....July..... 1919.....

Re-appointed 1st Depot Battalion, E.O.R. 23-2-18.
Served in Canada and struck off strength C.E.F. 20-11-18
by reason of General Demobilization.

Captain for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that _____

Name in full _____

Enlisted on _____

CANADIAN EXPEDITIONARY FORCE on the _____

AND WAS APPOINTED TO COMMISSIONED RANK _____

CANADIAN EXPEDITIONARY FORCE on the _____

by _____

HE SERVED IN CANADA _____

and was STRUCK OFF THE STRENGTH on the _____

of _____ by reason of _____

Dated at Ottawa this _____ day _____

of _____

Director of Personnel Services

Original

MEDICAL HISTORY SHEET.

Surname Lancaster Christian Name William

Examined { on 20 day of April 1916
at Lindsay
Birthplace { City or Town Bobcaygeon
County Ontario

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

Apparent age 36 years
Trade or occupation Contractor
Height 5 Feet 8 Inches.
Weight 158 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 1/2 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right. None Left. OK
Number One

Date.	Result.	VACCINATIONS.
<u>5.2.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 5th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1.8.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>27.9.16</u>		<u>Roboyd</u>

Enlisted on 20 day of April 1916 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>104th Bn. C.E.F.</u>	<u>Capt</u>		<u>20.4.16</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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

NAME OF SOLDIER

Lawson J. H.

REGIMENT

C.P.P.

RANK

Capt.

No.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
												<i>Oct 28</i>	<i>1918</i>				<i>14</i>					

7-2-59

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

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

Rank Capt. Name Lawrence Surname Vincent
Unit or Corps 109th Bn. C.E.F. (If a soldier) Regtl. No.
Born at Belconnen or (date) May 8th, 1879
Signature (for identification) [Signature]

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 164 lbs. Colour of eyes Brown
Height 5 ft. 8 in. Identification Marks Scot Rh. knee,

2. NUTRITION AND DIATHESIS? Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability? no

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? no

5. HEART?
Abnormal Sounds? none
Abnormal Size? none
Pulse Rate? 78 Intermittence or Irregularity? none Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? no
(b) Blood Pressure. 120 Mm Hg.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). negative.

8. GENITO-URINARY SYSTEM?
Urinalysis—S.G.? 10.16 Reaction? acid Albumen? none Sugar? none

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. none

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

Examined at Pelitero Signed [Signature] M. O.
Date Jan. 9th 1917 Signed [Signature] M. O.
Signature note of soldier. [Signature]

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

Medical Examination upon leaving the Service

of an Officer in General Service or a Soldier in for duty

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

Name: *James M. [unclear]*
Rank: *Private*
Regiment: *1st [unclear]*

Medical history: *[unclear]*

Present illness: *[unclear]*

General appearance: *[unclear]*

Head: *[unclear]*

Eyes: *[unclear]*

Ears: *[unclear]*

Nose: *[unclear]*

Throat: *[unclear]*

Heart: *[unclear]*

Lungs: *[unclear]*

Abdomen: *[unclear]*

Genitals: *[unclear]*

Skin: *[unclear]*

Spinal Column: *[unclear]*

Reflexes: *[unclear]*

Diagnosis: *[unclear]*

Recommendation: *[unclear]*

Remarks: *[unclear]*

ADDRESS

IN CASE OF...

Name

Lancaster Vivian William CapⁿM. F. W. 41
1 OM-7-16
1772-39 889

1617-2

Regimental No.

Name and address of next-of-kin

Unit

R.C.R.B.

(109th Bn)

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Date and place discharged

Reason for discharge

Character on discharge

Closed
Closeds.a. \$40⁰⁰ from 4.12.15 to 31.12.17.

Eng

Surplus

Transferred to M.D. #3 from 1/18

Justicia 7¹²/₁₇ - 19¹²/₁₇

Public Expense

L.P.C. clear to 31-12-17

Job 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
1-12-17	31-12-17	31	3 ⁰⁰	93 ⁰⁰			8 ⁴⁰					13 ⁰⁰		* 194 * of Messing 7 ¹² / ₁₇ - 19 ¹² / ₁₇
				Debit Balance			4 ⁶⁰	13 ⁰⁰					13 ⁰⁰	Adjustment Messing 20 ¹² / ₁₇ to 31 ¹² / ₁₇
Transferred to M.D. #3 from 1/18 L.P.C. sent 14/18														
Recorded in M.D. 2 red folio 77-18-79-80														
							4 ⁶⁰	4 ⁶⁰						Dr. Bal down 4 ⁶⁰ 4 ⁶⁰

4 $\frac{12}{15}$

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Amie Jane Lancaster,
Address 597 Charlotte St.,
Peterboro, Ont.Name of Soldier Lancaster, V. W.Regtl. No. Rank Capt.Corps 109th. O.S. Battalion, C.E.F.Relation to Soldier }
wife, child or mother }Wife.

To what Corps belonging }

when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.		K23639	116 -	116
March		2726329	40 -	40



SECRET

CONFIDENTIAL

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Annie Jane Lancaster *Wife*
PAYMENTS.

Name of Soldier.

Lancaster V. W.
Capt.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G1561	40	40
May		E 1509	40	40
June		T 7051	40	40
July		U. 9868	40	40
Aug.		C 13214	40	40
Sept.		O 16352	40	40
Oct.		I 18229	40	40
Nov.		P 22959	40	40
Dec.		P 26373	40	40
Jan.	1917	V 18434	40	40
Feb.		V 32111	40	40
March		V 35000	40	40
April		W 1471	40	40
May		V 4718	40	40
June		W 8538 W 7896	40	40 W 7896 Canceled
July		V 11243 V 11242	40	40 V 11242 cancelled
Aug.		H. 14597	40	m
Sept.		J. 17855	40	T
Oct.		O 20818	40	T
Nov.		P 24676	40	m
Dec.		Q 26997 Q 26996	40	F Q 26996 Canceled
Jan.	1918			906. E.S. ✓
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

P-15.

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	NAME OF	DATE	AUTHORITY
Address	109 th Bn.		From Canada
Amount. \$		Capt.	DR.O.#1225 C.I.D
Separation Allowance issued. Yes or No.....			d/7-8-16
			Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
1916								
Aug 16	Bank			56 25				
17	Pay Aug (R) Miss from 31 st 16		148 25					
	By bal from Can		56 25					
26	Bank	7462		148 25				
Sept 20	Pay Sep R		142 50					
25	Bank			142 50				
Oct 19	Pay Oct R		147 25					
24	Bank			147 25				
Nov 21	Pay Nov R		142 50					
24	Bank			142 50				
Dec 11	Pay Dec R		147 25					
16	Bank			147 25				
1917								
Jan 22	Pay Jan (R)		147 25					
23	Bank	19289		147 25				
Feb 20	Pay Feb (R)		133					
24	Bank	21932		133				
Mar 20	Pay March (R)		147 25					
24	Bank	24838		147 25				

NAME

RANK

UNIT

ASSIGNED BY

DATE

AUTHORITY

STATE

ADDRESS

NAME

ADDRESS

RANK

UNIT

ASSIGNED BY

APPROVED

DATE

EX. NO.

REMARKS

DATE

6

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

109th Bn.

Pay 3rd
\$6.75 ch. Inc 91st
Total 4.75 p. day.

Captain

31-7-16 From Canada
P.L. # 1225 67D
2/7-8-16

Name Lancaster
Initials V.W.
Bank of Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

1917

1917-18

April 23
25

Pay April (R)
Bank

142 50
3017 142 50

May 21
24

Pay May (R)
Bank

147 25
6029 147 25

June 18
20

Pay June (R)
Bank

142 50
9012 142 50

July 18
25

Pay July (R)
Bank

147 25
13082 147 25

Aug 20
27

Pay Aug. (R)
Bank

147 25
17394 147 25

Sept 15
22

Pay Sept (R)
Bank

142 50
21814 142 50

Oct 11
16

Pay Oct (R)
Adm. Ach. P.A. Cash

147 25
25684 147 25

Nov 1
14

Adi: Nov P/a Cash

24 33
26514 24 33

16

" " " " Cash

118 14
28425 118 14

Dec 4
10

Pay Nov (R)
Adi: December P/a Cash

142 50
32600 142 50

14

Pay Dec (R)

144 25

Rep. to bank
L. O. to 31st 17
Rep. to N.C. Ledger
D-24 33
D-147 2 50
Rep. to bank
L. O. to 31st 17
Rep. to N.C. Ledger
Lep. to Led. 12 from
Led 19.4 Jan/18.

ET.

Rank and Name

LANCASTER, Vivian William Captain.

25-8-16

Regimental No.

Name and Address of Next-of-Kin

Unit 109th Battan.

Annie Jane Lancaster

Date of enlistment

597, Charlotte St.

Place of birth Bobcaygeon, Ont. Canada.

Peterboro. Ontario. Canada.

Married (Yes or No) ?

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16

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

12-2-17	Hq C.E.F.	Qualified 1 st Class in 64 th Rifle Course 2 nd to 26 th Aldershot	24 th Jan/17	R.O. 479 P.O. 644 5 th Div
24.9.14.	E.O.R.D.	T.O.S. on command to H.Q. B'rott	20.4.14.	Pl II ord. 196.
26.11.14.	"	as Machinery Officer. Sengmoor Shewn on leave cease to be att'd B'rott pending return to Canada	15.11.14	Pl II ord 259.
4.1.18.	H.Q. C.E.F.	S.O.S. to Canada, for Disposal A.G. Ottawa	7.12.14.	R.O. 3234

6113

E.O.R.
M

A.F.B. 203

13 MAR 1918

109
E.O.R.
B.D.R.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Belleville, Ont. MILITIA REFERENCE
NOV 28 1918
H.G.
CANADA

Date 22-11-18.

1. (a) Unit 1st. Depot Battalion, E.O. Reg't,
 (b) Rank Captain,
 (c) Surname Lancaster, (d) Christian name Vivian, William.
2. Age last birthday 39 Date of birth May. 8th, 1879.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Nov. 27th, 1915.
 Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Nov. 27th, 1915
4. Personal description:
 (a) Height 5' 8 $\frac{1}{2}$ " (b) Weight 160
 (c) Complexion Dark (d) Colour of hair Brown,
 (e) Colour of eyes Brown, (f) Scars or tattoo marks Scar Right Knee.
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 597 Charlotte St. Peterboro, Ont.
 (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent Lt. Col. R.W. Smart, O/C 1st. Depot Bn. Belleville, Ont.
6. Former trade or occupation Contractor.

7. Service	PERIODS	
	Years	Days
<u>109th. Bn. C.E.F.</u>	From	To
<u>Headquarters, C.E.F. Bramshot,</u> <u>1st. Depot Bn. E.O.R.</u>	<u>Nov. 27th/15</u>	<u>Dec. 8th/16.</u>
	<u>Dec. 8/16</u>	<u>Dec. 8/17.</u>
	<u>Feb. 27/18</u>	<u>Date.</u>

8. Disease or disability (use authorized nomenclature) V.D.H.
 (a) Date of origin August, 1917. (b) Place of origin Bramshott, England.
 (c) Cause Unknown.

9. Present condition. - (Important, to be a full description of the present condition or conditions.)
Subjective - Officer says he feels fit.
Objective. - On auscultation, a soft systolic murmur is heard in mitral area, which is accentuated on marking time.
Murmur is not transmitted. Heart efficiency is splendid.

Apex is well within the Nipple Line, although slightly down. Pulse at rest 74 - On Marking time Pulse 100, and
 [After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

B. P. C. FOLIO
FALSE DOCKET
3

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- 10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

returns to 74 at rest.

Other systems normal. G.B.

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

NONE.

- 12. Did the disability arise on or off duty? **Duty.**

- 13. Was a Court of Inquiry held? **Not Applicable.**

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

Yes **Not Applicable.** No

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

- 15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable

refusal to accept treatment? **No.**

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

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

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

Bramshott Hospital two weeks. Followed by two months convalescent leave.

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

- 19. Can the former trade or occupation be resumed? **Yes.**

- 20. Recommendations. **Fit C-1.**

V. W. Lancaster

Medical Officer by whom the case is brought forward.

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

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

W. Lancaster

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES.

22. Is the Officer 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.) **C-1.**
- (d) ~~Temporarily unfit~~ (" D.) (Yes or No.)
- (e) ~~Unfit for service in Categories A, B and C.~~ (" E.) (Yes or No.)

23. It is certified that the Officer

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) **Fit Category C-1. with disability due to service.**

Station Belleville, Ont.
Date 22-11-18.

E. Bissell President.
Capt. A.M.C.

V. Blake } Members.
Capt. AM.C.

APPROVED BY

Date NOV 26 1918

for D.H. Mundell Major, A.M.C.
D/ A. D. Assistant Director of Medical Services.
For A.D.M.S. Mil. District No. 3

APPROVED BY

Date 20, 21, 18

Jas. Mackie Cpt
Director General of Medical Services.

FALSE DOCKET
2

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1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

22. Is the Officer fit for (a) General service (b) Service abroad and general service (c) Home service (lands only) (d) Temporary duty (e) Further service in categories A, B and C. (Yes or No.)

23. It is certified that the Officer (a) Does require treatment (b) Does not require treatment (c) Should pass under his own control (d) Should not pass under his own control (Strike out condition not applicable.)

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

President
 Capt. M.C.
 Members
 Capt. M.C.

22-11-18
 Date

Director General of Medical Services
 11-11-18

DEPT
MILITARY REFERENCE
MAY 23 1918
CANADA

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Belleville, Ont.

Date 22-11-18.

1. (a) Unit **1st. Depot Battalion, E.O. Reg't,**
 (b) Rank **Captain,**
 (c) Surname **Lancaster,** (d) Christian name **Vivian, William.**
2. Age last birthday **39** Date of birth **May. 8th, 1879.**
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) **Nov. 27th, 1915.**
 Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) **Nov. 27th, 1915**
4. Personal description:
 (a) Height **5' 8½ "** (b) Weight **160**
 (c) Complexion **Dark** (d) Colour of hair **Brown,**
 (e) Colour of eyes **Brown,** (f) Scars or tattoo marks **Scar Right Knee.**
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) **597 Charlotte St. Peterboro, Ont.**
 (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent **Lt. Col. R.W. Smart, O/C 1st. Depot Bn. Belleville, Ont.**
6. Former trade or occupation **Contractor.**

7. Service	Years		Days	
	PERIODS			
	From			To
109th. Bn. C.E.F.	Nov. 27th/15			Dec. 8th/16.
Headquarters, C.E.F. Bramshot,	Dec. 8/16			Dec. 8/17.
1st. Depot Bn. E.O.R.	Feb. 27/18			Date.

8. Disease or disability (use authorized nomenclature) **V.D.H.**
 (a) Date of origin **August, 1917.** (b) Place of origin **Bramshott, England.**
 (c) Cause **Unknown.**

9. Present condition. (Important, to be a full description of the present condition or conditions.)
Subjective - Officer says he feels fit.
Objective. - On auscultation, a soft systolic murmur is heard in mitral area, which is accentuated on marking time. Murmur is not transmitted. Heart efficiency is splendid. Apex is well within the Nipple Line, although slightly down. Pulse at rest 74 - On Marking time Pulse 100 and
 [After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

- 10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

returns to 74 at rest.

other systems normal and

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

None.

- 12. Did the disability arise on or off duty? **Duty.**

- 13. Was a Court of Inquiry held? **Not Applicable.**

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

Yes **Not Applicable.** No

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

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

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

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

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

Bramshott Hospital two weeks. Followed by two months convalescent leave.

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

- 19. Can the former trade or occupation be resumed? **Yes.**

- 20. Recommendations. **Fit C-1.**

V. Blahuski Capt

Medical Officer by whom the case is brought forward.

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

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

V.W. Lancaster Capt

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES.

22. Is the Officer 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.) **C-1.**
 - (d) ~~Temporarily unfit~~ (" D.) (Yes or No.)
 - (e) Unfit for service in Categories A, B and C. (" E.) (Yes or No.)

23. It is certified that the Officer

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

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) **Fit Category C-1, with disability due to service.**

Station Bd loville, Ont.
Date 22-11-18.

E. Binell President.
Capt. A.M.C.

W. Blake Members.
Capt. A.M.C.

APPROVED BY

Date NOV 26 1918

H. Munnell Major, A.M.C.
for A.D.M.S. Mil. District No. 3
Assistant Director of Medical Services.
For A.D.M.S. Mil. District No. 3

APPROVED BY

Date

Director General of Medical Services.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov.
"A"
1. a/c 19

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

Regimental No. Rank Capt. Name Lancaster, V. W.
 Corps 1st Depot Bn., E. O. Regt. C.E.F. who was* Discharged
 On Nov. 30th 1918, to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov. 1st 1918 to Nov. 30th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances } No. <u>5714</u>	<u>75</u>	<u>00</u>	Reg'tl. Pay <u>30</u> days at \$ <u>3.00</u>	<u>90</u>	<u>00</u>
by } Cheques } No. <u>5904</u>	<u>100</u>	<u>00</u>	Field Allow. <u>30</u> days at \$ <u>1.00</u>	<u>30</u>	<u>00</u>
Assigned Pay and Sep'n Allee. No. <u>5768</u>	<u>40</u>	<u>00</u>	Separation Allowances* (Monthly)	<u>40</u>	<u>00</u>
Other charges			Other Allowances* <u>Subsistence</u>	<u>51</u>	<u>00</u>
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	<u>4</u>	<u>00</u>
Total	<u>215</u>	<u>00</u>	Total	<u>215</u>	<u>00</u>

*Give particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 1918 } (to) Assignee Mrs. Anna J Lancaster,
 and Sep'n Allee. for month of November 1918. }
 (Address) 597 Charlotte St.
Peterboro Ont.

(†) 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.

Out Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted Yes
- (3) cause of discharge authority Dist Order 1706
- (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 December 9th 1918

Place Belleville Ont.

J. M. Thomson Capt.
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.

CANADIAN COMMERCE & INDUSTRY

Nov. 1918
A. J. 1918

STATE OF CANADA

THE RECEIPTS AND EXPENDITURES OF THE DEPARTMENT OF COMMERCE AND INDUSTRY FOR THE YEAR ENDING 31st MARCH 1919

Particulars	1918-19	1917-18
Salaries and Wages	1,000,000	950,000
Grants-in-Aid	500,000	450,000
Interest on Debts	200,000	180,000
Depreciation	100,000	90,000
Other	100,000	100,000
Total	1,900,000	1,770,000

THE RECEIPTS AND EXPENDITURES OF THE DEPARTMENT OF COMMERCE AND INDUSTRY FOR THE YEAR ENDING 31st MARCH 1919

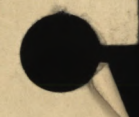
THE RECEIPTS AND EXPENDITURES OF THE DEPARTMENT OF COMMERCE AND INDUSTRY FOR THE YEAR ENDING 31st MARCH 1919

THE RECEIPTS AND EXPENDITURES OF THE DEPARTMENT OF COMMERCE AND INDUSTRY FOR THE YEAR ENDING 31st MARCH 1919

Handwritten scribbles and marks in the top left corner.

Handwritten scribbles and marks in the top center.

5 + 3 = 8



Date of Enlistment

4-12-15

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
----	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *Capt.* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *V. W. Lancaster*
 Battalion *109th Batta*
 Beneficiary *Mrs Annie Jane Lancaster*
 Relationship *Wife*
 Address *597 Charlotte St, Peterboro, Ont.*

Name _____
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

X

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec. 31.</i>		<i>996</i>		<i>996</i>
<i>Jan 1/18</i>		<i>110</i>		<i>110</i>

File 10579-V-1

REMARKS

S.A. 31-12-17 per
A/c Closed 31-12-17
S.A. 996
 Ret'd per. *Justicia*
 Date *19-12-17* X. *30-12-17*
 Clerk *W. Phillips*
 Struck off Strength 30-11-18. Advise from Paymaster's
 M. D. No 3. Dec. 16th 1918, Routine Order No 1387, HQ.

WAR SERVICE GRATUITY.

File No.

Register No.

Reg. No. Dependent.

Name.

Address.

Dec'n No.		V. S. Address No.	
Award days at \$...		per day \$	
S. A. months at \$...		per mo. \$ \$	
Less P, D. P. Credited		\$	
Less further debit balance		\$	
Net due paid as below			
TO SOLDIER TO DEPENDENT			
Pay Soldier \$		Pay Dependent \$	
0	Ag. No	Ch No	Amount
1			
2			
3			
4			
5			
6			
Total		Total	

Pay Soldier \$

Clerk

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.